

## Electronic Transfer of Care to Pharmacy A Transfer of Care Around Medicines

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## Introduction

At a time of huge focus on resources, patient re-admissions to hospital as a result of medication issues and a national push for more efficient services, the launch of Electronic Transfer of Care to Pharmacy couldn't be more timely!

Electronic Transfer of Care to Pharmacy (eTCP) is an electronic referral system that allows the hospital pharmacy team to refer patients from their hospital bedside directly to their community pharmacist for various kinds of post-hospital discharge support with their medicines.

Although hospitals will send a patient's discharge summary including the medication list to their GP, there has until now been no robust mechanism to share this information with their community pharmacist. Community pharmacists therefore have no easy means of identifying if one of their patients is in, or has recently been discharged from hospital. The Electronic Transfer of Care to Pharmacy Service will create better links between hospitals and community pharmacists by electronically sending discharge information.

It provides community pharmacists with a hospital notification at the time a patient is admitted and discharged so they ensure correct dispensing in line with the care they have received as an inpatient - saving time and reducing medicines waste; it provides a clear reason for referral and a full copy of a patient's discharge summary.

Referrals are made via an email alert. Each pharmacy is likely to receive no more than a handful of referrals per month as eTCP rolls out.

## Background

### 1. What is eTCP?

**Electronic Transfer of Care to Pharmacy (eTCP)** systems are being rolled out to trusts in Greater Manchester with Salford being the first, in a collaboration with Health Innovation Manchester (the Academic Health Science Network for Greater Manchester) and the Greater Manchester Local Pharmaceutical Committee (GMLPC). This is part of a national programme that has been supported by other Academic Health Science Networks. eTCP is part of a national drive to reduce patient safety incidents caused by poor communication when care is transferred at the point of discharge from hospital. When patients who are assessed in hospital as needing additional support with their medicines, they are referred to their community pharmacist on discharge from hospital.

This may be because they have had changes to their medicines, started something new, or just need further discussions to help them take their medicines safely and effectively.

Evidence shows that patients who see their community pharmacist after an admission to hospital are less likely to be readmitted, and if they are they will have a shorter length of stay. Research has repeatedly shown that patients often experience errors or unintentional changes to their medicines when they move between care providers, presenting a significant risk to patient safety.

Improving the safe transfer of information about a patient's medicines should therefore reduce the incidence of avoidable harm to patients, and this has become a priority improvement area for our National Health Service. Community pharmacists are well placed to support patients recently discharged from hospital. Evidence from research into community pharmacy post-discharge medicines services has demonstrated significant increases in medicines adherence, leading to improved health outcomes for patients and fewer admissions and re-admissions to hospital

Based on evidence from the last year, the neighbouring AHSN has implemented eTCP in 6 trusts, with the potential savings of £3.132m and 1827 bed days, through 2284 referrals completed. (*Calculations according to published paper: Nazar H, Brice S, Akhter N, et al. New transfer of care initiative of electronic referral from hospital to community pharmacy in England: a formative service evaluation*)

In light of these and other findings the [Royal Pharmaceutical Society](#) (RPhS) has developed good practice guidance. [Medicines Optimisation: Helping patients to make the most of medicines. Good practice guidance for healthcare professionals in England](#) was published in May 2013 and has been endorsed by NHS England, Royal College of General Practitioners, [Royal College of Nursing](#), [ABPI](#) and the [Academy of Medical Royal Colleges](#).

## 2. What will this mean for me?

The process of sending a hospital discharge notification will be automated for the hospital team for patients flagged within their electronic patient record system. Where these systems can record all of the discharge information including the name of the pharmacy for onward referral along with ODS code the process is fully automated. The trigger for sending the discharge notification can be set to suit local protocols; for other local trusts, they have chosen the publication of the discharge notice to trigger this.

## PharmOutcomes

Salford Royal Hospital Foundation Trust are to launch their referral to community pharmacy service via the PharmOutcomes™ platform. You should expect to see referrals from **16<sup>th</sup> January 2019** although, based on our preliminary numbers, it may be a few weeks before the first referral arrives. The patients initially selected for this service will be only those that require a compliance aid. There will be local launch events, which community pharmacies will be invited to attend. **These will be on the 7<sup>th</sup>, 9<sup>th</sup> and 15<sup>th</sup> January at Elm Bank, 46 Edge Lane, Eccles, Manchester M30 9BA.** This document reiterates the key benefits of the service, what you should expect alongside answering some of the questions raised during the training

### 1. What will this mean for local community Pharmacy?

Experience with this system has shown that community pharmacists are well placed to support patients around changes that have been made to their medicines in hospital. Based on work completed in other trusts, most community pharmacies should expect to see between one and two referrals every two weeks. National research suggests the interventions that you make in response to these referrals will be roughly equally split between medicines use reviews (MUR) and the new medicines service (NMS).

### 2. How will I receive a referral?

You will receive the referral on admission to Salford Royal Foundation Trust, and again on, or shortly after, the day of discharge. This will be via the electronic PharmOutcomes™ platform. New referrals will be available via the services section of the PharmOutcomes™ site. It will be important for you to build a process within your pharmacy that enables frequent, ideally daily, checking of this system. This checking does not need to be carried out by a pharmacist and it is important to incorporate the whole pharmacy team into this work to ensure referrals are addressed.

### 3. What information will I find in a referral?

The referral will contain:

- Patient demographics including contact details
- The name of the GP with whom the patient is registered
- Referral details which will include a brief description of the reason for referral
- The discharge medication list
- A notes section where the hospital pharmacist may detail further information for clarity

#### 4. How do I acknowledge and accept a referral?

We have built the platform to minimise the time required to complete a referral. At the bottom of the referral you will find three options:

- Complete Now- This will indicate that the referral has been completed and will ask for an indication of the service provided. The options include MUR, NMS or other pharmaceutical care. Choosing one of these options and saving the page will complete the referral.
- Accept - This will accept the referral and retain it within the services section of the PharmOutcomes™ platform for later completion.
- Reject - If the referral cannot be completed it should be rejected. The notes box displayed below must be completed in order to be able to reject a referral. We have provided a prepopulated list of common reasons for rejection based on experiences from other areas of the country. Using these reasons will help provide valuable feedback to the hospital pharmacy team regarding patient selection and referral accuracy. It should be noted that even when using these options the notes box must be completed.

Please refer to the PharmOutcomes website for further guidance:

<https://media.pharmoutcomes.org/video.php?name=tocPharmacyNew>

#### 5. How long is a referral valid for within the system?

The majority of confusion regarding medicines after discharge occurs within 10 days, and patients using a compliance aid are provided with 7 days of medication upon discharge. Therefore, we recommend that referrals are acted upon within 2 working days, and those that have not been completed within 10 days are rejected.

Other patients should be discharged with 14 days of medication, and the timescale of acting upon these referrals will be considered when appropriate.

#### 6. Post-discharge MURs

Some patients experience adverse drug events because they are confused about which medicines to take. Community pharmacists help patients understand which medicines to take and how to take them, along with any “dos and don’ts”, using post-discharge medicines use reviews (MURs); a system where these can be requested by GPs, hospital staff and patients themselves should be available.

Ideally, such MURs would occur after the GP has reviewed the patient’s medicines and performed a clinical medication review to ensure his or her records have been updated appropriately. (*Pharmaceutical Journal*)

#### 7. How will the impact of this new service be measured?

As with all new services, it will be important to measure the impact. PharmOutcomes will be tracking the number of patients referred, those completed or rejected. Salford Royal Foundation Trust will be receiving data on the number and type of referrals made, and the number of referrals accepted by community pharmacies. This information will be communicated monthly with the GMLPC.

Health Innovation Manchester is supporting the initial implementation by tracking and following up referrals that require action.

**Thank you for your support with this important patient safety initiative. We are very excited to starting the Electronic Transfer of Care to Pharmacy Service and ultimately improving the communication from hospital to community, for the benefit of our local patients.**