

## Transfer of Care Around Medicines (TCAM) at Hampshire Hospital NHS Foundation Trust

### Why is TCAM Important to our patients and our community?

Improving the safe transfer of information about a patient's medicines should reduce the incidence of avoidable harm to patients, particularly when they move between care providers and this has become a priority for the NHS.

Research has repeatedly shown that patients often experience errors or unintentional changes to their medicines when they move between care providers, presenting a significant risk to patient safety <sup>(1)</sup>

Referring patients to their community pharmacist for a medicines consultation following a stay in hospital has been shown to

- reduce readmission rates to hospital <sup>(1)</sup>
- demonstrate significant increases in medicine adherence <sup>(2)</sup>
- shorter hospital stays <sup>(3)</sup>

Following the TCAM initiatives undertaken by other NHS hospitals in South Central England, e.g. Isle of Wight, Bournemouth, Portsmouth and University Hospital Southampton, HHFT is in discussion with its CCG partners, the Wessex AHSN and Community Pharmacy South Central (the LPC) to also engage with its Community Pharmacists to provide a safe referral process.

### What will this mean for GP Practices, Pharmacists working in GP Practices and Local Community Pharmacists within Hampshire and West Berkshire?

Pharmacists working in primary care are well placed to support patients with changes that have been made to their existing medicines as a result of a recent hospital stay. If there are any issues identified, the patient's community pharmacist is able to resolve most quite easily. However a small number of patients will be identified as requiring a visit to their GP during this medicines review process due to significant medicines issues being identified.

### What happens next?

Please look out for us at the following events where we will be present to share more information on our TCAM plans:

#### ~~September – Community Pharmacy South Central (CPSC) Academy Events~~

- ~~11<sup>th</sup> Sept at Apollo Hotel, Basingstoke~~
- ~~20<sup>th</sup> September at Holiday Inn, Eastleigh~~
- ~~25<sup>th</sup> September at Holiday Inn, Winchester~~

#### ~~October – Diabetes Hypoglycaemia Support Pack Development Events~~

- ~~10<sup>th</sup> October at Holiday Inn, Eastleigh~~
- ~~16<sup>th</sup> October at Balmer Lawn Hotel, Brockenhurst, New Forest~~

Look out for details  
of bespoke  
engagement event to  
be announced

We can also be contacted on [TCAM@hhft.nhs.uk](mailto:TCAM@hhft.nhs.uk) if you have any queries on our plans.

## Appendix

Statistics linked to medicines when patients are admitted to hospital:

- There were roughly 16m people admitted into the NHS in 2016 and the majority of these would have been prescribed medicines to improve their care
- 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 (AEDs) <sup>(4)</sup>
- 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 <sup>(5)</sup>
- 20% of patients have been reported to experience adverse events within 3 weeks of discharge, 60% of which could have been ameliorated or avoided <sup>(6)</sup>

## References

- (1) National Patient Safety Agency and National Institute for Health and Clinical Excellence Technical safety solutions, medicines reconciliation 2007. Available from <https://www.nice.org.uk/guidance/psg1>
- (2) Elliott R et al. Department of Health Policy Research Programme Project Understanding and Appraising the New Medicines Service in the NHS in England (029/0124) 2014 <http://www.nottingham.ac.uk/~pazmjb/nms/downloads/report/files/assets/basic-html/index.html#1>
- (3) Nazar H, Brice S, Akhter N, Kasim A, Gunning A, Slight SP, Watson NW (2016) A new Transfer of Care initiative of electronic referral from hospital to community Pharmacy in England: A formative service evaluation. *BMJ Open* 2016;6:e012532. doi:10.1136/bmjopen-2016-012532
- (4) Himmel W, Kochen MM, Sorns U et al. Drug changes at the interface between primary and secondary care. *International Journal of Clinical Pharmacology and Therapeutics* 2004;42; 103-109 [www.ncbi.nlm.nih.gov/pubmed/15180171](http://www.ncbi.nlm.nih.gov/pubmed/15180171)
- (5) Mansur N, Weiss A, Beloosesky Y. Relationship of in hospital medication modifications of elderly patients to post discharge medication, adherence and mortality. *Ann Pharmacotherapy* 2008;42: 783-789 <https://doi.org/10.1345/aph.1L070>
- (6) Hesselink G, Schoonhoven L, Barach P, Spijker A, Gademan P, Kalkman C, Liefers J, Vernoonji-Dassen M, Wollersheim H. Improving patient handovers from hospital to primary care; A systematic review. *Ann Intern Med* 2012; 157:417-28. DOI:10.7326/0003-4819-157-6-201209180-00006

## Resources

Case studies collected from Trusts with referral pathways in place can be found at <http://wessexahsn.org.uk/projects/54/transfers-of-care-around-medicines-tcam>