

Northern Ireland HSC Trust Dispensing on Discharge from Hospital

Background

Hospital Pharmacy Departments supply medicines to patients at the point of discharge to ensure their ongoing care post-discharge and to reduce risk of harm at the primary/secondary care interface.

The Department of Health in Northern Ireland made a policy change with respect to dispensing on discharge from hospital in September 2004 (Circular HSS(SC0 8/04).

This facilitated an increase in the normal hospital discharge of supply of medicines to patients from 'up to 72 hours/3 days' to 28 days in original packs (where appropriate).

This policy change was made to address a number of legal, access and safety imperatives which included:

- Ensuring patients receive a Patient Information Leaflet (contained in standard 28-day packs) and that European law is not contravened.
- Maintaining the integrity of medicines through use of the original calendar or blister packaging material.
- Increasing the quantity supplied to facilitate the issue of repeat prescriptions from GP surgeries and the accurate updating of GP clinical records in a timely and safe manner, particularly where there have been changes to the patient's previous drug therapy.

A common set of dispensing 'rules' was agreed regionally to cover the supply quantities of drugs of potential abuse e.g. a 7 day supply of sleeping tablets and original pack of inhalers/creams (see table below). This move to 28-day original patient pack dispensing was also part of the overall modernisation approach as advocated in the Audit Commission Report 2001, A Spoonful of Sugar which highlighted that this approach could yield savings, reduce waste and improve continuity of treatment and patient care. At the same time, a new modernised medicines management system, Integrated Medicines Management (IMM), was introduced as well as the introduction of robotic dispensing in hospital pharmacy departments.

Availability of dispensing services

Most Pharmacy Departments have extended their opening hours to beyond 5pm Monday to Friday (opening times range from 6pm to 10pm depending on need) and at weekends and this, along with one stop dispensing on admission in preparation for discharge, ensures that the majority of patients who need medicines on discharge will

receive a minimum of 14 days supply, or up to 28 days supply, dispensed by pharmacy staff. See table below for further guidance on this.

Each Trust has guidelines in place for discharges outside normal Pharmacy opening hours. Normally 3 days' supply is provided out of hours if the discharge has not previously been dispensed.

At all times the patient will be provided with an accurate discharge letter to be taken to the GP.

If the patient is unwilling to wait for their medication, there will be discussion with the ward staff/ patient or relative to facilitate a return to collect their medication at a convenient time.

The table below outlines the common approach taken to dispensing on discharge across all Trusts. There may be some variation in practice depending on individual patient needs.

Exceptions to 28 Day Discharge Supplies

- All Trusts encourage patients to bring Patient Own Drugs (PODs) into hospital. These are assessed as part of the Medicines Reconciliation process.
- If the Patient has **less than** 14 days of PODs remaining at any time during their admission a One stop dispensing (OSD) supply of 28-30 days will be made.
- If the patient has **at least** 14 days' supply of PODs or OSDs still remaining at time of discharge, only these will be issued.
- As well as checking PODs on admission, availability of PODs at home is also checked at discharge for example using NIECR, checking with the patient/patient's relatives or their usual community pharmacy.
- Exceptions to this and guidance on the quantity of supply are included in the table below.
- Varying amounts of some/all medicines may also be supplied for clinical reasons, at the discretion of the Prescriber or Pharmacist performing the clinical check and will be indicated on ALL copies of the Discharge Letter and where possible the electronic version.
- When determining the number of days' supply of medication, consideration will also be given to pack presentation, so as to avoid splitting packs unnecessarily.

| MEDICINE (name/group) | QUANTITY SUPPLIED |
|--------------------------------|--|
| Analgesics/Antipyretics/NSAIDs | If prescribed PRN, one original pack of the smallest pack size available. If regular doses are prescribed, up to 2 original packs of the smallest pack size available will be provided, depending on the dose required and pack size available. Prescriber/clinical checker may indicate if a different quantity required. |
| Antidiarrhoeals | One original pack |

| MEDICINE (name/group) | QUANTITY SUPPLIED |
|---|---|
| Antiemetics | Usually 7-10 days. Long term up to 30 days. NB: For Cyclizine, up to 30 tablets to be supplied depending on clinical need. Haematology/ Oncology patients: supplied with each cycle or 1 original pack. |
| Antimicrobials | Sufficient to complete course Long term – original pack up to 28/30 days |
| Anxiolytics and hypnotics (night sedation) | 5-7 days. In cases of weekly prescriptions where 7 days of all other medicines are dispensed – 7 days. |
| Chlordiazepoxide | Amount as required to complete regimen specified by prescriber. Maximum quantity 30 x 10mg capsules |
| Controlled drugs | According to the quantities specified on the prescription up to 7-28 days will be supplied. |
| Corticosteroids | Course – supply full course up to 6 weeks. Maintenance dose – supply 28 days. |
| Creams and Ointments | Supply up to 3 original packs as appropriate to area to be treated |
| Enoxaparin | Sufficient to complete course. Long term – original packs up to 28/30 day supply |
| Extemporaneous items | Quantity as appropriate to expiry date, up to 28 days. |
| Eye & Ear preparations | Supply 2 original packs if antimicrobial drops are prescribed for infection in both eyes. For infection in one eye and all other cases, supply one original pack. |
| Inhalers/Sprays/Mouthwashes | One original pack. |
| Insulins | One pen/one vial/one cartridge unless prescriber/clinical check specifies more due to patient dose or need for reserve supply. |
| Laxatives | One original pack. If patient is on a regular dose supply sufficient original packs to give at least 7 days treatment |
| Nebuliser solutions | Minimum of 14 days up to a max of 2 original packs for regular treatment and 1 original pack for PRN. |
| Nicotine replacement Therapy | Up to 7 days unless indicated otherwise by prescriber/clinical checker. |
| Nutritional supplements | A minimum of 3-7 days' supply, depending on when the patient is discharged e.g. more should be supplied if patient is discharged at the weekend. |
| Oral contraceptives/ hormonal replacement therapy | Use Patients' Own Drugs. |
| Oral liquids | At least 28 days in multiples of the original pack up to a max of 3 original packs depending on dose required. PRN or short term liquids: supply one original pack e.g. Peptac or Lactulose. |
| Oral preparations for electrolyte imbalance | Sufficient to complete the prescribed course. For long-term therapy supply 28/30 days. |
| Rectal preparations | At least 14 days in multiples of the original pack up to 3 original packs. |
| Warfarin | One original pack of 1mg and/or 3mg, or more if needed, depending on dose. |

| PATIENT GROUP EXCEPTIONS | QUANTITY SUPPLIED |
|---|---|
| Mental Health at risk of overdose | 7 days. Prescriber/clinical checker will indicate if different quantity required eg if daily dispense and will link with the patient's usual Community Pharmacy. |
| Reason for admission - overdose | As per psychiatry recommendations. |
| Discharges to a Care Home–Nursing Home or Residential Home | NEW resident: Supply 28/30 days, with the exceptions outlined above. RETURNING resident: Contact Care Home to ascertain which medicines are required and quantity. |
| Discharges from Acute Medical and Surgical Assessment Units/ Short stay units | 28 days of new medicines, altered doses or if the patient has no supply at home only. |
| Transfer from hospital to Acute Care at Home (AC@H) | 48 hrs of IV antibiotics. Diluents and flushes supplied via AC@H. Up to 28/30 days of all newly prescribed medicines supplied, except in the case of weekly dispensing patients where up to 7-14 day supply may be given (to include benzodiazepines, hypnotics (night sedation)- & CDs, upon specific request). |
| Transfer from Acute Care at Home (AC@H) to GP | Up to 28/30 days of all newly prescribed medicines supplied, except in the case of weekly dispensing patients where up to 7-14 day supply may be given (to include benzodiazepines, hypnotics (night sedation)- & CDs, upon specific request). |
| Monitored Dosage Systems (MDS) | Further guidance is being developed around the supply of MDS upon discharge from hospital |
| Substance dependence | As agreed with Addiction Services or in line with usual dosing regimens where clinically appropriate, preadmission arrangements and dose will be confirmed with the patient's usual Community Pharmacy. |
| Patients discharged outside of hours | Normally 3 days' supply is provided out of hours if the discharge medicine has not previously been dispensed. |