

Medicines on the move

When patients move from hospital to a care home or are admitted to a hospice it seems common sense that the medicines they are taking should go with them, and that health care professionals in the various settings should be told what these medicines are. All too often this does not happen. It is not only a cause of frustration when members of staff encounter new patients and are unsure what medicines they should be taking, it is also inherently risky for patients.

Solutions have been suggested — yet, still, good practice eludes much of the health service

This week's cover story (p235) examines the recommendations of new guidance on discharge and transfer planning entitled "Moving patients, moving medicines, moving safely" and published this week. The guidance has been put together by representatives of the Royal Pharmaceutical Society, the Guild of Healthcare Pharmacists, the Pharmaceutical Services Negotiating Committee and the Primary Care Pharmacists

Association with the support of the National Patient Safety Agency. This is an influential line-up so it is to be hoped that the target group — primarily primary care organisations and other interested NHS institutions — will take the guidance on board.

The guidance is detailed, and covers the issues from many angles: it summarises various Government policies underpinning the patient's journey through the health service, it includes a look at the evidence that reveals the scale of the problem and it gives practical solutions and examples of good practice.

The failings of current processes have been known about for at least the past decade and solutions have been suggested — yet, still, good practice eludes much of the health service. Part of the problem may be the fact that there is no accountability built into the processes. When things go wrong in one health care setting, the chances are remote that staff take up the issue with staff from the patient's previous place of residence. Instead, they pick up the pieces or start again from scratch.

The existence of this guidance, however, may inspire managers to put systems and standard operating procedures in place, ensure that they are followed and then ask questions when systems are seen to break down. There can only be wins for the health service if patients are not readmitted to hospital because of problems with their medication but, instead, remain stable and cared for effectively in the community. And for cash-strapped primary care organisations, keeping patients away from expensive hospital care is a good thing.

In addition, there is one thing that *The Journal* would encourage managers to bear in mind as they study the guidance: research has shown that deploying pharmacists at all stages of the process of moving patients and their medicines from one care setting to another reduces the likelihood of things going wrong.

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