

Transfer of Care Around Medicines (TCAM)

Why is referral to community pharmacy important to the transfer of care around medicines and what is happening in your area?

Referring patients to their community pharmacist for a medicines consultation following a stay in hospital has been shown to reduce readmission rates¹.

There is a growing evidence base from a number of sites in England that this is the right course of action to improve patient care and support Medicines Optimisation, and in turn reduce hospital readmission rates.

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 safety².

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 hospital³. 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 stays⁴.

How has this impacted on patients?

Patient examples

- The referral stated that new medication had been started and the amitriptyline dose had been reduced. During the conversation with the community pharmacist, it became apparent that the patient was unaware of some of the changes to their medication and actually thought their amitriptyline dose had been increased and as a result had been taking an incorrect dose.

- A COPD patient stopped all inhalers after being discharged from hospital as his 'chest had improved'. The community pharmacist intervened and inhalers were restarted as intended and discussed the need for maintenance therapy.

What is happening in Leicester?

In Leicester, University Hospital of Leicester (UHL) and Leicester Partnership Trust (LPT) have been running projects to establish a referral pathway to community pharmacies. LPT is now in a position where they are able to send referrals, and UHL will soon launch their service.

Which patients do the Trusts plan to refer?

LPT plan to refer all patients they feel will benefit from the service – this will include patients from their mental health beds as well as their community hospital beds, such as stroke patients. UHL will also be referring the patients they feel will benefit most from the service.

How will the referral be made?

A referral will be made via the electronic PharmOutcomes™ platform and will be available via the services section of the PharmOutcomes™ site. It will be important for pharmacies to build a process that enables frequent, ideally daily, checking of this system.

What will this mean for GP practices and pharmacists working in GP practices?

Our experience with this work has shown that community pharmacists are well placed to support patients around changes that have been made to their medicines in hospital. Their community pharmacist is able to resolve most issues easily. A small number of patients will be identified as having significant medicines issues following their discharge and some may require a referral to their GP. However, it is not anticipated that GP practices will see any major change when referrals to community pharmacies are made.

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>

Further information can be found at:

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

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

¹ 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.

² 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>

³ 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>

⁴ 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>