Outpatient dispensing represents a substantial financial and time burden for hospital pharmacies. For some, the solution lies outside the NHS

Take your outpatient prescription to the community pharmacy down the corridor

By Matthew Wright, MRPharmS

Your patient has been awake since the crack of dawn to catch the bus into town for an outpatient appointment. He is not feeling well and the clinic is running behind schedule. By the time he gets to the pharmacy some time after lunch, he is told there is already a two-hour wait to have his two items dispensed (“That’s one box per hour!” he mutters). This kind of scenario is not uncommon. It makes for a tired and dissatisfied patient (viz customer), gives the hospital a bad name and pharmacy staff invariably bear the brunt.

But what if you could arrange for a community pharmacy to take the hassle out of your hands? It might sound a bit pie in the sky, but it is just what some hospitals have done. This approach to outpatient dispensing has been adopted in several trusts in England (see Box 1).

In the initial phase — a pilot project which began late in 2008 — Ms Ewing worked with colleagues at Lloydspharmacy to have a nearby branch dispense for one outpatient clinic. Whereas other hospitals started with fairly straightforward clinics, she sought to test the concept with some of the most challenging patients: those being seen by the hospital’s clinical haematology service. “We wanted to know whether or not this approach would be feasible for us and what were the pitfalls,” she explains, “and it would only work for us if Lloyds could buy at NHS contract prices.

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Box 1: Similar schemes

At Royal Liverpool University Hospital all outpatient dispensing will be taken over by a Lloydspharmacy branch on the hospital site by the end of this year. It is expected the branch will be dispensing some 27,000 prescription items per year — at a total service cost to the hospital pharmacy in excess of £8m.

A similar arrangement has been operating at Royal Blackburn Hospital, East Lancashire Hospitals NHS Trust, also with Lloydspharmacy.

Heart of England NHS Foundation Trust was the first to try this approach, according to its clinical director of pharmacy Tania Carruthers. Since mid-2007, the trust has had a partnership with Alliance Boots on the Birmingham Heartlands Hospital site. Mrs Carruthers says that outpatient prescriptions are supplied to patients under two models: one in which Boots pharmacists take responsibility for clinical checking for prescriptions from certain clinics; and the other, for more complex patients, where specialist clinical pharmacists (eg, for HIV, oncology, cystic fibrosis) screen the prescriptions before they go to Boots.

Like so many chief pharmacists around the UK Ms Ewing has the unenviable task of trying to run a leaner pharmacy service. “I had to find an innovative way to improve patient care, save money and develop my clinical services with no additional funding,” she says. “Outpatient dispensing was something we wanted to redesign because patients were experiencing long waits and neither patients nor the pharmacy were benefiting from that.” So, several years ago Ms Ewing began investigating the idea of outsourcing the supply of outpatient medicines.

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Collaboration

Patients take their prescriptions direct from the outpatient clinic to the new pharmacy, where the items are dispensed. The turnaround is speedier, but what clinical governance arrangements have been put in place to ensure patient safety?

“Private prescription form was specially designed, joint-branded and approved by Lloydspharmacy and the hospital,” says John Parker, who is Lloydspharmacy’s clinical development manager for the north west of England. At the branch, he explains, the prescription is taken from the patient, is labelled and dispensed, then undergoes clinical and accuracy checking—all according to standard operating procedures (SOPs) developed by both parties (see Box 2). “Depending on which clinic a prescription is from and what drugs it is for, we do have in place specific clinical therapeutic protocols and SOPs that [suit] the unique requirements of this collaboration between community and hospital.”

He elaborates: “Standards were developed by canvassing the views of the clinical pharmacists within the hospital for the appropriate directorate — be it haematology, renal, gastroenterology — and also from [Lloydspharmacy’s] clinical governance department. The objective was that we would not provide a lower standard of service than that received by outpatients from the Royal Liverpool — we would look to maintain and exceed that standard where possible.”

Ms Ewing agrees. “We have every confidence in the clinical checking procedures that have been created in collaboration. Also, with the new site so close to the hospital pharmacy department,” she adds, “it is easy for the Lloyds pharmacists to liaise with us if necessary.”

Moreover, this proximity has allowed the community pharmacy staff to mix with hospital colleagues for training purposes — “we recognised that partnership was key,” Mr Parker remarks — and to help them integrate into the hospital culture.

“The service offers community pharmacists an opportunity to bring their expertise in terms of the dispensing process and efficiencies — through to simply telling everyone involved about the changes. It has been a great learning experience for everyone taking part.”

She adds “I believe this approach will yield enormous benefits for patient care. I have additional resources to deploy and my staff have more time to deliver clinical services to wards and other areas.”

So the NHS-led project is doing much to improve service efficiency and is being hailed by all parties (including the Department of Health) as a victory for cross-sector working. But are the patients won over? Ms Ewing believes so, based on feedback from surveys: “So far patients are delighted with the service.”

Box 2: Tailoring SOPs

As each clinic is rolled out to the Lloydspharmacy branch, a “clinic pro forma” is sent out to the appropriate clinical pharmacists within the hospital. It asks them to suggest for their particular specialism what information is necessary to strengthen the clinical checking process. Lloydspharmacy incorporates this information into a standard operating procedure, which is reviewed and approved by the trust’s chief pharmacist.

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