



# Transfer of Care Around Medicines (TCAM)

## Frequently asked questions

### What are the issues for patients about medicines on discharge?

Due to the nature of admissions, patients are less likely to be able to retain all the information provided to them prior to discharge. Their medicines-related problems after discharge from hospital can be addressed by more systematic involvement of their community pharmacists supporting the discharge process.

### What is the key objective of the TCAM, Medicines Support (Hospital to Home) project?

The TCAM project is intended to improve patient outcomes by enhancing communication between the hospital pharmacy team and community pharmacy colleagues.

The main focus will primarily be on patients most at risk from medication changes following hospital admission and discharge.

TCAM will improve patient pathways and become more integrated across different sectors of care (vs current practice of reliance on the use of telephone and fax to inform community pharmacy without any record of their continuity of care).

### How will TCAM do this?

Having identified and selected the patient following their consent, TCAM will allow hospital pharmacy team to electronically send medication discharge details directly to their community pharmacist so that they can get advice about any of the changes to their medicines.

TCAM will alert community pharmacists that their “at-risk” patients are being discharged and may need a suitable follow-up. This avoids any prescription or medication currently in the system to be intercepted and interrogated before any supply is made to the patients.

### What are the key benefits to patients?

TCAM will ensure patients are supported to get the most from their medicines and remain in a better state of health through formal contact with their community pharmacist. The pathway will result in fewer hospital re-admissions or emergency department attendances as a result of medication errors in particular if their old medicines were a contributory factor to their admission to the hospital for example in drug induced AKI.

## What benefits do community pharmacists gain from TCAM?

TCAM offers community pharmacists an opportunity to use their clinical skills and to be an integral part of the patient pathway. It also facilitates a greater degree of professional relationship with their patients and allows community pharmacies to plan their workload better when patients are discharged from hospital.

## What are the key benefits to hospital pharmacy teams from TCAM?

TCAM allows the hospital team to communicate in a safe and secure way with their community pharmacist colleagues around any medication issues, continuity of supply and if any follow ups need to be flagged up. PharmOutcomes will free up the hospital team from attempting to make a telephone and fax communication in the knowledge that their communication is securely delivered and acknowledged by their community pharmacy colleagues.

## What are the key benefits to GPs from TCAM?

TCAM supports GPs by reducing the need for unplanned hospital re-admissions due to medication errors for patients at risk of post-discharge medicines adherence issues. Community pharmacy will be in a position to interrogate new prescriptions they have received against the discharge information and clarify any discrepancies. GPs will also benefit by knowing a patient has been through a medicines adherence programme and provides them with the added assurance that their patients are taking their medicines correctly and limiting medicine waste.

## How does TCAM benefit CCG medicine management teams?

TCAM will improve utilisation of medicines with less waste. If CCG MMT domiciliary services are also in place then TCAM offers a simple discharge referrals pathway. TCAM could also offer the possibility to spread innovative practice to non-acute providers such as community services (district nursing, virtual wards, community hospitals etc).

## Can Community Pharmacists undertake TCAM follow ups under the New Medicines Service(NMS)?

Yes. Following the prescribing of a new medicine for the management of a LTC, patients will be recruited to the (NMS) service by prescriber referral (which could include referral for medicines prescribed to the patient as a hospital inpatient or outpatient) or opportunistically by the community pharmacy. The patient may not have visited the pharmacy on a previous occasion.

[http://psnc.org.uk/wp-content/uploads/2013/06/NMS-service-spec-Aug-2013-changes\\_FINAL.pdf](http://psnc.org.uk/wp-content/uploads/2013/06/NMS-service-spec-Aug-2013-changes_FINAL.pdf)

## Would all patients admitted to hospital be admitted to the pathway?

No. Hospital pharmacy teams, as part of their patient medication reconciliation process during admission could decide to identify the cohort of patients based on the likely changes to their medication.

Additionally, all patients included in the TCAM pathway are required to give their consent to have their information about their admission and discharge communicated to their regular community pharmacy.

## How secure is TCAM?

TCAM uses secure N3 connection meeting strongest IG standards. All community pharmacies included in the pathway will also meet the minimum IG standards as prescribed by NHS England through their contractual framework. Additionally, there is full encryption of the patient's data in transit and can only be accessed by the community pharmacy in the pathway through a very secure access gate. The processes ensure secure and audit-able retrieval or rejection of the referral by the community pharmacy.

## Is there a user guide to TCAM?

Yes. There is a video guide produced to help pharmacy teams better understand how to receive, accept and then complete a discharge referral.

The video is available at:

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

There is also a user guide at the LPC website.

## How will I know if I have an TCAM message?

When your pharmacy receives a TCAM referral you will be notified by an email being sent to your PharmOutcomes management email address. Please watch the TCAM video guide linked above to see how you set and change this linked email address.

If you have a "PharmAlarm" installed it will alert you to a new referral. These can be obtained from PharmOutcomes on a yearly rental basis and they also alert the pharmacy when referrals for other services such as CPCS are received.

## How do I accept a referral?

Transfer of care referrals can be found by clicking on the PharmOutcomes services tab. Any outstanding TCAM referrals will appear at the top of this screen. When you click on the name of the referral you will see the details sent to you by the hospital including patient details and other relevant information.

If the patient uses your pharmacy then click to accept the referral. You can then wait to discuss the referral with the patient or their carer at a later stage. When you have done this you can mark the referral as complete.

## When should I reject a referral?

You should only reject a referral if they are not your patient, you are unable to contact them or if you know that the patient no longer uses your pharmacy.

## Can I accept referrals for housebound patients?

With housebound patients you can accept the referral as the information will be useful for you. If in the best interests of the patient, you may communicate with carers.

## How do I complete a referral?

The system is very simple to use and the online video guide will take you through this. The video is available at:

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

There is also a user guide at the LPC website.

Any action plan identified by the hospital pharmacy team will appear in the pharmacy notes section. You can tell the system if you have carried out an MUR, NMS or medicines reconciliation.

You can also report if the patients next repeat prescription does not match the hospital discharge and electronically send details of any variation to the patient's GP.

## How many TCAM messages will pharmacies get?

This will vary from hospital to hospital and their pharmacy communication policy and the Trust pharmacy team may decide to send all verified discharges or focus mainly on those patients who could benefit most from their community pharmacist having the most up to date information about their new medicines or dose changes following discharge (e.g. changes to blister packs or care home residents' medicines).

## How long should pharmacies take to complete a referral?

The leaflet provided by participating local Trusts suggests to patients that their chosen community pharmacy will ring them soon after discharge. We know that the majority of confusion regarding medicines after discharge occurs within 10 days so we recommend that completion is within the first 2 weeks after discharge. Any remaining referrals on the system after 30 days should be rejected.

## How much work does TCAM create for GP practices?

None as the TCAM discharge information sent to community pharmacies is already included as part of the existing information received at GP practices following patient discharge. If community pharmacists need to communicate with the GP following TCAM referrals experience locally and nationally has shown that <5% of referrals result in communication with GPs (3.1% in the Isle of Wight where 5,154 referrals were sent).



## How much work does TCAM create for community pharmacy?

The information being sent to community pharmacies via TCAM is there to assist pharmacies to better plan their workloads and to assist patients by being “in the loop” with regards to admission and discharge information. Pharmacists can, for the first time, review patient discharge information and work with their local GP practices to ensure that patients receive the appropriate medication support. There are already advanced pharmacy services in the national contract to support this type of review, such as, NMS (new medicines service) and MUR (medicine use reviews). As MURs are phased out, the new national contract includes medicines reconciliation through TCAM in 2020/21. Some Trusts will be sending admission notifications to community pharmacies so they will be also able to put on hold any dispensing activities for patients and avoid unnecessary workload, e.g. production of MDS (blister packs).

## How much work does TCAM create for CCG medicines management teams?

None. The ability of community pharmacy colleagues intercepting and reviewing patient admission notification and discharge notification should reduce medication waste in the CCG area. For example, cancelling or not ordering prescriptions in the system and ensuring any prescriptions on hold are reviewed prior to supply.

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

As with all new services it will be important to measure the impact. Hospitals will be tracking the number of patients referred, those completed or rejected and their respective readmission rates. We are planning to feedback to LPCs within 6 months of commencing this work.

## Other than community pharmacy have you identified other professional groups that may benefit from certain elements of TCAM communication?

During our extensive consultations other key groups were identified as;

**Patients’ medical practices** - Although awaiting development of this part of the pathway, developing the module for general practice to receive admission notification for the first time can allow the practice to put any immediate arrangements for the patients on hold and this should free up some immediate capacity in the practice. There will also be some unintended but beneficial consequences in suspending any immediate prescriptions and reducing medication error risks and medicines waste simultaneously.

**CCG domiciliary or ‘virtual ward’ teams** - In CCGs with domiciliary teams or virtual wards linked to the local trusts, the notification can result in follow up on certain vulnerable patients or those who may have experienced frequent hospital admissions in the past by visiting these patients post-discharge.

**Practice pharmacists** - similarly they can follow up and close the medicines discharge loop for many patients and to watch out for any medicine concordance issues when patients go home or return to their care setting.