Referral Pathway between community and PCN pharmacy teams post Discharge Medicines Service (DMS)

South East London Integrated Care System

NHS South East London

Collaborating organisations: SEL ICS, TLCP PCN Lewisham, Sheel Pharmacy Lewisham Road, Day Lewis Pharmacy Loampit Vale, Lewis Grove Pharmacy, Ladywell Pharmacy

Description.
This mini-pilot was to test if developing a referral pathway between community and Primary Care Network (PCN) pharmacy teams improves outcomes following a DMS referral, and a safe transfer of care including identifying patients who might benefit for a Structured Medication Review (SMR)

What problem is it trying to solve to tackle overprescribing?

- Community pharmacists are well placed to review patients after discharge from hospital. The Discharge Medicines Service (DMS) can:
  - ☑ **Reduce waste** by checking adjustments have been made prior to the next prescriptions being dispensed
  - ☑ **Reduce harm and potential overprescribing** by supporting patients to understand changes in medicines, and referring on for a SMR where a more in-depth discussion around medicines is likely to be of benefit
  - ☑ **Prevents readmissions** (NNT 10-23 to prevent one 30-day readmission)
- Local pharmacists expressed that timely communication with GP practices when actions are needed post discharge can be a barrier to effective DMS delivery. This suggests the potential benefits of the service are not fully realised.
- Improving communication and a referral pathway between community and PCN pharmacy colleagues could improve DMS outcomes and offer a route to undertake targeted SMRs, reducing overprescribing following hospital discharge

Implementation

- The PCN pharmacy team and local community pharmacists that were keen to participate were identified
- A pathway for communication and referral between community and PCN pharmacy teams via dedicated email was agreed
- A system at the PCN to ensure appointments were available to manage and code DMS queries and subsequent SMRs was established
- The PCN pharmacy team and each participating pharmacy was briefed by the SEL ICB Overprescribing Lead Pharmacist on the types of queries and patients to refer for SMR. Local patient information leaflets about SMRs were provided for use as a resource
- Methods for collation of outcomes and evaluation of the mini-pilot were determined:
  - ☑ Quantitative – data on number of referrals for queries and SMRs, medicines stopped, and waste prevented by prescriptions not issued as a result
  - ☑ Qualitative – Informal interviews conducted with the community pharmacists and PCN pharmacy team

Outcomes 1

- 4 community pharmacies signed up to the pilot with one PCN (5 practices)
- 22 referrals following DMS have been made to the PCN pharmacy team for queries (n=14) or SMR (n=8) over a period of 5 months – community pharmacies came on board at different rates.
- A range of positive outcomes were seen with impact on both reducing waste and overprescribing to review medicines no longer required.
- A total of 13 medicines were stopped – either by the community pharmacist during DMS (n=1) or identifying changes prior to the PCN being aware of actioning the change (n=9) or from subsequent SMR (n=3)

Summary of outcomes from 22 referrals to PCN pharmacy team post DMS

Main Intervention / action	Number
Prompt changes enabled ahead of usual meds rec pathway	8
Medicine changes identified (old/incorrect prescripton supply prevented)	3
Quantity of medicine on prescription reduced	1
Counselling on new medicines	1
Medicines stopped through DMS consultation	1
SMR review of medicines witheld in hospital	3
SMR medicine stopped	3
SMR or query review of unclear medicines changes	1
SMR follow up of newly initiated medicines	1
Total number of medicines stopped (DMS, query or SMR outcome)	13
Total number of referrals	22

Intended outcomes:
1. For community and PCN /practice pharmacy teams to agree a referral pathway for communicating queries or SMR referrals arising from DMS
2. For community pharmacists to identify and refer patients who may benefit from a SMR (>10meds, adherence , unclear indications, medicines needing review) to the PCN pharmacy team
3. For pharmacy colleagues to share learning to inform how collaboration through DMS can improve outcomes for patients around overprescribing and safe transfer of care

Top Tips:
1. Ensure all participating pharmacists have good understanding of the types of patients who might benefit from a SMR. A summary for community pharmacists in addition to a leaflet to give to patients might help
2. Assign a pharmacy lead at the PCN to support prompt management of queries, maintain motivation, keep contact going between PCN and community teams, and help book in onward SMRs. A PCN or practice pharmacy technician is ideally placed to undertake this role
3. Balance improved communication with ensuring agreed method used, so that capacity to manage queries at the PCN side can be maintained.
4. Consistent levels of referrals from local hospitals can help maintain motivation

> This pathway has really helped when the community pharmacy received the discharge summary before we did at the PCN. Requests could be actioned promptly when updated medicines required – and prevented prescriptions for previous doses being issued and medicines potentially wasted

> I feel more valued through collaboration with hospital and PCN colleagues and I can better support patients. I can hold off making up prescriptions where there are changes, knowing that once the query is referred to the PCN team, changes will be made quickly

> Having a poster of the types of medicines/ patients to refer may help increase targeted SMRs as an outcome from DMS

Outcomes 2

- Qualitative outcomes included improved working relationships between community pharmacy and PCN pharmacy team members
- Job satisfaction improved with community pharmacists feeling more able to help patients through collaborative working across the wider pharmacy team

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