Discharge Medicines Service DMS

Fiona Lowe

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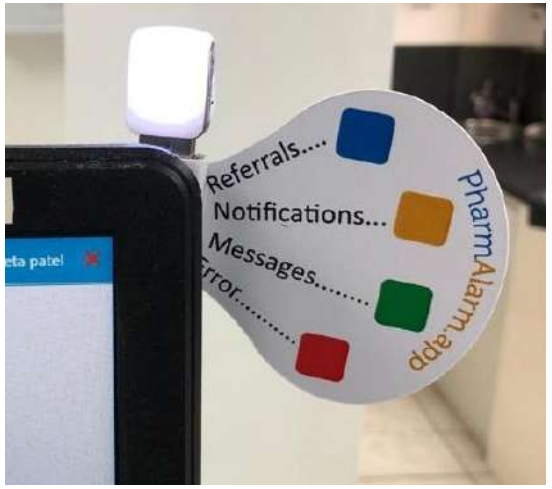


Discharge Medicine Service (DMS) – was TCAM

- What does the service involve?
- How do you receive the referrals?
- What do you need to do to prepare?
- Training and SOPs
- Funding

NHS England » NHS Discharge Medicines Service – Essential Service: Toolkit for pharmacy staff in community, primary and secondary care

Purpose of Service

- TCAM demonstrated benefits of service
- Better communication of medication changes (79% 1 or more)
- Optimising the use of medicines
- Reduce harm caused at points of transfer of care
- Patient education
- Reduce hospital readmissions (65 years+ given help reduce readmission)
- Effective team-working across secondary and primary care

60% >3 changes

30-70% unintended changes

90% older patients have 1 or more change

20% adverse event in first 3 weeks post discharge **(60% of these avoidable)**

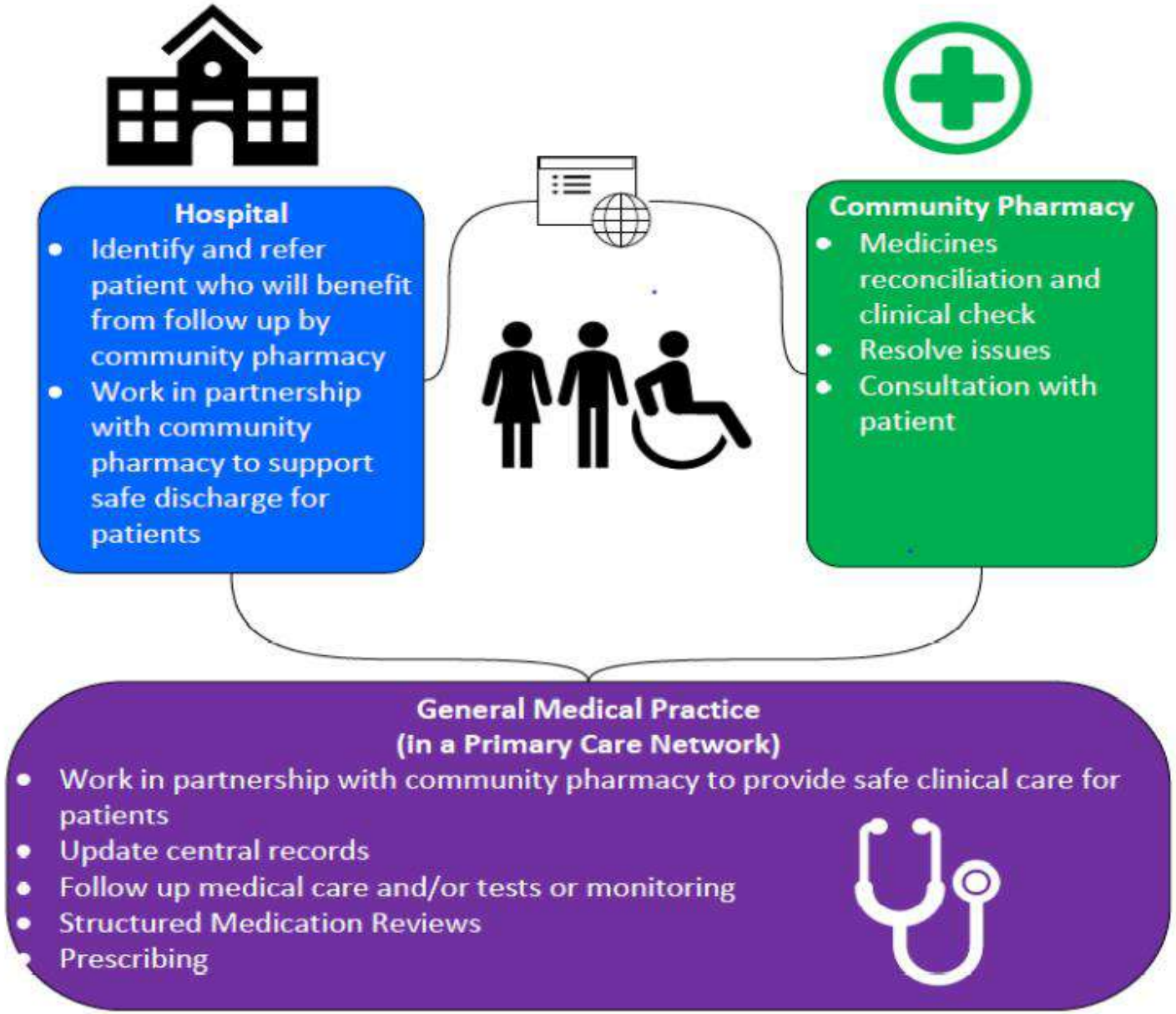
DMS - New **Essential** Service – must provide

DMS is an essential service, in three parts each attracting a fee

1. A discharge referral is received by the pharmacy
2. The first prescription is received by the pharmacy following discharge (this may not be a repeat prescription)
3. Check of the patient's understanding of their medicines regimen

- Details are in DMS Toolkit NHS England » NHS Discharge Medicines Service – Essential Service: Toolkit for pharmacy staff in community, primary and secondary care
- Also refer to the updated regulations Dec 2020 – Section 8
  - B0274-guidance-on-the-nhs-charges-pharmaceutical-and-local-pharmaceutical-services-regulations-2020.pdf (england.nhs.uk)

Figure 3.1: NHS Discharge Medicines Service patient pathway

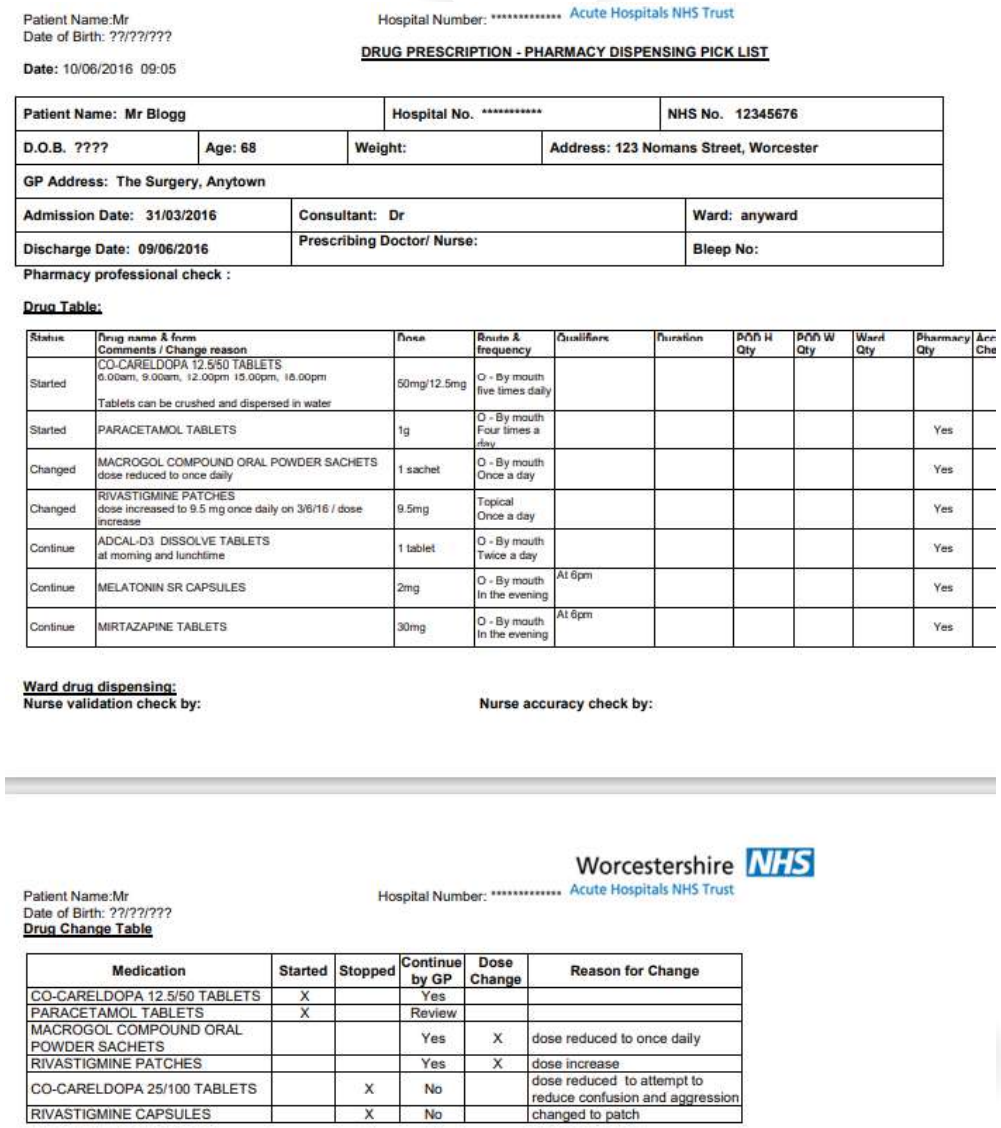


How will you get the referral?

Patients will be digitally referred to their pharmacy after discharge from hospital, using IT systems such as **PharmOutcomes,** Refer to Pharmacy or NHSmail.

Information in referral:

- The demographics and contact details
- Medication list including planned duration and reasons for prescribing
- Changes to medicines
- Contact details for the referring clinician or hospital department for queries



Patient Name:Mr
Date of Birth: ??/??/???

Hospital Number: ********** Acute Hospitals NHS Trust

DRUG PRESCRIPTION - PHARMACY DISPENSING PICK LIST

Date: 10/06/2016 09:05

Patient Name: Mr Blogg		**Hospital No. ********** **	**NHS No. 12345676**
D.O.B. ????	**Age: 68**	**Weight:**	**Address: 123 Nomans Street, Worcester**
GP Address: The Surgery, Anytown			
Admission Date: 31/03/2016	**Consultant: Dr**		**Ward: anyward**
Discharge Date: 09/06/2016	**Prescribing Doctor/ Nurse:**		**Bleep No:**

Pharmacy professional check :

Drug Table:

Status	Drug name & form Comments / Change reason	Dose	Route & frequency	Qualifiers	Duration	PDN H Qty	PDN W Qty	Ward Qty	Pharmacy Qty	Arc Che
Started	CO-CARELDOPA 12.5/50 TABLETS 6.00am, 9.00am, 12.00pm 15.00pm, 18.00pm Tablets can be crushed and dispersed in water	50mg/12.5mg	O - By mouth five times daily							
Started	PARACETAMOL TABLETS	1g	O - By mouth Four times a day						Yes	
Changed	MACROGOL COMPOUND ORAL POWDER SACHETS dose reduced to once daily	1 sachet	O - By mouth Once a day						Yes	
Changed	RIVASTIGMINE PATCHES dose increased to 9.5 mg once daily on 3/6/16 / dose increase	9.5mg	Topical Once a day						Yes	
Continue	ADCAL-D3 DISSOLVE TABLETS at morning and lunchtime	1 tablet	O - By mouth Twice a day						Yes	
Continue	MELATONIN SR CAPSULES	2mg	O - By mouth In the evening	At 6pm					Yes	
Continue	MIRTAZAPINE TABLETS	30mg	O - By mouth In the evening	At 6pm					Yes	

Ward drug dispensing:
Nurse validation check by: **Nurse accuracy check by:**

Worcestershire NHS

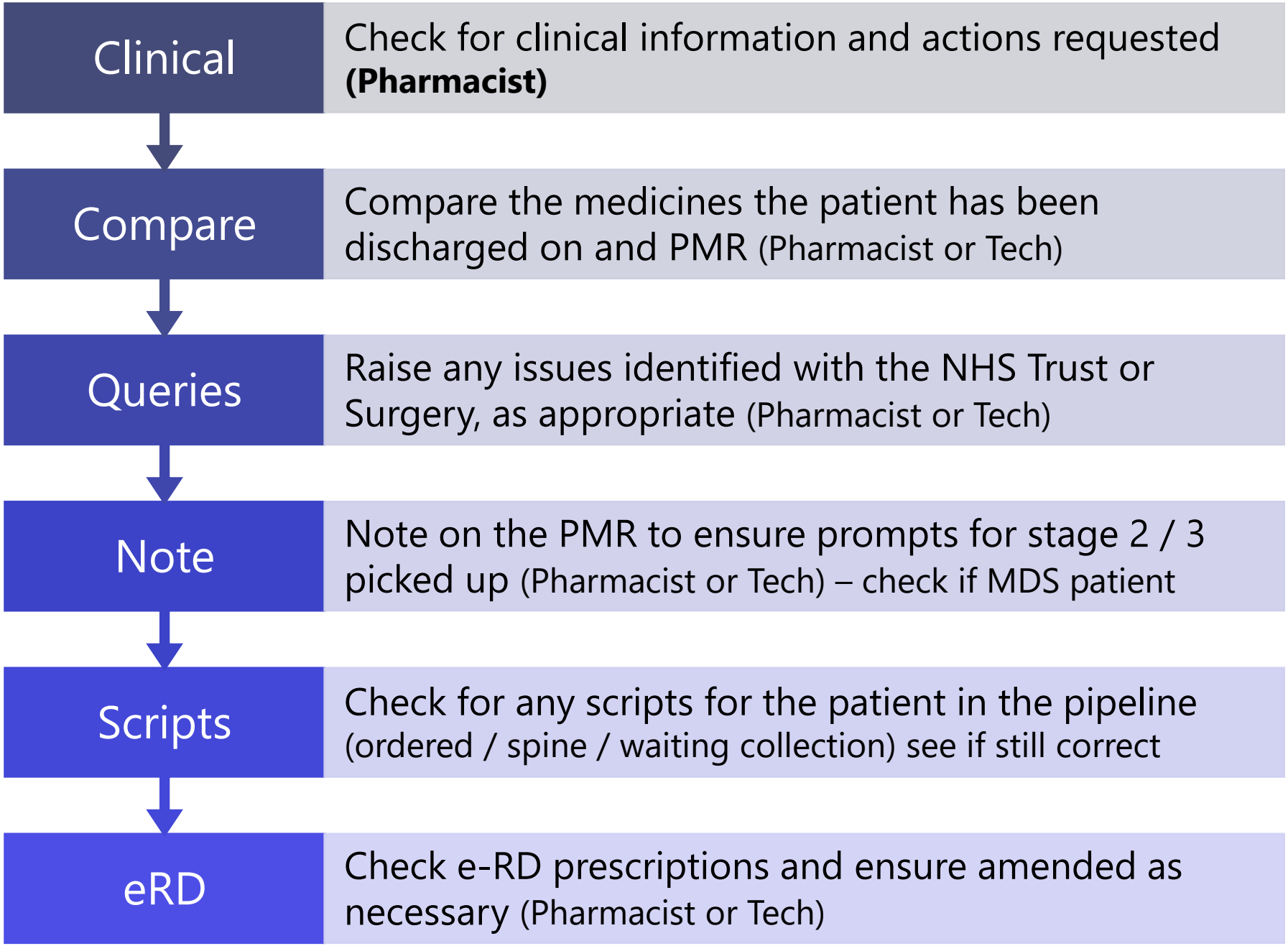
Patient Name:Mr
Date of Birth: ??/??/???
Drug Change Table

Hospital Number: ********** Acute Hospitals NHS Trust

Medication	Started	Stopped	Continue by GP	Dose Change	Reason for Change
CO-CARELDOPA 12.5/50 TABLETS	X		Yes		
PARACETAMOL TABLETS	X		Review		
MACROGOL COMPOUND ORAL POWDER SACHETS			Yes	X	dose reduced to once daily
RIVASTIGMINE PATCHES			Yes	X	dose increase
CO-CARELDOPA 25/100 TABLETS		X	No		dose reduced to attempt to reduce confusion and aggression
RIVASTIGMINE CAPSULES		X	No		changed to patch

Stage 1- Receive Referral & complete within 72 hours

(3 working days)



Stage 2 – First Rx received post discharge

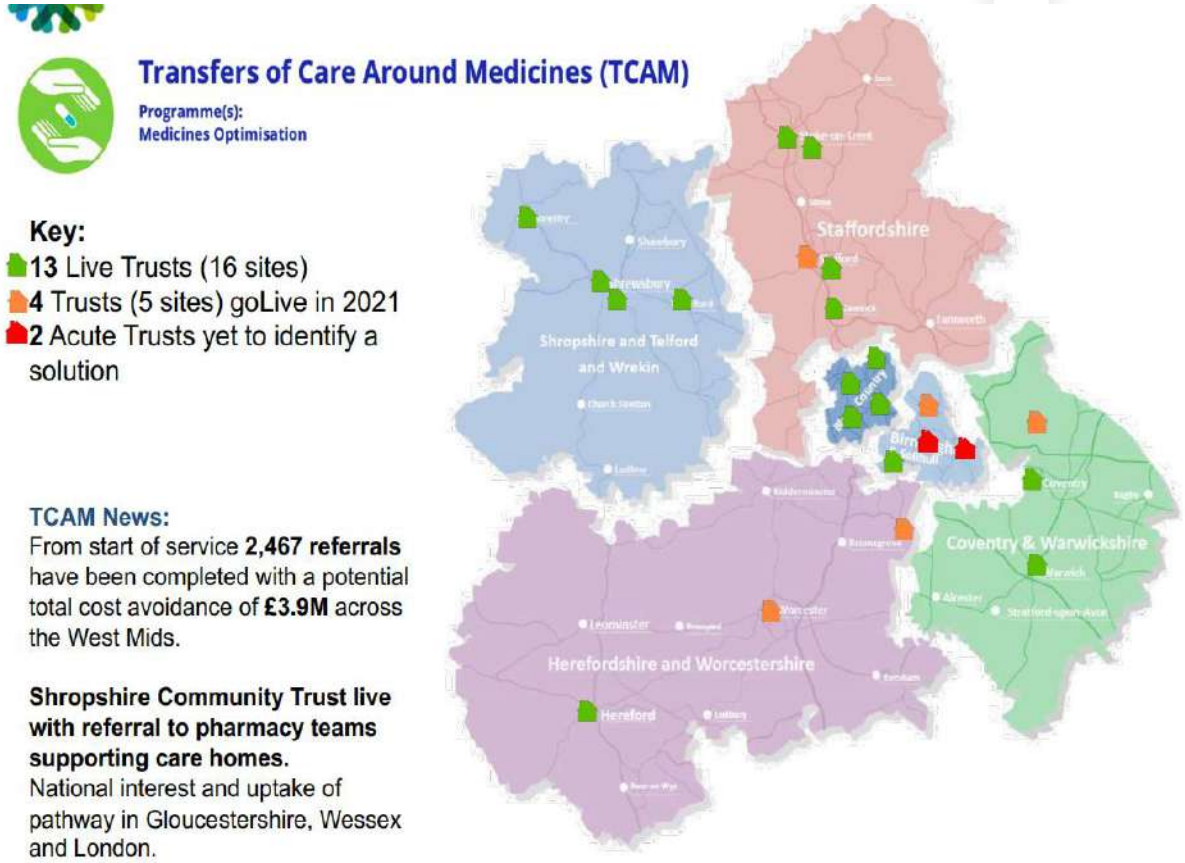
- The pharmacist/pharmacy technician ensure medicines prescribed post-discharge take account of the appropriate changes made during the hospital admission.
- If there are discrepancies or other issues, the pharmacy team will try to resolve them with the GP practice, utilising existing communication channels.
- Make appropriate notes on the PMR and/or other appropriate record.

Stage 3 – Check Patient's Understanding

- Confidential discussion with the patient and/or their carer to check their understanding of medicines (Pharmacist or Tech)
  - Face to face in the consultation room
  - Telephone or video consultation
- Share relevant information with GP or PCN Pharmacist
- Offer to dispose of any medicines that are no longer required
- Make appropriate notes on the PMR and/or other appropriate record
- Consider other NHS Services e.g. NMS

Local Picture

- **Hereford – Wye Valley Trust – County Hospital**
- Worcester – Worcester Royal, Alexandra Hospitals
- **Coventry – UHCW**
- **South Warwickshire – SWFT**
- Warwickshire North – George Elliot
- PharmOutcomes in use



Common referrals through DMS (TCAM)

- Changes to Monitored Dosage Systems
- New Medicine started – NOACs etc
- Inhaler technique
- Poor compliance
- Outstanding medication query e.g. on colchicine and allopurinol at the same time
- Pain relief
- Short term medication – course / reducing or increasing doses
- NPSA Alert / recommendations – e.g. Valproate / high dose opiates

CQUIN – Hospital Trust Incentive

Trust	Total Number of referrals per day*
The Royal Orthopaedic Hospital NHS Foundation Trust	1
Birmingham And Solihull Mental Health NHS Foundation Trust	1
George Eliot Hospital NHS Trust	2
University Hospitals Coventry And Warwickshire NHS Trust	9
South Warwickshire NHS Foundation Trust	3
Shrewsbury And Telford Hospital NHS Trust	7
The Robert Jones And Agnes Hunt Orthopaedic Hospital NHS Foundation Trust	1
Shropshire Community Health NHS Trust	1
University Hospitals Of North Midlands NHS Trust	12
North Staffordshire Combined Healthcare NHS Trust	1
Midlands partnership Trust	1
Worcestershire Acute Hospitals NHS Trust	8
Wye Valley NHS Trust	3
Worcestershire Health And Care NHS Trust	1
Walsall Healthcare NHS Trust	3
The Dudley Group NHS Foundation Trust	6
The Royal Wolverhampton NHS Trust	7
Sandwell And West Birmingham Hospitals NHS Trust	5
TOTAL	**72**

* 1-2% is minimum for Trust to reach CQUIN payment

Training and SOPs

- Read the section on DMS within the **NHSE&I guidance on the regulations**; and
- Read the **DMS toolkit**.
- Additionally, it is recommended that also complete the **CPPE NHS Discharge Medicines Service eLearning and assessment**.
- Then complete the **DMS Declaration of Competence** on CPPE
- Other members of staff should also be briefed
- SOP required to include: regularly checking for referrals, process for each stage, feedback, records, claims
- Use all members of the pharmacy team

+ Discharge Medicines Service : PSNC Main site

Declaration of Competence

Contractor checklist: implementing the Discharge Medicines Service

This checklist will help contractors identify what they need to do to prepare to provide the Discharge Medicines Service (DMS) from 15th February 2021. Further information on the service can be found on the PSNC website.

	Activity	By whom?	By when?	Completed
1.	Read the NHSE&I regulations guidance and the NHSE&I DMS toolkit, so that you understand the service requirements.			
2.	Ensure any pharmacists or pharmacy technicians (including locums) that will be undertaking the service also read both those documents. Encourage them to also undertake the CPPE DMS e-learning and assessment.			
3.	Find out which Trusts in your area are already making referrals to community pharmacies following patients' discharge and which will be starting this in due course. Your LPC or regional NHSE&I team will be able to provide this information to you. If it is likely that referrals will not start to be received soon after the service commences, contractors may need to refresh the knowledge of staff regarding the service once referrals do commence.			
4.	Consider the practicalities of providing the service, including the conversation with the patient and /or their carer in stage 3 and how you will be able to undertake that remotely, where the patient cannot visit the pharmacy. Also think about your referral networks to general practices and how clinical pharmacists within your Primary Care Network may be able to assist with issues you have identified with a patient's medicines regimen.			
5.	Develop a Standard Operating Procedure (SOP) for the service. Make sure this includes the process by which referrals from Trusts will be received, how staff can access these referrals and the regularity of checking for new referrals.			
6.	Ensure all staff that will undertake parts of the service are briefed on the service and their role, and they are familiar with relevant sections of the SOP.			
7.	Once pharmacists and pharmacy technicians have undertaken the activity in point 2 and they are confident that they fully understand the service requirements and how it will operate in the pharmacy, they should complete the DMS Declaration of Competence and provide a copy of the completed document to the contractor.			

Funding

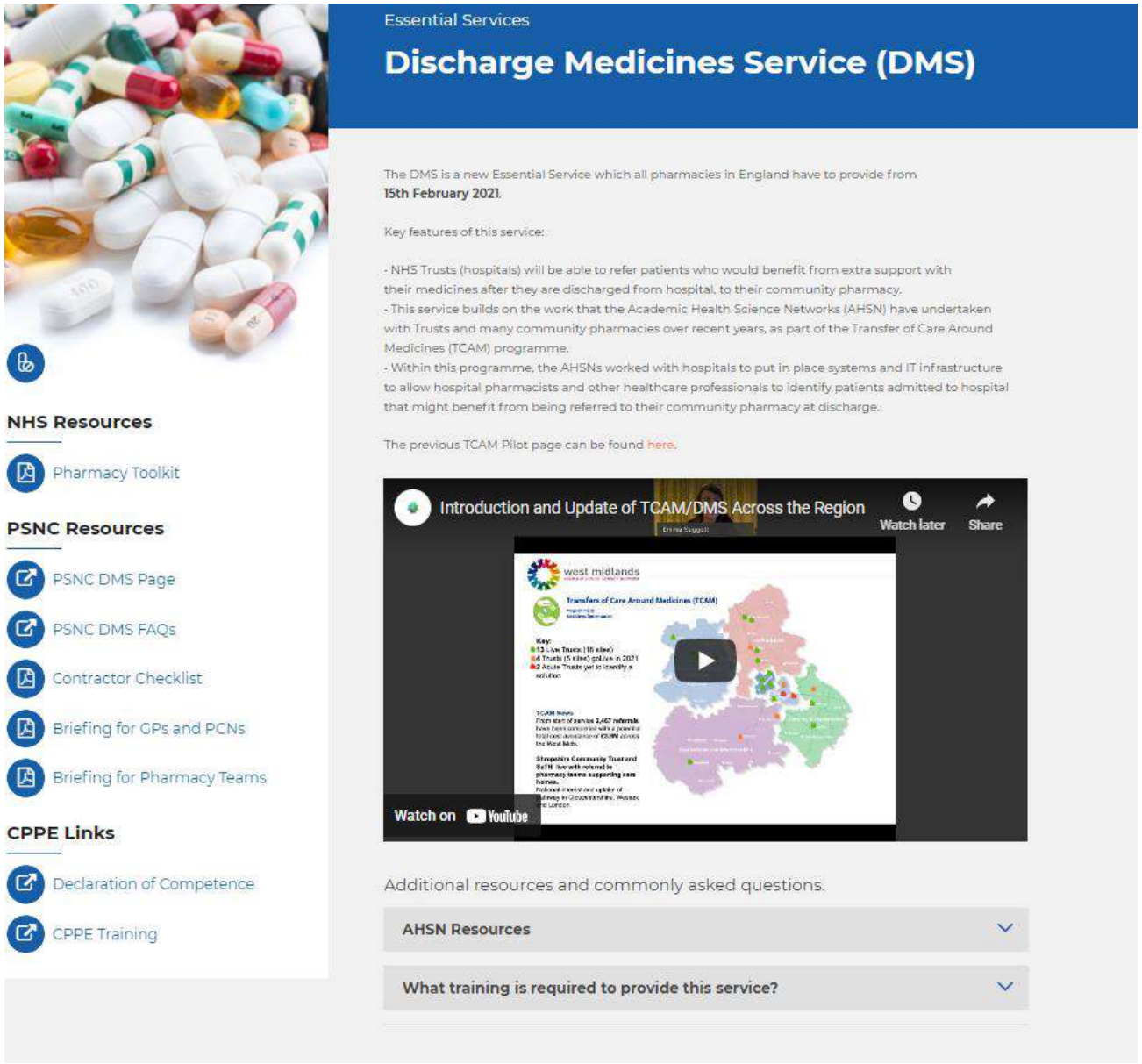
Set up fee of £400 all pharmacies on list as of 1st February 2021 automatically receive on 1st April 2021

Full service will attract **a fee of £35**.

Monthly claim via the NHSBSA's MYS Manage Your Service portal.

Summary data to support the evaluation of the impact of the service, contract monitoring and post-payment verification.

Stage	Process	Timescale	Payment
1 Discharge Referral Received	Check for actions Med reconciliation Raise Issues Notes in PMR Check for Rx on order	ASAP but within 72 working hours	**£12**
2 Receipt of first FP10 post discharge	Check in accordance with discharge notes Raise any queries Update PMR	When first post-discharge script received	**£11**
3 Check patient's understanding	Confidential structured discussion – f2f, video, phone	When first post-discharge script received	**£12**

DMS Links to LPC Websites

- Discharge Medicines Service (DMS) – Herefordshire & Worcestershire LPC (hwlpc.co.uk)
- Discharge Medicines Service (DMS) – Warwickshire LPC
- Discharge Medicines Service (DMS) – Coventry LPC