### **TCAM**

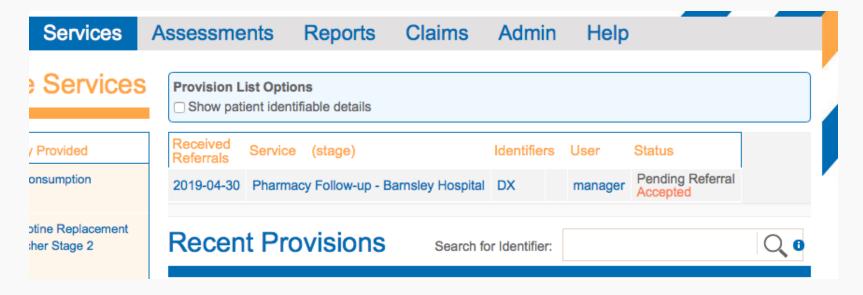
- Transfer of Care Around Medicines
- Those most at risk of medication errors may not be highlighted to Community Pharmacy e.g. those recently discharged from hospital.

### Referral Received

Referrals appear at the top of the Services page.

Click on the referral to accept.

You will need to know your account password to open the referral.



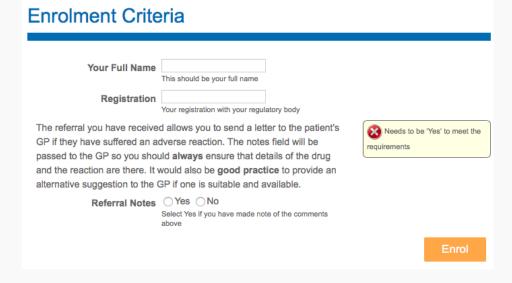
### **Enrolment**

Enrolment is required by each pharmacist providing the service.

If new to the service type in New Practitioner and click the Enrol Me button.

Complete Enrolment Criteria and Click Enrol button.





### Referral

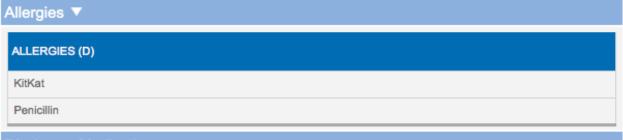
Before proceeding the pharmacy should confirm that the patient is known to them.

Patient Details brought forward				
Original Referral	30th Apr 2019			
Referred from	Barnsley Hospital (Gawber Road RFF01)			
Client Name	DONOTUSE XXTESTPATIENTRBSR			
Date of Birth	12-Nov-1981			
Date of Birth	1981-11-12			
Age	37			
Gender	Female			
Address	BARNSLEY HOSPITAL NHS, POGMOOR ROAD, BARNSLEY			
Postcode	S75 2EP			
NHS Number	9990261490			
Contact Details	None Provided			

Registration details brought forward		
Hospital MRN	710000	
Discharge ward	xxTest Wardxx	
Discharge consultant		
GP Practice selection	G999998	
GP Practice value	Y90206	
Follow up pharmacy	Ward Green Healthcare Ltd - FAW19	
Admission Details ▼		

### Referral

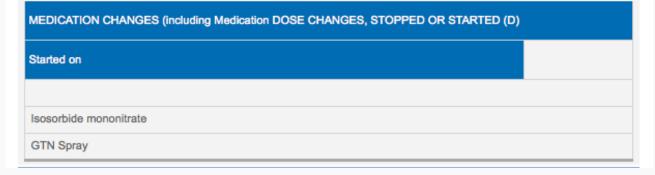
The referral will include discharge medication and any medication changes. This should be used to reconcile against the PMR.



#### Discharge Medication ▼

ттоѕ	тоѕ	
Drug_Name	ISOSORBIDE MONONITRATE, Dose:20mg, Frequency:BD, Route:oral, Duration:., GP_Action:Repeat, Source:CONTINUE	
Drug_Name	PARACETAMOL, Dose:1g, Frequency:QDS, Route:oral, Duration:continue, GP_Action:Repeat, Source:CONTINUE	
Drug_Name	ASPIRIN, Dose:75mg, Frequency:OD, Route:oral, Duration:contineu, GP_Action:, Source:	
Drug_Name	GLYCERYL TRINITRATE, Dose:1-2 sprays, Frequency:when required, Route:sublingual, Duration:continue, GP_Action:, Source:CONTINUE	
Drug_Name	g_Name SALBUTAMOL 100microgram INHALER, Dose:1-2 puffs, Frequency:when required, Route:oral, Duration:., GP_Action:Repeat, Source:CONTINUE	

#### Stopped Medication ▼



## **Acceptance and Completion**

The referral can now be accepted or rejected.

If rejecting please state the reason in the notes box before clicking the return box

Acceptance and completion of referred service ————————————————————————————————————					
This referral has been made to your organisation at the request of a patient.  If you are unable to complete the referral, you can reject it, but please state the reason for					
ejection in the Notes box below.					
ou can make relevant notes in the Notes box.					
Complete now Update Return (unable to complete)	_/,				
[-]Click to hide Referral History					
Referral History					
Accepted by Ward Green Healthcare Ltd :					
2019-04-30 09:51:11					
Automated ITK Referral - Referred to Ward Green Healthcare Ltd (FAW19) 2019-04-30 02:52:15					

# **Acceptance and Completion**

If the referral is accepted please complete the audit of support and GP contact sections

### Remember to click the Save box when finished

Repeat reconciliation -

#### Side effects and Adverse Drug Reactions -

Has the patient experienced any side effects or adverse drug reactions?

Side effects/ADRs O Yes O No

#### Audit of support provided

Only tick boxes that identify the additional services that you have provided including commissioned services.

#### Support services provided

 Patient consulted - no support required Information reviewed, Medicines Reconciliation completed Select if you complete a medicine reconciliation but no other services Medicine Reconciliation completed in addition to other Please tick boxes for other services provided in addition to Medicine Reconciliation □ New Medicines Service Medicines Use Review This will count as a targeted MUR

Specialist Medicines Management Service assessment

#### Medicines Reconciliation

Medication reconciliation is the process of creating the most accurate list possible of all medications a patient is taking including drug name, dosage and frequency, and comparing that list against the discharge information with the aim of providing correct medications to the patient at all transition points.

NB: Complete Equality Act assessment
□ Commenced MDS
☐ Pharmacy managed repeat service To support vulnerable patients
☐ NHS Repeat dispensing initiated
☐ Home delivery
☐ Stop Smoking service
☐ Flu vaccination September to March only
☐ Talking labels If available

If commissioned in your area Other Public Health Intervention

Tick ALL that apply, If Other please specify

MAR chart provided Large print labels Easy open tops

Review dose form

□ Review MDS arrangements

## **Summary**

Referral via Pharmouctomes

**Medicines Reconciliation** 

Accept or Reject

Complete and Save

## **Next Steps**

First wave of referrals June 2019

MDS / Venalink Patients (replaces information currently provided by fax)

Second wave will include other patients groups, details to follow but likely to be those in need of NMS.

Pharmacy staff should regularly check the Pharmoutcomes Services Page

# **Commissioning update**

- MDS working group
- APC reporting
- MMS

## **MDS Good Practice Guidelines**

## **MDS: Secondary Care Issues**

### **Increase in requests for MDS**

Occupational therapists requesting

Bed crisis – seen as a fast track solution

Seen as a fix all

#### Impact on hospital pharmacy

Unpredictable workload

Risks due pressure on pharmacy resources

Demands for MDS after pharmacy cut off times

No standardised assessment tool for MDS suitability

# **MDS: Community Services Issues**

# Community nursing receiving inappropriate referrals for medication administration support:

patients not supported to become independent with selfadministration

#### **High Risk Outreach Patients;**

due to frequent changes to medication the outreach pharmacy will supply all medicines for patients who have MDS to reduce risks. This has cost and resource pressures associated.

#### **Patient Choice:**

Potential to disenable patients from making decisions about their medicines

i.e. choice to omit certain medications

### **MDS: General Practice Issues**

**Complex** process for prescribers to understand:

Most practices will have one member of staff who deals with MDS scripts

Understanding the dispensing process – knowing which week is on is not always the same as the GP

record

No **standardised** assessment tool for MDS eligibility – appropriate request?

**7 day scripts** being issued in installments allowing changes midway through the repeat

Knowing who is issuing scripts for shared care drugs

Patients are not always involved in ordering the medications they need e.g. **items not supplied in the tray** 

# **MDS: Community Pharmacy Issues**

### **Communicating changes:**

dose changes
medicines stopped / started
missing items – intentional or not?
not able to access appropriate clinician to discuss
patient issues and make joint decisions

**Staff resource** – time consuming – MDS is not a funded service

**Trust** between HCP's – accepting an appropriate assessment has been carried out

**Patients** not understanding their responsibilities' and implications of having one off items dispensed elsewhere

Safe **Delivery** arrangements

## **MDS Good Practice Guidelines**

Feedback and questions

## **APC** Reporting

Clinical Governance

APC Reporting

Medication Management System

### **APC Reporting**

Date Action taken

Enter as dd-mmm-yyyy (eg 23-Feb-1989)

Date Completed 12-Sep-2018		
Issue Identified by:		
Name		
Job Title		
Organisation		
Issue category and who was invo	lved ———	
□ Dispensing Error □ Prescribing Error □ Medication Supply Issue	☐ Hospital - SWYFT ☐ Hospital - non Barnsley	
☐ Medicines Administration ☐ D1 Communication ☐ Other Magnitud Communication	General Practice Community Pharmacy	APC Reporting provision successfully entered and saved
<ul> <li>Other Hospital Communication</li> <li>Formulary Related</li> </ul>	☐ Care/Nursing Home ☐ Care Organisation	
☐ Shared Care Issue	☐ Community Nursing	<ul> <li>The following system generated provision report letters are available</li> </ul>
☐ Summary Care Record	☐ Other	Basic Provision Record
☐ Other GP Communication		_
Care/Nursing Home		Barnsley Interface Issue Report >>
Other		Secure email is queued to send
Issue Details		
Patient NHS Number		
GP Practice		
Date Issue Identified		
Enter as dd-mmm-yyyy	(eg 23-Feb-1989)	
Issue Identified		
Action taken and outcome		
	à	

# **APC Reporting: Examples**

- Most commonly reported relate to MDS
- Wrong Strength
- Wrong Medicine
- Missing Medicine
- Wrong Patient



Home

#### Log in

Registered user? Log in here

New user? Register here to start using the NRLS.

### Welcome to NRLS Reporting

The National Reporting and Learning System (NRLS) is a central database of patient safety incident reports. Since the NRLS was set up in 2003, the culture of reporting incidents to improve safety in healthcare has developed substantially.

All information submitted is analysed to identify hazards, risks and opportunities to continuously improve the safety of patient care. Please click here for further information.

The published Organisation Patient Safety Incident Reports are generated by the Explorer Tool and can be found here.

For the published data workbook, please click here.

For the monthly published data reports click here and for the National Patient Safety Reports click here.

After logging in you can:

- · Upload incident reports from your local risk management reporting system
- Review incident reports submitted by your organisation
- View incident reports submitted online to the NRLS for your organisation

https://report.nrls.nhs.uk/nrlsreporting/

# **MMS Changes**

- New fees
- Update medication plan and send to Clinical Pharmacist linked to GP as well as Care provider
- Plans must be done at least annually

## Pharmacyfirst Implementation Plan

- Letter out to Pharmacies giving notice 1<sup>st</sup> of August 19 implementation plan.
- Followed by:-
  - Resource Pack completed
  - PharmOutcomes Platform changes completed
  - PharmacyFirst Scheme resources "call back " quarantine and new materials circulated
  - Campaign materials/resources out before end of May

## **LPC Activity**

- LPC website http://psnc.org.uk/barnsley-lpc/
- LPC newsletter (sign up via website)
- Pharmacy BEST events
- Pharmoutcomes Activity Reports