

Refer to Pharmacy

A guide for community pharmacies accepting referrals from Harrogate and District NHS Foundation Trust

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Background

There is a substantial body of evidence that shows when patients move between care providers the risk of miscommunication and unintended changes to medicines is a significant problem. Medicines related problems after hospital discharge are associated with potential and actual adverse health consequences, many of which are preventable.

After leaving hospital, GP's check and update a person's list of medicines as soon as possible, but they may not always be able to speak to their patients as soon as or as frequently as required. Community pharmacists can help fill this gap.

Currently referrals rely on paper-based systems which are cumbersome, time consuming and less secure than an electronic system. If discharge letters are electronically produced in hospital, community pharmacists should have access to these as part of the referral process.

PharmOutcomes is a web-based system and a webpage has been developed to provide an efficient electronic system for referrals from hospital to community pharmacists removing some of the barriers to referral.

Community pharmacists can support patients to ensure they get the best from their medicines by providing the New Medicines Service (NMS) and Post-discharge Medicines Use Reviews or just to update their patient medication records with any changes.

Introduction

Sometimes, patients leaving hospital need extra support taking their medicines. This may be because they have had changes to their medicines, have started something new, or just need a bit of help to ensure that they are taking their medicines safely and effectively. Patients say they don't always remember everything they are told in hospital so having someone go through it again, discussing side effects and checking their understanding is very helpful.

Refer to Pharmacy allows patients who have been identified in hospital as needing additional support with their medicines to be referred, (through a safe and secure digital platform), to their local community pharmacy when they are discharged.

Refer to Pharmacy uses PharmOutcomes to enable patients to be referred from hospital to their community pharmacy.

In the first phase (phase 1), Refer to Pharmacy will only be used for patients using Monitored Dosage Systems (MDS). For these patients the hospital may send an admission notification (advising that the patient has been admitted to hospital). Community pharmacies will also be informed of a patient's discharge and an electronic copy of the discharge letter will be sent via PharmOutcomes. This will make it easier for community pharmacies to reconcile any changes in medicines before preparing the patient's MDS.

In the next phase of Refer to Pharmacy, the hospital will start to refer patients requiring additional support who they consider could benefit from a clinical intervention from the community pharmacy e.g. Medicine Use Review, New Medicines Service, flu vaccination. Although the hospital team will not be making direct referrals for services, the expectation is that more MURs and NMS will be generated by Community Pharmacy teams.

There is a huge potential for Community Pharmacists to improve patient safety at the point of discharge from hospital. Increasing the number of patients referred is critical if the benefits of community pharmacy input to patient care and medicines use are to be realised.

Refer to Pharmacy is a national programme funded by Yorkshire and Humber Academic Health Science Network and supported by Community Pharmacy North Yorkshire.

Community Pharmacy North Yorkshire is working in partnership with both the Yorkshire and Humber Academic Health Science Network and Harrogate and District NHS Foundation Trust in the development and implementation of the Refer to Pharmacy project.

Aims of Refer to Pharmacy

Refer to Pharmacy is expected to:

- Increase patient's awareness and knowledge of their medication
- Improve communication between healthcare professionals
- Increase in medicines reconciliation in the community
- Increase in post-discharge Medicines Use Reviews and New Medicines Service Consultations
- Reduce post discharge medications errors
- Reduce medicines wastage
- Reduce hospitals readmissions
- Time saving for healthcare professionals

Refer to Pharmacy is a great opportunity for community pharmacy to be better enabled and informed to support patients following discharge. This may include medicines reconciliation or offering the patient a discharge MUR / NMS where required.

Similar projects in other areas have been well received and have demonstrated benefits for patients. Other benefits include generating further income for the pharmacy with the provision of advanced services and promoting the role of the community pharmacist.

Community Pharmacy North Yorkshire will be expecting that all referrals are actioned and will be auditing this as part of the implementation of Refer to Pharmacy. You will be provided with regular updates and feedback on how the referrals are being processed.

What happens at the Hospital?

At the hospital a member of the hospital pharmacy team may undertake the following actions:

Admission notification – the hospital team may let the community pharmacy know (via PharmOutcomes) that their patient is in hospital and not to dispense any medication (for some MDS patients).

Discharge referral – the hospital team will confirm to the community pharmacy that the patient has been discharged. An electronic copy of the discharge summary will be attached to the referral. This may also include any specific recommendations for the pharmacy. Community pharmacists will need to use their own clinical judgement to decide the most appropriate level of support for the patient, however we would expect that most patients would benefit from an MUR or NMS following referral.

Getting started – Accessing PharmOutcomes

The pharmacy must set up a process/system in order that all staff are aware that patients may come to the pharmacy who have recently been discharged and expect the pharmacy to have the information from the hospital with regards to their medicines.

This could be done by using the template Standard Operating Procedure (SOP) below as this demonstrates that the pharmacy is providing the scheme in a safe and consistent way.

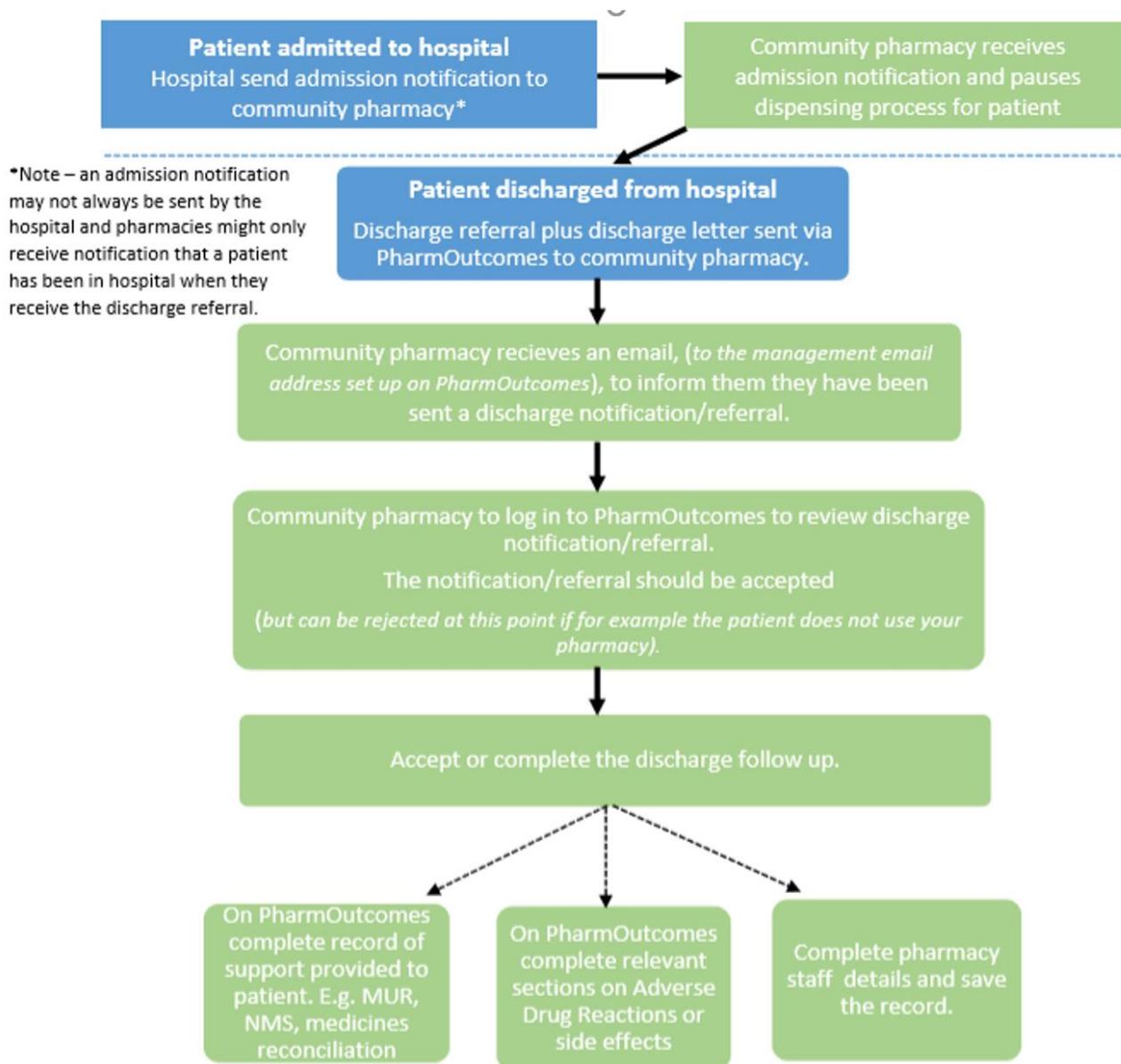
An action plan of how the lead responsible for Refer to Pharmacy, who may have attended the training, can cascade the learning within the pharmacy team is included on p.13.

How each pharmacy manages this will differ but when setting up the process/system the pharmacy must ensure that:

- access to PharmOutcomes is available at all times (i.e. not just when certain members of the team are present) and is checked on a regular basis;
- everyone must understand the process and be aware of their responsibilities so that any queries can be dealt with promptly; and
- adequate consideration has been given to ensuring locums and relief pharmacists have access to relevant information, when they need it.

The Refer to Pharmacy scheme is a system to improve patient outcomes and where possible should include a discussion with the patient regarding the importance of taking the medication prescribed and what to do if there are any side effects. It is the aim that this will reduce waste and the need for re-admissions to hospital.

Flowchart of the Patient Pathway



The pharmacy email address should be checked at least DAILY to see if there have been any hospital referrals.

Patient attending the pharmacy

When the patient attends the pharmacy, the pharmacist will make a judgement on whether to:

1. Supply any repeat medicines as normal
2. Conduct an NMS or MUR
3. Undertake any other necessary intervention
4. No further action required

Where a patient is unable to attend the pharmacy, the pharmacist can use their professional judgment and discuss the need for any other appropriate interventions/support with the patients' representative where appropriate.

Person Requirements

The pharmacy contractor has a duty to ensure that pharmacists involved in the provision of the scheme have relevant knowledge and are appropriately trained and competent in the operation of the Refer to Pharmacy scheme.

Accessibility

This scheme must be available throughout the pharmacies opening hours. There must be no breaks including if regular staff are off sick/on holiday etc. If the pharmacy is unable to meet this level of delivery on a regular basis then they must inform the LPC so they can be opted out. The scheme must not be dependent on the pharmacist/staff on duty.

When organising relief/locum cover it is imperative that the pharmacy ensures that the relief/locum pharmacist is aware that the pharmacy provides Refer to Pharmacy and is familiar and able to do so.

Frequently Asked Questions

How will it benefit my patients?

1. Contributes to continuity of care
2. Ensures that there is the opportunity to discuss medicines related issues eg side effects, medicines safety, maximising the clinical benefit
3. Reduces medication errors during the clinical handover from secondary to primary care, reducing hospital admissions and outpatient consultations

How will it benefit me, the community pharmacist?

1. I will be aware of hospital admission/discharge
2. I can update PMR records accordingly
3. I am able to identify patients who would benefit from a Medicines Use Review (MUR) or New Medicines Service (NMS)
4. I am able to have better communications and links with the GP and hospital
5. I can demonstrate my value to the healthcare system as a community pharmacy

What do I have to do to sign up to the project?

In order to participate in the project a community pharmacy contractor will be automatically opted in. If a pharmacy wishes to opt out of the project then they should contact the LPC.

How will the patient information be transferred from the hospital to the pharmacy?

The information will be sent via the PharmOutcomes platform electronically and securely. An alert will be sent to your nominated email set up on PharmOutcomes.

What will the patient transfer information consist of?

When a patient is discharged from a hospital inpatient unit, subject to patient consent, the hospital pharmacist or pharmacy technician will send electronic discharge information to the patient's chosen community pharmacy.

In some cases where patients are not being discharged to their home e.g. staying with relatives or care home the community pharmacist may not be familiar with the patient. It is expected that the hospital would identify those patients that have not been referred to their regular community pharmacy if known.

The information on the patient will incorporate:

1. Standard patient information and demographics such as name and date of birth.
2. List of medicines (which may include medicines started, stopped and medicines dose changes)
3. Patient contact details
4. Contact details of the hospital pharmacist

What do I need to do once I receive this information?

1. To access electronic discharge information, you will need to log on to PharmOutcomes and click on the "services" tab.
2. Hospital discharge information can be returned if a community pharmacy does not believe that the patient attends that community pharmacy.
3. If the patient information has been sent to the correct pharmacy, in line with a community pharmacists' professional obligation it would be expected as a minimum that a note is put on Pharmacy Medication Record (PMR).
4. In order to demonstrate the value of the project and community pharmacies interventions community pharmacies will be asked to input what action they have undertaken as a result of the electronic discharge information.
5. If, in your professional opinion, you consider that the patient may require an MUR or an NMS please contact the patient as soon as practically possible to arrange a suitable time for a consultation. This is particularly important for a new medicine that may have been started in hospital. The patient's contact phone number will be on the referral.
6. The hospital pharmacist has the ability to free type information. Please check this box for any helpful information.
7. Click "complete" when the electronic discharge information has been processed. Any further interaction should have be recorded on PharmOutcomes prior to completion; examples may include a consultation, an MUR, an NMS, documenting medication changes on the PMR or no intervention required etc.

Refer to Pharmacy Record

Complete all the details required of the PharmOutcomes form and it is essential that you update the patient record on the PMR with any medicines that have been stopped/started.

PharmOutcomes

Accessing PharmOutcomes

PharmOutcomes is accessed at: www.pharmoutcomes.org.uk. All pharmacies should have previously been sent a username and password details for PharmOutcomes.

If you have misplaced or lost your log on details please contact the PharmOutcomes helpdesk by going to www.pharmoutcomes.org.uk and clicking the Help button.

User Guides

There are several guides to assist you with using PharmOutcomes. These can be accessed by clicking the Help tab. Guides are available for various topics such as creating new users.

Recording Delivery

The record form captures all the information that is required. Example screenshots for how the service appears on screen are included below.

PharmOutcomes will not allow you to save the data unless all the information is recorded so please ensure that you fully complete all the boxes on the record form.

1. Log onto PharmOutcomes.
2. Click the Services tab.
3. At the top of the screen will be any outstanding referrals listed in date order.
4. To access the individual information on the patient you will need to click on one of the rows to access the medicines information.
5. Any provisions completed will be listed under recent provision in date order should you need to re-access a record.

Standard Operating Procedure (SOP)

The pharmacy should have a SOP in place for all the services the pharmacy provides, including this scheme. SOPs are necessary to demonstrate that the pharmacy is providing the scheme in a safe and consistent way.

A template SOP for the scheme is available on p9-10

Disclaimer: This template is an example SOP for the Refer to Pharmacy scheme. Pharmacies may adapt to suit local needs or alternatively develop their own. Each pharmacy is responsible for producing their own SOP which conforms to the usual processes within the pharmacy. Community Pharmacy North Yorkshire does not accept any responsibility for any errors or omissions within this document.

Alternatively, this guide contains the information required for each pharmacy to produce a SOP.

A SOP should:

- Define staff roles and responsibilities
- Include any relevant signposting information
- Include the process for error and near miss reporting
- Be regularly reviewed and kept up to date
- Be signed and dated by all staff (including locums) operating under the SOP
- State the date of production and review date.

Check with the Superintendent before you write any SOP because they must be involved in writing SOPs for the pharmacy.

Template Standard Operating Procedure for Refer to Pharmacy

Pharmacy Name	SOP version
Date of SOP preparation:	Date SOP effective from:
SOP prepared by:	Review date for SOP:
<p>Objective To define the procedures of the Refer to Pharmacy in order to ensure that the scheme is conducted as specified and is provided to a high quality in a consistent, professional and accurate manner.</p>	
<p>Scope This procedure applies to all staff participating in the provision of the scheme.</p>	
<p>Responsibilities The manager or appointed deputy in charge of the community pharmacy is responsible for ensuring that the Service is carried out within this SOP and in line with the service</p> <p>Each person delivering the scheme is responsible for ensuring that they work under this SOP.</p> <p>All employees are responsible for treating all users with respect and courtesy.</p>	
<p>Person Requirements The pharmacist is responsible ensuring any supplies made meet their professional and legal responsibilities</p>	
<p>Facilities The part of the pharmacy used to deliver the scheme should provide a sufficient level of privacy for those being support; this may be the consultation room.</p>	
<p>The process stages</p>	
1	<p>Patient Hospital Discharge Pharmacy staff regularly check PharmOutcomes services page for referral. Patient is discharged from hospital and pharmacy receives email notification from hospital on PharmOutcomes.</p>
2	<p>PharmOutcomes Referral Pharmacy review referral on PharmOutcomes with list of patient's medicines from hospital discharge.</p>
3	<p>Pharmacy Referral Accepted Pharmacy accepts referral and follows one of the following courses of action:</p> <ol style="list-style-type: none"> 1. Pharmacy updates PMR and undertakes any urgent action and awaits patient to attend pharmacy in order to complete now on PharmOutcomes; AND/OR 2. Pharmacist calls hospital on number provided on PharmOutcomes to clarify any queries.
4	<p>Pharmacy Referral Rejected Referral returned to hospital pharmacy as patient not supported by community pharmacy.</p>
5	<p>Patient Attendance at Pharmacy Pharmacist speaks with the patient discharged by the hospital. The conversation includes:</p> <ul style="list-style-type: none"> • Introduction and confirmation of patient details – name, date of birth, address, GP practice and contact telephone number must be taken as a minimum. <p>When the patient attends the pharmacy, the pharmacist will make a judgement on whether to:</p> <ol style="list-style-type: none"> 1. Supply any repeat medicines as normal 2. Conduct an NMS or MUR 3. Undertake any other necessary intervention 4. No further action required

	Where a patient is unable to attend the pharmacy, the pharmacist can use their professional judgment and discuss the need for any other appropriate interventions/support with the patients' representative.
6	<p>Advice and Information</p> <p>Pharmacist provides advice/support and discusses any changes that have been made with the patient's medication. Stresses the importance of ordering prescriptions in a timely manner recommending electronic Repeat Dispensing (eRD) where appropriate including making the patient aware that they can order their prescriptions online from their GP practice.</p>
Pharmacy Name	
SOP version	
Date of SOP preparation:	
Date SOP effective from:	
SOP prepared by:	
Review date for SOP:	
7	<p>Records</p> <p>The following records must be made of the Refer to Pharmacy interaction as part of this scheme:</p> <ul style="list-style-type: none"> • PharmOutcomes completed. • Patient Medication Record (PMR) Records.
<p>Clinical Governance</p> <p>Confidentiality is a matter of both law and ethics. All staff must respect the confidentiality of information relating to the patient and their family acquired in the course of this scheme. Such information should not be disclosed to anyone without the consent of the patient.</p> <p>All forms and paperwork containing personal information of a patient should not be left unattended and must be kept securely when not in use, to prevent any unauthorised access to the data.</p>	
<p>Incident and Near Miss</p> <p>Any near miss or incident occurring while undertaking the scheme should be reported to the Responsible Pharmacist immediately. The Responsible Pharmacist must carry out any necessary action and report the incident / near miss as per the pharmacies own Incident Reporting policy and procedure.</p>	
<p>Audit (Review procedure)</p> <p>Competency checks and audits will be carried out at random intervals to ensure that every member of pharmacy staff involved with the scheme is familiar and up to date with the procedure at all times. This SOP will be reviewed at least every 2 years or following any critical incident.</p>	

Staff signature (To be signed by all those working within the SOP (including locums))

I have read and understood the implications of the SOP:

Name	Job Role	Signature	Date

Template Action Plan

This is a suggested checklist of activities that the Refer to Pharmacy lead should consider in order to cascade learning to other community pharmacy team members.

Action points	Date Completed
• Develop/agree SOP to be available.	
• Explain the key elements of the Refer to Pharmacy service to each team member, the requirements expected of different team members in order to deliver Refer to Pharmacy and ensure they sign the SOP. This could be undertaken at a team meeting.	
• Agree where information on Refer to Pharmacy will be stored so locum/relief staff are aware of where it can be accessed. Ensure this is reflected within the SOP and staff are briefed.	
• Agree how often and who will be responsible for checking the referrals on the PharmOutcomes system. Ensure this is reflected within the SOP and staff are briefed.	
• Keep a copy of the patient pathway on p5 within the dispensary as a quick reference guide so that this can be referred to by staff.	