

Collaborating organisations: SEL ICS, Lewisham and Greenwich NHS Trust, Clinical and Community Health Services (LIMOS), Masters Pharmacy (Greenwich), Priory Pharmacy (Kent), Boots Pharmacy (Lewisham)

Description. This mini-pilot was to test if extending referrals to the Discharge Medicines Service by community health services teams could increase uptake of the service in community pharmacy and improve safe transfer of care for older people discharged to care homes.

What problem is it trying to solve to tackle overprescribing?

- Care transfers are associated with high risk of unintended medicine errors. This can contribute to the burden of overprescribing and waste if changes around medicines are not communicated and actioned in a timely way
- The community pharmacy DMS service can help tackle these risks which are known to be greater in older people in the care home setting due to:
 - Ordering cycle often undertaken up to 2 weeks in advance.
 - When residents are in hospital, old pre-admission medicines may be kept or the next cycle might arrive with pre-admission medicines included
 - Discharge information is not always received with registrations complete at the new GP practice before next prescriptions are due.
- Receipt of a DMS would enable the new community pharmacy to liaise with care home staff /GP / other pharmacy support services to manage queries and reduce the risk of medicine errors
- DMS referrals sent to the resident's previously nominated community pharmacy was highlighted as a reason some DMS referrals are rejected/not actioned.
- Consent for DMS in the hospital setting is usually undertaken during admission processes, prior to the discharge destination to a care home being known. Not knowing which pharmacy provides the service for each care home is a challenge for hospital pharmacy teams

Intended outcomes:

1. To increase referrals by Community Health Services Staff and /or referring Trusts for patients discharged to a care home (new or placement change)
2. To improve the update and action of DMS referrals by community pharmacies providing services to care homes
3. To collate the benefits to workforce and patient care as a result of improved communication through use of DMS

Top Tips:

1. Hands on training on IT used for the DMS referral system is essential for CHS staff
2. Sharing details of the community pharmacies supporting care homes for older adults with hospital colleagues is an opportunity to increase referrals directly by this team.
3. Alternative local pathways for consent need consideration, as the requirement for patient consent to send DMS via 3rd party IT platforms can be a barrier to increasing referrals, despite care home residents likely to most benefit from safer transfer of care.
4. Use of nhs.net by CHS Staff remains an option to send referrals to community pharmacies with a copy of the discharge summary

Implementation

- The community services pharmacy team supporting care homes for older adults and relevant hospital leads were engaged to support the pilot
- The current process for DMS referrals within the hospital setting was shared and a pathway for how CHS could send DMS for care home residents developed including a process for gaining consent
- IT access to the system used for sending DMS was extended to CHS care home staff members
- Training on using the IT system to send DMS referrals was provided to CHS staff
- Key community pharmacies providing services to the local homes were engaged to ensure on board with actioning referrals for residents newly discharged to the care home
- Methods for collation of outcomes were determined
 - ✓ Quantitative – number of referrals by CHS staff, number of DMS for care home residents actioned and types of intervention made including waste prevented and/or queries resolved
 - ✓ Qualitative – feedback from community, hospital and CHS pharmacy teams

Outcomes

- A pathway for CHS staff supporting care homes to send DMS referrals was agreed
- 9 DMS referrals have been sent for care home residents by CHS staff to date
- Undertaking the pilot has improved communication between hospital and CHS teams, with learning on how CHS staff can update details on the hospital IT platform to enable DMS referrals to flow via the usual hospital team process
- The requirement for patient consent to send DMS and a copy of the discharge summary via a 3rd party platform influenced further change. CHS care home teams updated their practice to gain consent for DMS at point of admission to care home and during in-reach activity involving the next of kin where needed
- Quantitative data on the outcomes from community pharmacy is to follow. However, engagement in the workstream has significantly improved the uptake and action rate for all DMS referrals for one pharmacy involved.

Our CHS team intercept medicines errors across transitions of care. Being able to send copies of the discharge summary via DMS will reduce the risk of errors around old medicines being supplied, as community pharmacies will be in the communication loop and sighted when medicines change in our vulnerable care home residents

Undertaking the DMS for care home residents will improve continuity of care and chasing between the care home and GP practice particularly for new residents. DMS communication will ensure we can get medicines supply around changes right in a timely way

