Pharmacy Discharge Medication Service (DMS):

Top Tips for Service Delivery



Service Overview



Upon patient discharge, medication-related harms and re-admissions can be avoided through referrals to the Discharge Medicines Service

- It is a 3-stage process: Referral received by pharmacy; First prescription reviewed post discharge; Consultation with patient.
- 10 completed DMS save 1 readmission, and for those who are readmitted their length of stay is reduced by 6 days, so supports reduction in A&E and ambulance waits.

DMS is an essential service

DMS Consultation process



To Consultation process

High quality referral from hospital

- Community pharmacy compare the patient's medicines at discharge to those they were taking before admission to hospital.
- · Raise any issues with the NHS Trust or GP



- A check is made by the community pharmacy against the first new prescription for the patient issued by primary care
- · Raise any issues with the patient's GP

Stage 3

Stage 0

Stage 1

- Consultation with the patient to check their understanding of their medicines regimen
- Provide and share information appropriately

Getting Service Ready



- DMS is an essential service make sure all the team are aware of the service
- Have a clear SOP so everyone knows how it works in your pharmacy and includes how you follow-up the patient through all 3 stages
- Build in routine daily checking of your DMS IT platform for referrals
- Ensure everyone has access to the IT platform
- Ensure you have contact details for local hospital trusts
- Make practices aware of the service and agree who is the best practice contact

Stage 0 - Accepting the Referral

- Referrals should be accepted within 72 hours of sending, so check daily!
- You do not need to contact the patient to accept the referral, therefore do not reject because you can't speak to them at this point.



- If you don't know the patient, contact them to check they are happy for you to perform the service, and if they are progress to stage 1. They may not have had medicines before, or decided to change pharmacy while in hospital.
- **Rejects should be rare**, but if you are rejecting, please document the reason in the referral
- Residents in care homes benefit from DMS and should be routinely accepted. If the
 patient is new to the home and your pharmacy, they can still receive DMS. In line
 with the service specification, contact can be had with a carer rather than the
 patient where appropriate.

Stage 1 - Review of medicines at discharge

Check clinical information, identify changes and action any query, discrepancies or other areas of concern.

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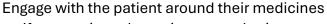
- This stage does not need to involve the patient, **do as soon as possible** after referral receipt, and definitely within 3 pharmacy working days of receipt.
- Discuss queries with referring trust or GP practice.
- Ensure any in-process prescriptions or prescriptions waiting to be collected are checked for appropriateness.
- Medicines prescribed post-discharge reviewed against changes made during hospital admission. Any discrepancies discussed with GP practice.
- If clinically appropriate, and the patient would likely get additional benefit from the NMS service, a referral into the NMS service can be made using standard processes.
- Ensure the patient is flagged for future follow-up to enable completion of stage 2 and 3.

Stage 2 - First new prescription received

Check the first prescription reflects the information received on referral.

- This can occur alongside stage 3 if the patient presents with their first post discharge prescription
- Medicines prescribed post-discharge reviewed against changes made during hospital admission. Any discrepancies should be discussed with GP practice
- If a first prescription has not arrived within three months, the referral should be completed and claimed.

Stage 3 – Consultation with patient





- If appropriate, the patient consultation can occur prior to stage 2 if a first prescription has not yet been received.
- Confidential discussion, adopting a shared decision-making approach.
 Communicated to GP practice as appropriate.
- This stage can be completed virtually if required, or with a carer if appropriate.
- Patients can receive stage 3 even if there is no clinical need for a prescription with the first 90 days and can be proactively contacted.

Claiming for Service Delivery



- Claim via MYS once the service has been fully completed (stages 1, 2 & 3) or if it has been partially completed and no further stages can be provided. Claims are not currently made automatically from PharmOutcomes.
- The cut off for payment is the 5th day of the month following completion, please note the shortened MYS procedure from 1st July 2025.

Documentation



- Document as you go. Using approved templates and making a record within your PMR.
- Ensure all contacts with the patients GP are documented, either in PharmOutcomes or another suitable method. Ensure that a summary of actions taken and changes made are communicated to the practice via a locally agreed mechanism. E.g. secure email transfer.

Resources & Training

- NHS England » NHS Discharge Medicines Service – Essential Service: Toolkit for pharmacy staff in community, primary and secondary care
- Discharge Medicines Service Community
 Pharmacy England
- CPPE training module: <u>NHS Discharge</u> <u>Medicines Service</u>
- NHS England » NHS Discharge Medicines Service