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From the Director of Secondary Care

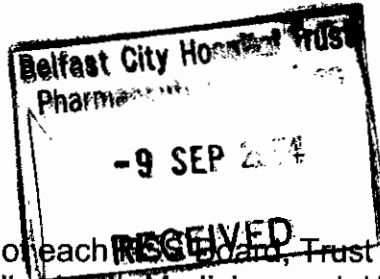


Department of  
**Health, Social Services  
and Public Safety**

An Roinn

**Sláinte, Seirbhísí Sóisialta  
agus Sábháilteachta Poiblí**

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Your Ref:  
Our Ref: BP411/01  
Date: 6 September 2004

Dear Colleague

**CIRCULAR HSS(SC) 8/04  
28-DAY DISPENSING ON DISCHARGE FROM HOSPITAL**

I am writing to inform you of the Department's decision to make a policy change in respect of dispensing on discharge from hospital. This will facilitate an increase in the normal hospital discharge supply of medicines to patients from "up to 72 hours / 3 days" to 28 days in original patient packs (where appropriate). This change will take effect from 1 October 2004. This amends the current arrangements set out in Circulars HSS(OP1) 2/92 and HSSE(SC)4/97.

When patients are discharged from hospital to primary care, they receive (as required) a supply of medicines to allow them, or their carers, time to organise further supplies on prescription from their GP or other prescriber. In England, hospitals normally provide a 28-day supply on discharge. In Northern Ireland, hospitals have provided a 3-day supply (or longer in special circumstances) in accordance with the 1992 Departmental guidance. However, a number of legal, access and safety imperatives have arisen in recent years, which indicated that the current 3-day supply policy needed to be reviewed.

Most medicines come in standard 28-day packs with patient information leaflets. Breaking such packs to give a 3-day supply gives rise to the risk of losing important Patient Information Leaflets (PIL) and the consequent contravention of European Law. Legal action has been taken against a hospital in England for failing to supply the necessary PIL. The current 3-day discharge supply policy also leads to a loss of original calendar or blister packaging material and undermines the integrity of the medicines. This can be confusing for patients with multiple medications and indeed compromise patient compliance and safety.

There is evidence that patients and their carers are experiencing increased difficulty in ordering a new prescription, collecting it from their GP Practice and then having it dispensed from their community pharmacist in the 3-day period after returning home from hospital. The change to 28-day supply meets ongoing requests from GPs to extend the current supply to help facilitate the issue of repeat prescriptions and the updating of patient records, particularly where there have been changes to the patient's previous drug treatment.

The move to 28-day original patient pack dispensing on discharge is part of the overall modernisation approach as advocated in the Audit Commission Report 2001: "A Spoonful of Sugar". This indicated that although original pack dispensing can lead to larger supplies of medicine being taken home, it can also yield savings, reduce waste and improve continuity of treatment. In May 2002 the Minister agreed to the Department's recommendation that hospitals should be encouraged to dispense in original patient packs on discharge from hospital to improve the continuity of care from secondary to primary care.

Allied to the provision of 28-day supply at discharge has been the development of modern medicines management systems as exemplified by the 'Integrated Medicines Management' (IMM) project. IMM seeks to maximise health through the optimal use of all aspects of medicines management. It targets the three main phases of a patient's stay in hospital – to ensure that a comprehensive accurate patient medication history is taken on admission, a full medication record and review during the patient's stay, and the preparation and dispensing of the discharge prescription in a 28-day original patient pack in liaison with the doctor. The development of IMM is also one of the recommendations of "Making it Better – A Strategy for Pharmacy in the Community", launched by Minister Angela Smith in February 2004.

The Department will make the appropriate funding adjustments to account for the transfer of medicines costs from primary care to secondary care based on the costing analysis that formed the evidential base for the policy change.

Yours sincerely



**DEAN SULLIVAN**  
Director of Secondary Care



**NORMAN MORROW**  
Chief Pharmaceutical Officer