# Template Standard Operating Procedure for TCAM

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| **Pharmacy Name** |  | **SOP version** |  |
| **Date of SOP preparation:** |  | **Date SOP effective from:** |  |
| **SOP prepared by:** |  | **Review date for SOP:** |  |
| **Objective** To define the procedures of the Transfer of Care Around Medicines (TCAM)’ in order to ensure that the scheme is conducted as specified and is provided to a high quality in a consistent, professional and accurate manner. |
| **Scope** This procedure applies to all staff participating in the provision of the scheme. |
| **Responsibilities** The manager or appointed deputy in charge of the community pharmacy is responsible for ensuring that the Service is carried out within this SOP and in line with the service Each person delivering the scheme is responsible for ensuring that they work under this SOP. All employees are responsible for treating all users with respect and courtesy. |
| **Person Requirements** The pharmacist is responsible ensuring any supplies made meet their professional and legal responsibilities  |
| **Facilities**The part of the pharmacy used to deliver the scheme should provide a sufficient level of privacy for those being support; this may be the consultation room. |
| **The process stages** |
| 1 | **Patient Hospital Discharge**Pharmacy staff regularly check Pharmoutcomes services page for referral. Patient is discharged from hospital and pharmacy receives email notification from hospital on Pharmoutcomes.  |
| 2 | **Pharmoutcomes Referral**Pharmacy review referral on Pharmoutcomes with list of patient’s medicines from hospital discharge. |
| 3 | **Pharmacy Referral Accepted**Pharmacy accepts referral and follows one of the following courses of action:1. Pharmacy updates PMR and undertakes any urgent action and awaits patient to attend pharmacy in order to complete now on PharmOutcomes; AND/OR
2. Pharmacist calls hospital on number provided on PharmOutcomes to clarify any queries.
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| 4 | **Pharmacy Referral Rejected**Referral returned to hospital pharmacy as patient not supported by community pharmacy.  |
| 5 | **Patient Attendance at Pharmacy**Pharmacist speaks with the patient discharged by the hospital. The conversation includes: * Introduction and confirmation of patient details – name, date of birth, address, GP practice and contact telephone number must be taken as a minimum.

When the patient attends the pharmacy, the pharmacist will make a judgement on whether to:1. Supply any repeat medicines as normal
2. Conduct an NMS or MUR
3. Undertake any other necessary intervention
4. No further action required

Where a patient is unable to attend the pharmacy, the pharmacist can use their professional judgment and discuss the need for any other appropriate interventions/support with the patients’ representative. |
| 6 | **Advice and Information**Pharmacist provides advice/support and discusses any changes that have been made with the patient’s medication. Stresses the importance of ordering prescriptions in a timely manner recommending electronic Repeat Dispensing (eRD) where appropriate including making the patient aware that they can order their prescriptions online from their GP practice. |

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| 7 | **Records**The following records must be made of the TCAM interaction as part of this scheme: * PharmOutcomes completed.
* Patient Medication Record (PMR) Records.
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| **Clinical Governance**Confidentiality is a matter of both law and ethics. All staff must respect the confidentiality of information relating to the patient and their family acquired in the course of this scheme. Such information should not be disclosed to anyone without the consent of the patient.All forms and paperwork containing personal information of a patient should not be left unattended and must be kept securely when not in use, to prevent any unauthorised access to the data. |
| **Incident and Near Miss**Any near miss or incident occurring while undertaking the scheme should be reported to the ResponsiblePharmacist immediately. The Responsible Pharmacist must carry out any necessary action and report the incident / near miss as per the pharmacies own Incident Reporting policy and procedure. |
| **Audit (Review procedure)** Competency checks and audits will be carried out at random intervals to ensure that every member of pharmacy staff involved with the scheme is familiar and up to date with the procedure at all times. This SOP will be reviewed at least every 2 years or following any critical incident. |

**Staff signature** (To be signed by all those working within the SOP (including locums)

I have read and understood the implications of the SOP:

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| **Name** | **Job Role** | **Signature** | **Date** |
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