

## Transfer of Care Around Medicines (TCAM)

### Why is referral to community pharmacy important and what is happening in your area?

#### Why is transfer of care around medicines important?

*Referring patients to their community pharmacist for a medicines consultation following a stay in hospital has been shown to reduce readmission rates (1).*

*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 hospital reduce readmission rates.*

### 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). Recent 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 is happening in Southampton?

In Wessex, Dorset County Hospital has had a referral pathway to community pharmacy in place for over a year. Isle of Wight, Bournemouth and Portsmouth have had projects running to establish the pathway and **University Hospital Southampton is about to launch their service in September.**

### 3. What will this mean for GP Practices and Pharmacists working in GP Practices?

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. Their community pharmacist is able to resolve most issues easily. A small number of patients will be identified as having significant medicines issues following their discharge and some may require a referral to their GP. However, it is not anticipated that GP practices will see any major change when UHS start to make these referrals.

Roll out of this work is a key focus for the Hampshire and Isle of Wight STP in efforts to reduce avoidable hospital admissions.

### Resources

Case studies collected from Trusts with referral pathways in place can be found at <http://wessexahsn.org.uk/projects/54/transfers-of-care-around-medicines-tcam>

And 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>

## 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

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