

Wessex Pharmacy Local Professional Network Briefing

Transfer of pharmaceutical care to community pharmacy on discharge from hospital

Introduction - why this is important?

Referring patients to their community pharmacist following a stay in hospital has been shown to reduce readmission rates. There is a growing evidence base from a number of sites in England that this is the right thing to do to improve patient care and support Medicines Optimisation and thereby reduce hospital readmission rates. Transfer of care is a fantastic example of the powerful impact that pharmacists from all sectors can make when they work together to support high quality patient care, across the whole patient pathway.

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. Improving the safe transfer of information about 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. They are able to help patients get the best from their medicines, by providing services such as the new medicines service (NMS) and post-discharge medicines use reviews (MURs). Evidence from research into community pharmacy post-discharge medicines initiatives has demonstrated significant increases in medicines adherence, leading to improved health outcomes for patients and fewer admissions and re-admissions to hospital. Recent work from Newcastle¹ 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.

In December 2014, the Royal Pharmaceutical Society (RPS) launched 'Hospital referral to community pharmacy: An Innovators toolkit to support the NHS in England'. The RPS believes that patients in hospital should be routinely referred to their community pharmacist for post-discharge support with their medicines and this toolkit, developed by the RPS's Innovators' Forum, is intended to aid local leaders in the development of a business case for implementing referral systems, as well as supporting effective implementation.

Some hospitals in the Wessex area are already referring patients to community pharmacies on discharge from hospital and they are all working towards doing it. The

¹ 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

referrals are made via PharmOutcomes and pharmacies are provided with information that can help them support their patients from an informed position. Historically, community pharmacy teams have been frustrated by the challenges of trying to help patients without having sufficient information. Along with access to Summary Care Records, information received when a patient is discharged from hospital will empower community pharmacies to provide an excellent service.

Reasons for referral to a community pharmacy when a patient is discharged:

- New medication(s) issued in hospital
- Changed dose(s) in hospital
- Stopped medication(s) in hospital
- Compliance aid issue
- Concordance issues
- Medicines Use Review
- New Medicines Service
- Medication device technique issue
- Side effect issue
- Need for monitoring
- Check on well-being
- Repeat dispensing query
- Delivery service query
- Special formulation of medication
- Eligible for flu vaccination

Options for type of activity by a community pharmacy that are part of the existing contractual framework:

- New Medicines Service
- Post Discharge Medicines Use Review
 - Medicines optimisation / reconciliation discussion
 - Address issues relating to concordance or technique
- Reasonable adjustments to help patients take their medicines
 - Large print labels or easy open tops
 - Compliance aid – new or review
 - Medication administration record

See: <https://psnc.org.uk/contract-it/pharmacy-regulation/dda/>
- Repeat Dispensing
 - Referral to GP practice about changes to medication
 - Consider if the patient is suitable for electronic repeat dispensing and provide information about the service
- Signposting
- Promotion of healthy lifestyles
- Self-care
- Flu vaccination

Other options:

If the pharmacy provides:

- home delivery service - discussion about existing or new arrangements
- other locally commissioned services e.g. smokestop - it may be appropriate to offer the service.

Record keeping requirements

As part of the contractual framework, where appropriate, pharmacies should make records of interventions made in relation to the following types of interventions:

- Dispensing
- Repeat dispensing
- Self-care
- Signposting
- Promotion of health lifestyles

Records should be made where appropriate and should facilitate audit of the service and ongoing patient care.

It is important and appropriate to record interventions made as a result of referral from hospital on discharge.

Guidance on recording interventions can be found on the PSNC website here: <http://psnc.org.uk/contract-it/the-pharmacy-contract/contract-monitoring/> (click on the heading at the end of the page)

Records of MURs, NMS and flu vaccination should be kept in accordance with the respective service specifications.

Post discharge MURs

One of the national target groups for MURs is:

Patients recently discharged from hospital who had changes made to their medicines while they were in hospital.

Of the four national MUR target groups, the proportion of post discharge MURs is by far the lowest that are carried out; and yet they could be some of the most beneficial. Anecdotally, one of the reasons for this is that community pharmacies do not always know when a patient has been in hospital. Transfer of care to community pharmacy on discharge from hospital overcomes that barrier and provides the information about whether there have been changes in medication.

Ideally, patients discharged from hospital will receive an MUR (if appropriate) within four weeks of discharge but it is recognised that this may not always be practical, so the MUR can take place up to eight weeks after discharge. A registered pharmacist should use their professional judgement to determine where a patient will benefit from such an MUR more than four weeks after discharge from hospital.

Wherever possible, patients should be encouraged to attend the pharmacy for a post discharge MUR. Where this is not possible, for example where the patient is housebound, a domiciliary MUR can be considered following discussion and with the consent of the patient.

Process for requesting permission to undertake domiciliary MURs

Complete a PREM2B form available on the PSNC website here:

<http://psnc.org.uk/services-commissioning/advanced-services/murs/conducting-murs-off-the-pharmacy-premises/>

If you have an NHS mail address, email the form to england.wessexpharmacy@nhs.net along with the pharmacist's MUR certificate and enhanced Disclosure and Barring Service (DBS) certificate if these have not been provided on a previous occasion.

If you do not have an NHS mail address, post the PREM2B form to The Pharmacy Team, NHS England, Oakley Rd, Southampton SO16 4GX.

The team will consider the request and in most cases respond promptly with approval within one or two days. If the situation is urgent, please phone 0113 8249810 to make the team aware. Delays are usually due to incomplete information provided or concerns about contractual compliance.

Links to the role of pharmacists and care navigators in GP practices

In addition to the established route of referral or signposting to the patient's GP, pharmacies should also consider where it might be appropriate to signpost to or work with other members of the GP practice team

Pharmacists in GP practices

An increasing number of GP practices now employ pharmacists who work in patient facing roles within the practice. It is important for these pharmacists and community pharmacists to work together. One of the groups of patients that pharmacists in GP practices may focus on is those that have been recently discharged from hospital. It is therefore beneficial to establish a dialogue so that the patient receives optimum support.

Care Navigators

Some GP practices have members of staff who have been trained as Care Navigators. They are able to signpost patients to the most appropriate solution for their needs. They will have received training about available resources, services and innovations within the practice or a group of practices as well as the wider voluntary and third sector.

If you are not sure whether there is a pharmacist or a care navigator working in your local GP practices, try and find out and make the link. They will want to work with you as well.

Finally Look out for the referrals on PharmOutcomes and make the most of the information that is being provided to you. Patients will have given their consent for information to be shared with you, so will expect you to be in touch.