

Making DMS work

Pharmacy care across boundaries



Aims



- Understand how the DMS services can be delivered effectively
- Develop a local network with other pharmacists
- Agree what you will do to make the DMS service work effectively to improve patient care
- Identify the best way to communicate between hospital, community and GP pharmacy practices.

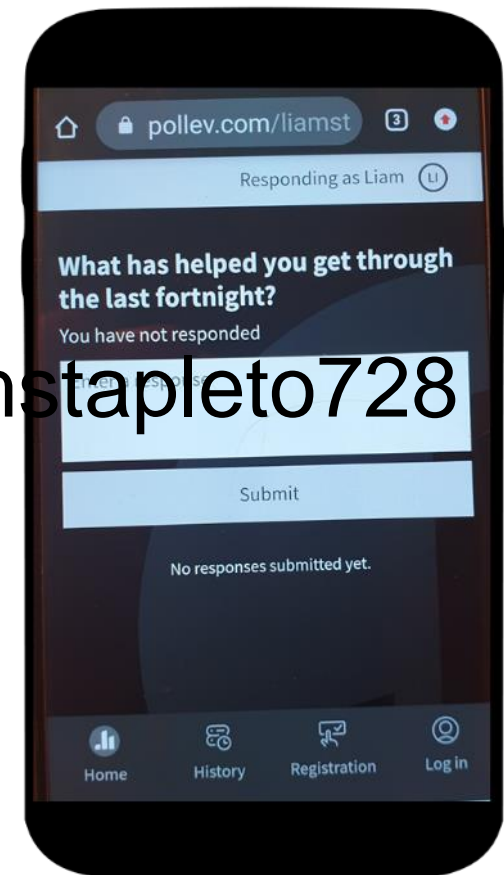
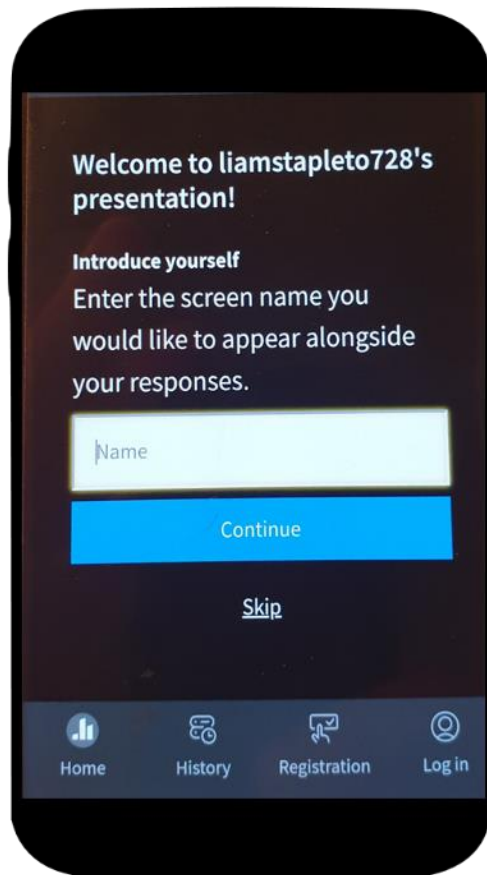
Agenda

- Welcome and introduction
- An overview of DMS
- DMS from a hospital perspective
- Current performance
- DMS from a GPPh perspective
- Discussion groups – how to make the service work locally
- Action planning
- Revalidation
- Close

Being a good webinar participant

- Mute yourself
- Poll everywhere
 - www.pollev.com/liamstapleto728
 - Word-clouds - single words or separate multiple words with an underscore (_)
 - Questions/ideas
 - Polls
- Zoom chat
- Hands up
- Breakout rooms



How to use Poll Everywhere



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What do you enjoy doing when you are on holiday?



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When poll is active, respond at pollev.com/liamstapleto728

Text **LIAMSTAPLETO728** to **07480 781235** once to join

How often do you undertake a DMS service?

I haven't done
any yet

I've done a
couple

I did some
previously but
not recently

I do a few a
month

I do a few a
week

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Background to provision of DMS



Patients discharged from hospital have an increased risk of avoidable medication related harm

It is estimated that **60%** of patients have **three or more** changes 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

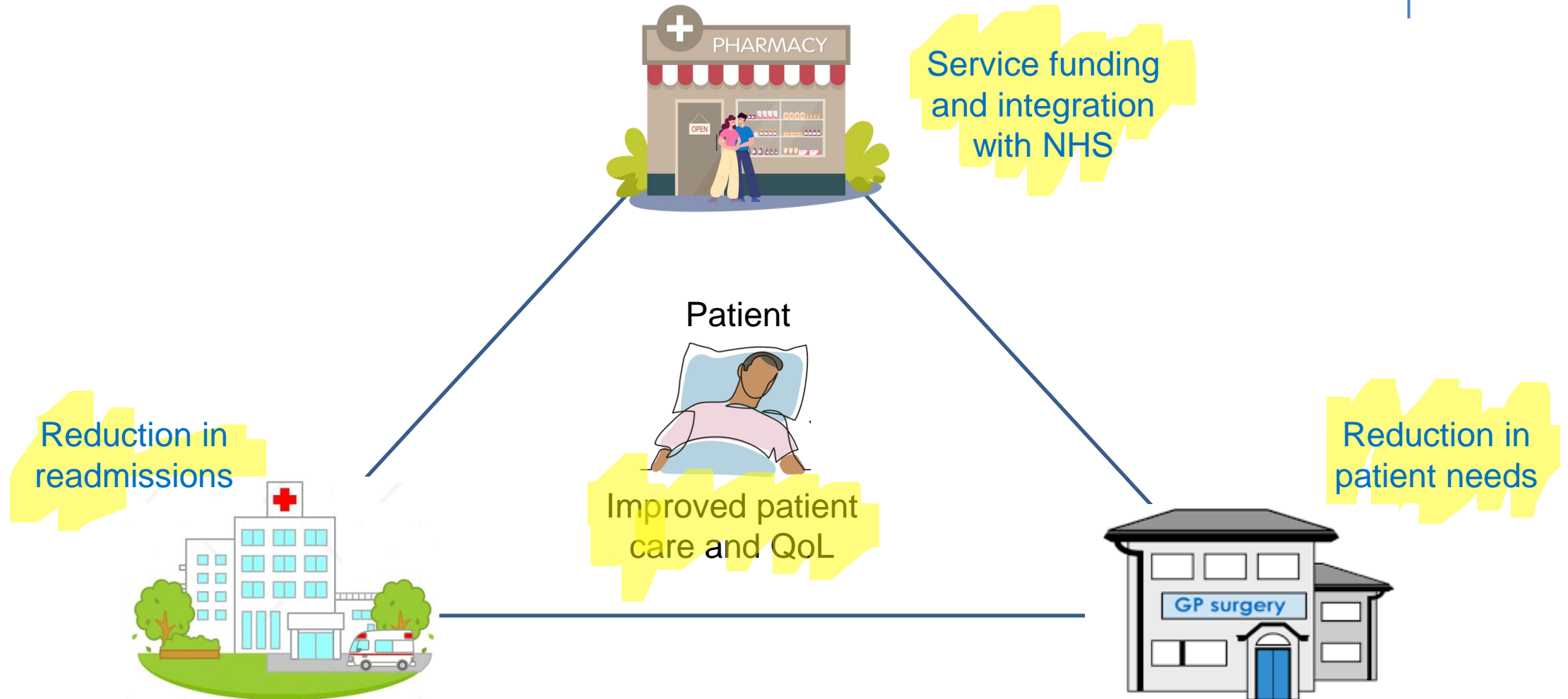
Only **10%** of older patients will be discharged on the same medication that they were admitted to hospital on

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

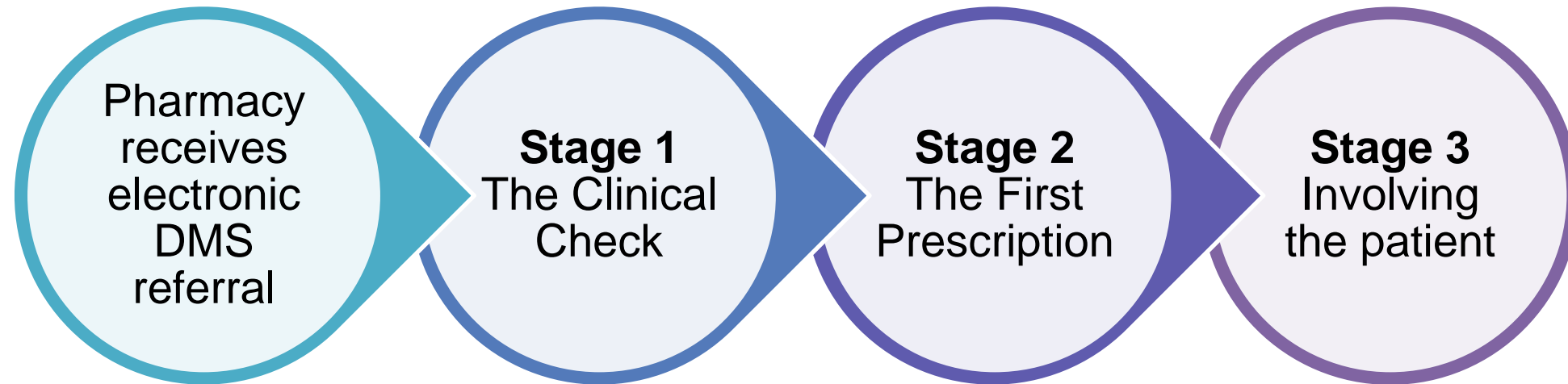
Aims of the DMS service

- Optimising medicines
- Reducing harm
- Improving understanding
- Team working across hospitals, community and primary care networks, pharmacy and GP teams
- Reducing readmission to hospital

Benefits of the DMS service



DMS - three stage process



DMS - three stage process

Stage 1 The clinical check

- Must be completed within 72 hours of receipt
- Must be completed by the pharmacist
- Comparison between records and DMS referral
- Resolve issues with hospital or patient's GP
- Check outstanding Rx and eRD Rx

Stage 2 The first prescription

- No specified time limit for this stage
- Provided by pharmacist or pharmacy technician
- Ensure changes confirmed in Stage 1 reflected on Rx
- Resolve identified issues with GP / PCN or practice pharmacist
- Refer complex patients to GP/PCN for a Structured Medication Review

Stage 3 Involving the patient

- Consultation with patient
- Provided by pharmacist or pharmacy technician
- Discuss
 - New medicines
 - Medicines optimisation
 - Medicine interactions
 - Supporting adherence
 - Disposal of redundant medicines

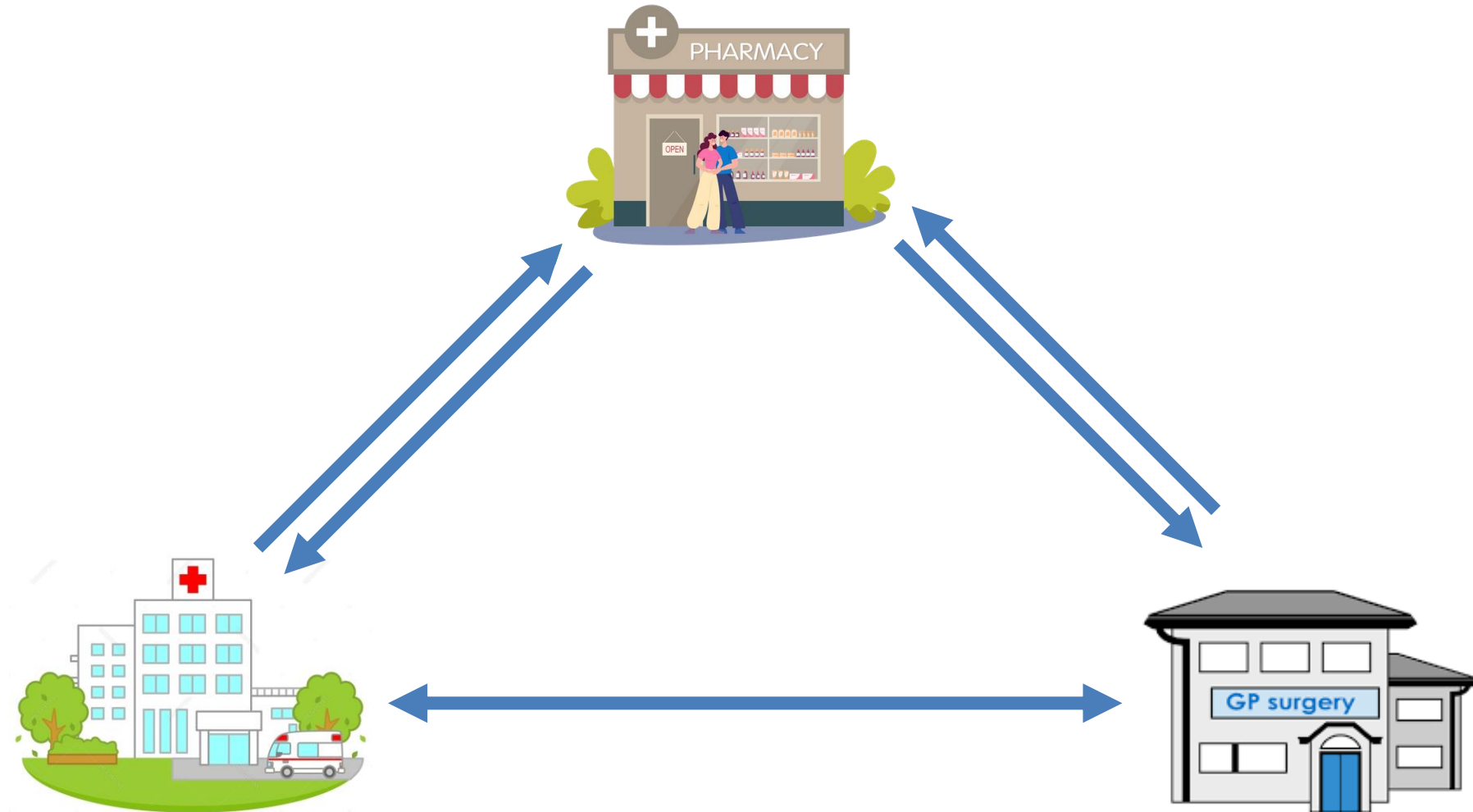
I can choose whether I provide the DMS service or not.

True

False

Not sure

Communication in the DMS service



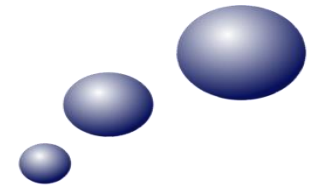
Resources

- [NHS Discharge Medicines Service \(cppe.ac.uk\)](http://cppe.ac.uk)
- [DMS training – community pharmacy end](#)
- [DMS hospital end](#)

The hospital view of DMS



DMS performance



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Risks from poor DMS delivery



Breaking terms of service

- DMS is an essential service
- Failure to meet terms of service
- Remedial notices
- Contract at risk

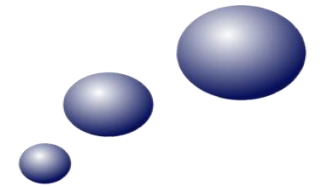
Litigation

- Risk if harm comes to a patient when information provided is not accessed and acted upon
- Professional liability risk
- Potential criminal case

A practice pharmacist's view of DMS



Experience of DMS



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Group discussions

What are the priority patients for DMS?

How to make the system work?

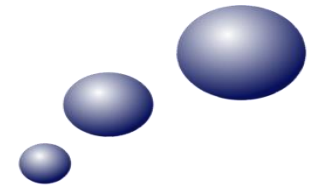
Barriers/challenges

Potential solutions – What could I do?

Potential solutions – What could GPh/HPs do?



Feedback



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What are the priority patients for DMS?

Top

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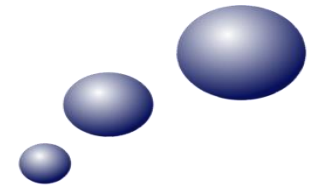
What are the barriers/challenges to delivering the DMS service

Top

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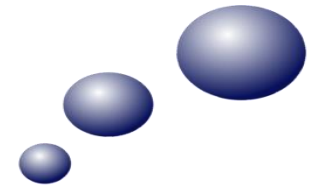


What are the solutions?



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Revalidation



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Peer discussion



Encourages better reflection by discussing with another who will provide support and challenge

Peer discussion - record

- Do not describe the detail of your discussion
- Describe your reflections from the discussion
 - Suggestions
 - Changes
 - Results of changes
- Confirm peer happy to be named
- Record the peer name, role, organisation, telephone number and email address

Peer discussion form



1. Please give the name, contact details and the role of your peer on this occasion*:

Name	
Role	
Organisation	
Telephone	
Email	

*If you took part in a group peer discussion, please only provide details for one person from the group.

2. Describe how this peer discussion changed your practice for the benefit of the people using your services.

Tell us why you chose this peer.

Tell us how this peer discussion has helped you to reflect on and make improvements to your practice.

Give a real example of any beneficial outcomes for the people using your services as a result of making changes to your practice.

Do include any feedback about your practice that you have had from other people.

You do not have to include information on the subject(s) discussed if you feel the contents are confidential.

Planned learning form



1. What are you planning to learn?

Tell us what learning you are planning to carry out. What you need to learn may be new knowledge, skills, or a new attitude or approach – anything that you think will make you better able to do your job as a pharmacy professional or prepare you for a new service or role. You should be as specific as possible.

You should explain why this learning is relevant to you in your role as a pharmacy professional and how it will affect the people using your services. If you don't think it is relevant or will have a significant beneficial impact on anyone, you might want to consider why you are planning to carry out and record this learning.

Please take care not to disclose any confidential information about patients without their consent.

2. How are you planning to learn it?

It is important for you to consider a range of options for achieving your learning across the breadth of your CPD entries. Focus your planned CPD on those activities that are relevant to, or likely to have the biggest impact on, the people using your services.

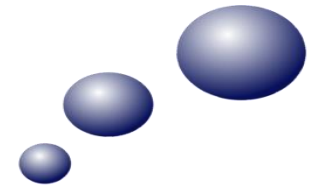
3. Give an example of how this learning has benefited the people using your services.

Putting learning into practice is a good way to prove that you have actually learnt what you intended. Tell us what specific skills, attitudes and/or behaviours you have gained as a result of your learning.

Include a real example of how the people using your services have benefited from your learning. If you were able to introduce a new service successfully, the benefits will be clear. If you are more confident in your ability to respond to a particular query, or have some new knowledge that you can use in your practice, that is also a beneficial outcome.

Do include any feedback about your practice that you have had from other people.

Action planning



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Comments and further questions

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