

The NHS Discharge Medicines Service Service Overview for West Yorkshire Contractors

The Discharge Medicines Service (DMS) is a new **Essential** Service which all pharmacies must provide from **Monday 15th February 2021**. From this date, NHS Trusts will be able to digitally refer patients for provision of the DMS at their community pharmacy.

Background

Discharge from hospital is associated with an increased risk of avoidable medication related harm. When people are discharged from hospital, there are frequently changes to their medicines, which can result in confusion about what medicines patients should be taking. Sometimes errors are made when new prescriptions are issued following a stay in hospital, as there can be problems with communication between the hospital and the GP practice. The DMS builds on the work that has been undertaken over recent years as part of the national Transfer of Care Around Medicines (TCAM) programme, referred to as Connect with Pharmacy in West Yorkshire. The DMS is being introduced as an Essential Service under the Community Pharmacy Contractual Framework and sets out clear expectations of community pharmacy contractors when receiving a discharge referral.

From the 15th February 2021, the DMS will replace Connect with Pharmacy in West Yorkshire and referrals must be actioned as part of a pharmacy's Terms of Service and as described in the [NHSE&I guidance on the regulations](#), see chapter 8 – page 20.

How the Service Works

There are 3 stages to the service, and it is generally expected that patients will receive all three stages. First contact with the patient, (as defined in the [NHS Discharge Medicines Service toolkit](#)), could happen at any stage in the process:-

<p>Stage 1 – On receipt of a discharge referral.</p> <p><i>Must be provided within 72 hours of receipt of a referral.</i></p>	<ul style="list-style-type: none"> • Clinical – a clinical review is undertaken by a pharmacist following receipt of a patient referral. • Compare - compare the medicines the patient has been discharged on with those they were taking at admission. • Queries- raise any issues identified with the NHS Trust or the patient's general practice, as appropriate. • Note - ensure an appropriate record is kept which alerts pharmacy staff to conduct stages 2 and 3 of the service when the first prescription is received or at first contact with the patient/carer. • Scripts - Check any previously ordered prescriptions for the patient in the dispensing process or awaiting collection to see if they are still appropriate. Particular attention should be paid to electronic repeatable prescriptions as these could be pulled down from the system sometime after the patient has been discharged from hospital. 	<p>Pharmacist</p> <p>Pharmacist or Pharmacy Technician</p> <p>All relevant members of the team</p>
<p>Stage 2 – First prescription received post discharge.</p> <p><i>When the first post- discharge prescription is received.</i></p>	<ul style="list-style-type: none"> • The pharmacist or pharmacy technician must ensure all medicines prescribed post discharge take account of the appropriate changes made during the hospital admission. • If there are discrepancies or other issues, try to resolve them with the GP practice. • Make appropriate notes on the PMR and/or other appropriate record. 	<p>Pharmacist or Pharmacy Technician</p>
<p>Stage 3 – Check patient's understanding of their regimen.</p> <p><i>When the first post- discharge prescription is received.</i></p>	<ul style="list-style-type: none"> • The pharmacist or pharmacy technician has a confidential discussion with the patient and/or their carer to check their understanding of what medicines they should be taking. • Information that would be of value to the general practice/PCN clinical pharmacist to support the ongoing care of the patient should be communicated appropriately. • Where appropriate, there should also be an offer to dispose of any medicines that are no longer required, to avoid potential confusion and prevent an adverse event. • Make appropriate notes on the PMR and/or other appropriate record. • Consider other NHS services e.g. NMS. 	<p>Pharmacist or Pharmacy Technician</p>

How are Referrals Received?

Referrals will be sent from West Yorkshire Trusts via the PharmOutcomes platform; the same way that Connect with Pharmacy referrals were previously received. It is therefore important that contractors have a process in place to ensure that the PharmOutcomes platform* is checked for referrals at regular intervals throughout the day. You should also check the pharmacy NHSmail for referrals from NHS Trusts outside of West Yorkshire.

**(Note – each time a referral is sent to PharmOutcomes, an email is automatically sent to the management email address set up on PharmOutcomes for the pharmacy which alerts the pharmacy of the referral).*

Funding

Contractors will be paid £35 for each fully actioned DMS referral. Where only part of the service can be provided (in certain circumstances defined in the Drug Tariff), a partial payment will be paid:

Stage 1 - £12

Stage 2 - £11

Stage 3 - £12

Claims should be made monthly via the MYS portal. Summary data on each DMS provided will be required to support evaluation, contract monitoring and post-payment verification.

A set-up fee of £400 will be paid on 1st April 2021, to all pharmacies that were included on the pharmaceutical list on 1st February 2021.

Training and SOP Requirements – What You Need to do Now

1. Ensure that all members of the pharmacy team who will be involved in providing the DMS understand the service and know what is required. Pharmacists and pharmacy technicians who will provide the service should read the [NHSE&I regulations guidance](#) and the [NHSE&I DMS toolkit](#) as a minimum.
2. Ensure that all pharmacy professionals who will be engaged in delivering the DMS have completed a Declaration of Competence (DoC) prior to providing it. The DoC to support the provision of the DMS is available on the CPPE website [here](#).
3. Ensure that staff are competent to provide this service. Where there is any doubt, seek further training in readiness for service commencement on 15th February 2021. It is strongly recommended that all pharmacists and pharmacy technicians delivering this service complete the CPPE NHS Discharge Medicines Service training to reinforce their knowledge. Update and training materials are available [here](#).
4. Develop a Standard Operating Procedure (SOP) for the service and ensure this is read and understood by all staff who will be involved in providing it. The SOP should include the process by which referrals from Trusts will be received, (via PharmOutcomes), how staff can access these referrals and the regularity of checking for new referrals.
5. Consider and start to identify key local contacts in the system (e.g., the local PCN pharmacy team) and start to build relationships. Think about your referral networks to general practices and how clinical pharmacists within your PCN will be able to assist with issues you have identified with a patient's medicines regimen.

The Local Picture

We are in a fantastic position in West Yorkshire as all our Hospital Trusts were already live with Connect with Pharmacy prior to the DMS and thus enabled to send electronic referrals to community pharmacies via PharmOutcomes.

The following WY Trusts are already successfully using PharmOutcomes to send electronic notifications to community pharmacy: -

- *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*

Where to Find Out More About the Service

See PSNC's DMS page [here](#) for further details and resources on the service.

Also see the DMS frequently asked questions [here](#).