Community Pharmacy Greater Manchester

Discharge Medicines Service (DMS) toolkit

Background

The Discharge Medicines Service became a new Essential Service within the Community Pharmacy Contractual Framework (DMS) on 15th February 2021. This means that **every pharmacy** has to provide the service in response to a DMS referral.

The service supports the WHO Medicines Without Harm goal of reducing serious, avoidable harm caused by medicines by 50%.

It builds on the Transfer of Care Around Medicines (TCAM) programme and allows hospital clinicians to identify patients who may benefit from being referred to their community pharmacist at discharge.

When people move from one care setting to another, between 30% and 70% of patients have an error or unintentional change to their medicines. New prescriptions can sometimes cause side effects or interact with existing medication, potentially leading to readmission.

Discharge from hospital is associated with increased levels of avoidable medication harm. NICE guideline NG05 includes the following recommendations:

- Medicines related communication systems should be in place when patients move from one care setting to another.
- Medicines reconciliation processes should be in place for all persons discharged from a hospital or other care setting back into primary care, and that the reconciliation should happen within one week of discharge.

Insights from studies conducted worldwide have shown that:

- People over 65 are less likely to be readmitted to hospital if they have had help with their medication following discharge. (NHIR)
- In elderly patients, fewer than 10% have no modification to medication on discharge. (Mansur N et al 2008)
- 79% of patients are prescribed one new medicine after discharge.
- In 60% of patients there were three or more changes made to their medication. (Foster AJ et al 2003)

Aims of the service

By improving communication of changes made to medication in hospital, the service aims to:

- Optimise the use of medicine, whilst facilitating shared decision making
- Reduce harm from medicines at transfer of care.
- Improve patients' understanding of their medicine and how to take them following discharge.
- Reduce hospital readmissions.
- Support the development of effective team working across hospital, community and PCN pharmacy teams and general practice teams and provide clarity about respective roles.

Service description

As the DMS is an essential service, contractors cannot opt out of providing it.

Patients are digitally referred to their pharmacy after discharge from hospital. This could be via PharmOutcomes, Refer to Pharmacy or NHS mail.

The service has 3 stages:

Stage 1: Clinical review and medicines reconciliation.

Stage 2: Ensure medicines prescribe post-discharge reflect any changes + discrepancies resolved.

Stage 3: Consultation with the patient.

Funding

Contractors completing the full service are paid £35 per provision. Where only part of the service can be provided (in circumstances defined in the Drug Tariff) a partial payment will be made.

Stage 1: Clinical review and reconciliation – £12

Stage 2: Receipt and review of first prescription - £11

Stage 3: Consultation to check the patient's understanding of their regime – £12

Summary data on each DMS provided should be kept. Payment should be claimed monthly via the NHSBSA's Manage Your Service portal (MYS).

The reporting requirements for DMS are complex and, although NHS BSA are preparing a digital interface (API) to allow PharmOutcomes to send DMS claims automatically to the MYS portal, you currently have to enter this manually. As an interim measure the Pinnacle team have developed a bespoke report to help with data return. Details of how to use the report can be found in the other resources section of this toolkit.

Working with Primary Care Networks (PCNs)

GMLPC is working with stakeholders across the system to ensure that any trusts not yet live will participate shortly. Details of those trusts in Greater Manchester currently live can be found here.

Referrals can be received from any locality in England. For example, a referral could be made from a hospital in Manchester Foundation Trust (MFT) to a pharmacy in Bury.

Patient eligibility

NHS Trusts will identify patients who will benefit from the DMS and, subject to patient consent, they will send a referral to the pharmacy via a secure electronic system (usually PharmOutcomes)

Pharmacist/ Pharmacy Technician knowledge and skills requirement

Pharmacists or Pharmacy Technicians (including locums) providing all, or part of the service must complete the CPPE NHS DMS e-learning and assessment, and a Declaration of Competency.

You should brief other members of the pharmacy team who support the service on the DMS.

Getting ready to deliver the service

- Read the NHS England regulations guidance and the DMS toolkit so that you understand the service requirements.
- Ensure all pharmacist and pharmacy technicians that will be providing the service (including locums) have read the guidance and completed the CPPE DMS e-learning and assessment.
- Check whether trusts in your area are making referrals to community pharmacy (the latest information can be found on the CPGM website)
- Consider the practicalities of providing the service, including referral networks to general practices and how clinical pharmacists working within your PCN may be able to help with any issues you identify with a patient's medication regime.
- Develop an SOP for the service.
- All pharmacists and pharmacy technicians providing the service should complete their Declaration of Competence

Providing the Service

Trusts in GM will make all referrals via PharmOutcomes. However, trusts outside GM can also make referrals and these may be received by NHS mail. These will need to be processed manually as there is no manual entry option on PharmOutcomes, unlike for other national services. PharmOutcomes have produced a helpful video for the DMS module which you may find useful.

A link to the PharmOutcomes user guide can be found in the other resources section of this document.

Patient referral

You should check daily for any referrals to ensure that the DMS can be completed within the timeframes specified in the service specification.

As a minimum, the following information should be included in the referral from the NHS Trust:

- Demographic and contact details of the patient and their registered GP. This will include their NHS number and their hospital Medical Record Number)
- The medicines being used by the patient at discharge (including OTC, prescribed and specialist medicines), including the name, strength, form, dose, timing, frequency and planned duration of treatment for all, and the reason for prescribing.
- How the medicines are taken and what they are being taken for
- Changes to medicines, including medicines started or stopped, or dosage changes, and the reason for the change.
- Contact details for the referring clinician or hospital department to use where the pharmacy has a query.

Ideally, the referral should contain the hospital's ODS code. If any of the essential information is missing from the referral you should contact the Trust to obtain this missing information. Any missing mandatory information should be reported as part of the claim for the service.

The three stages of the service

Stage 1 – a discharge referral is received by the pharmacy.

This should be completed as soon as possible but within 72 working hours of receipt. In the list below step A must be completed by a pharmacist, steps B, C and D can be completed by a pharmacist or a pharmacy technician. Step E can be completed by any suitably trained member of the pharmacy team.

A. Check for clinical information and actions contained within the referral which need to be undertaken.
B. Compare the medicines the patient has been discharged on with those previously taken at admission.
C. If necessary, raise any issues identified with the NHS Trust or the patient's GP, as appropriate.
D. Make notes on the PMR and/or other appropriate record (including any records used for the preparation of MDS packs). The notes should include the need to alert pharmacy teams to conduct stages 2 and 3 of the service.
E. Check any prescriptions for the patient that have been previously ordered, are in the dispensing process, or awaiting collection to see if they are still appropriate. Particular attention should be made to electronic repeat prescriptions as they could be pulled down after the patient has been discharged from hospital.

Stage 2 – the first prescription is received by the pharmacy following discharge

This stage should be completed by a pharmacist or pharmacy technician when the first post-discharge prescription is received (this may or may not be a repeat prescription). This is usually between one week and one month of discharge dependent on the quantity of medication supplied by the hospital.

A. Check that the medicines prescribed post-discharge take into account any changes made during the hospital admission.
B. If there are discrepancies or other issues, try to resolve them with the GP practice using your normal communication channels. Complex issues may require the GP practice to undertake a Structured Medicines Review
C. Make notes on the PMR and/or other appropriate record.

Stage 3 – check the patient's understanding of their medicines' regimen

This stage should be completed by a pharmacist or pharmacy technician when the first post-discharge prescription is received. This involves a confidential discussion with the patient and/or their carer to check their understanding of what medicines they should now be taking/using, when to take or use them, and any other relevant advice to support their use.

This can take place in the pharmacy's consultation room or, when the patient and/or their carer are not able to attend the pharmacy, in a manner that suits their needs e.g. by video or telephone consultation.

You should also:

- communicate appropriately any information that would be of value to the patient's GP or PCN clinical pharmacist to support the ongoing care of the patient.
- Offer to dispose of any medicines that are no longer required to avoid potential confusion and prevent an adverse event.
- Make notes on the PMR and/or other appropriate records.
- If appropriate, provide other services that form part of the CPCF, e.g. NMS, if the patient would get additional benefit from that service.

Contract monitoring and PPV

Summary data on each DMS provided must be available to support the evaluation and impact of the service, contract monitoring and PPV.

Clinical records of the service should be kept for a minimum of 2 years after the service has taken place. As you are the data controller, you should determine the appropriate length of time to keep the record, and this should be captured in your SOP.

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Other resources

DMS digital guide

PSNC-Discharge-Medicines-Service-worksheet-v1.docx

Pharmacy reporting to MYS

Managing DMS referrals in community pharmacy video