

**Community Pharmacy West Yorkshire – DMS Virtual Events  
17<sup>th</sup> February, 23<sup>rd</sup> February & 4<sup>th</sup> March 2021**

**Q&A Summary**

These are the questions and answers from the Discharge Medicines Service Events which ran over 3 nights: 17<sup>th</sup> February 2021, 23<sup>rd</sup> February 2021 and 4<sup>th</sup> March 2021.

There are still elements of the service which are being communicated nationally, so if there is any doubt, always refer to the PSNC [DMS webpage](#) for the latest information.

The PSNC [Discharge Medicines Service FAQ page](#) may also answer any additional questions you may have.

---

## **THE REFERRAL PROCESS**

**Q. If a discharge letter came through via an NHS email or PharmOutcomes would it automatically be classed as DMS?**

Not necessarily as it depends on who has sent the discharge information. DMS must be provided to patients recently discharged from hospital where they have been **referred** by the staff of the hospital in which the patient stayed, or, **referred** by the staff of the NHS Trust as part of arrangements linked to the transfer of care between different providers of NHS services.

It is up to NHS Trusts to determine when a patient needs a DMS referral. The NHS Trust will instigate the DMS referral after first obtaining patient consent. This may be when a patient is discharged from hospital or when they are being transferred to another provider of NHS services.

Generally, discharge letters received electronically from an NHS Trust (via NHSmail or PharmOutcomes) would be classed as a DMS referral but a GP practice sending a copy of a patient's discharge information via NHSmail would **not** be classed as a DMS referral.

**Q. If a patient, or representative, presents with a discharge letter - then, would this be eligible for DMS?**

No - refer to question above. The NHS Trust will identify suitable patients who may benefit from the service and must then make the DMS referral via secure electronic message e.g. PharmOutcomes, Refer to Pharmacy or via NHSmail.

**Q. Can you outline under what circumstances we can use DMS?**

Please refer to both the [DMS Toolkit](#) and chapter 8 of the [NHSE Regulations Guidance](#).

DMS must be provided to patients recently discharged from hospital where they have been referred by the staff of the hospital in which the patient stayed, or, referred by the staff of the NHS Trust as part of arrangements linked to the transfer of care between different providers of NHS services.

It is important to remember that the service has been established to ensure better communication of changes to a patient's medication when they leave hospital and reduce incidences of avoidable harm caused by medicines. The DMS is to support patients discharged from a hospital or another care setting back into primary care.

**Q. Can discharge referrals be claimed for from recovery hubs or is it just from hospitals?**

Waiting for a response to this from PSNC.

**Q. I often find out directly from patients that they have been discharged - no hospital contact. Are you saying that those interventions can be recorded but claims not sent automatically?**

The DMS can only be carried out when the pharmacy has received a DMS referral from the hospital (NHS Trust), or, where a DMS referral is forwarded from another pharmacy. For example, if stage 1 of the service has been delivered by a pharmacy contractor, who then finds out the patient wishes to use a different pharmacy contractor, the first pharmacy contractor should contact the second pharmacy contractor and offer to send them, via the premises specific NHSmail account and with the patient’s consent, the referral information received from the NHS trust.

**LOGISTICS OF THE SERVICE**

**Q. At stage 1 of the DMS, does the clinical check have to be carried out by the pharmacist?**

Yes, on receipt of a DMS referral, the clinical check must first be undertaken by the pharmacist. This is the only step which must be undertaken by the pharmacist. Further steps can be carried out by other members of the pharmacy team – see table below.

**Table 8.1: Actions required of pharmacy contractors when providing Stage 1 of the NHS Discharge Medicines Service**

| <b>Actions</b>  | <b>Responsibility</b>                     |
|---|---|
| The electronic referral is received by the pharmacy and the following actions are undertaken:   |   |
| a) Check for clinical information and actions contained in the referral which need to be undertaken. Details of what to look for are outlined in the toolkit which accompanies this service guidance.   | Pharmacist                                |
| b) Compare the medicines the patient has been discharged on with those they were taking at admission. This should include all medicines and not just those that are taken orally. This will include reference to the patient’s medication record and may include reference to the patient’s summary care record (SCR).                      | Pharmacist/<br>pharmacy technician        |
| c) Where necessary, discuss any changes that may be appropriate or raise any issues of concern identified with the NHS trust or the patient’s general practice, as appropriate.   | Pharmacist/<br>pharmacy technician        |
| d) 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.  | Pharmacist/<br>pharmacy technician        |
| e) 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. | All relevant members of the pharmacy team |

**Q. How do you get consent to access the SCR at stage 1 when not spoken to patient yet?**

You would have to contact the patient to get consent to access SCR **IF** this is needed. The NHSE&I guidance says that within stage 1 of the DMS, the pharmacist or pharmacy technician should:

*Compare the medicines the patient has been discharged on with those they were taking at admission. This should include all medicines and not just those that are taken orally. This will include reference to the patient's medication record and may include reference to the patient's summary care record (SCR).*

If the patient regularly uses the pharmacy, it is likely that the PMR alone will provide an adequate information source to compare the pre-admission and post-discharge regimens. Viewing the patient's SCR may be necessary where the patient has not used the pharmacy for some time or has never used the pharmacy before. The service requires pharmacists and pharmacy technicians to make a judgement on whether they need to access the SCR; there is no absolute requirement to review the SCR in all cases.

**Q. When providing the DMS, do contractors need to obtain consent from the patient to look at their Summary Care Record (SCR), or is consent implied by the patient agreeing for the pharmacy to have their discharge summary for this service?**

If access to SCR is necessary, consent would still be required from the patient.

**Q. Can you complete the stages of the service in any order? For example, if you have had the discussion with the patient before you receive the new/first prescription post discharge?**

Yes, the three stages of the service do not have to be provided in strict order. They may occur in parallel, depending on the timing of the referral being received by the pharmacy and the patient's individual circumstances. Normally stage 3, (the patient consultation), will occur when the first post-discharge prescription is received – this is usually one week to one-month post-discharge, dependent on the quantity of medicines supplied by the hospital at discharge. However, if the patient contacts the pharmacy in advance of the first post-discharge prescription being received, it may be deemed appropriate to provide stage 3 at that time. In that circumstance, there may be a need for a further discussion with the patient when the first prescription is received if issues are spotted on that prescription, which need to be clarified with or communicated to the patient.

**Q. If a regular patient of ours is discharged from hospital but moved to a care home outside of our area, would we be sent the discharge and be responsible for passing this on to the new pharmacy?**

The hospital should refer to the pharmacy who will be dispensing to the patient after discharge. This may be a different pharmacy to the one the patient used prior to discharge.

**Q. Can the onward referral be sent to a pharmacy outside of Yorkshire? For example, if a patient moves area.**

Yes. The DMS is an Essential Service and all community pharmacies on the Pharmaceutical List must provide it.

**Q. Can we provide the DMS for Connect with Pharmacy referrals previously received?**

No. The DMS became a new Essential Service within the Community Pharmacy Contractual Framework from the 15<sup>th</sup> February 2021. Referrals received before this date are not DMS and cannot be claimed for.

**Q. If a referral is received and after reconciliation at stage 1 it shows that there are no changes, can I still claim for it?**

Yes.

Cont'd/...

9<sup>th</sup> March 2021 – v1

**Q. Can we claim stage 3 as well if had a conversation with the patient even if there are no changes?**

Yes.

**Q. If you are unhappy with the previous pharmacy referral and need to do further stage 2 work, can you claim for this?**

No. You are not able to repeat or re-do a stage that has been completed by another pharmacy. Therefore, if another pharmacy has completed stage 2, the new pharmacy should only claim for stage 3, once completed.

If you are unhappy with a referral from another pharmacy where some of the stages have already been completed, you should consider discussing this with the referring pharmacy.

## TECHNOLOGY

**Q. Is there a PharmOutcomes guide available?**

Yes - PharmOutcomes has produced a short video guide. See [here](#).

**Q. What happens if you press save on PharmOutcomes instead of partial save before you have completed all 3 stages of the service, e.g. at end of stage 1?**

There are 2 possible scenarios here:

1. The patient is likely to continue after stage 1, and the question is answered as such, (e.g. you have selected on PharmOutcomes that the patient is likely to move to stages 2 & 3).

Clicking the save button instead of partial save will generate an error message which prevents a full save:

The screenshot shows a 'Service continuation' question with two radio button options: 'Patient likely to continue to stage 2 and 3?' (selected) and 'Patient unlikely to continue with service? - service complete'. Below this is an orange box with the text: '\*\*\*Click Partial Save\*\*\* If not continuing now, you can click "Partial Save" at the top of the screen. Partially saving this record will place it at the top of your services screen, this is for ease of re-access and to show all partially completed interventions for DMS in one place'. Below that is a header 'First Prescription Receipt - Stage 2'. At the bottom, a yellow error message box states: 'You must select an appropriate option' with a warning icon. Below the error message is a question: 'Stage 2 of DMS provided?' with 'Yes' and 'No' radio buttons. Red arrows point from the text 'An error message is generated.' to the error message box and from the text 'Clicking the save button instead of partial save will generate an error message which prevents a full save:' to the 'Service continuation' question.

2. The patient is likely to continue but the answer to this question on PharmOutcomes is answered incorrectly, (e.g. you have selected on PharmOutcomes that the patient is unlikely to continue with the service), or the patient changes their mind later, then the record will save. Pressing save instead of partial save will move the record to the "recent records within the last 6 months" section of the services page, rather than staying at the top in "outstanding records".

It can still be recalled and amended from here, however, once the BSA claims process is automated, amending a record that has already been claimed (saved), will not generate another claim so you will need to remember to go onto the MYS platform and edit the details accordingly.

**Q. Can you still complete the stages on PharmOutcomes if the minimum data set is not sent?**

Yes.

**Q. Can you complete the stages on PharmOutcomes in any order?**

Yes.

**Q. If you need to onward refer the DMS referral to another pharmacy, (e.g. the patient has moved community pharmacy after stage 1 of the service has been provided), does PharmOutcomes automatically send the referral?**

No. You will need to send the referral information by NHSmail.

A pdf of the referral information can be sent by secure NHSmail. The pdf is generated when you complete the onward referral section on PharmOutcomes and will include details of the selected pharmacy's secure email address. Refer to the PharmOutcomes video guide [here](#) for further information.

**Q. Do the completed stages pre-populate to MYS to make claiming easier at the end of the month?**

It is expected that service activity recorded onto PharmOutcomes will in the future prepopulate the MYS claim screen, however, this is currently not the case (@ 4<sup>th</sup> March 2021). Until this is arranged, contractors will need to make a manual monthly claim on the MYS platform.

**Q. Can you download the PDF which is emailed to us and print off as usually you cannot download or print from PharmOutcomes?**

You should be able to download and print the pdf. If this is not possible then this will be down to your IT system rather than PharmOutcomes.

## **COMMUNICATION**

**Q. Can we have contact numbers for PCN pharmacists?**

Community Pharmacy West Yorkshire does not have this information. Each practice and PCN should have details of the clinical PCN pharmacist(s) who are working locally, and the pharmacies will need to make contact directly with their local practices to find out the best contact routes.

If you have been given the contact number / email for your PCN or GP practice pharmacist, it may be helpful to share this with the other pharmacies in your PCN area using the [PCN Gaggles Email](#).