Discharge Medicines Service (DMS)

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Background

**WHO** ambition: To reduce level of avoidable harm due to medicines by 50% over 5 years by 2022

Transitions of care and need for adequate communications highlighted

**NICE NG05:** Communications between patient care settings

Meds reconciliation to happen within one week of being discharged back to primary care.

Builds on **AHSN TCAMs** pilot studies
The Service

- Essential Service for pharmacy contractors from 15 February 2021
- Referral service from Secondary care into community pharmacy following discharge
- Medicines reconciliation between secondary care, community pharmacy, patient and GP practice
- Importance of communication channels between local stakeholders and different care settings
- National service, but local implementation - including platforms for transfer of information
DMS: Service Aims

• Optimise the use of medicines
• Reduce harms from medicines at transfers of care
• Improve patients’ understanding of their medicines and how to take them following discharge
• Reduce hospital admissions
• Support development and effective team working between hospital, community and primary care (GP and PCN) pharmacy teams
Requirements

- Staff competency
- CPPE package recommended
- Declaration of Competence
- Must-read documents
- Premises requirement – consultation rooms
- SOP
Declaration of Competence

- Common sense approach
- Lighter than vaccination declaration
- Self directed with recommended learning

<table>
<thead>
<tr>
<th>Learning</th>
<th>Format</th>
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<tbody>
<tr>
<td>Consultation skills for pharmacy practice: taking a patient-centred approach</td>
<td>distance learning</td>
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<td>Consultation skills: what good practice looks like</td>
<td>e-learning</td>
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<tr>
<td>NHS Discharge Medicines Service: improving outcomes for patients transferring care</td>
<td>e-learning</td>
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<tr>
<td>Safeguarding children and vulnerable adults: a guide for the pharmacy team</td>
<td>e-learning</td>
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Discharge Medicines Service

This Declaration of Competence (DoC) applies to the community pharmacy Discharge Medicines Service, which is an essential service within the NHS Community Pharmacy Contractual Framework. This DoC is to be completed by all pharmacists and pharmacy technicians involved in providing the service.

The Declaration of Competence system

A separate document entitled A Guide to using the Declaration of Competence (DoC) system is published on the CPPE website. It contains more information about the DoC system, how to use it and how to complete the DoC statement. If you are new to DoC or would like a reminder of this information, visit the CPPE website.

Keeping up to date

To provide the Discharge Medicines Service you should complete the following Declaration of Competence framework every two years.
Essential Documents

Pages 20-32

Whole document, 21 pages

Our advice for clinicians on the coronavirus is here.
If you are a member of the public looking for information and advice about coronavirus (COVID-19), including information about the COVID-19 vaccine, go to the NHS website. You can also find guidance and support on the GOV.UK website.

NHS Discharge Medicines Service

The NHS Discharge Medicines Service is a new essential service for community pharmacy contractors, commencing on the 15 February 2021. As an essential service, it must be provided by all community pharmacy contractors.

The service has been established to ensure better communication of changes to a patient’s medication when they leave hospital and to reduce incidences of avoidable harm caused by medicines. By referring patients to community pharmacy on discharge with information about medication changes made in hospital, community pharmacists are encouraged to liaise with medicines management teams to ensure patients receive the necessary support.
DMS Pathway

Hospital
- Identify and refer patient who will benefit from follow up by community pharmacy
- Work in partnership with community pharmacy to support safe discharge for patients

Community Pharmacy
- Medicines reconciliation and clinical check
- Resolve issues
- Consultation with patient

General Medical Practice (in a Primary Care Network)
- Work in partnership with community pharmacy to provide safe clinical care for patients
- Update central records
- Follow up medical care and/or tests or monitoring
- Structured Medication Reviews
- Prescribing
## Service stages

| Referral | • ‘Appropriate patient’ referral into community pharmacy from secondary care following discharge  
• Patient consented in secondary care and information sent to pharmacy via secure electronic messaging |
| Stage 1  | • **Clinical check** of referral within 72 hours of receipt  
• Reconciliation of discharge with meds previously prescribed recorded on PMR |
| Stage 2  | • **First prescription** following discharge received  
• Full reconciliation against discharge summary for patient |
| Stage 3  | • **Involving the patient**  
• Patient centred discussion (specific items on new medicines, meds optimisation, interactions, disposal, adherence advice and providing additional information) |
Referral

- Push service in to community pharmacy
- A range of platforms and referral mechanisms open to trusts to facilitate secure, electronic messaging for referral
- Pharmoutcomes funding for the next year secured
- Trusts will need policies on consent to ensure patients are involved in decisions about their care post discharge
- Minimum data set for referral published (discharge content)
- Eligibility criteria defined by trusts
Box 8.1: Minimum dataset to be transferred with a referral to community pharmacy

- Demographic and contact details of the person and their registered general practice (including their NHS number and their hospital medical record number).
- The medicines being used by the patient at discharge (including prescribed, over-the-counter and specialist medicines, as there may be medicines interactions), 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, and 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 also contain the hospital’s Organisation Data Service (ODS) code.
Who to refer?

Box 4.1: High risk medicines

- Multiple resources cite a list of "high risk medicines". They include but are not limited to: anticoagulants (e.g., warfarin, dabigatran), antiepileptics, digoxin, opioids, methotrexate, antipsychotics, cardiovascular drugs (e.g., beta-blockers, diuretics), controlled drugs, valproate, amiodarone, lithium, insulin, methotrexate, non-steroidal anti-inflammatory drugs (NSAIDs) and aspirin among others.
- Newly started respiratory medication, including inhalers.
- Medication requiring follow-up, e.g., blood monitoring, dose titration.
- Patients prescribed medicines that have potential to cause dependence (e.g., opioids).
- Those for which doses vary/change, either increasing or decreasing over time.

Box 4.2: High risk patients

- People taking more than five medications, where the risk of harmful effects and drug interactions is increased.
- Those who have had new medicines prescribed while in hospital.
- Those who have had medication change(s) while in hospital.
- Those who have experienced myocardial infarction or a stroke due to likelihood of new medicines being prescribed.
- Those who appear confused about their medicines on admission/when getting ready for discharge, and have already needed additional support from a healthcare professional.
- Those who have help at home to take their medications.
- Those patients who have a learning disability.
Stage 1:

- Referral is received into pharmacy
- “72 hours” to undertake a pharmacist clinical check
- PMR is reconciled against discharge information and note changes
- Check any prescriptions awaiting collection or dispense in the pharmacy from before admission - esp eRD!
- Contact Trust or GP practice at any stage if clarification is needed
Clinical Check Content

• Changes to quantity
• Changes to dosage
• Changes in formulations
• Changes to the frequency at which the medicine should be administered or will be prescribed
• Interactions and contraindications
• Appropriateness

Special attention to:
• Newly prescribed medication
• Discontinued medication
• Planned changed to meds
• Changes to administration route
• Any concerns highlighted by the trust
• Bloods or other tests needed to ensure safety/efficacy
Stage 2: First Prescription Received

- Reconcile Rx against discharge
- Raise any discrepancies with relevant stakeholder
- May be fully actioned by community pharmacy or may need collaborative effort with GP practice
- Complex patients may warrant an SMR referral
- Patients with adverse events, onset/re-emergence of new/old Sx, (un)intentional adherence may all be reasons for referral
Stage 3: Involving the patient

- Patient centred conversation
- Bespoke to patient’s needs
- Check understanding of meds and how/when/why they should be taken
- Any relevant medication advice
- Other service offer as an option, including NMS and waste meds disposal
Funding

Initial upfront payment of £400 for setup (Apr 21)

Contractors providing the full service will be paid a total fee of £35

On rare occasions where only a partial service is provided contractors will be paid a partial payment:

- Patient non-contactable or withdraws consent after Stage 1 or 2
- Patient moves pharmacy after stage 1
- Temporary community pharmacy closures

Monthly claim submitted through the MYS portal - PharmOutcomes integration to come

TK Devon LPC Feb 2021
External Stakeholder Role in DMS

- Quality improvement opportunities
- Cross system collaboration needed between NHS trusts, community pharmacy contractors and PCNs
- Support explicitly required from CCG MO teams and AHSNs
- Local systems (e.g. ICS, places or neighbourhoods) should nominate cross-sector stakeholder groups to implement DMS, to ensure alignment across PCNs, trusts, CCGs and pharmacies.
So, what's next?

1. PSNC contractor checklist
2. Read the toolkits
3. Brief the team
4. CPPE training (if so desired)
5. Declarations of Competence
6. Consider comms/practicalities
7. Develop SOP
8. Be ready!

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Contractor checklist: implementing the Discharge Medicines Service

This checklist will help contractors identify what they need to do to prepare to provide the Discharge Medicines Service (DMS) from 15th February 2023. Further information on the service can be found on the PSNC website.

<table>
<thead>
<tr>
<th>Activity</th>
<th>By whom?</th>
<th>By when?</th>
<th>Completed</th>
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<tbody>
<tr>
<td>1. Read the NICE &amp; regulations guidance and the NHSE&amp;I DMS toolkits, so that you understand the service requirements.</td>
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<td>2. Ensure any pharmacists or pharmacy technicians (including locums) that will be undertaking the service also read both these documents. Encourage them to also undertake the CPPE DMS e-learning and assessment.</td>
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<td>3. Find out which Trusts in your area are already making referrals to community pharmacies following patients' discharge and which will be starting this in due course. Your LPC or regional NHSE&amp;I team will be able to provide this information to you. If it is likely that referrals will not start to be received soon after the service commences, contractors may need to refresh the knowledge of staff regarding the service once referrals do commence.</td>
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<td>4. Consider the practicalities of providing the service, including the conversation with the patient and/or their carer in stage 3 and how you will be able to undertake that remotely, where the patient cannot visit the pharmacy. Also think about your referral network and how clinical pharmacists within your Primary Care Network may be able to assist with issues you have identified with patients' medicines regimen.</td>
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<td>5. Develop a Standard Operating Procedure (SOP) for the service. Make sure this includes the process by which referrals from trusts will be received, how staff can access these referrals and the regularity of checking for new referrals.</td>
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<td>6. Ensure all staff that will undertake parts of the service are briefed on the service and their role, and they are familiar with relevant sections of the SOP.</td>
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<td>7. Once pharmacists and pharmacy technicians have undertaken the activity in point 2 and they are confident that they fully understand the service requirements and how it will operate in the pharmacy, they should complete the DMS Declaration of Competence and provide a copy of the completed document to the contractor.</td>
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Resources

- NICE Guidance NG5 [https://www.nice.org.uk/guidance/ng5](https://www.nice.org.uk/guidance/ng5)