What is stopping communication?

From the results it is clear that pharmacists from both sectors recognise the importance of communication with their professional colleagues in other healthcare settings but also report that it happens infrequently or “never”. One of the main reasons to conduct the research was to establish potential reasons why this communication does not occur. The answers that received the greatest number of replies on this point included: a lack of time; the lack of a shared electronic system; and, the fact it may not be considered a core part of practice. Many individual comments were also collected and this will help to focus further work in this area.

More information and getting involved

Find out more about EAHP’s work in this area via the press section of our website: http://www.eahp.eu/press-room/survey-shows-more-do-achieve-inter-professional-collaboration

Further information is also available by contacting david.preece@eahp.eu

About the European Association of Hospital Pharmacists

The European Association of Hospital Pharmacists (EAHP) was formed in 1972 as an association of national organisations representing hospital pharmacists at European and international levels.

Its mission is to represent and develop the hospital pharmacy profession within Europe in order to ensure the continuous improvement of care and outcomes for patients in the hospital setting. It does this through a range of science, research, education and communication activity. www.eahp.eu

About the EuroPharm Forum

The EuroPharm Forum is a joint network of national pharmaceutical associations and the World Health Organization Regional Office for Europe. It was founded in January 1992.

The mission of the EuroPharm Forum is to improve health in Europe according to priorities set by the World Health Organization. The Forum seeks to strengthen all aspects of the pharmacist’s contribution to health in Europe. www.europharmforum.org

EuroPharm Forum’s participation in this project was made possible through a research grant provided by Brocacef.
**Inter-professional collaboration between community and hospital pharmacy**

Communication between healthcare professionals is important, especially when a patient is transferred between care settings. This is often thought of in terms of communication between distinct professions such as between medical doctors and nurses. However it is also an issue for pharmacists working in different healthcare settings, especially where they may have a shared responsibility of care to a patient transferring between settings.

From the pharmacist perspective this relates particularly in respect of ensuring a patient has well understood changes made to their medication, had opportunities to ask questions and has otherwise received the support required to enable good and safe adherence. Ahead of EAHP’s 18th Congress in Paris (March 2013) which had the theme of “improving patient outcomes, a shared responsibility”, EAHP and EuroPharm Forum conducted a joint research project to assess the state of communication between hospital and community pharmacy across Europe.

A questionnaire was circulated to the respective memberships of both organisations and was open for 2 months (05/12/12 – 05/02/13). A total of 534 responses were received, with 75% from hospital pharmacists, 20% from community pharmacists, and 5% from pharmacists working in both sectors. Most replies came from Italy (34%), Denmark (14%) and the UK (5%). The replies came from pharmacists who had practiced for a range of years (See Figure 1).

**Is communication between sectors important and if so, when?**

The majority of hospital pharmacists described their professional relationship with community pharmacists as infrequent and half of all community pharmacists who replied said their working relationship with hospital pharmacists was “non existent”.

Yet pharmacists from both sectors highlighted the importance of communication especially at the points where a patient’s care is transferred: at admission to, and discharge from, hospital.

It was recognised by the majority of pharmacists of both sectors that communication between sectors at a patient’s admission into the hospital setting is either important or very important (53% of hospital pharmacists and 57% of community pharmacists). Further to this, communication between sectors when discharging a patient from hospital achieved an even higher score of importance with hospital pharmacists respective to the perception of surveyed community pharmacists (59% : 47%).

![Figure 1 - The years of experience of pharmacists responding to the survey](image)

**How often are community and hospital pharmacists in contact with each other?**

Respondents were asked to reflect on the last occasion they had been in contact with a pharmacist from the other healthcare setting. This ranged from over a quarter (27%) of hospital pharmacists stating ‘last week’ to over half of community pharmacists replying ‘never’ (See Figure 3). These replies may need further analysis and investigation as they indicate hospital pharmacists are in contact with community colleagues to a greater extent than community pharmacists perceive to be the case. However there may be differences in practice between countries that helps to explain this result.

![Figure 3 - When pharmacists responded they were last in contact with a pharmacist from the other healthcare setting](image)

**Helping patients to understand their medicines**

In hospitals the medicines a patient is prescribed usually changes between when they are admitted and when they are discharged. It is important that the patients understand the medicines they should be taking, how to take them and also why they are being prescribed. Respondents to the survey felt that patients are not adequately counselled when they are discharged (66% : 78% - hospital : community respectively).

Pharmacists from both sectors indicated in their survey responses that they would recommend patients bring their own medicines with them into hospital if possible. They perceive that this helps with communication, reduces the risk for errors and helps in relation to medicines counselling on discharge. The medicines may even be used during their inpatient stay (if they meet certain quality standards) and can be helpful in promoting adherence.

Regarding which healthcare professional is perceived to be in the lead in relation to medication counselling, the majority of respondents stated that medical doctors and nurses are the professionals who most commonly conduct medication counselling. However an overwhelming majority of pharmacists from both sectors said that it should be hospital pharmacists who conduct this activity. One aspect that was not considered was the role of pharmacy technicians and this should be explored further.