An Audit of the GP Discharge Query Service at Cambridge University Hospitals NHS Foundation Trust

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Medicines Information (MI) at CUHFT has been running a service to resolve discharge-related issues encountered in primary care, for 20 years. During most of this time, the electronic prescribing system, **EPIC** has been used to send discharge letters to surgeries. If medication-related issues are identified, surgeries pose enquiries, expecting resolution, to MI via a designated GP discharge email. This study was the first audit undertaken and served as a pilot for future audits, **aiming** to to help improve discharge by identifying the issues encountered in primary care.

OBJECTIVES

To assess :
- the nature of medication-related enquiries
- the proficiency of MI in responding to enquiries
- enquiry-answering steps, to see if improvements beyond GP Discharge service required
- whether any issues relate to potential risk or actual incident
- the adequacy of EPIC's current prescribing and discharge documentation
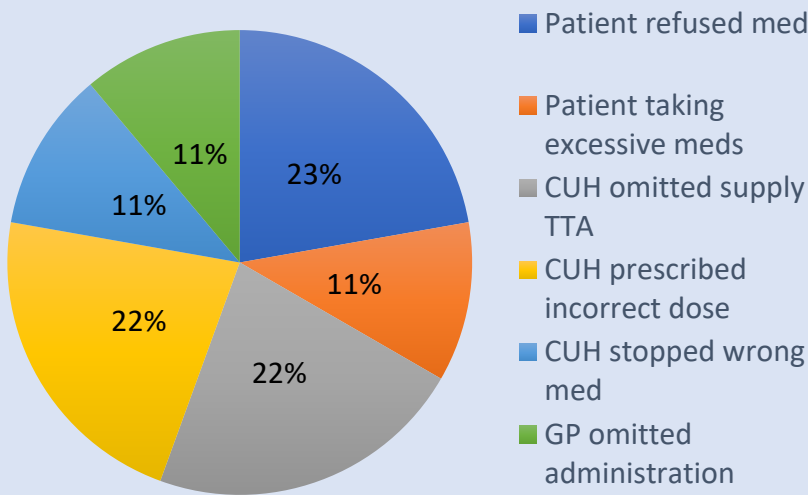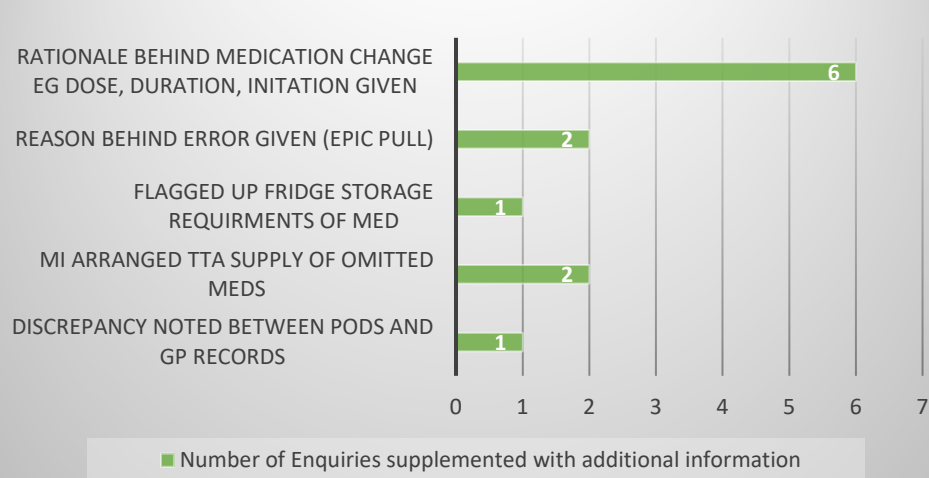
Figure 1: Incidents Identified

- Patient refused med
- Patient taking excessive meds
- CUH omitted supply TTA
- CUH prescribed incorrect dose
- CUH stopped wrong med
- GP omitted administration

Table 1: Summary of enquirer and workload date for GP Discharge

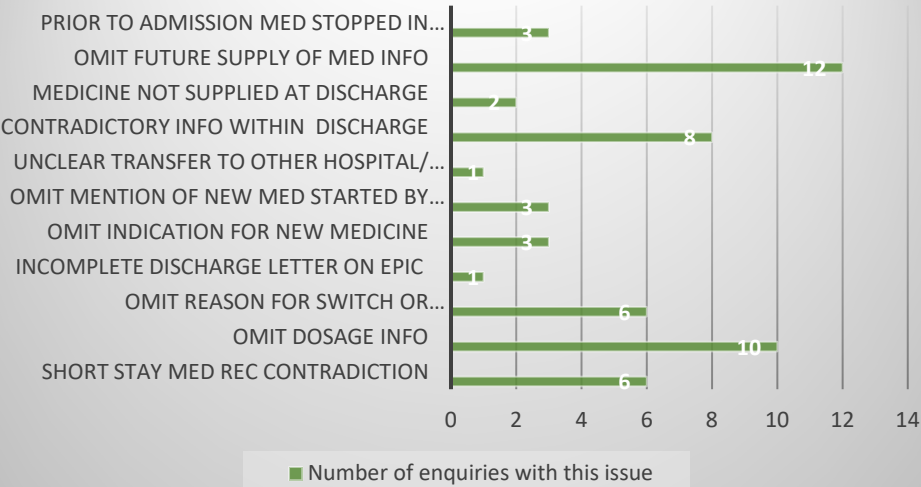|		
Total number of Medicines Information enquiries received in April 2023		**148**
Number of GP discharge enquiries		41 (28%)
GP Discharge Enquirer	GP	15
	Pharmacist	14
	Pharmacy Tech	12
Time spent per enquiry	Average (Range)	51 min (7 – 123 minutes)
Delayed response by MI		0
Inadequate MI response		0
Number of complaints against MI		0
Top 3 RESEARCH METHODS INVOLVED:		No.of Enq
Interpretation of EPIC Notes		38
2 or more methods used (eg EPIC + Dr)		24
Liaison with doctors		14

Figure 2: Errors/problems identified

Figure 3: Additional advice provided by MI service

Figure 4: Nature of Enquiry

- Dose
- Choice of Tx (which one)
- Timing (start/finish)
- Restart discontinued Tx
- Supply info (who)
- Indication for new Tx
- Indication for switching

RECOMMENDATIONS:

This audit illustrates the critical nature of GP discharge enquiries, complexity of information analysed, demand on MI workload and need for improvement in our hospital discharge process. Our proposals include making changes to EPIC e.g.
- a prompt to prevent discharge letters closing before completion
- creating additional columns in medication lists (for Indication or Reason for Change)
- creating a tab to verify accuracy of data which EPIC pulls from previous medication histories.

More wide-scale data collection focusing on the identified concerns is required, including:
- explore GP's own requirements and expectations, in terms of discharge letter content
- establish service context - what proportion of GP enquiries are received by MI versus received by the rest of CUHFT
- analysis of impact of staffing and seasonal pressures on the discharge process