

UPDATE FROM NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST

Re: Pharmacy waiting times at NUH

August 2014

Following NUH attendance at the Joint Health Scrutiny Committee in May 2014, the Committee has requested a summary briefing in August ahead of the September 2014 meeting regarding progress in three specific areas.

1. Pharmacy staffing increases

Reducing delays and waits for patients (including medication, transport and parking delays) is one of the Trust's six quality priorities for 2014/15, as described in our Quality Account.

The Trust has a programme of work in place and ongoing to improve the timeliness of care transfers. Through our 'transfer of care' project we are working to reduce delays between patients knowing they are medically safe for transfer (discharge from NUH) and leaving the ward. Improving the electronic 'to take out' medication (eTTO) process is central to our improvement work.

A survey in 2003 found that 49 hospital trusts in the UK had pharmacist-written discharge prescriptions in place. Further evidence in 2005 from surgical wards showed that pharmacist-written TTOs are of a better standard than doctor-written TTOs. Our own pilot on a respiratory ward at City Hospital in 2013 found that fewer medication errors were made by pharmacists transcribing than by doctors. Pre-prescription enabled pharmacy to prepare drugs for discharge earlier.

As such, in May 2014 the Trust agreed to invest an additional £391,000 to increase the staffing levels in pharmacy to facilitate the e-TTO transcription prior to the day of patients' discharge. Nine additional Band 7 pharmacists will work across 20 wards at QMC to expedite the eTTO by transcribing prior to the day of transfer of care.

Recruitment to these new posts is underway. We will cover this work with locum support should recruitment to the 9 posts be unsuccessful to ensure this does not impact on our e-TTO improvement work.

2. Update on performance for outpatient prescriptions

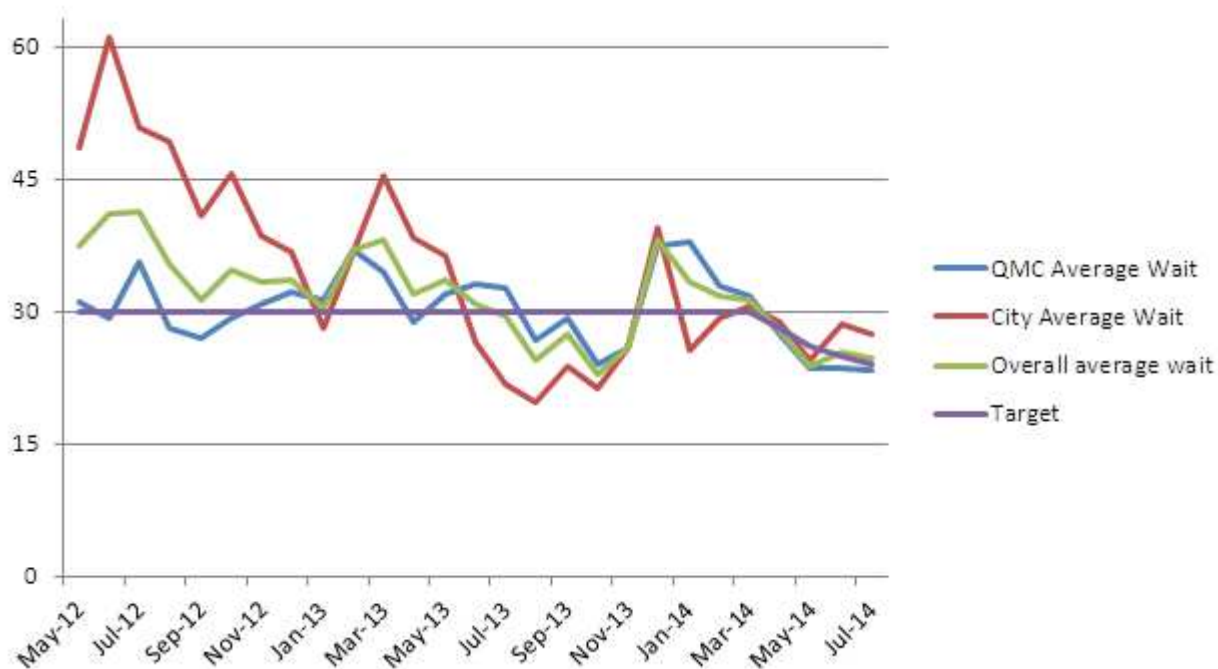
99% of outpatient prescriptions are dispensed within an hour. Of the remaining 1% are there any extremely long waits?

- We continue to improve our performance.
- In July 2014, we processed 6,797 outpatient prescriptions and dispensed 19,300 medications (compared to 5,704 and 18,000 respectively in April).
- In response to patient feedback we have sought to reduce our average waiting time further. In July, a new lower target of 24 minutes was met (compared with a target of 30 minutes and average wait of 26 minutes in April).
- 99% of patients waited less than 60 minutes at QMC and 96% at City in July 2014 (compared with 99% and 93% respectively in April). Of those who waited longer than 60 minutes, the

vast majority were completed within 90 minutes. 19 patients waited over 90 minutes on one date in July during a period of exceptional demand. Four patients with complex requirements waited over 2 hours in July.

- We did not receive any patient complaints regarding waiting times in July 2014.

CHART: Average waiting time graph by month



3. The Clinical Commissioning Group contact has been shared with the JHSC so that the concerns about hospital prescriptions being taken to GPs can be discussed further.