Transfer of Care Around Medicines (TCAM)

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Who to consider for referral to Community Pharmacy

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Introduction

The TCAM Programme is continuing to grow at pace.

As Programme Leads, one of the most common questions we are asked is;

> "Which patient groups benefit most from being referred?"

The following is not intended to be an exhaustive guide to TCAM referral groups. Rather it is intended to prompt you to think about the groups of patients you/your Trust will encounter and who might benefit the most from a referral to their community pharmacist in order to prevent readmission to hospital.

Recommendations are based on experience gained through the programme so far as well as evidence from multiple sources (reference list at close of document).

Experience indicates that the higher the "risk" of the patient the greater the impact of TCAM i.e., the more likely you are to prevent a readmission. So, just limiting referral to Monitored Dosage System (MDS) patients (whilst it's useful for the community pharmacist), will not recreate the reductions in readmissions seen in the test sites [2].

Who should we consider as a "high risk" patient? [3]

- People taking more than 5 medications, where the risk of harmful effects and drug interactions is increased
- Those who have had new medicines prescribed whilst in hospital
- Those who have had medication change(s) whilst in hospital
- Those who have experienced Myocardial Infarction ("heart attack") due to likelihood of new medicines being prescribed
- Those who appear confused or muddled about their medicines on admission/when getting ready for discharge and have already needed additional support from a HCP
- Those who have help at home to take their medications
- Those who have scored 1 or 2 in patient activation measures (scores generated by specific questionnaires designed to assess patient engagement in care pathway)

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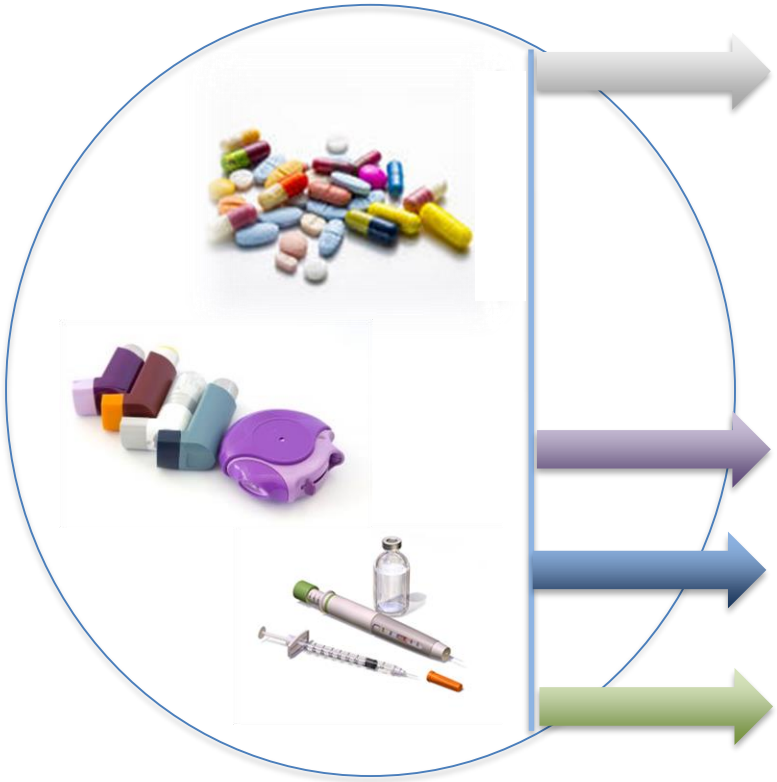
What are our "high-risk" medicines? [3, 4]



Multiple resources, including NPSA (now NHS Improvement) cite a list of "high risk medicines"3, 4. They include, but are not limited to;
Anticoagulants e.g. Warfarin, Dabigatran, Antiepileptics, Digoxin, Opioids, Methotrexate, Antipsychotics, Cardiovascular drugs e.g. Beta-Blockers, Diuretics, Controlled Drugs, Amiodarone, Lithium, Insulin, Methotrexate, Nonsteroidal anti-inflammatory drugs (NSAIDS) and Acetylic salicylic acid among others.

Newly started respiratory medication including inhalers

Medication requiring follow-up for example blood monitoring, dose increase or dose reduction.

Those with medicines in varying/changing doses, either increasing or decreasing over a period of time

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An holistic assessment of patient needs using the PREVENT framework [5] …..

- The PREVENT5 prompt is a framework used by to Health Care Professionals to identify patients at risk of preventable medicines-related readmission with unmanaged complex pharmaceutical issues, where the risk is modifiable through pharmaceutical care.
- It can be a helpful guide to determine factors that would prompt a TCAM referral.

Physical impairment	Patient has difficulties with swallowing, impaired dexterity, poor vision, hard of hearing or poor mobility which will impact them taking medication[1,2]
F**R**ailty	Patient is identified as frail using accepted methods [25] eg Clinical Frailty Index[26] 1 = very fit, 2 = well 3 = managing well 4 = vulnerable 5= mildly frail 6 = moderately frail 7 = severely frail 8 = very severely frail 9 = terminally ill
adh**E**rence/ issues/compliance support	Patient has not been taking their medicines e.g. various dispensing dates on medicines, no recent dispensing of medication, newly started on all medicines or cannot give names of medicines they are taking. Patient has decided to stop taking all or some of their medicines which has lead or will lead to worsening of their clinical condition[1,21]. Refer all new requests for compliance support
cogniti**V**e impairment	Patient is unable to take medication regularly without support as they have a condition which affects their memory e.g. delirium, dementia[1]
n**E**w diagnosis/exacerbation of disease/	Admission is related to poor management of medication for a long term clinical condition[13] or deterioration of organ system function eg renal, cardiac[14,21,23] Previous admission or A&E attendance within 30 days[15,16,20,22,23] Depression[17], high level of stress[18], other mental health, alcohol or drug abuse[27]
Medici**N**es related admission/ risk from specific medicines	Patient is taking a high risk medicine (e.g. anticoagulants/antiplatelets, insulin /oral hypoglycaemics, NSAIDs, benzodiazepine, antihypertensives, diuretics, beta blockers, opioids, methotrexate, injectable medicines, drugs requiring therapeutic drug monitoring esp. with no monitoring, steroids) which the patient is unable to manage.[3,4,5,6,24] Patient has a complex of medicine regimen, recent stop, start or change in medicines or Polypharmacy[7] which the patient is unable to manage[8,9,10,11,12,20]
cul**T**ural/social	Patient cannot manage daily activities independently or has carers to help with daily activities but not medicines. Patient has cultural beliefs around illness and treatment impacting medication adherence[27]. Patient has social issues such as no fixed abode, unkempt etc which impacts them taking medication[2] Smoker[19]

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But don’t forget Professional Judgement …

- If you have a view that your patient will need help when they get home, then refer them.

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References and Resources

1. Clinical Handover: results of a Delphi consensus survey on appropriate referral criteria of hospital inpatients for follow up care in the primary care setting, G. Maniatopoulos, H. Nazar, N. Watson (2018)

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6498952/ [Accessed 17/07/2019]

2. New transfer of care initiative of electronic referral from hospital to community pharmacy in England: a formative service evaluation, H. Nazar, S. Brice, N. Akhter, A. Kasim, A. Gunning, S.P. Slight, N.W. Watson (2015)

https://bmjopen.bmj.com/content/6/10/e012532 [Accessed 16/07/2019]

3. Risk Factors Associated with the Requirement for Pharmaceutical Intervention in the Hospital Setting: A Systematic Review of the Literature, E. Sugget, J. Marriott (2016)

https://link.springer.com/article/10.1007/s40801-016-0083-4 [Accessed 16/07/2019]

4. Howard R et al. Which Drugs cause preventable admissions to hospital? A systematic review. Br J Clin Pharmacol (2006);63:2;136-147

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2000562/ [Accessed 17/07/2019]

5. PREVENT TOOL: “High Risk” patient REFERRAL FORM (2016)

https://www.nhs.uk/NHSEngland/keogh-review/Documents/quick-guides/background-docs/29-LWNH-nhs-trust-prevent-tool-copyright.pdf [Accessed 17/07/2019]

List of references for PREVENT Framework available at this link.

6. Evaluating the Connect with Pharmacy web-based intervention to reduce hospital readmission for older people, F. Sabir, J. Tomlinson, B. Strickland-Hodge, H. Smith

https://link.springer.com/article/10.1007/s11096-019-00887-3 [Accessed 19/08/2019]

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