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| **WARNING: This document is only controlled if viewed electronically** |

1. **Change History**

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1. **Purpose**

To outline the process for referring a patient to their community pharmacy, following discharge from hospital.

**To be used alongside TCAM referral guide (appendix 1 – page 4 & 5) and the patient information leaflet (appendix 2 – page 6)**

1. **Scope**

This procedure applies to all Pharmacists and Medicines Management Pharmacy Technicians (MMPTs), who will obtain consent for the service or who will refer patients using the service.

Patients eligible for the service include those who are able to provide informed consent (or where their parent/guardian is able to provide informed consent if under 16 years) and where they are taking medication and fit into at least one of the following referral criteria:

* On pharmacist’s professional discretion
* Patient discharged with changes to their regular medications
* Patient started on high-risk medication (according to MUR classifications – see appendix 1)
* Patient likely to experience adherence issues

The following patient groups should be excluded from the service:

* Patients unable to provide informed consent
* Patients residing outside of the Bedfordshire locality
* Patients who have not received a medication history or reconciliation during their inpatient stay
* Patients admitted for under 72 hours (unless all of their regular medications are included on the TTA)
* Patients residing in a care home/nursing home

1. **Procedure/Process**

**On admission:**

1. Record the patient’s pharmacy when undertaking a medication history. Record this information in the medication history note within the ePMA system

**Prior to discharge:**

1. Prior to consideration, ensure the TTA medications have been prescribed and verified and are unlikely to change
2. Confirm that the patient would benefit from a community referral by ensuring they meet one or more referral criteria
3. Inform the patient of the service and provide them with a copy of the Patient Information Leaflet (see appendix 2)
4. Once the patient is fully informed of the service, obtain verbal consent for the referral

**For referral:**

1. Save the ePMA TTA file to your desktop
   1. Enter the discharge section of the patient’s records within ePMA
   2. Click on “print discharge” to generate the TTA
   3. Use the “export report” button to save the file to your desktop, ensure the file is saved as a .pdf file type
2. Log on to PharmOutcomes and enter the hospital referral service
   1. Enter the <https://pharmoutcomes.org/pharmoutcomes/> address into your browser
   2. Log in using your individual user credentials
   3. Click on the “services” tab and then the “hospital referral” menu option
3. Tick the “consent to share” box to confirm that the patient has provided informed verbal consent
4. Use the patient demographic service to search for the necessary patient
   1. Search by D.O.B + sex + family name, or D.O.B + hospital number
   2. Once the patient has been found, confirm details are correct
   3. Patient details and GP details will be auto-populated
5. Enter the patient’s contact number, in case the community pharmacy needs to make contact
6. Enter the patient’s hospital number
7. Enter the patient’s pharmacy
   1. Pharmacy may be searched by name, street, postcode or via the map tool
   2. Pharmacies that are coloured grey and are non-selectable fall outside of the locality
8. Select the suggested actions from the list of services
   1. For further information, refer to the referral guide (appendix 1)
9. Add brief and relevant notes in the additional information box, this may include:
   1. Diagnosis
   2. Summary of changes
   3. Professional concerns
10. Note down your name, TCAM email address and bleep number
    1. The NHS.net email address will be used as the default contact route
    2. Bleep numbers will only be used in urgent scenarios
    3. If you are carrying a bleep and receive a request for the previous bleep holder, ensure the message, pharmacy and contact details are handed over in a timely manner
11. The ePMA TTA should be attached to the referral
    1. Click “add” next to the “add discharge summary” field
    2. Upload the .pdf copy of the ePMA TTA from your desktop
    3. To ensure good information governance, immediately delete the TTA from your desktop once the upload is complete
12. Click “save” to send the referral to the community pharmacy
13. **Known Risks**

* IT failure
* Staff unfamiliar with ePMA

**Appendix 1:**

**TCAM referral guide**

Referral through PharmOutcomes should be considered where the patient is expected to benefit from community pharmacy intervention. To simplify the referral process, criteria have been devised to capture all patients who are likely to experience benefits, as well as maximising the incentive for community pharmacies to undertake an intervention. **These criteria include:**

* **On pharmacist’s professional discretion**
  + One of the primary drivers for this service is to reduce the number of medicines related readmissions and A&E visits. Undertake referrals where this is the expected outcome
* **Patient discharged with changes to their regular medications**
  + This allows the community pharmacy to reconcile discharge medications against the next repeat prescription they receive
* **Patient started on high-risk medication**
  + This follows the MUR high-risk medication classification: NSAIDs, diuretics, anti-platelets and anti-coagulants
* **Patient likely to experience adherence issues**
  + This criteria involves patients with dexterity or compliance issues

Once the suitability has been confirmed, the referral should include a suggestion for which service the patient may benefit from. **The options on PharmOutcomes include:**

* **MUR**
  + Use this suggestion when the patient has a potential medicines use issue with any of their regular medicines. This is especially relevant when the patient meets the high-risk or changes to meds criteria
* **NMS**
  + Use this suggestion when a new medicine has been started and you feel that follow-up will be beneficial to the patient. Medicines groups that can receive an NMS review are: asthma/COPD medications, type 2 diabetes medications, antiplatelet/anticoagulants and antihypertensives.
* **Adherence review**
  + This option does not mean that you deem the patient fit for an MDS, only that you believe the community pharmacist should assess the patient’s fitness to take their prescribed therapy
* **Other**
  + Ensure this the free type box is completed if this option is selected. You may suggest the pharmacist just carries out a reconciliation against the repeat Rx, or you may suggest a specific intervention (such as flu jab or inhaler technique check)

After receiving the referral, community pharmacists can choose to undertake one or more of a number of courses of action. **The community pharmacist’s options include (but are not limited to):**

* **Medicine Use Reviews/ New Medicine Service**
  + These are advanced community pharmacy services, involving reviewing the use of existing and new medicines
  + For further info, please visit: <https://psnc.org.uk/services-commissioning/advanced-services/murs/murs-the-basics/> and <https://psnc.org.uk/services-commissioning/advanced-services/nms/providing-the-nms/>
* **Adherence reviews**
  + Community pharmacists may choose to undertake an Equality Act assessment for the purposes initiating a monitored dosage system (locally known as a NOMAD)
* **Yellow card reporting**
  + Community pharmacists are well placed to spot any side effects that may manifest as a result of medications started in hospital and continued in community
* **GP referral** 
  + If the pharmacist uncovers any clinical issues, they can escalate to the patient’s GP. This potentially prevents unmanaged worsening to the point of hospital re-admission
* **Repeat prescription reconciliation** 
  + Repeat prescriptions issued by GPs are a frequent source of errors post-discharge. Community pharmacists can compare the discharge medication list to the repeat prescription and highlight discrepancies to the prescriber

Appendix 2:

