

<b>Standard Operating Procedure for Clinical Handover to Community Pharmacy</b>		<b>Version:</b>	<b>1.0</b>
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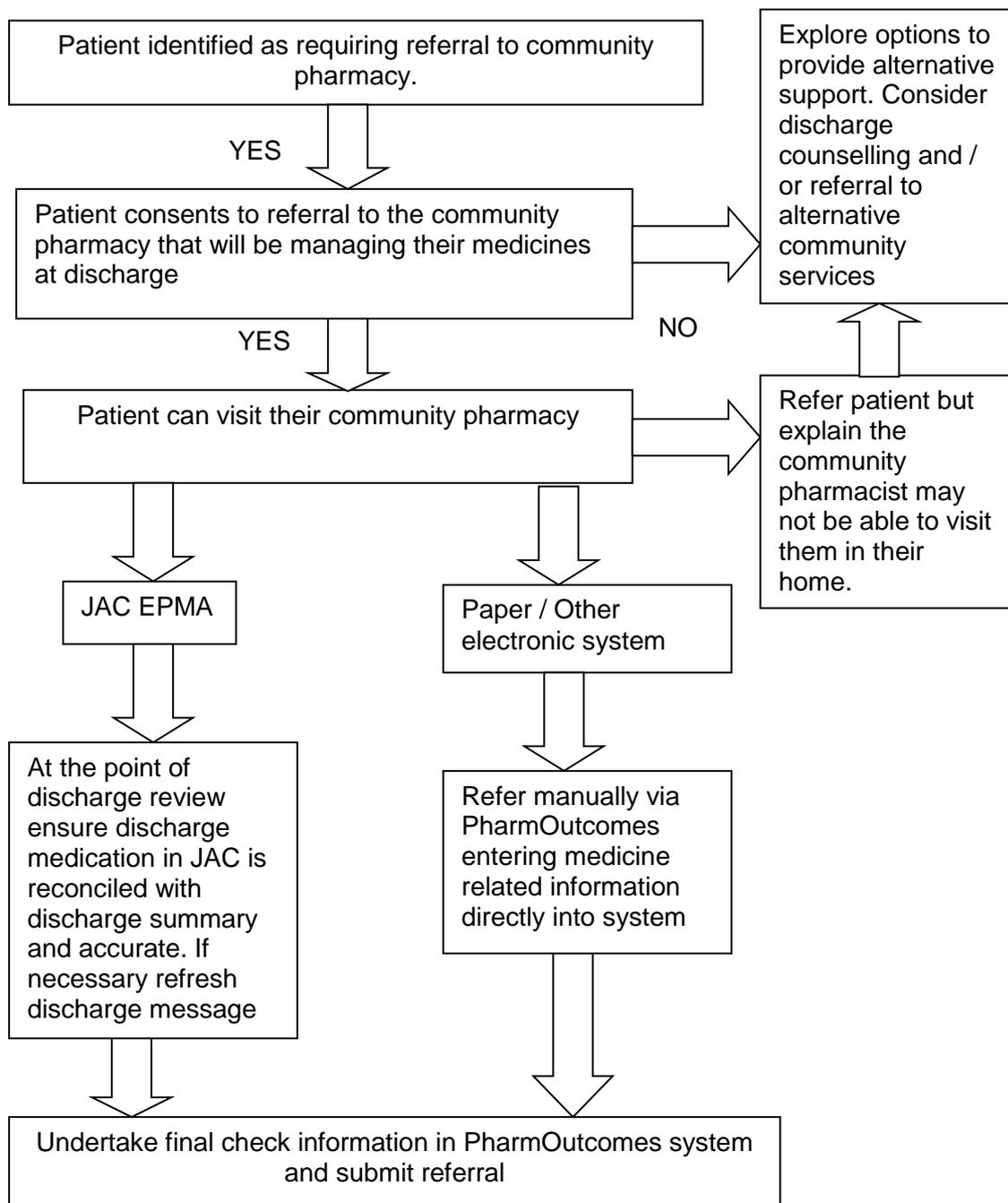
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**Document Status**

This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local or network drives but should always be accessed from the intranet.

**Executive Summary**

University Hospital Southampton FT (UHS) and community pharmacies will be working together to improve the transfer of care of patients from secondary to primary care when discharged from UHS. Services at the interface of care settings are important for the NHS as significant numbers of patients experience medication related problems after being discharged. PharmOutcomes is a web based service whereby, hospital pharmacies can refer patients on discharge to their local community pharmacy for services including a medicines use review (MUR) or the new medicines service (NMS).



## 1 Scope and Purpose

This standard operating procedure covers patient selection and how to refer patients using PharmOutcomes as part of the inpatient journey. It is exclusively aimed at UHS pharmacy staff involved in ward based services and the clinical review of discharge prescriptions.

## 2 Definitions

EPMA – Electronic prescribing and administration record.

PharmOutcomes™ – Electronic web based referral service that is securely linked to local community pharmacies.

Medicines Use Review (MUR) and Prescription Intervention Service consists of accredited pharmacists undertaking structured adherence-centred reviews with patients on multiple medicines, particularly those receiving medicines for long-term conditions. National target groups have been agreed in order to guide the selection of patients to whom the service will be offered.

New medicines service (NMS) - This service provides support for people with long-term conditions newly prescribed a medicine to help improve medicines adherence; it is initially focused on particular patient groups and conditions.

MMT – Medicines management technician

Standard Operating Procedure (SOP) - A SOP is a set of instructions to be followed in carrying out a given operation, or in a given situation, which lend themselves to a definite or standardized procedure without loss of effectiveness.

## 3 Details of Procedure to be followed

### Patient selection

- 1 During the admission reconciliation process patients will be asked for their regular community pharmacy. This will be included in the medicines reconciliation template in the EPMA record. This should be checked using the link below to ensure the community pharmacy is registered to receive referrals. If the exact pharmacy cannot be found then referral will not be possible. This will be particularly important in regional referral patients.  
<https://pharmoutcomes.org/pharmoutcomes/help/search?service=RNFAQa>
- 2 During ward visits, pharmacists and MMTs will identify patients who would benefit from referral to community pharmacy. Pharmacists and technicians should use their professional judgement as to which patients to refer. Some example groups include:
  - Patients with medicines management problems
    - Patient has adherence problems
    - Patient is confused about their medicines
    - Patient cannot manage packaging
    - Patient cannot read normal labels

- Patient may have old/discontinued medicines at home
  - Stop smoking service
  - Flu vaccination (Sept – March)
  - Patients with 4 or more changes to their regular medicines
  - Patients with a new medicine that is listed in the NMS service
  - Patients with monitored dose systems (i.e. NOMADs) or was rejected a monitored dose system during an assessment in UHS
- 3 Check if patient can physically visit their community pharmacy. If they cannot still offer referral but explain to patient that their community pharmacist may not be able to visit them at home. They should still expect a follow-up call to discuss their requirements.
  - 4 Once identified the pharmacist or MMT will create a 'note to appear in Discharge letter' in the JAC EPMA record. This note should be titled 'referral to community pharmacy' and contain the following information (as detailed in screenshot).

1<sup>st</sup> Line = Reason for referral as a single line of text

2<sup>nd</sup> Line = Community pharmacy code and name (the specific code for the pharmacy can be found using this link <https://pharmoutcomes.org/pharmoutcomes/help/search?service=RNFAQa> )

The screenshot displays the POE - Prescriber Order Entry interface for patient ANNE TEST. The system shows a 'Patient Clinical Note' window with the following details:

- Consultant:** Dr ADC DUMMYCONS
- Ward:** ZODIAC UNIT (UHS)
- Hospital No.:** 3133397
- Allergies:** aspirin, c
- BSA:** 2.51 sq m
- Note Title:** Referral to community pharmacy
- Note Content:** Testing community pharmacy interface - This patient needs a NOMAD FXX18 - Telephone House Pharmacy
- Created by:** RP ANNA BUNCH 01-AUG-2017 15:18

The interface also features a list of active medications on the left, including DIHYDROCODEIN, FLUVASTATIN 20, TRIMETHOPRIM, CHLORPHENAMIN, HYDROCORTISO, NALOXONE 400 n, ONDANSETRON, OXYCODONE (O), SENNA 7.5 mg Te, ASPIRIN 75 mg Di, BISOPROLOL 5 n, CEFOTAXIME 1 g, and CHLORHEXIDINE. At the bottom, there are various system controls such as 'Add Order', 'Modify Order', 'Verification', 'Discontinue Order', 'Suspend Order', 'Resume Order', 'Discharge', 'Short Term Leave', 'Admin. Chart', 'Charting', 'Order Inquiry', and 'All Orders'.

### Referral to Community Pharmacy (discharge)

- 1 Ensure the patient's community pharmacy details are correct. This will only routinely need to be rechecked in patients entering new residential or nursing care homes.

- 2 Consent patient and outline the referral service to the patient (leaflet to be provided at this point – see appendix A):
  - Community pharmacies are able to provide support and information to patients on discharge when medications have changed during admission, or when they have started certain new medicines.
  - On discharge, the medicines related aspects of the discharge letter will be sent securely to their nominated community pharmacy
  - If the community pharmacy accepts the referral they will contact the patient.
  - The patient should feel free to approach the community pharmacy if they have any questions about their medications
- 3 The clinical pharmacist should ensure the discharge medication in the EPMA record is reconciled against the discharge summary. If there are any amendments necessary the pharmacist should refresh the discharge message by entering into the discharge section of the discharge summary making any necessary amendments and then exiting this section. This process will ensure that all medication and demographic related information is prepopulated by the electronic system.
- 4 The areas not currently using the JAC EPMA system the referring pharmacy staff member will complete all the data required on the PharmOutcomes web page.
- 5 The pharmacist must then review and submit the referral in PharmOutcomes as follows:
  - Go to the web address [www.pharmoutcomes.org](http://www.pharmoutcomes.org) and enter your Username and password.
  - Click on the **Services** tab towards the top of the webpage
  - Find your unique referral using the search function half way down the page. This function accepts
    - NHS number
    - Surname (part and complete)
    - Forename (part and complete)
  - You may be prompted to enter two letters of the security word, the webpage will instruct which two letters to enter e.g. first and sixth letters or second and fourth letters etc. Enter the letters and click on submit.
  - Click on the referral
  - Check the medication and other details on the form. Note medication changes must be completed in discharge section of JAC and refreshed. No editing is available in the PharmOutcomes system.
  - Include any relevant information in the comments box
  - Enter the chemist details using the search function
  - Once all details of the PharmOutcomes form has been completed / checked click on **Save** at the bottom of the webpage. **This action will send the referral to the nominated pharmacy.**

#### 4 Roles and Responsibilities

It is the responsibility of all pharmacists and medicines management technicians (MMTs) to assess patients pre-discharge for their suitability for referral and to ensure appropriate consent is gained to refer to community pharmacies via PharmOutcomes.

Pharmacists are responsible for ensuring that the referral contains accurate medication related information and that the EPMA discharge medicines are reconciled against the discharge summary.

**5 Related Trust Policies**

None

**6 Communication Plan**

Ward based UHS pharmacy staff will receive training in the referral process. All other pharmacy staff will be notified by departmental communication.

Referral to community pharmacy will be publicised to ward based clinical teams via the Staffnet and by direct communication by the pharmacy team.

**7 Process for Monitoring Compliance/Effectiveness**

The purpose of monitoring is to provide assurance that the agreed approach is being followed – this ensures we get things right for patients, use resources well and protect our reputation. Our monitoring will therefore be proportionate, achievable and deal with specifics that can be assessed or measured.

Key aspects of the procedural document that will be monitored:

<b>What aspects of compliance with the document will be monitored</b>	<b>What will be reviewed to evidence this</b>	<b>How and how often will this be done</b>	<b>Detail sample size (if applicable)</b>	<b>Who will co-ordinate and report findings (1)</b>	<b>Which group or report will receive findings</b>
Patient consent	Sample of referrals	Quarterly	10	Deputy Chief Pharmacist	Senior Pharmacy Managers
Errors in relation to referrals	Clinical Incidents in relation to referral	Annually	All incidents	Risk Team	Senior Pharmacy Managers

(1) State post not person.

Where monitoring identifies deficiencies actions plans will be developed to address them.

**8 Arrangements for Review of the Policy**

This procedure will be reviewed every 3 years or whenever there is a relevant amendment to local or national guidance relating to clinical handover.

**9 References**

NMS Medicines List - <http://psnc.org.uk/services-commissioning/advanced-services/nms/nms-medicines-list/>

Medicines Use Review - <http://psnc.org.uk/services-commissioning/advanced-services/murs/>

Appendix A

## Pharmacy support when you leave hospital

Your community pharmacy (chemist) can give you advice about your medicines after you leave hospital. We've written this factsheet to explain more about the services your community pharmacy may offer.

### When you leave hospital

A member of the hospital pharmacy team will contact your local or nominated community pharmacy and tell them which medicines you are taking.

The community pharmacist will contact you within seven days after you leave hospital to advise you about managing your medicines at home.

### Support with a new medicine

If your medicines were changed while you were in hospital you will be eligible to use a free NHS service called a Medicines Use Review. This is a confidential conversation with your community pharmacist, in a private room or area at the pharmacy.

In the review, you can ask questions about your medicines and discuss any problems.

### Support with a new medicine for a long-term condition

If you were prescribed a new medicine for a long-term condition while you were in hospital you may be invited to use the New Medicine Service. This is a free NHS service to support you with your new medicine and help you understand your condition.

You will have a confidential meeting with the community pharmacist, in a private room or area within the pharmacy. If you prefer, you could choose to have the conversation over the telephone. The pharmacist will ask you questions about how you are getting on with your new medicine and support you with any problems.

### Useful links

<http://www.nhs.uk/Livewell/Pharmacy/Pages/Pharmacyhome.aspx>

### Contact us

Your community pharmacist may suggest you contact us. To contact the UHS helpline call 023 8120 6907 or email [medicinesadvice@uhs.nhs.uk](mailto:medicinesadvice@uhs.nhs.uk). The helpline is open from Monday to Friday between 9am and 6.30pm.

For advice relating to other medicines or your health in general, you should contact your GP or community pharmacist.

Appendix B

**List of Drugs which can be referred for NMS (New Medicines Service)**

## New Medicine Service - list of medicines

April 2014

The medicines selected for inclusion in the NMS are those that are listed in the chapters/sub-sections, detailed below, of the current edition of the British National Formulary ([www.bnf.org](http://www.bnf.org)).

### *Asthma and COPD*

BNF Ref	BNF sub-section descriptor
3.1.1	Adrenoceptor agonists
3.1.2	Antimuscarinic bronchodilators
3.1.3	Theophylline
3.1.4	Compound bronchodilator preparations
3.2	Corticosteroids
3.3	Cromoglicate and related therapy, leukotriene receptor antagonists and phosphodiesterase type-4 inhibitors

### *Type 2 Diabetes*

6.1.1.1	Short acting insulins*
6.1.1.2	Intermediate and long acting insulins*
6.1.2	Antidiabetic drugs

### *Antiplatelet/Anticoagulant therapy*

2.8.2	Oral anticoagulants
2.9	Antiplatelet drugs

### *Hypertension*

2.2.1	Thiazides and related diuretics
2.4	Beta-adrenoceptor blocking drugs*
2.5.1	Vasodilator antihypertensive drugs
2.5.2	Centrally acting antihypertensive drugs
2.5.4	Alpha-adrenoceptor blocking drugs*
2.5.5	Drugs affecting the renin-angiotensin system*
2.6.2	Calcium-channel blockers*

\* where the community pharmacist can determine that the medicine has been newly prescribed for a patient with the specified condition. It is assumed that in most cases, the pharmacist will be able to determine the condition for which the new medicine is being prescribed from the PMR or by asking the patient.

The following page contains a list of generic drug names which are listed in the above BNF sub-sections. This list is provided as an aid for pharmacists; for an up to date and definitive list of medicines that are included in the BNF sub-sections listed above the BNF should always be consulted. Medicines in the BNF sub-sections listed above which are normally only available for parenteral use in secondary care have been excluded from this list.

Specials containing one or more of the active ingredients listed below would be eligible for provision of the NMS.



## New Medicine Service - list of medicines

acarbose	fluticasone/vilanterol	nifedipine
acebutolol*	formoterol	olmesartan*
aclidinium	fosinopril*	oxprenolol*
acenocoumarol	glibenclamide	perindopril*
aliskiren	gliclazide	phenindione
ambrisentan	glimepiride	phenoxybenzamine
aminophylline	glipizide	pindolol*
amlodipine	glycopyrronium	pioglitazone
apixaban	hydralazine	prasugrel
aspirin	iloprost	prazosin*
atenolol*	imidapril*	propranolol*
azilsartan	indacaterol	quinapril*
bambuterol	indapamide	ramipril*
beclometasone	indoramin*	repaglinide
bendroflumethiazide	insulin*	rivaroxaban
bisoprolol*	ipratropium	roflumilast
bosentan	irbesartan*	salbutamol
budesonide	isradipine	salmeterol
candesartan*	labetalol*	saxagliptin
captopril*	lacidipine	sildenafil
carvedilol*	lercanidipine	sitagliptin
celiprolol*	linagliptin	sitaxentan
chlortalidone	liraglutide	sodium cromoglicate
ciclesonide	lisinopril*	tadalafil
cilazapril*	lixisenatide	telmisartan*
clonidine	losartan*	terazosin*
clopidogrel	metformin	terbutaline
cyclopenthiiazide	methyl dopa	theophylline
dabigatran	metolazone	ticagrelor
dapagliflozin	metoprolol*	timolol*
diltiazem	minoxidil	tiotropium
dipyridamole	moexipril*	tolbutamide
doxazosin*	mometasone	trandolapril*
enalapril*	montelukast	valsartan*
ephedrine	moxonidine	verapamil
eprosartan*	nadolol*	vildagliptin
exenatide	nateglinide	warfarin
felodipine	nebivolol*	xipamide
fenoterol	nedocromil	zafirlukast
fluticasone	nicardipine	

\* Where the community pharmacist can determine that the medicine has been newly prescribed for a patient with the specified condition (see page 1)



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