

Patients in Partnership (PiP)
Wednesday 17th November 2010
Questions and Answers – all presentations / panel members

No	Questions	Response
1.	The new discharge system applies to inpatients. What about day surgery?	Day surgery is considered an admission and therefore the electronic discharge system includes day surgery patients.
2.	As patients are discharged much earlier, have you thought about the amount of medication you prescribe on discharge as often a patient is too ill to go to a doctor to obtain more.	The Trust supplies two weeks medication when someone goes home from hospital. If this is not the case, the Trust would like to know about it.
3.	Why can't you take a hospital prescription to your local pharmacy?	The prescription stationery is only valid in the hospital and therefore a community pharmacy cannot dispense under the NHS. A community pharmacy may dispense the prescription as a private prescription but this will cost the patient more. If an FP10 hospital prescription is issued and this is dispensed by a community pharmacist, it is more expensive for the hospital as the medications are more expensive in primary care and the cost of the prescription comes back to the hospital.
4.	How does the electronic discharge system tie up with the normal patient administrative record?	The normal administrative records are stored on the Trust's Patient Administration System (PAS) which is used to monitor a patient's movement within the hospital. The electronic discharge system uses information from PAS. The discharge system identifies a patient on admission and so a patient's discharge summary is started from the first day of admission. All the doctors within the hospital can access a patient's discharge summary without necessarily having your medical records.
5.	The electronic discharge system appears very efficient. Why does the	Out ultimate aim is to have an electronic record which would capture a patient's

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	system not start at the beginning of the outpatient journey?	entire record. We are, however, someway away from this although the 'First Contact' project is looking at what happens during a patient's outpatient episode.
6.	Patient shared an experience when she had to wait 4 hours in the discharge lounge for transport and was then collected with another patient, driven to Southall to drop off the other patient before being taken home to West Drayton.	The Trust is working on discharging patients earlier in the day and hopefully, this will have a knock on effect on other areas such as transport.
7.	When a patient went home he was weak and was advised to have a walking stick. He had to ask for a stick rather than be given it.	An occupational therapist or physiotherapist will assess the patient and usually all necessary aids would be offered before discharge.
8.	Patient shared a positive inpatient experience; the only negative was that there appeared to be only one nurse who was able to explain the discharge paperwork and due to her being occupied with another person, the patient's discharge was delayed by over an hour.	The Trust is happy to follow up this event if requested.
9.	Patient was discharged by a doctor that she had not met during her stay. How can a doctor that had not seen the patient be able to discharge?	This can sometimes depend on the day of the week and also what has been recorded in the medical record. It is not ideal and we would prefer more continuity of care.
10.	Marie Batey, Director of Patient Experience and Nursing provided an update on some work that was being undertaken on improving the discharge process for patients. The Trust is working with the Hillingdon LINK, Hillingdon Carers, the London Borough of Hillingdon and Age UK. The project is likely to start in March 2011 and may take up to two years to complete. Any member of PIP who would like to be involved should inform Catherine Holly of their interest.	