



Community Pharmacy
Cheshire and Wirral



Halton, St Helens
& Knowsley LPC



Liverpool LPC



Sefton

Local Pharmaceutical Committee

NHS Discharge Medicines Service

9th February 2021

Adam Irvine: Community Pharmacy Cheshire & Wirral

Louise Gatley, Helen Murphy & David Barker: HSHK LPC

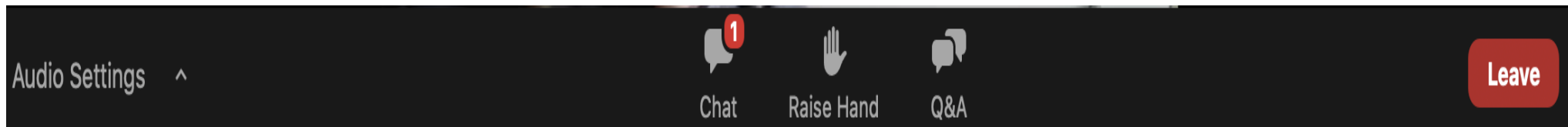
Matt Harvey & David Barker: Liverpool LPC

Lisa Manning: Sefton LPC

Cheshire & Mersey LPCs

Webinar Housekeeping: Using Zoom

If you have a question, click on the chat icon in the tool bar and a window opens on the screen. Type in your message and the presenter will either respond during the webinar or your question will be answered during the Q&A at the end.



Aims & Objectives of the meeting

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- Outline the context for the introduction of the NHS Discharge Medicines Service & the key differences to TCAM
 - Summarise the stages of the NHS Discharge Medicines Service delivered by community pharmacy professionals and how you can support delivery in your own role
 - Discuss the benefits of the NHS Discharge Medicines Service with patients
 - Plan the steps you and your pharmacy team will need to take to deliver or support the service
 - Support person-centred consultations with patients referred through the service, to improve their understanding of their medicines

What's New

- The DMS is a new Essential Service which all pharmacies in England must provide from 15th February 2021
- This service builds on the work that has been done with the Transfer of Care Around Medicines (TCAM) programme and formalises the process with key actions for community pharmacies
- NHS Trusts will still be referring patients who would benefit from extra support with their medicines after they are discharged from hospital – the PharmOutcomes referral will be updated to include a new 3-part process which you will need to complete
- All 3 stages must be completed unless there are exceptional circumstances e.g., re-admission, moves pharmacy

The Discharge Medicines Service

The NHS DMS has been established to ensure better communication of changes to a patient's medicines in hospital

Its aims are to:

- Optimise the use of medicines, while facilitating shared decision-making
- Reduce harm from medicines due to transfers of care
- Improve patients' understanding of their medicines and how to take them following discharge from hospital
- 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

The Discharge Medicines Service - Benefits

- 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

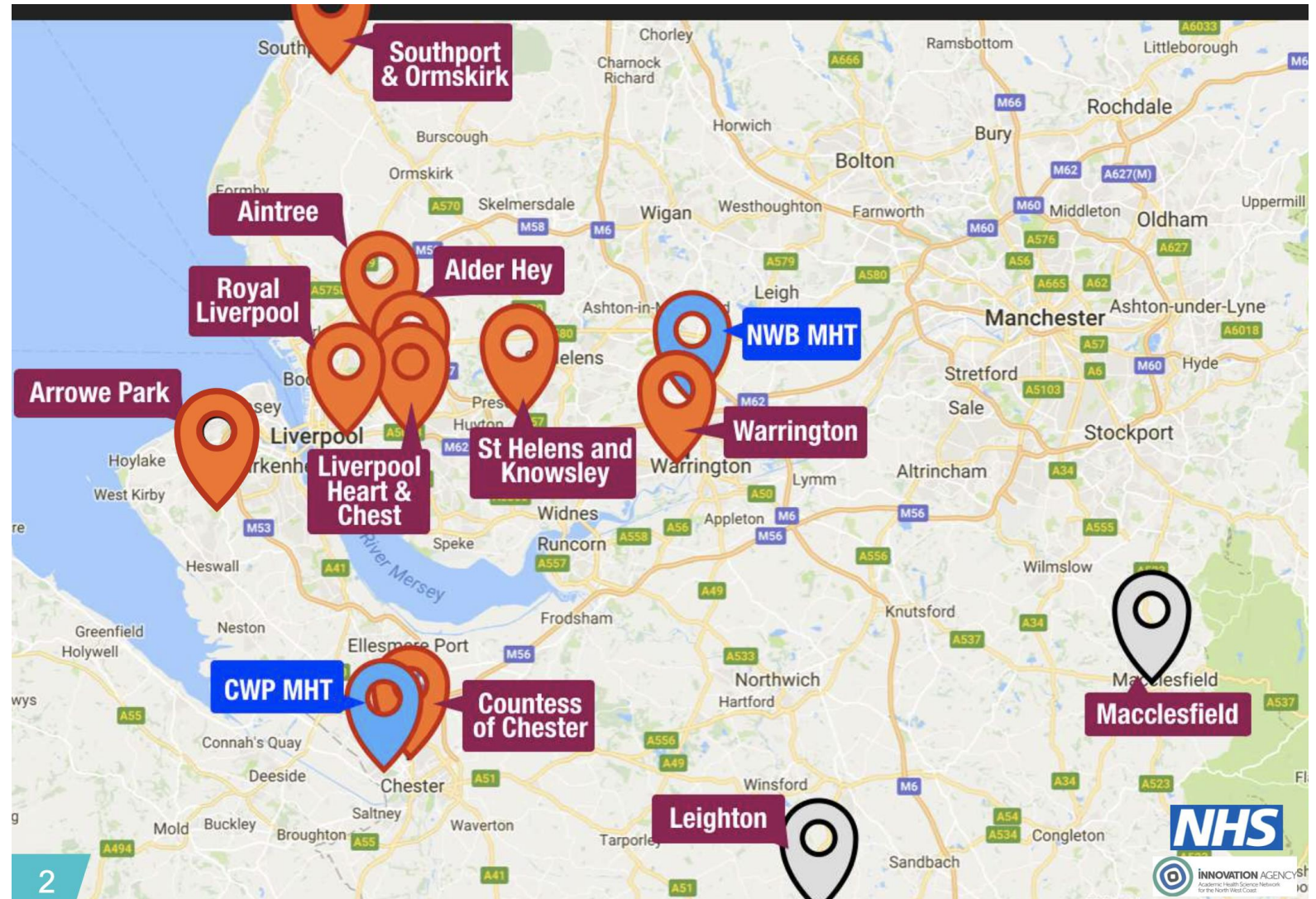
It is estimated that **60% of patients** have **three or more changes** made to their medicines during a hospital stay

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

20% of patients have been reported to experience **adverse events** within three weeks of discharge, 60% of which could have been managed or avoided

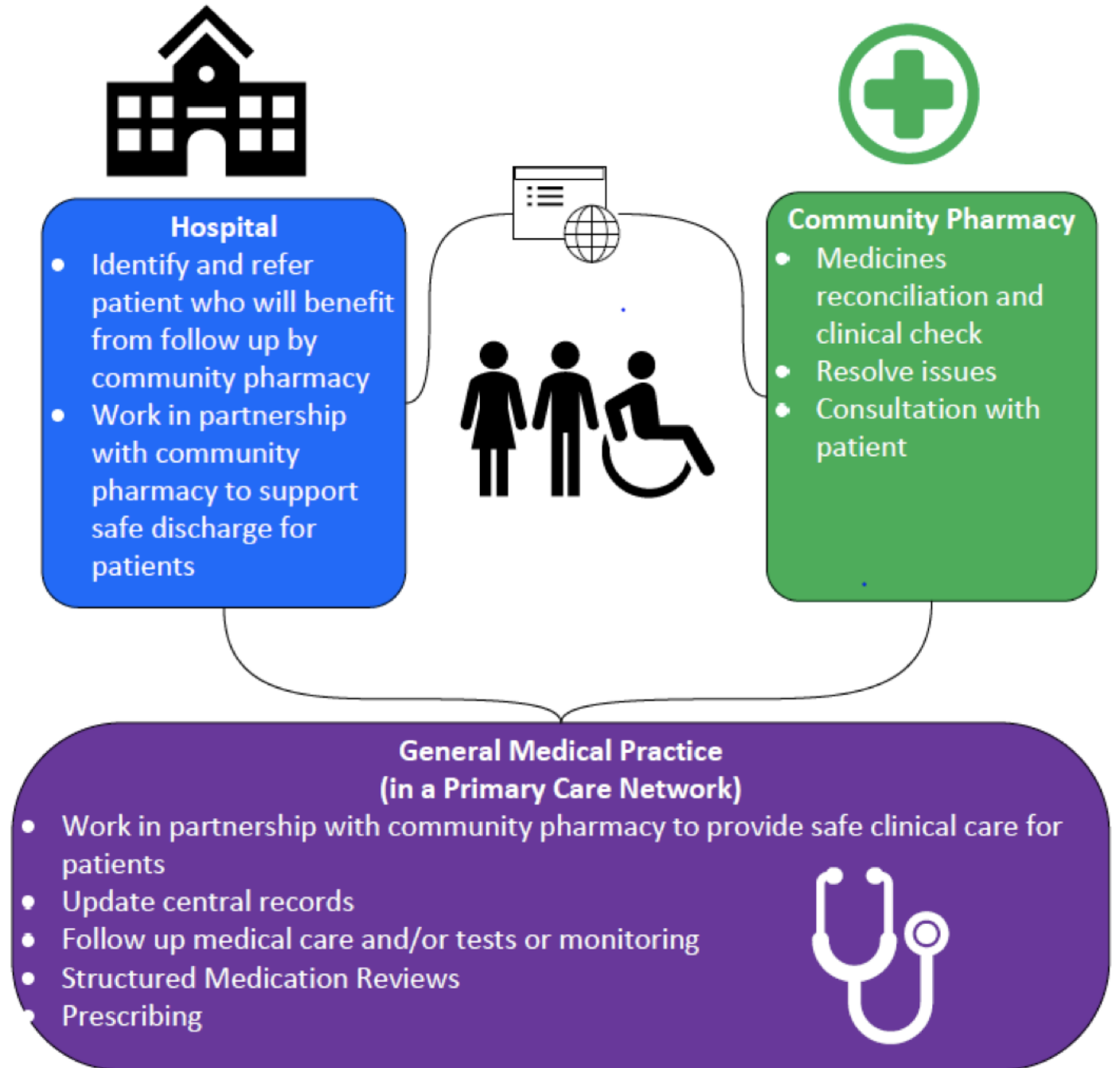
Which Trusts are live with TCAM



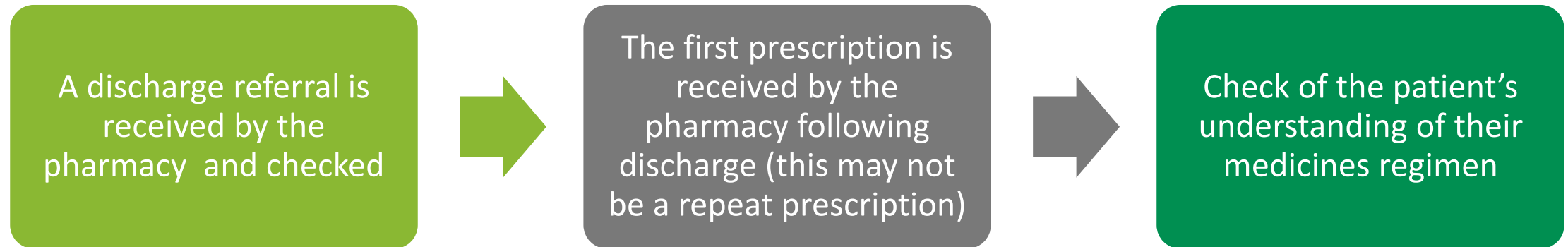
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NHS Discharge Medicines Service patient pathway

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The 3 steps



See PSNC for full details of the process:

<https://psnc.org.uk/services-commissioning/essential-services/discharge-medicines-service/>

Step 1 – Within 72 working hours

A discharge referral is received by the pharmacy

- Check for clinical information and actions. Details of what to look for are outlined in the DMS toolkit.
- Compare the medicines pre and post discharge
- Raise any issues identified with the NHS Trust or GP as appropriate
- Make notes on PMR or other appropriate record to ensure stage 2 & 3 are completed when first script is received or first contact with patient/carer
- Check any prescriptions for the patient, previously ordered, in the dispensing process or awaiting collection to see if they are still appropriate (take care with EPS RD scripts)

Step 2 - When the first post-discharge prescription is received

The first prescription is received by the pharmacy following discharge (this may not be a repeat prescription)

- The pharmacist/pharmacy technician ensure 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 with the GP practice. Complex issues may need to be resolved by the practice undertaking a Structured Medication Review
- Make appropriate notes on the PMR and/or other appropriate record

Step 3

Check of the patient's understanding of their medicine's regimen

- Confidential discussion with patient / carer to check understanding and provide other relevant advice
- The consultation room should be used if the patient is seen in the pharmacy
- Alternatively, this can be provided in a manner which meets the patient's/carer's needs (Telephone / Video)
- Information that would be of value to the patient's GP or clinical pharmacist should be communicated
- Where appropriate offer to dispose of any medicines that are no longer required
- Make appropriate notes on the PMR and/or other appropriate record
- Where appropriate, other services which form part of the CPCF can also be provided. For example, the New Medicine Service

Community Pharmacy Discharge Medicines Service Referral Tracker

Enter relevant information or tick to indicate complete

| Date of referral | Patient Name | DOB | Post code | Clinical check completed | Scripts on shelves reviewed | Medicines reconciliation v pre-discharge medication finalised | Stage 1 completed | Date 1 st Script received | Stage 2 completed 1st script reviewed + actioned | Stage 3 completed Consultation / waste medicines / additional services | PharmOutcomes Data set completed |
|------------------|--------------|-----|-----------|--------------------------|-----------------------------|---|-------------------|--------------------------------------|--|--|----------------------------------|
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Recording

From 15th February

- Referrals will be received in the same way as TCAM
- Direct link to DOC
- The pharmacy follow-up will be changed to a new DMS template to support recording requirements

Recording - Continued

A staged service follow-up supporting record keeping for each stage of the DMS in one template. This uses a new partial completion function to record:

- Prescription receipt and actions carried out at that stage
- First prescription receipt and reconciliation
- Built in GP referral when required
- Patient consultation and record of support/actions that result from this consultation
- Built in onward referral function that allows any partial records to be saved as pdf for onward transmission to another community pharmacy when a patient moves or asks for their referral information to be passed on

Partially completed interventions remain at the top of the PharmOutcomes services page for easy retrieval

Funding

- Setup fee of £400 paid automatically on 1st April to cover training and ensuring SOP in place
- Contractors providing the full service will be paid **a fee of £35**
- Where only part of the service can be provided, in certain circumstances defined in the Drug Tariff, contractors will be paid a partial payment:
 - Stage 1: £12
 - Stage 2: £11
 - Stage 3: £12
- All 3 stages must be completed unless there are exceptional circumstances e.g., re-admission, moves pharmacy

Claiming

- Monthly claim for completed DMS provisions will be made via 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
- PharmOutcomes are currently working on the data required being pulled through directly – we will inform you when this feature is available

Next Steps - Getting Ready to Deliver

- Read the Spec & Guidance (all pharmacists and registered pharmacy technicians)
- Read the Toolkit
- Complete CPPE – Recommended
- Complete DOC (all pharmacists and registered pharmacy technicians)
- Develop SOP
- Brief the Team – Use VirtualOutcomes
- Speak to your local practices and establish best contact for any issues raised
- Allocate roles
- Complete the PSNC Checklist <https://psnc.org.uk/wp-content/uploads/2020/12/DMS-implementation-checklist-221220.pdf>
- How to manage referrals

Getting Ready - Hints & Tips

- Use the existing training and resource materials
- Ensure relevant staff can access PharmOutcomes, SCR and NHSmail
- Who can do what – utilise all members of the dispensary team – delegate where possible and safe to do so (for details on roles see PSNC <https://psnc.org.uk/services-commissioning/essential-services/discharge-medicines-service/>)
- Ensure you identify key carer contacts for patients without capacity
- Identify a key member of practice staff to support with queries
- Decide how you will flag potential DMS patients (alert on PMR)
- Ensure eRD prescriptions have been updated following discharge
- Ensure where possible you have a link with a named person at the GP practice who can support with prescription queries

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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Questions & Answers

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If you require support, please contact us:

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