

**Kent Surrey Sussex
Academic Health Science
Network**



Medication Support Service From Hospital to Home

Guidance for Community Pharmacy



Medication Support Service

From Hospital to Home



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TCAM was first piloted in 2014 and now runs in several NHS trusts across England. It's a pathway that connects hospital and community pharmacy IT systems, enabling hospital trusts to send online messages to community pharmacists through PharmOutcomes to identify patients who may need extra help taking new medicines after leaving hospital.

The pathway will become increasingly important as a national medicines reconciliation service on discharge is introduced through the Community Pharmacy Contractual Framework in 2020-21. Your Local Pharmaceutical Committee (LPC) encourages contractors and pharmacy teams to make the most of this opportunity to get prepared and participate in the TCAM pathway which will also:

- help to inform the dispensing process, improving efficiency, saving time and reducing wasted effort and wasted medicines
- provide a fuller picture about a patient's medication on discharge when dispensing medicines – to help you screen prescriptions, manage workload and help keep patients safe
- drive added value interventions such as the New Medicines Service (NMS) and seasonal flu vaccinations, as well as locally commissioned services such as smoking cessation and NHS health checks where available
- opens doors to further medicines optimisation activities in community pharmacy and introduces opportunities for discussion about full medicines reconciliation, prescription synchronisation and pharmaceutical care planning, which are high on the NHS agenda and make better use of the clinical skills of community pharmacists.

We are delighted to be working in partnership with Kent Surrey Sussex Academic Health Science Network (KSS AHSN) on this project and hope that the benefits help to support you in practice.

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England's 15 AHSNs were set up by NHS England in 2013 and were relicensed from April 2018 to operate as the key innovation arm of the NHS. As part of the AHSN Network we work with colleagues across England to develop, share and spread good practice. A number of programmes that have been developed and evaluated regionally have been selected by NHSE for national spread and adoption by the AHSN Network because of their positive impact. One of these is the Transfer of Care Around Medicines programme, which has been shown to reduce medication errors and readmission rates, as well as vastly improve workflow, communication and integration between care settings.

The TCAM programme resonates very strongly with our own approach to working collaboratively; and our role is to bring partners together from across primary and secondary care in order to implement the pathway. Getting the transfer of information right can be challenging as patients follow complex pathways and systems vary between providers. However, greater integration between professionals can make a huge difference to patient safety, as well as bringing a range of benefits to the region's health economy.

We're delighted to be working with Community Pharmacy Surrey & Sussex; to help facilitate and support implementation of the TCAM pathway across the geography, support developing NHS structures and frameworks and, importantly, help cement the role of Community Pharmacy as an integral part of a patient's care pathway.

Introduction

Health professionals know that poor communication about medicines when a patient transfers from secondary to primary care is not new and the transfer of care process is associated with an increased risk of harm. It's something that has frustrated hospital pharmacies, community pharmacies, GPs and patients for a long time, and this is what the TCAM pathway aims to address.

The TCAM pathway aims to ensure the seamless transfer of a patient's medicines information on discharge directly from the hospital to the patient's choice of community pharmacy. This is achieved using the safe and secure PharmOutcomes platform; a system that is already very familiar to Community Pharmacy. Improving the transfer of information about a patient's medicines should help ensure they

continue to take the right medication once home and reduce the incidence of avoidable harm and readmission.

The TCAM pathway also brings benefits to Community Pharmacy through better informed dispensing and operational processes, a reduction in waste medicine and, where appropriate, referrals into commissioned services.

The charts on the following pages provide you with oversight of both the pathway and the process to follow when you receive a referral, together with the answers to Frequently Asked Questions. Further information can be found on the Community Pharmacy Surrey & Sussex website <https://communitypharmacys.co.uk>



Service flow chart

On discharge from hospital, discharge information is sent from the trust to the patient's chosen Community Pharmacy via the secure PharmOutcomes platform.



PharmOutcomes notifies the Community Pharmacy of the incoming referral both on the PharmOutcomes system itself, but also via email.

Community Pharmacy either accepts or rejects the referral. Once accepted, the pharmacist will screen discharge medication notified by the trust with the next GP prescription issued following discharge.



Any discrepancies between GP prescription and trust discharge information will be referred to the GP before any further action is taken. Community Pharmacy may also offer other services such as NMS or seasonal flu vaccination, as appropriate.

Once all actions are completed, the Community Pharmacy records details on PharmOutcomes including interventions and support provided, ADRs reported and GP referrals.



Community pharmacy follow-up process

You will be alerted to a referral in a couple ways:

- An email to the pharmacy advising that a referral has been received. The email address used is the “Management Email” recorded for the pharmacy on PharmOutcomes. This email will have no patient identifiable details.
- When you log on to PharmOutcomes, the referral will also be listed under the “Outstanding Referrals” section on the Services page. This will show the name of the referring trust and also patient initials for identification.

LPC Guidance on best practice requires referrals to be looked at within 7-14 days

Opening the referral on PharmOutcomes will provide you with the following information:

- Patient details – name, age, contact details, ward etc.
- Medicines information on discharge or an uploaded discharge document or transfer of care summary. It is important to note that these documents must not be saved outside of the PharmOutcomes system.
- Any specific notes from the hospital to support the patient (for eg. “patient would benefit with support on inhaler technique”)



1: Complete Now

When “Complete Now” is selected, the pharmacy follow-up template will be revealed to allow the Care Record to be completed immediately.



2: Accept

When a referral is accepted, the referral remains at the top of the PharmOutcomes “Services” screen but the status is updated to “Accepted”. This might be because you are unable to complete the Care Record immediately. For example, you may be:

- waiting to speak with the patient, or
- waiting for the first GP prescription POST discharge.

It will remain here until you are ready to complete the Care Record.



3: Reject

If a referral cannot be actioned you should select “Reject” which will return the referral to the hospital. The reason for rejection must be recorded, such as:

- the patient no longer uses the pharmacy,
- the patient has moved away, or
- the patient has deceased.

Completing the Care Record is simple and for the majority of patients should take no longer than a few minutes



Completing the Care Record

With a few simple clicks, you can record the support services provided such as:

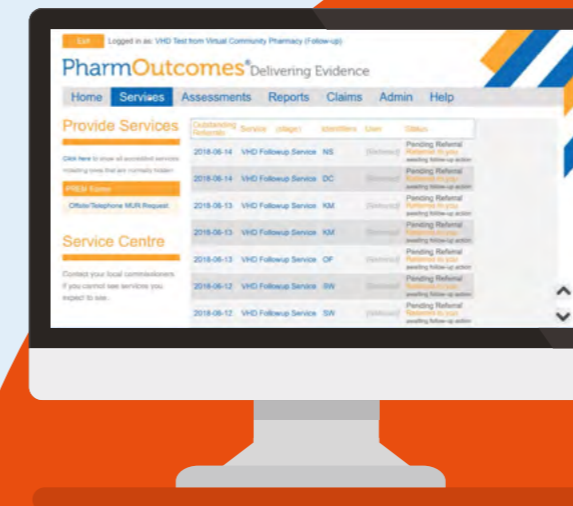
- Reconciliation between the hospital discharge information and the first GP prescription post discharge
- New Medicines Service
- Review of MDS arrangements
- Provision of compliance aids
- Provision of NHS “Stop Smoking” service
- Provision of flu vaccination.

If the patient is experiencing side effects, additional fields are available to capture this information, including a link to the “Yellow card Reporting” page.

Provided the patient’s GP Practice can receive electronic notifications from PharmOutcomes, relevant issues can also be fed back to the patient’s GP, including:

- where the first repeat issued by the GP post discharge does not match the medicines information sent by the hospital,
- significant adverse drug reactions (ADRs), or
- where the patient has stopped taking medication.

If a GP practice has not provided or verified a secure email address on PharmOutcomes, or where you have arrangements already in place, you can print a hard copy of any notification and send securely by other means. This also applies if the issue is identified as an urgent matter rather than refer through PharmOutcomes.



Whilst each trust may have different integration capability and operational procedures, the above provides a general guide to the Community Pharmacy process.

More detail can also be found in this instructional video <https://media.pharmoutcomes.org/video.php?name=tocPharmacyNew>

and the Community Pharmacy Surrey & Sussex website <https://communitypharmacys.co.uk>

Frequently asked questions

Is the TCAM pathway available to all patients in Surrey & Sussex?

Yes. However, the timescales for implementation within each trust does vary and you will be notified when the pathway is going live from a hospital local to you.

How will the hospital pharmacy team know which community pharmacy to refer to?

Patients will be asked by the hospital pharmacy team who their regular community pharmacy is or, if no regular pharmacy, one that is convenient to them. The information will then be sent to pharmacies through PharmOutcomes by selecting the ODS code, the unique identifier for that pharmacy.

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 should also have been given or shown to each patient.

Are there any eligibility criteria to be able to receive information referrals?

The only requirements are that community pharmacies have access to and a log-in for the PharmOutcomes web based system.

How do I get a log-in for PharmOutcomes?

Pharmacies that are already using PharmOutcomes for other services should log-in using their current username and password. Pharmacies new to the system will be sent an email from PharmOutcomes detailing their username and password.

<https://pharmoutcomes.org/pharmoutcomes/>

If you have problems logging in please contact the PharmOutcomes helpdesk on 01983 216699 or email helpdesk@phpartnership.com



Do I need to enrol on PharmOutcomes before I can access the referrals?

Yes. Pharmacy staff (pharmacists and pharmacy technicians) will need to enrol on PharmOutcomes before being able to access referrals.

Information on how to do this is available on the PharmOutcomes website.

<https://pharmoutcomes.org/pharmoutcomes/>

Go to the HELP tab at the top of the HOME page.

How will I receive notification that a referral has been sent?

PharmOutcomes will send a notification email to the email address that the pharmacy has registered on PharmOutcomes (the 'management' email), although this will not provide any patient information or identifier.

Pharmacies will then need to log in to PharmOutcomes to access the referral.

We recommend that you check PharmOutcomes daily to check whether any referrals have been sent from the hospital.

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

If you are participating in the pathway, it is important that these referrals are picked up and addressed in a timely manner and we recommend that they are accepted within 7-14 days. If you are unable to complete the referral immediately, because you are waiting for contact with the patient or for the GP repeat prescription, then they should be completed at the earliest opportunity thereafter.

Urgent referrals will not be through PharmOutcomes unless the referring hospital pharmacist contacts the community pharmacist in advance.

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

- If the pharmacist feels it is appropriate to contact the patient to offer a service as part of their contractual or commissioned services, then they may do so in the normal way that they currently operate for these services
- If the pharmacist orders prescriptions on behalf of the patient, they may ensure that the changes that have occurred in the hospital are reflected in the repeat prescription request
- If the pharmacist orders repeat medication for the patient, then they may 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
- If the hospital has requested a particular service for that patient or made observations (eg. that the patient could benefit from some help with inhaler technique) then a note will be included in the "Pharmacy Notes" section, as part of the referral. The pharmacist should note the information and do their best to carry out the request.

The community pharmacist will use their clinical judgement based on the information contained in the referral.

What do I do if the prescription from the GP issued after discharge doesn't match the information on the hospital discharge summary?

GPs can of course make intended changes to the recommended discharge medicines based on the patient's medical history and local information, however, there is also the possibility that the repeat prescription issued after the patient has been discharged has not been updated with the patient's new medicines.

If the first prescription issued after discharge does not match the hospital discharge summary, or where the Community Pharmacy orders on behalf of the patient, then the community pharmacist should contact the GP practice to discuss and check that the medicines have been reconciled correctly before supplying to the patient.

Where there are discrepancies, it is essential to check with the GP that the medicines have been reconciled correctly before supplying to the patient.

It's important to complete the template on PharmOutcomes as intended prescription changes by GPs and patient safety incidents will need to be recorded as part of the evaluation of the service. 'Near misses' recorded will demonstrate the effectiveness of the transfer of information in improving patient safety.

What if the patient is on repeat dispensing prescription?

If the patient is on a 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 any clinical issues?

If a clinical issue has been identified, the community pharmacist can use PharmOutcomes to refer to the GP, provided the GP has an email address linked to PharmOutcomes.

Please remember not to put any patient information in the "message" box as it will all be included in the referral details.

Obviously, if the issue identified is an urgent matter or where the GP is not linked to PharmOutcomes then the community pharmacist will take the necessary action rather than refer through PharmOutcomes.

When would a community pharmacist reject a referral?

A referral can be rejected, such as:

- if the patient no longer uses the pharmacy,
- if the patient has moved away, or
- if the patient has deceased.

The reason for rejection must be recorded.

What are the benefits of completing the PharmOutcomes template?

We have kept the template on PharmOutcomes as simple and as straightforward as possible to keep completion time to a minimum. However, it is essential that the template is completed as fully and accurately as possible. Correct completion of the PharmOutcomes template will allow accurate data to be analysed and evaluated, which is likely to demonstrate the significant impact community pharmacies can have on patient care, patient safety and demonstrate the value in continuing the service.

Will the pharmacy be paid for completing the PharmOutcomes template?

The referral itself is not a commissioned service but enables the transfer of patient information to support a number of existing services that are remunerated under the Advanced Services or Locally Commissioned Services. The outcomes from completion of the template can also be used to support the patient safety criteria for quality payments.

Improvements in the efficiency of the transfer of medicine discharge information will also improve workflow and save time in the dispensing process.

Can a patient's discharge information be forwarded to another community pharmacy?

No. If you know that the patient is using a different pharmacy then the referral should be rejected on PharmOutcomes and a reason for rejection selected from the drop down box. PharmOutcomes will send notification of the rejection back to the hospital pharmacy. If you know which community pharmacy the patient uses, then you can note this information in the rejection notification.

What is the process for housebound and care home residents?

The service is particularly beneficial for care homes residents and for people who are house bound, as these patients are often taking multiple and complex regimes and are some of the most vulnerable to problems with their medicines when they transfer between care settings.

The process for reconciling the medicines is the same as for all other patients.



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