



A Guide to 'Transfer of Care Around Medicines' (TCAM)

TCAM is now very well established across Southampton. It's success however going forward is dependent upon all healthcare professionals involved in the pathway keeping up to date with their knowledge of the process and ensuring new team members are briefed and trained during their induction period.

This document is provided to act as the go-to reference source for teams to read. It reiterates the key benefits of TCAM, what you should expect, what you need to do; as well as providing some common questions and answers that we know are useful to share.

TCAM was first launched by the University Hospital Southampton (UHS), making it possible for the hospital discharge team to create digitally secure suggested referrals for selected discharged patients to community pharmacy teams via the PharmOutcomes™ platform.

Hampshire and Isle of Wight LPC (now known as CPSC) Academy facilitated a launch event on 12th September 2016, where over 70 people attended from the many pharmacies located in and immediately around Southampton. Following this (and extensive testing by the UHS team), the TCAM process was implemented with a small number of discharged patients; who consented to have a referral to their regular community pharmacy. The pharmacies completed the process and informed UHS of their actions by return of another digitally secure message. Since those early days the volume of referrals rose steadily and has regularly achieved a level of approximately 200 patients per month over the past year. Our ambition now is to sustain and grow this level going forward so as to maximise the benefits of the TCAM process.

Additional places for TCAM support resources are:

- Community Pharmacy South Central (CPSC) website
<https://www.cpsc.org.uk/professionals/forms-contacts/southampton> (then click TCAM)
- Wessex Academic Health Science Network website
<http://wessexahsn.org.uk/projects/54/transfers-of-care-around-medicines-tcam>

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). Previous 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?

Our 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 UHS, most community pharmacies should expect to see between one and two referrals every two weeks. National research suggests the interventions that you make in response to these referrals will be roughly equally split between Medicines Use Reviews (MURs) and the New Medicines Service (NMS).

3. How will I receive a referral?

You will receive the referral on, or shortly after, the day of discharge. This will be via 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. This checking does not need to be carried out by a pharmacist and it is important to incorporate the whole pharmacy team into this work to ensure referrals are addressed.

Exit Logged in as: James Allen from James Allen's Test Pharmacy

PharmOutcomes® Delivering Evidence

Home Services Assessments Reports Claims Help

Provide Services

Click here to show all accredited services including ones that are normally hidden

Outstanding Referrals	Service (stage)	Identifiers	User	Status
2017-09-15 Saved 2017-09-21	Referral From University Hospital Southampton	CTTDT	[Referred]	Pending Referral Referred to you awaiting follow-up action
2017-09-11 Saved 2017-09-12	Referral From University Hospital Southampton	AT	[Referred]	Pending Referral Referred to you awaiting follow-up action

Service Centre

Contact your local commissioners if you cannot see services you expect to see.

Recent Provisions

Search for Identifier:

• Click here to show explanations of the Provision Status column

View all provisions for: Show

Provisions in date order [-] Click to show Provisions ordered by most recently entered

Date Order	Service (stage)	Identifiers	User	Status
2017-09-15 Saved 2017-09-21	Referral From University Hospital Southampton Already shown above	CTTDT		
2017-09-11 Saved 2017-09-12	Referral From University Hospital Southampton Already shown above	AT		

Click here to view or edit all provisions ▶

4. What information will I find in a referral?

The referral will contain:

- Patient demographics including contact details
- The name of the GP with whom the patient is registered.
- Referral details which will include a brief description of the reason for referral
- The discharge medication list
- A notes section where the hospital pharmacist may detail further information for clarity

5. 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 screen for each referral you will find three options:

- Complete – This will indicate that the referral has been completed and will ask for an indication of the services provided. The options include MUR, NMS 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 by the pharmacist.
- Reject – If the referral cannot be completed it should be rejected. The notes box displayed below must then be completed in order to be able to reject the referral. We have provided a pre-populated list of common reasons for rejection based upon experiences from other areas of the country. Using these reasons helps provide valuable feedback to the hospital pharmacy team regarding patient selection and referral accuracy, so it is important that this is completed each time.

Please note: even when using the pre-populate options that the ‘notes’ box must also be completed.

Acceptance and completion of referred service

This referral has been made to your organisation at the request of a patient.
If you are unable to complete the referral, you can reject it, but please select the reason for rejection from the drop down list below.
If you can accept the referral but cannot complete the associated actions immediately, click on the accept button to acknowledge receipt of the referral. You can make relevant notes in the Notes box.

Reason for rejection:

Select the reason for rejecting ▼

- Select the reason for rejecting
- Patient could not be contacted
- Patient was housebound
- Patient refused to attend
- Patient did not want to have further advice
- Unable to complete because this patient does not usually visit this pharmacy

Automated ITK Update - The message did not contain a followup provider so has been delayed
2017-09-15 09:19:03

Automated ITK Referral - The message did not contain a followup provider so has been delayed
2017-09-15 09:16:04

6. How long is a referral valid for within the system?

The patient leaflet provided by UHS to each referred person suggests that their chosen community pharmacy will ring them soon after admission. We know that the majority of confusion regarding medicines after discharge occurs within 10 days. We recommend pharmacists contact patients after 2 – 3 days to organise completion of the process.

We also recommend that referrals that have not been completed within 14 days are rejected on the PharmOutcomes™ platform screen.

7. How will the impact of TCAM be measured?

UHS has continued to track the number of patients referred, those completed or rejected and their respective readmission rates. UHS, Wessex AHSN and CPSC regular review the data and implement appropriate actions to ensure that performance measures are actively monitored and improved.

Finally, thank you for your support with this important patient safety initiative. TCAM has enabled improved communication between the hospital and community pharmacies which benefits patients, doctors, pharmacists, community pharmacies and the wider NHS Trust.

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Further info can be found at:

- <http://ahsn-nenc.org.uk/project/248/>
- <http://www.rpharms.com/clinical-and-pharmacy-practice/transfer-of-care.asp>

Case studies collected from Trusts with referral pathways in place can be found at Foundation NHS Trust

- <http://wessexahsn.org.uk/projects/54/transfers-of-care-around-medicines-tcam>

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/~pazmjib/nms/downloads/report/files/assets/basic-html/index.html#1>
- (3) Nazar H, Brice S, Akhter N, Kasim A, Gunning A, Slight SP, Watson NW (2016) A new Transfer of Care initiative of electronic referral from hospital to community pharmacy in England: A formative service evaluation. *BMJ Open* 2016;6:e012532. DOI: [10.1136/bmjopen-2016-012532](https://doi.org/10.1136/bmjopen-2016-012532)
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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 Intern Med* 2012; 157: 417-28). DOI: [10.7326/0003-4819-157-6-201209180-00006](https://doi.org/10.7326/0003-4819-157-6-201209180-00006)