

EMOP UPDATE

The Electronic Medication Optimization Pathway (EMOP) is a computer system which automatically sends the patient's new medication prescription to the patient's community pharmacist as well as his/her GP, when the patient is discharged from hospital.

Research carried out in Newcastle, showed that 20% of patients had not had their prescription updated by their GP after discharge from hospital. After introduction of the computer system, there was a 50% reduction in the hospital readmission rate as the community pharmacist was able to rectify any errors or omissions in the repeat prescription with the patient's GP. There was also the opportunity to save money by eliminating unnecessary or surplus medications from the repeat prescriptions.

EMOP is a sponsored NHS Innovation project by the Eastern Academic Health Science Network (EAHSN) with Mark Dines-Allen as the senior program consultant and Jeremy Dearling and myself have been on the EMOP steering committee as representatives of the Citizens' Senate since May 2018.

EMOP has been engaged with at 62 CCG's with 17 live and operational and 27 at various stages of development.

EOP has been publicly supported by large national pharmacy chains such as Boots and Lloyds.

EMOP has been successively launched in both Southend and Basildon hospitals but no progress had been achieved at Broomfield hospital apparently because they use the Lorenzo computer system. These three hospitals are part of the Middle and South Essex Sustainability and Transformation Plan (STP). Although the STP has a digital support team (Chris Overland at Southend hospital) which operates across all three hospitals, no progress of any kind had been identified for Broomfield which is my own local hospital.

I had raised the issue with Paula Wilkinson who is chief pharmacist at Mid Essex Clinical Commissioning at the MECCG patient participation reference group and also Maggie Bailey who is interim Director of Nursing and Managing Director at Broomfield hospital during the Broomfield Hospital Patients Council. I had asked for a road-map be developed which identified the timing, costing and staffing requirements to implement the system at Broomfield.

When I pointed out that the West Essex and East Herts STP had successfully implemented EMOP in the Princess Alexandra hospital at Harlow despite them using the Lorenzo system, the initial response was that each hospital adapts the Lorenzo system in a unique manner.

By repeatedly asking for progress on this issue, I was pleased to receive an email update on the 14th January indicating that resource had been allocated and the technical work is expected to be complete by February/March.

Paul Osman
EAHSN Citizens' Senate