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.

- 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
- 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.
- and 20% of patients have been reported to experience adverse events within 3 weeks of discharge, 60% of which could have been ameliorated or avoided

CLINICAL HANDOVER – INTEGRATED TRANSFER OF CARE

Community Pharmacy and Hospital Pharmacy - working together to optimise the use of medicines

New transfer of care initiative of electronic referral from hospital to community pharmacy in England:

a formative service evaluation Hamde et al. BMJ Open October 2016

"statistically significant lower rates of readmissions and shorter hospital stays"

Downloaded from http://bmjopen.bmj.com/ on October 17, 2016 - Published by group.bmj.com Akhter N. et al. New transfer additional material is available. To view please visit Received 5 May 2016

BMJ Open New transfer of care initiative of electronic referral from hospital to community pharmacy in England: a formative service evaluation

> Hamde Nazar, 1 Steven Brice, 2 Nasima Akhter, 3 Adetayo Kasim, 3 Ann Gunning, 4 Sarah P Slight 1 Neil W Watson

ABSTRACT Objectives: To evaluate an electronic patient referra

system from one UK hospital Trust to community pharmacies across the North East of England Setting: Two hospital sites in Newcastle-upon-Tyne and 207 community pharmacies. Participants: Inpatients who were considered to benefit from on-noing support and continuity of care

Intervention: Electronic transmission of an information related to patient's medicines to their nominated community pharmacy. Community

to the individual natient needs Primary and secondary outcomes: Number of referrals made to and received by different types of

pharmacies; reasons for referrals; accepted/completed and rejected referred rates; reasons for rejections by community pharmacists; time to action referrals; details of the follow-up consultations: readmission rates at 30, 60 and 90 days post referral and number of hospital bed days.

Results: 2029 inpatients were referred over a 13 month period (1 July 2014-31 July 2015). Only 31% (n=619) of these patients participated in a rejected by community pharmacies with the most common reason being 'patient was uncontactable (35%, n=138). Most referrals were accepted/ completed within 7 days of receipt and most rejections were made >2 weeks after referral receipt Most referred natients were over 60 years of age and referred for a Medicines Use Review (MUR) or enrolment for the New Medicines Service (NMS) ose patients who received a community pharmacist follow-up consultation had statistically significant stays than those patients without a follow-up

Conclusions: Hospital pharmacy staff were able to use an information technology (IT) platform to improve the coordination of care for nationts transitioning back home from hospital. Community pharmacists were able to contact the majority of natients and results indicate that patients receiving a follow-up consultation

Research

- is required to investigate the impact on patien

may have lower rates of readmission and shorte hospital stays.

tioning from one healthcare setting to another is a national priority. A range of interventions have been designed, trialled and tested to improve the quality and safety of this transfer process,2-6 Successful interventions have incorporated activities such a medication reconciliation; quick, clear and structured discharge summaries; discharge planning; follow-up between hospital and

NEWCASTLE STUDY.....



Review of first 2,029 in-patients who were referred showed...

Although only 31% (n=619) of these patients participated in a follow-up consultation, those patients who received a community pharmacist follow-up consultation had significantly lower rates of readmissions and shorter hospital stays than those patients without a follow-up consultation.

PharmOutcomes[®] - Supporting hospital referrals

Integration methodology - Business as usual model

- Utilises the current messaging functionality within the hospital
- Provides a secure N3 receiving service
- Uses web-based technology in community pharmacy to capture outcomes

PharmOutcomes[®] - Supporting hospital referrals

Integration methodology

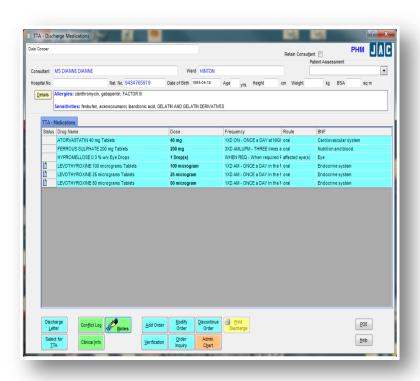
Step 1 – Agree and match fields to send to community pharmacy on discharge

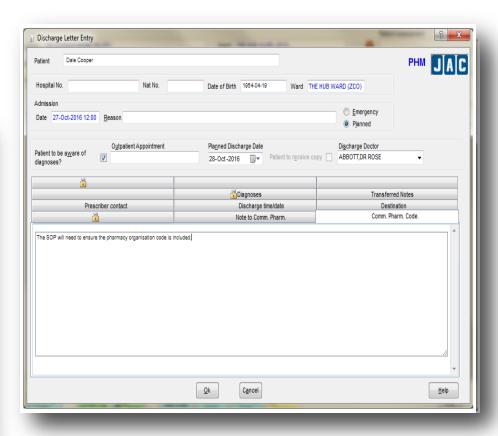




PharmOutcomes® - Supporting hospital referrals

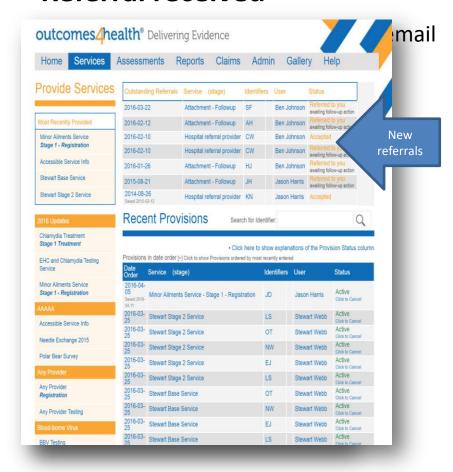
Integration methodology -Medicines list and free text



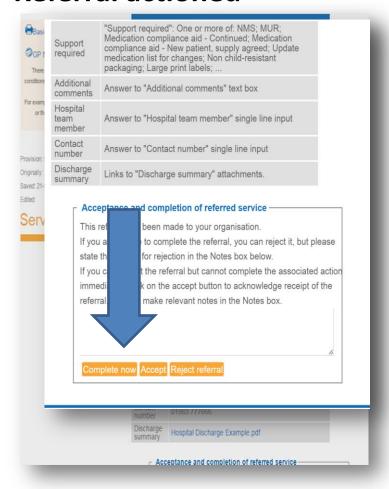


PharmOutcomes®- Community Pharmacy follow up

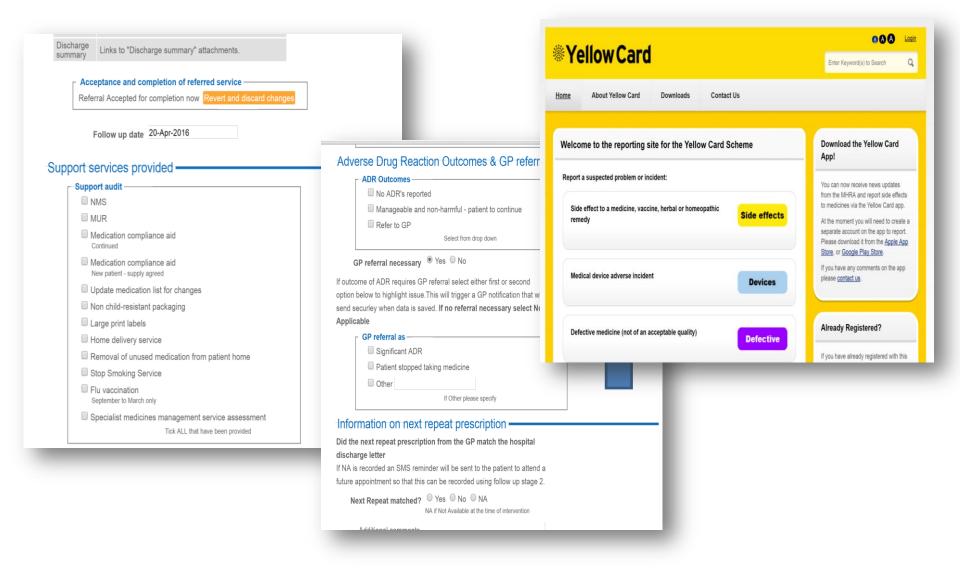
Referral received



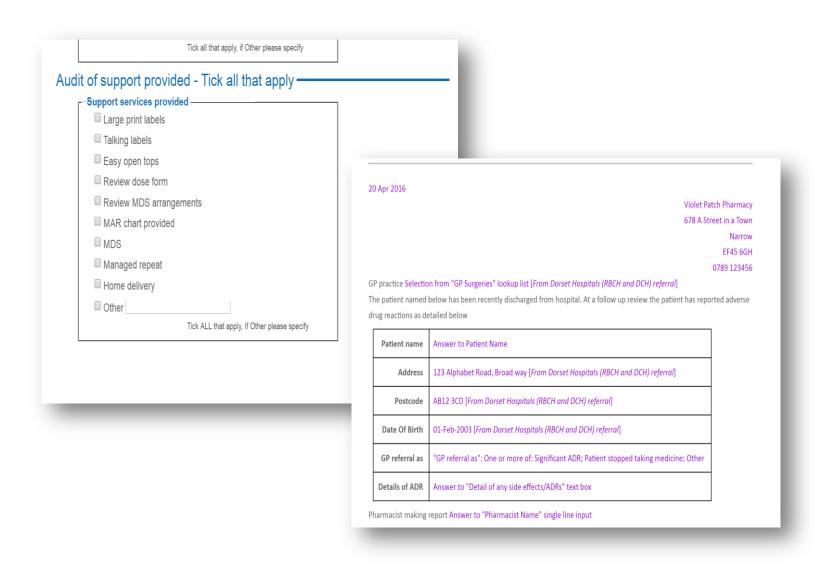
Referral actioned



PharmOutcomes® - Completing the loop



PharmOutcomes[®] - Notifying key stakeholders



PharmOutcomes®

Newcastle Hospital Then

- Manual Data input
- Number of referrals=1386
- Referral follow up = 36%

Newcastle Hospital Now

- Fully integrated solution
- Number of referrals = 5214
- Referral follow up = 60%

Next steps

- Timescales
- Implementation
- Pharmacy Actions

Medicines Management Service

Medication Management Service

- ❖ The aim of the Medication Management Service is to implement a controlled safe environment where Home Care Services and their managers are able to carry out the controlled administration of medication that meets the specific needs of each service user.
- The medication policy governs all home care service provision throughout Barnsley and has been developed in conjunction with service providers, care management, health care workers and pharmacists.

Changes to the service

- CCG made changes based on feedback from pharmacies
- Removal of annual fee
- More flexibility in assessment process

Changes to the Fees

Current

- £500 annual retainer
- £10.35 monthly

New

- £75 patient registration
- £25 update to medication plan
- £11 monthly

Can only claim one of the above per month

Date of Review 2	8-Jan-2019
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NB: You can only claim for one activity per month per patient. If you enter more than one intervention you will not be paid if this falls within the same month

Patient Name	If Patient Name is not registered, click here to enter 1. Patient registration *IMPORT 25-10-2018*	
Is this the first time you are claiming for this patient on PharmOutcomes this month	Check provision history on left hand side	
New Patient	○ Yes ○ No	
Date of current medication plan	Enter as dd-mmm-yyyy (eg 23-Feb-1989)	Medication plans should be updated annually, even where
Name of responsible pharmacist		there have been no changes.

	Date of Review	28-Jan-2019
		NB: You can only claim for one activity per month per patient. If you enter more than one intervention you will not be paid if this falls within the same month
	Patient Name	If Patient Name is not registered, click here to enter 1. Patient registration *IMPORT 25-10-2018*
s tl	Is this the first time you are claiming for this patient on PharmOutcomes this month	Check provision history on left hand side
P	New Patient	Yes ○ No
	Was the referral appropriate?	
	Patient had not Inappropriate M Patient able to s Other	consented edication
	Date of current medication plan	Enter as dd-mmm-yyyy (eg 23-Feb-1989) Medication plans should be updated annually, even where
	Name of responsible pharmacist	there have been no changes.

	Date of Review 28-	Jan-2019	
Di		IB: You can only claim for one activity per month per patient. If ou enter more than one intervention you will not be paid if this falls within the same month	
		tient Name is not registered, click here to r 1. Patient registration *IMPORT 25-10-	
	is time the most time just a	res O No	
	are claiming for this Che patient on	ck provision history on left hand side	
la thia tha	PharmOutcomes this		
Is this the	month		
are cie	New Patient O Yes O No		
Pharm(Changes to Medication O	∕es ○ No	
	Reason for changes —		
	☐ New Medicine from the state of the st	GP	
Changes		by GP	
onange o	□ Dose change by GP		
		_	
D	☐ Medication Stopped by Hospital		
me	□ Dose change by Hospital		
Name	Other		
	Date of current medication plan Ente	Medication plans should be updated annually, even where	
	Name of responsible	there have been no changes.	

pharmacist

	NB: You can only claim for one activity pe you enter more than one intervention you falls within the same mo	will not be paid if this
Patient Name	If Patient Name is not registered, click here to enter 1. Patient registration *IMPORT 25-10-2018*	
Is this the first time you are claiming for this patient on PharmOutcomes this month	Yes ○ No Check provision history on left hand side	
New Patient	○ Yes ○ No	
Changes to Medication Plan?	☐ Yes • No	
Patient Status		7
On going suppo	rt provided, no changes	
On hold, in hosp	pital	
On hold, in care	home	
Other		
Date of current medication plan	Enter as dd-mmm-yyyy (eg 23-Feb-1989)	Medication plans should be updated annually, even where there have been no changes.
Name of responsible		there have been no changes.

Date of Review 28-Jan-2019

pharmacist

Referral process

- Contact the Pharmacy
- Ask to make a "Medication Management Service" referral.
- If for any reason the Pharmacy declines to accept the referral then they should be able to advise you of the Pharmacy nearest to them who may accept a referral.
- Any problems finding a Pharmacy then please contact the Medicines Management Team 01226 433798.
- Arrange with the Pharmacy how a completed referral form will be received by them

- Complete a referral form send it using a secure method of transmission
- Always follow up with the Pharmacy to ensure it has been received
- Once the Pharmacy has received the form they will have 10 WORKING days to obtain an up to date record of medicines from the GP surgery and undertake a review and complete paperwork.
- The Pharmacy will contact the referrer if there are any problems that arise e.g. unable to get a medicines record from the GP surgery OR unable to access patient to undertake the review..
- It is the Pharmacist's discretion which medicines go into a monitored dosage system (MDS) and sometimes even with the scheme in place there may be a need for nursing or other staff to separately administer some medicines.

- The person completing this form will <u>RECEIVE</u> the completed Medication Management Service care plan from the Pharmacy and it is their responsibility to ensure this is passed on to the Care Provider and that a record is kept.
- The person completing this form can nominate for someone else to receive the completed Medication Management Service care plan from the Pharmacy. It will then be their responsibility to ensure they Pharmacy care plan is passed on to the Care Provider and that they hold a record.
- If the details of the Care Provider are known at the point of referral then they should be completed so that they will receive a copy of the completed Medication Management Service care plan from the Pharmacy.

- If there are any <u>CHANGES</u> made to medication for any patient using this scheme then the Pharmacy must be contacted by the patient's care coordinator/referrer to inform them.
- The Pharmacy will complete another review and issue the referrer or those nominated with a new Medication Management Service medication plan.
- Whilst this review is ongoing, neighbourhood nursing staff may need to be asked to temporarily administer medicine.
- When an updated care plan is received from the Pharmacy then it must be issued to the Care Provider who should then remove any previous paperwork which exists in the patient's home.
- A copy of the medication plan you also be sent by email to the clinical pharmacists attached to the patient's GP.

Service Delivery

- The service is usually delivered in the patient's home,
- If it is suitable for the patient the assessment may also be conducted in the pharmacy
- The assessment may also be undertaken by Pharmacy staff qualified to level 2/3 – as accredited and delegated by the superintendent and/or responsible pharmacist.
- The responsible pharmacist will be accountable for the completion of the care plan and recommendations based on the information provided within the review.
- The community pharmacy will be responsible for the quality of the service it delivers.

Key points

- All referrals must be complete and use the approved form
- All medication plans must be updated at least every 12 months
- New fees available from February 2019
- New Service specification starts from April 2019
- Existing monthly claim scheme ends 30th April 2019 (for those not ready to transition to new service)

Commissioning update

- Primary Care Networks
- APC reporting
- MOSW

Primary Care Networks



Barnsley

CCG -	Sep-18	Mar-19
Number of PCNs at any stage of journey	6	6 TBC
% population coverage within CCG of PCNs at any stage of journey	100%	100%
number of PCNs assessed as nearest stage 1	6	
number of PCNs assessed as nearest stage 2		6
number of PCNs assessed as nearest stage 3		
% of your population with access to integrated teams	100%	100%



6 Integrated Local Care Networks

North	5 practices	40339 population
North East	8 practices	32815 population
South	4 practices	44473 population
Penistone	6 practices	55069 population
Central	5 practices	44632 population
Dearne	5 practices	39678 population

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	lived —	
Issue Category	Issue Involving Hospital- BHNFT Hospital - SWYFT Hospital - non Barnsley	
☐ Medicines Administration	☐ General Practice	ADC Reporting provision supposed ally entered and squad
D1 Communication Other Hospital Communication Formulary Related Shared Care Issue Summary Care Record Other GP Communication Care/Nursing Home Other	Community Pharmacy Care/Nursing Home Care Organisation Community Nursing Other	 APC Reporting provision successfully entered and saved The following system generated provision report letters are available Basic Provision Record Barnsley Interface Issue Report >> Secure email is queued to send
Patient NHS Number		
GP Practice		
Date Issue Identified		
Enter as dd-mmm-yyyy	(eg 23-Feb-1989)	
Issue Identified		
Action taken and outcome		
	ä	

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/

MOSW

- Phase 1 & 2 completed
- Phase 3 dates to be announced

National Contract Funding Arrangements

- From 1st April 2019 as per current funding
- Cat M prices increase by £10M a month
- Maximum of 200 MUR in first 6 months
- Pharmacy Access Scheme will continue
- No Quality Payment checkpoints have been set yet
- The B word

Health and Social Care bans fax machines in the NHS

- 9th December 2018
- Matt Hancock bans NHS from buying fax machines and has ordered a complete phase out by April 2020
- Forms part of GP from April 2019

LPC Activity

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