

# Discharge Medicines Service

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# Introductions



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## Webinar Housekeeping: Using Zoom

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## Agenda

- Introduction
- Aims of the meeting
- Background
- West Yorkshire Update
- Aims of the service
- Funding
- PharmOutcomes Demo
- Hints & Tips
- Q&A?



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## Aims & Objectives of the meeting

- Outline the introduction for the NHS Discharge Medicines Service (DMS)
- West Yorkshire Update – Connect with Pharmacy
- Summarise the stages of the NHS Discharge medicines service delivered by Community Pharmacy professionals
- What steps do you and your pharmacy team need to take to deliver the service
- PharmOutcomes Demonstration
- Contractor Feedback, Committee Member



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## Discharge Medicines Service – an important service for patients

- Changes to medicines on discharge can result in confusion about what medicines a patient should be taking
- Sometimes errors are made when new prescriptions are issued following a stay in hospital, as there may be communication problems between the hospital and the patient's general practice
- Discharge from hospital is associated with an increased risk of harm due to medicine changes, but this can be avoided

It is estimated that 60% of patients have three or more changes made to their medicines during a hospital stay

30-70% of patients experience unintentional changes to their treatment, or an error is made because of a lack of communication or miscommunication on discharge

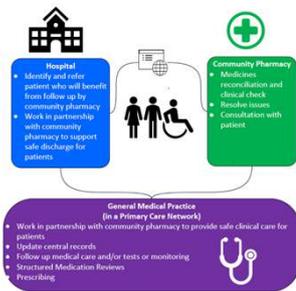
Only 10% of older patients will be discharged on the same medication that they were admitted to hospital on

28% of patients have been reported to experience adverse events within three weeks of discharge, 60% of which could have been managed or avoided



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## Discharge Medicines Service – Patient pathway



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## What's New?

- The Discharge Medicines Service (DMS) became a new Essential service within the Community Pharmacy Contractual Framework (CPCF) on 15th February 2021.
- This service builds on the work that the Academic Health Science Networks (AHSN) have undertaken with LPCs and pharmacy contractors over recent years, as part of the Transfer of Care Around Medicines (TCAM) programme, in West Yorkshire this has been called Connect with Pharmacy.
- Contractors need to ensure relevant staff, including pharmacists and pharmacy technicians, who will be involved in providing the service, have the necessary knowledge and competence to undertake it safely.
- Contractors must have a Standard Operating Procedure (SOP) for the service, which all staff participating in provision of the service must be familiar with and follow.
- THREE STAGES OF THE SERVICE: It is expected that all patients referred to the pharmacy will ordinarily receive all three stages of the service. They may be provided sequentially or in parallel, depending on the individual circumstances of the patient.

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## West Yorkshire Picture – Connect with Pharmacy

The initiative has shown that patients who see their community pharmacist after they've been in hospital are less likely to be readmitted and, if they are, will have a shorter length of stay.

This service has now been successfully rolled out from the following hospitals:

- Airedale General Hospital
- Bradford Royal Infirmary
- Calderdale & Huddersfield
- Leeds Teaching Hospitals Trust
- Leeds & York Partnership Trust
- The Mid Yorkshire Hospitals NHS Trust
- South West Yorkshire Partnership NHS Foundation Trust

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## West Yorkshire Picture – Connect with Pharmacy

We are in a fantastic position in West Yorkshire as all of our Trusts support the service and have their own IT platform to send referrals to all community pharmacies in West Yorkshire.

Name of Trust	Go Live date	Number of referrals sent to pharmacies	Percentage accepted by pharmacies	Percentage completed by pharmacies
Leeds Teaching Hospitals Trust	January 2017	17024	99%	95%
Calderdale & Huddersfield FT	December 2018	6190	97%	89%
Bradford Royal Infirmary	July 2019	2502	92%	80%
Airedale General Hospital	September 2019	794	94%	81%
Leeds & York Partnership	September 2019	320	92%	88%
The Mid Yorkshire Hospitals NHS Trust	November 2020	23	78%	65%

This was an optional service before. The Discharge Medicines Service is an Essential Service, it is NOT optional.

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## West Yorkshire Picture – Connect with Pharmacy

Activity over the last 12 months in our Community Pharmacies:

- 489/542 pharmacies (90%) have received at least 1 CwP referral in the last 12 months.
- Average referrals per pharmacy = 17
- Range of referrals has been from 0-131
- We have already established higher than what the 'predicted' average referral rate should be per pharmacy.
- This currently equates to approx. £600 per pharmacy

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## West Yorkshire Picture – Connect with Pharmacy

Evaluations and awards:

- Results showed a reduction in re-admissions and potential post-intervention length of stay, indicating there may be further benefits for our older patients' experiences and hospital flow: Evaluating the Connect with Pharmacy web-based intervention to reduce hospital readmission for older people: Fatima R. N. Sabir, L. J. Justine Tomlinson, L. J. Barry Strickland-Hodge, Z. Heather Smith, International Journal of Clinical Pharmacy <https://doi.org/10.1007/s11096-019-00887-3>
- The service in Leeds Teaching Hospitals Trust has been awarded Highly Commended from the 2020 Time to Shine Awards in the Digital Category.
- Highly Commended in the Health Service Journal Patient Safety Awards in the Improving safety in medicines management category 2020.

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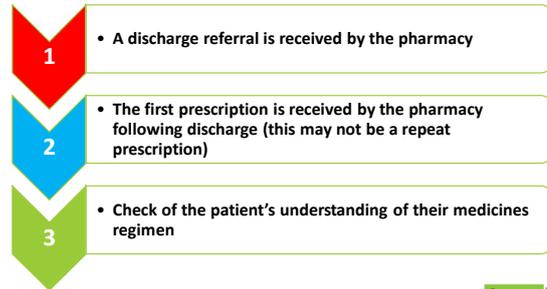
## Aims of the service

The service seeks to ensure better communication of changes made to a patient's medicines in hospital and its aims are to:

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

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## The THREE parts of the DMS



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## Part 1 - Discharge referral is received by the pharmacy

How?	When?	Who?
<ul style="list-style-type: none"> <li>• The electronic referral is received by the pharmacy and the following actions are undertaken:</li> <li>• Check for clinical information</li> <li>• Compare the medicines the patient has been discharged on and those they were previously taking at admission</li> <li>• Check any prescriptions for the patient, previously ordered, in the dispensing process or awaiting collection to see if they are still appropriate—eRD!!</li> </ul>	<ul style="list-style-type: none"> <li>• As soon as possible, but within 72 hours of receipt (excluding hours of the days on which the pharmacy premises are not open for business)</li> </ul>	<ul style="list-style-type: none"> <li>• Pharmacist</li> <li>• Pharmacy Technician</li> <li>• All relevant members of the pharmacy team can be involved in the non clinical stages</li> </ul>

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## Part 2- The first prescription is received by the pharmacy following discharge

How?	When?	Who?
<ul style="list-style-type: none"> <li>• Ensure medicines prescribed post-discharge take account of the appropriate changes made during the hospital admission.</li> <li>• Resolve any issues with GP practice</li> <li>• Make appropriate notes on the PMR and/or other appropriate record</li> </ul>	<ul style="list-style-type: none"> <li>• When the first post-discharge prescription is received (usually one week to one-month post-discharge)</li> </ul>	<ul style="list-style-type: none"> <li>• Pharmacist/ Pharmacy Technician</li> </ul>

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## Part 3 - Check of the patient's understanding of their medicines regimen

How?	When?	Who?
<ul style="list-style-type: none"> <li>• A confidential discussion, adopting a shared decision-making approach</li> <li>• When this takes place on the pharmacy premises, the consultation room should be used.</li> <li>• Make appropriate notes on the PMR and/or other appropriate record.</li> </ul>	<ul style="list-style-type: none"> <li>• When the first post-discharge prescription is received.</li> </ul>	<ul style="list-style-type: none"> <li>• Pharmacist/ Pharmacy Technician</li> </ul>

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## Funding

• If a pharmacy is on the Pharmaceutical list on 1<sup>st</sup> February 2021 it will be automatically be paid a setup fee of £400 in April 2021.

• This is to help you and your team prepare to deliver the service and includes staff training and putting in place a Standard Operating Procedure.



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## How to make a claim

- Your pharmacy will need to make a monthly claim for completed DMS provisions via the NHSBSA's Manage Your Service portal (MYS).
- Summary data on each DMS provided will have to be provided to support the evaluation of the impact of the service, contract monitoring and post-payment verification. (Still awaiting more information on this)

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## PharmOutcomes Demo

Kevin Noble

PharmOutcomes® Delivering Evidence

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## Data Recording



Appropriate clinical records must be kept by the contractor, within the patient medication record (PMR) system or other appropriate record, for all parts of the service provided.

PSNC has developed a DMS worksheet which can be used to maintain clinical records for the service; this can be used where pharmacy teams do not yet have access to an IT system to support the creation of full clinical records for the service.

This can also be accessed on our website at [www.cpwyo.org](http://www.cpwyo.org)

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## Actions you need to take now – Hints & Tips...

- Ensure ALL your pharmacists /registered techs have completed the required training and have completed their DoC
- All relevant staff have access to PharmOutcomes and the shared NHSmail account.
- All staff can access and use Summary Care Records (SCR)
- Engage your whole team **INCLUDING LOCUMS**
- Train the whole team – get them to watch VirtualOutcomes Online training
- Ensure you have a process for checking for referrals regularly throughout the day – who is going to do this?
- Ensure everyone knows how to create a flag or pop up message on your PMR system to inform everybody that the patient is part of the DMS service. Ensure that they are dated
- Ensure dispensers and Pharmacists who are accessing patients PMR records READ pop up notes and act on them
- Ensure you have agreed a your process of identifying the first prescription for the patient
- Read and sign SOP in place
- Talk to your local GP practices teams/ PCN Pharmacists about it

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## Resources

- Toolkit** <https://www.england.nhs.uk/publication/nhs-discharge-medicines-service-essential-service-toolkit-for-pharmacy-staff-in-community-primary-and-secondary-care/>
- NHSE&I Guidance** <https://www.england.nhs.uk/publication/guidance-on-the-national-health-service-charges-and-pharmaceutical-and-local-pharmaceutical-services-amendment-regulations-2020/>
- CPPE E-Learning** <https://www.cppe.ac.uk/programmes/l/transfer-e-02>
- CPPE DOC** <https://www.cppe.ac.uk/services/declaration-of-competence>
- Briefing for Pharmacy Teams** <https://psnc.org.uk/wp-content/uploads/2020/12/DMS-briefing-for-pharmacy-teams-V1.pdf>
- Contractor Checklist** <https://psnc.org.uk/wp-content/uploads/2020/12/DMS-implementation-checklist-221220.pdf>
- Briefing for General Practice** <https://psnc.org.uk/wp-content/uploads/2020/12/DMS-briefing-for-GPs-and-PCNs-v1.pdf>

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Virtual Outcomes  
<https://www.virtualoutcomes.co.uk/pharmacy-training/>

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## DMS – an important service for community pharmacy

- Service with proven benefits for patients
- Using the clinical skills of the pharmacy team
- Pharmacy funded for the work undertaken
- Increases the integration of community pharmacy within the NHS
- Part of the 5-year CCPF developments



**CPWY** Community Pharmacy Workforce Strategy

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**Do you have any questions?**



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[www.cpwy.org](http://www.cpwy.org)

**CPWY** Community Pharmacy Workforce Strategy

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