

Keeping patients safe when they transfer between care providers



TCAM

Transfer of Care Around Medicines

Sub-optimal transfer of pharmaceutical care has become a common occurrence when people move between care providers, particularly those in a vulnerable position who place their trust in official instructions, and therefore may not question the details. 30-70% of patients experience unintentional changes to their treatment or an error is made.¹

This situation is largely owing to a delay in communications between care providers. In some cases, following a review and upon discharge from hospital, the patient is prescribed typically between one or two weeks' dosage of a new prescription, but this may run out before the system catches up to change what is automatically generated by their GP surgery, or already dispensed in community pharmacy.

An integrated electronic TCAM system is new to Kent, Surrey and Sussex. It allows the hospital pharmacy team to electronically send patient medication discharge details directly to their community pharmacist so that the patient can get prompt advice about changes.

This may include informal support through to post-discharge medicines review or support via the new medicines service.

The first study to examine the impact of electronic referral from hospital to community pharmacy was in the North East. Evaluation of this programme clearly showed that patients who had seen their community pharmacist after their discharge from hospital were much less likely to be readmitted and, if they were, that they experienced a reduced length of stay.³

Key facts about TCAM

Increasing the role of community

pharmacists can alleviate pressure on GP services.

Improving safe transfer of patient medicines information has been shown to reduce the incidence of avoidable harm.

Improves patient information and support to improve compliance to prescribed medication.

Supports STP objectives i.e. reducing emergency bed days, hospital readmissions, length of stay and drugs waste.

Uses secure PharmOutcomes web-based system.

Goes live from ESHT hospitals in East Sussex in April 2019.

20% of patients have reported experiencing adverse events within three weeks of hospital discharge, 60% of which could have been ameliorated or avoided.

Published literature estimates up to 60% of medication errors occur during transfer of care.

Information about care & medicines doesn't always go with a patient when they are admitted to the hospital, or to the pharmacy when patients are discharged.

Significant problems for patients can arise from unintended changes and miscommunication relating to medicine when patients transfer between care settings.

Poor communication about medicines when a patient transfers from secondary to primary care is not new. It's something hospital pharmacy, community pharmacy and GPs have all been frustrated by for a long time.

So, it is heartening to see a fairly simple activity that not only improves communication between clinicians but will also ensure that hospital discharge is smoother and safer - axing-the-fax and moving digital!

TCAMs secure and timely transfer of medicines information to a community pharmacy will allow the community pharmacist to resolve most issues easily without referral to primary care colleagues, leaving only a small number of patients with significant medicines issues requiring a referral to their GP.

We believe TCAM offers significant cost implications for us all, especially around medicines waste and efficiency. But more than that it will make a big difference to keeping patients safe and this is important as we struggle to raise quality and improve productivity within current financial constraints.

Thank you in advance for your support. Do get in touch if you need to - contact details for the clinicians on the project team are over the page.

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Frequently asked questions about TCAM

How will the community pharmacist know they have received a referral from the hospital?

They will receive an email notification that a referral is waiting on the PharmOutcomes system.

What will the community pharmacist do if the prescription from the GP doesn't match the information on the hospital discharge summary?

If the prescription does not match the hospital discharge summary then the community pharmacist will contact the GP practice to discuss and check that the medicines have been reconciled correctly before supplying to the patient. If this happens the community pharmacist will complete the template on PharmOutcomes as intended prescription changes by GPs and patient safety incidents will be recorded as part of our evaluation of TCAM. Near misses recorded will demonstrate the effectiveness of the transfer of information in improving patient safety.

What does the community pharmacist do once they have accepted the referral and taken action?

Following the pharmacist's discussion with, or review of, the patient (even if they have just noted the discharge summary "for information purposes"), they will note what they did on PharmOutcomes and record the referral as "completed" so the outcomes can be monitored.

Is there an expected timeframe in which the community pharmacist needs to pick-up these referrals?

It is important that these referrals are picked up and addressed in a timely manner. Urgent referrals will not be

made unless the referring hospital pharmacist contacts the community pharmacist in advance. Referrals will be made with the understanding that it will be accepted within 7-14 days by the community pharmacist and then completed at the earliest opportunity thereafter. What the community pharmacist does with this referral is up to their clinical judgement.

- If they feel it is appropriate to contact the patient to offer an MUR or NMS Service, then they will do so in the normal way they currently do for these services
- It may be that they order prescriptions on behalf of the patient – in this case please ensure that the changes that have occurred in the hospital are reflected in the repeat prescription request
- If they do not order repeat medication for the patient, then they will highlight on their PMR system that the patient has had a recent admission to hospital and that discharge information is available on PharmOutcomes. This will prompt them to check that the next repeat prescription sent by the patient's GP reflects any changes that have been made during the admission.

Can the community pharmacist check the patient's record using Summary Card Records?

The Summary Card Record may not be updated immediately and therefore may not be used by community pharmacy to check discrepancies in hospital discharge summaries and GP prescriptions.

What if the patient is on repeat dispensing prescription?

If the patient is on repeat dispensing prescription then the community pharmacist will contact the GP practice to discuss the changes, if any, reflected from the hospital discharge referral.

How does the community pharmacist notify the GP of an intervention they have made?

If a clinically significant issue has been identified during an intervention the community pharmacist uses PharmOutcomes to refer to the GP. A message can be sent to the practice NHS email address. Pharmacists will not put any patient information in the "message" box as it will be sent along with the patient details recorded in that referral.

Is patient consent obtained before their discharge letter is sent to their nominated pharmacy?

At the hospital staff will have explained the process to patients and obtained consent from patients before they send any information to community pharmacy. A patient information leaflet will also have been given to each patient.

When would a community pharmacist reject a referral?

A referral can be rejected if the patient is not known to the pharmacy or if they have tried to contact the patient, but patient has not responded. If this is the case, they will be prompted to put a reason why and note that was the case on the patient medical record (PMR).

1 Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes. NICE guideline [NG5] Published date: March 2015

2 Wessex AHSN/ CPSC.org.uk – Transfer of care around medicines

3 New transfer of care initiative of electronic referral from hospital to community pharmacy in England: a formative service evaluation. BMJ Open, Volume 6 Issue 10. (bmjopen.bmj.com/content/6/10/e012532)

More information

Case studies collected from Trusts with referral pathways in place can be found at:

- wessexahsn.org.uk/projects/54 transfers-of-care-around-medicines-tcam
- ahsn-nenc.org.uk/project/248/
- www.rpharms.com/clinical-and-pharmacy-practice/transfer-of-care.asp

Contact one of the clinicians on the East Sussex TCAM project board:

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AHSN is project managing the future roll-out of TCAM across Kent, Surrey and Sussex

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