

Transfer of Care Around Medicines (TCAM) – User guide

Background

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 safety¹.

Improving the safe transfer of information about a patient's medicines should therefore reduce incidence of avoidable harm to patients. As such, 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 hospital². Recent work from Newcastle showed that community pharmacists were able to contact the majority of patients referred to them and results indicate that patients receiving a follow-up consultation may have lower rates of readmission and shorter hospital stays³.

What will this mean for local community pharmacy?

Our experience with this work has shown that community pharmacists are well placed to support patients around any changes that have been made to their medicines in hospital.

Based on work completed in University Hospital Southampton (UHS), most community pharmacies should expect to see between one and two referrals every two weeks.

National research suggests these can be equally split between medicines use review (MUR) and the new medicines service (NMS).

How will I receive a referral?

You will receive the referral 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 (as displayed in the screenshot below). It is important for you to build a process within your pharmacy that enables frequent, ideally daily, checking of this system.

More information and a video on the PharmOutcomes™ referrals service for community pharmacies can be found in the 'Help' section, on the PharmOutcomes™ website:
<https://media.pharmoutcomes.org/video.php?name=hospitalref2>

Exit Logged in as: James Allen from James Allen's Test Pharmacy

PharmOutcomes® Delivering Evidence

Home **Services** Assessments Reports Claims Help

Provide Services

Click [here](#) to show all accredited services including ones that are normally hidden

Outstanding Referrals	Service (stage)	Identifiers	User	Status
2017-09-15 Saved 2017-09-21	Referral From University Hospital Southampton	CTTDT	[Referred]	Pending Referral Referred to you awaiting follow-up action
2017-09-11 Saved 2017-09-12	Referral From University Hospital Southampton	AT	[Referred]	Pending Referral Referred to you awaiting follow-up action

Service Centre

Contact your local commissioners if you cannot see services you expect to see.

Recent Provisions Search for Identifier:

• Click here to show explanations of the Provision Status column

View all provisions for: **Show**

Provisions in date order [-] Click to show Provisions ordered by most recently entered

Date Order	Service (stage)	Identifiers	User	Status
2017-09-15 Saved 2017-09-21	Referral From University Hospital Southampton Already shown above	CTTDT		
2017-09-11 Saved 2017-09-12	Referral From University Hospital Southampton Already shown above	AT		

[Click here to view or edit all provisions](#)

What information will I find in a referral?

The referral will contain:

- Patient demographics including contact details
- The registered GP for the patient
- Referral details including a brief description of the reason for referral
- The discharge medication list. Some information on their medical conditions may also be included
- A notes section where the hospital pharmacist may detail further information for clarity.

How do I complete 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** – 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 pre-populated list of common reasons for rejection based on experiences from other areas of the country (see example overleaf). 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.

*** It is important the accepted referrals are marked as completed once a service has been provided, as this is the measure to show that a community pharmacy has acted on the referral, accepting the referral will not indicate service provision.**

Acceptance and completion of referred service

This referral has been made to your organisation at the request of a patient.
If you are unable to complete the referral, you can reject it, but please select the reason for rejection from the drop down list below.
If you can accept the referral but cannot complete the associated actions immediately, click on the accept button to acknowledge receipt of the referral. You can make relevant notes in the Notes box.

Reason for rejection:

Select the reason for rejecting ▼

- Select the reason for rejecting
- Patient could not be contacted
- Patient was housebound
- Patient refused to attend
- Patient did not want to have further advice
- Unable to complete because this patient does not usually visit this pharmacy

Automated ITK Update - The message did not contain a followup provider so has been delayed
2017-09-15 09:19:03
Automated ITK Referral - The message did not contain a followup provider so has been delayed
2017-09-15 09:16:04

How long is a referral valid for within the system?

The leaflet provided by UHS suggests to patients that their chosen community pharmacy will ring them soon after admission. We know that the majority of confusion regarding medicines after discharge occurs within 10 days. As such, we recommend that referrals that are not completed within 14 days are rejected.

Who are the information controllers?

In the case of hospital discharge referrals, there are two information controllers under the legislation:

- hospital trusts who decide what data is to be provided; and
- community pharmacists who carry out follow up activity.

Pinnacle Health acts as a data processor on behalf of all Trusts and community pharmacists.

What governance arrangements are in place regarding patient's consent?

Trusts will need to be confident that patients have given appropriate consent for information to be passed to community pharmacy on discharge unless relying on healthcare legislation which allows this in the patient's best interest.

Processes for obtaining consent for sharing information at the community pharmacy end are built in to the PharmOutcomes™ system.

How will the impact of this new service be measured?

As with all new services it will be important to measure the impact. East Midlands Academic Health Science Network, as well as the referring Trusts, will be tracking the number of patients referred, those completed or rejected.

We will hold a further Local Pharmacy Committee meeting to gather feedback and share any successes.

Resources

Case studies collected from Trusts with referral pathways in place can be found at:
<http://wessexahsn.org.uk/projects/54/transfers-of-care-around-medicines-tcam>

And further info can be found at:

<http://ahsn-nenc.org.uk/project/248/>

<https://www.rpharms.com/resources/ultimate-guides-and-hubs/transfer-of-care-hub>

Statistics linked to medicines when patients are admitted to hospital:

- There were roughly 16 million people admitted into the NHS last year and the majority of these would have been prescribed medicines to improve their care
- It is estimated that 60% of patients have three or more changes made to their medicines during a hospital stay. The transfer of care process is associated with an increased risk of adverse effects (AEDs)
- 30-70% of patients experience unintentional changes to their treatment or an error is made because of a lack of communication or miscommunication
- Only 10% of elderly patients will be discharged on the same medication that they were on when they were admitted to hospital
- 20% of patients have been reported to experience adverse events within three weeks of discharge, 60% of which could have been ameliorated or avoided.

¹ National Patient Safety Agency and National Institute for Health and Clinical Excellence Technical safety solutions, medicines reconciliation 2007. Available from <https://www.nice.org.uk/guidance/psg1>

² Elliott R et al. Department of Health Policy Research Programme Project Understanding and Appraising the New Medicines Service in the NHS in England (029/0124) 2014
<http://www.nottingham.ac.uk/~pazmjb/nms/downloads/report/files/assets/basic-html/index.html#1>

³ Nazar H, Brice S, Akhter N, Kasim A, Gunning A, Slight SP, Watson NW (2016)
A new Transfer of Care initiative of electronic referral from hospital to community pharmacy in England: A formative service evaluation. BMJ Open 2016:
<https://bmjopen.bmj.com/content/bmjopen/6/10/e012532.full.pdf>