MEDICINES SUPPORT (Hospital to Home)

Transfer of Care Around Medicines (TCAM)

Dear colleague,

From November 2019, University Hospitals North Midlands (County Hospital and Royal Stoke University Hospital) will be launching their referral to community pharmacy service via the PharmOutcomes™ platform. In the New Year, it is likely that North Staffs Combined and the Haywood Hospital will also commence this service.

You should expect to see referrals from the end of November although, based on experience in other regions, it may be a few weeks before your first referral arrives.

There was a LPC launch event held on 5th November, which we hope you managed to attend. This document reiterates the key benefits of the service and what you should expect alongside answering some of the questions raised on that evening.

1. 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 safety (1).

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 (2). 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 stays. (3)

2. What will this mean for local community Pharmacy?

National 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. Based on work completed in Worcestershire 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) MUR and the new medicines service (NMS). With the phasing out of MURs under contract we expect MURs to be replaced by Medicines Reconciliation (Meds Rec) performed on discharge as part of this Medicines Support Service.

3. How will I receive a referral?

You will receive the referral on, or shortly after, the day of discharge. This will be via email and/or the electronic PharmOutcomes™ platform. New referrals will be available via the services section of the PharmOutcomes™ site (as displayed in the screenshot below). It will be important for you to build a process within your pharmacy that enables frequent, ideally daily, checking of this system.

4. 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 which will include a brief description of the reason for referral
- The discharge medication list (in some cases attached as a PDF)
- 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, Meds Rec 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. 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.

How long is a referral valid for within the system?

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 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.

Finally thank you for your support with this important patient safety initiative. We are very excited to starting the referral service and ultimately improving the communication from hospital to community for the benefit of our local patients.

Yours Sincerely
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Further information can be found at:

1. We have included a guide "PharmOutcomes Referral Service - TCAM Pharmacy Follow-up" with this letter.
2. LPC website
3. https://meridian.wmahsn.org/node/3218

Appendix 1

Statistics linked to medicines when patients are admitted to hospital

- There were roughly 16 million people admitted to 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) (4)
- 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 admitted to hospital on. (5)
- 20% of patients have been reported to experience adverse events within 3 weeks of discharge, 60% of which could have been ameliorated or avoided (6).

References

(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

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(5) Mansur N Weiss A Beloosesky Y. Relationship of in hospital medication modifications of elderly patients to post discharge medication, adherence and mortality Ann Pharmacotherapy 2008; 42: 783 -789 https://doi.org/10.1345/aph.1L070

(6) Hesselink G, Schoonhoven L, Barach P, Spijker A, Gademan P; Kalkman C, Liefers J, Vernoonji-Dassen M, Wollersheim H. Improving patient handovers from hospital to primary care; A systematic review. Ann Intrn Med 2012; 157: 417-28). DOI: 10.7326/0003-4819-157-6-201209180-00006