LETTER

UK hospital patient discharge

Wright and colleagues¹ report on a single-centre survey of inpatient perceptions and experiences of the current discharge process, and identify improvement opportunities in relation to waiting for medicines and lack of counselling by pharmacists. Problems such as low awareness among inpatients of pharmacy services or pharmacists citing challenges to achieving patient medication counselling have been reported internationally.^{2,3}

In summer 2015 we undertook a similar small survey, building on our previous work from 2012⁴ at our 600-bedded teaching hospital. A patient ambassador approached 33 patients (22 aged over 60 years) to ask questions about their knowledge of their medicines. Thirty (90%) patients were taking regular medicines prior to admission. Of these 30, 22 patients recognised that their existing medicines had been changed while in hospital, 1 did not know, and 7 claimed that there had been no changes. Seventeen (77%) of the 22 patients reported that medication changes had been explained to them, although in only two instances did the patient acknowledge that the pharmacist undertook this counselling. Of the 26 patients started on new medicines during their stay, only 6 (23%) received information on side effects. Despite this, 18 of all

33 participants indicated that they received enough information about their medication during their stay, although only 3 of these patients responded that this information had been provided by the pharmacist.

Wright *et al* quite correctly reference the importance attached to the National NHS Inpatient Survey, which assesses patient experience at hospitals across England, and results from the medicines-related questions section of this survey form part of the Hospital Pharmacy and Medicines Optimisation project. They also argue for the development of a new model of care for patient discharge. As an enhancement to discharge medicines counselling provided by pharmacy, we are utilising a checklist for nursing staff to follow when discharging patients, which requires the nurse to explain the medication and side effects. We have also very recently moved from a faxing system to an electronic referral system (PharmOutcomes) for sending critical clinical information to a patient's regular community pharmacy to enable the community pharmacist to offer ongoing support and advice on medication-related issue that may have arisen during the admission.

Ensuring that all hospital processes around discharge and all hospital staff involved with the discharge process are aligned with such a new model of care for patient discharge may benefit from adopting the Always Event approach.⁵

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Contributors Both authors contributed to this letter.

Competing interests None declared.

Provenance and peer review Not commissioned; internally peer reviewed.

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To cite Wilcock M, Miles S. *Eur J Hosp Pharm* 2017;**24**:370.

Eur J Hosp Pharm 2017;**24**:370.
doi:10.1136/ejhpharm-2017-001419

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