COMMUNITY PHARMACY
ARDEN
Representing Community Pharmacies in Coventry and Warwickshire

NHS
Arden and Greater East Midlands
Commissioning Support Unit

Discharge Medicine Service (DMS)

Are you ready to deliver the DMS to your patients?

28th March 2023
7.30pm to 9.30pm

Arden&GEM
Health and social care systems support

Housekeeping

- ✓ Interactive session – please raise your hand if you have question/comment
- ✓Please silent mobile phones
- ✓Session will be recorded
- ✓Toilets, no fire drills
- ✓Requesting feedback at the end of the session

Agenda

1. Welcome
2. Why the Discharge Medicines Service is important
3. DMS process
4. Local referral activity
5. PharmOutcomes and claims process
6. [break]
7. Patient journey
8. Discussion through case studies
9. Question and answer session
10. Closing remarks and feedback

Aims

- Learn about the NHS Discharge Medicines Service benefits and how it can be delivered effectively
- Share your experiences and discuss challenges of the service with your local network
- Identify the role of key stakeholders (CQUIN and Essential Service) and the patient journey
- Understand local DMS activity
- Explore learnings through structured case studies
- Understand how referrals are managed to completion including claims process

NHS DMS - Background

- Discharge from hospital associated with an increased risk of avoidable medication related harm[1]
- NICE guideline NG05[2] recommendations:
  - medicines-related communication systems should be in place when patients move care settings
  - medicines reconciliation processes should be in place for all persons discharged from a hospital or another care setting back into primary care, and the act of reconciling the medicines should happen within a week of discharge
- 2016 first data published 'Newcastle Study'[3] showed that this type of clinical handover to community pharmacy could result in lower rates of readmission at 30, 60 and 90 days
- Patients receiving CP follow-up consultation had statistically significant lower rates of readmissions and shorter hospital stays than those patients without.

NHS DMS – Evidence base

Newcastle

- Readmission rate ↓ from 16% to <6%
- LOS ↓ from 13 to 7 days

Leeds

- 16% ↓ in emergency admissions

Cornwall

- Readmission rate ↓ from 23% to <9%

Wales

- ↓ hospital readmission rate at 40 days

Implementation Guide: Toolkit for pharmacy staff in community, primary and secondary care

NHS DMS – Requirements

- Established as an Essential service within the Community Pharmacy Contractual Framework; all pharmacies in England must provide the service from 15th February 2021 [5]

- CQUIN target for acute hospital Trust inpatients 2022/23:
  - *Denominator and thresholds:*
    - Refer 0.5 - 1.5% of all patient discharges (excluding day case patients and maternity discharges)
  - *Numerator:*
    - Number of patients referred within 48 hours following discharge
    - All referrals that are claimed for by community pharmacy via NHSBSA (MYS Portal)

NHS DMS - Aims and Benefits

NHS
Arden and
Greater East Midlands
Commissioning Support Unit

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

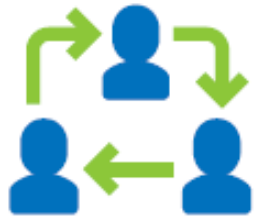
To ensure better communication of changes to a patient's medication when they leave hospital and to reduce incidences of avoidable harm caused by medicines

Optimise the use of medicines whilst facilitating shared decision making

Reduce harm from medicines at transfer of care

Improve patients' understanding of their medicines and how to take them following their discharge from hospital

Reduce hospital re-admissions



Support collaborative working between hospital and community pharmacy teams and primary care networks, including GP practices

COMMUNITY PHARMACY
ARDEN
Representing Community Pharmacies in Coventry and Warwickshire

Patient Pathway

NHS
Arden and Greater East Midlands
Commissioning Support Unit

Hospital

- Identify and refer patient who will benefit from follow up by community pharmacy
- Work in partnership with community pharmacy to support self discharge for patients

Community Pharmacy

- Medicines reconciliation and clinical check
- Resolve issues
- Consultation with patient

General Medical Practice (in a Primary Care Network)

- Work in partnership with community pharmacy to provide safe clinical care for patients
- Update central records
- Follow-up medical care and /or tests or monitoring
- Structured medication reviews
- Prescribing

COMMUNITY PHARMACY ARDEN
Representing Community Pharmacies in Coventry and Warwickshire

Hospital pharmacy referral

- Patient identification – high risk medicines, high risk patients, changes to medicines, additional support required
- Provide DMS information to patient, obtain consent for data sharing, nominated pharmacy, contact details
- Referral made within 48 hours post-discharge from hospital

Box 4.1: High risk medicines

- Multiple resources cite a list of 'high risk medicines'. They include but are not limited to: anticoagulants (eg warfarin, dabigatran), antiepileptics, digoxin, opioids, methotrexate, antipsychotics, cardiovascular drugs (eg beta-blockers, diuretics), controlled drugs, valproate, amiodarone, lithium, insulin, methotrexate, non-steroidal anti-inflammatory drugs (NSAIDs) and aspirin among others.
- Newly started respiratory medication, including inhalers.
- Medication requiring follow-up, eg blood monitoring, dose titration.
- Patients prescribed medicines that have potential to cause dependence (eg opioids).
- Those for which doses vary/change, either increasing or decreasing over time.

Box 4.2: High risk patients

- People taking more than five medications, where the risk of harmful effects and drug interactions is increased.
- Those who have had new medicines prescribed while in hospital.
- Those who have had medication change(s) while in hospital.
- Those who have experienced myocardial infarction or a stroke due to likelihood of new medicines being prescribed.
- Those who appear confused about their medicines on admission/when getting ready for discharge, and have already needed additional support from a healthcare professional.
- Those who have help at home to take their medications.
- Those patients who have a learning disability.

[Example EDS/TTO in delegate packs]

Community pharmacy – 3 stage process

NHS
Arden and
Greater East Midlands
Commissioning Support Unit

Stage 1

Discharge referral received by the pharmacy

Complete within 72 hours

- Pharmacy to check for actions recommended in the referral
- Pharmacist to complete meds reconciliation
- Pharmacy to check if a new prescription has been ordered

Stage 2

Receipt of first post discharge prescription by the pharmacy

As soon as prescription is received

- Pharmacy to check prescription in accordance with discharge referral
- Raise queries if necessary

Stage 3

Pharmacist to check patients' understanding of their medication regime

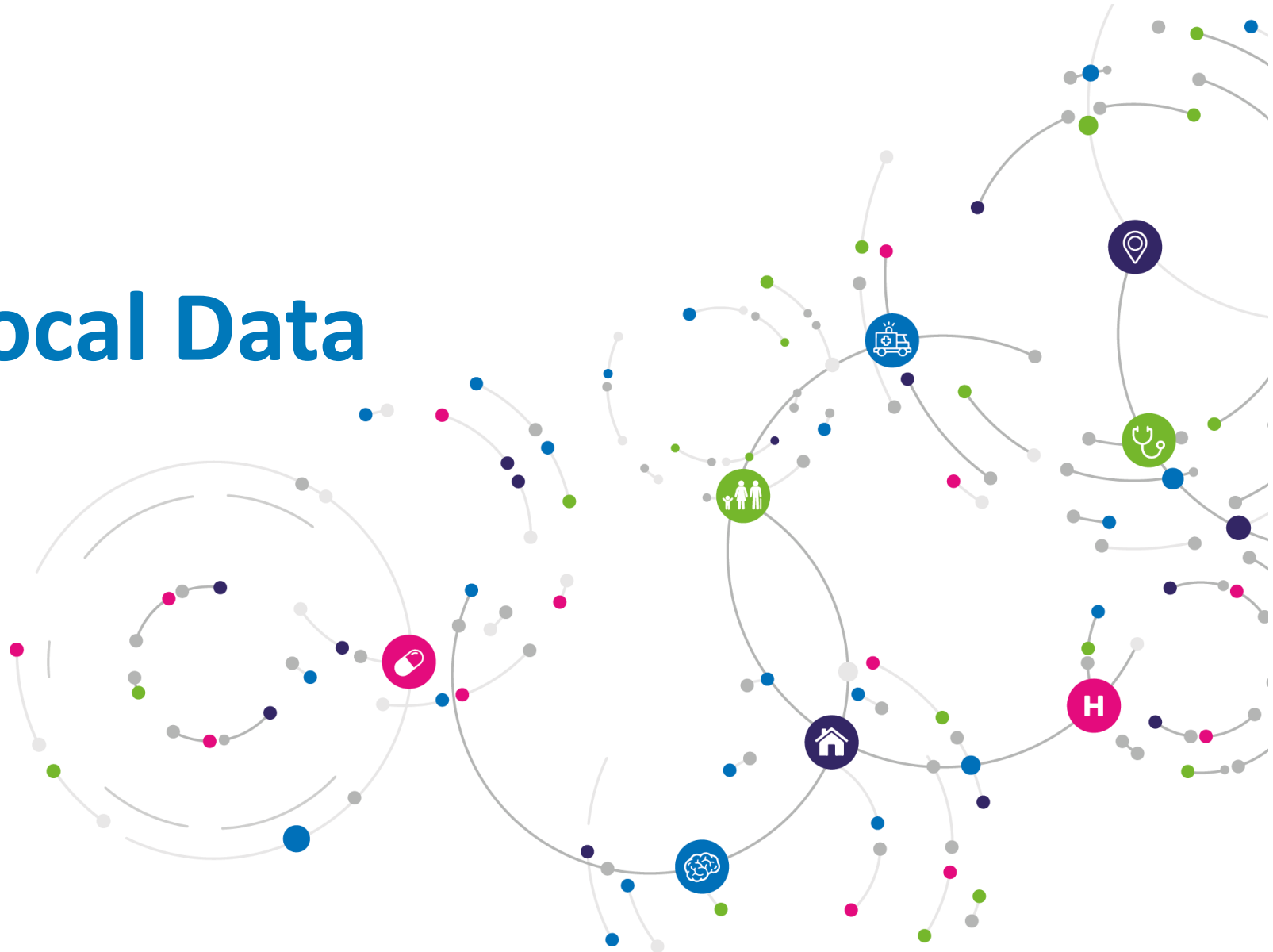
As soon as prescription is received

- Pharmacist to have a structured discussion with the patient to check their understanding of their new medication regime
- If issues are identified, they are to be directed to the appropriate service

COMMUNITY PHARMACY
ARDEN
Representing Community Pharmacies in Coventry and Warwickshire

NHS
Arden and
Greater East Midlands
Commissioning Support Unit

DMS Activity - Local Data



COMMUNITY PHARMACY
ARDEN
Representing Community Pharmacies
in Coventry and Warwickshire

DMS Activity

How are we increasing DMS activity?

- CPA commissioned Arden & GEM CSU to provide support for DMS referrals across C&W ICB.
- Support to hospital Trusts to increase the number of DMS referrals made – procedure development, pharmacy teams' engagement and education.
- Increasing awareness of the service via DMS engagement event and communications.
- System DMS Task Group share DMS activity data between hospital Trusts and CPA, including number of referrals and referral outcomes.
- Contractor support with DMS referrals based on data to increase completion rates.

Referral data

SOUTH WARWICKSHIRE				
DMS Referral Status	Nov-22	Dec-22	Jan-23	Feb-23
Referred, outstanding	*18*	*33*	*33*	*34*
Rejected	*4*	*6*	*9*	*11*
Retracted	*0*	*0*	*1*	*0*
Accepted but not completed	*1*	*4*	*7*	*6*
Completed	*31*	*23*	*33*	*25*
TOTAL DMS Referrals	**54**	**66**	**83**	**76**
% Completion	**57%**	**35%**	**40%**	**33%**
Data Collection Date:	06/01/2023	19/10/2023	01/02/2023	01/03/2023
Approx. CQUIN DMS Target	45	45	45	45

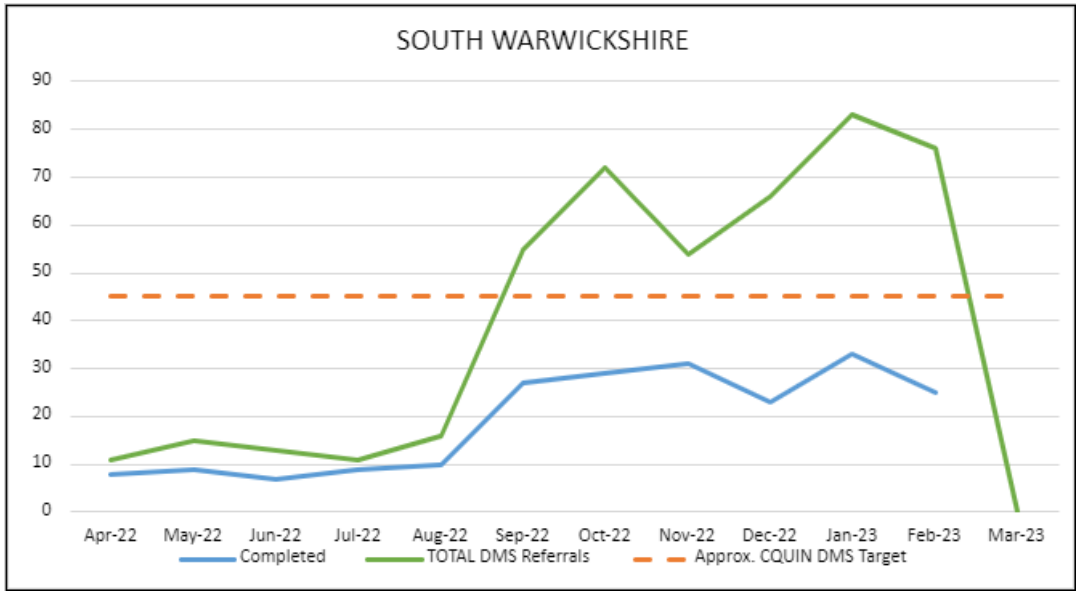
GEORGE ELIOT				
DMS Referral Status	Nov-22	Dec-22	Jan-23	Feb-23
Referred, outstanding	*9*	*27*	*17*	*19*
Rejected	*5*	*4*	*9*	*2*
Retracted	*0*	*1*	*0*	*2*
Accepted but not completed	*8*	*8*	*5*	*3*
Completed	*30*	*26*	*31*	*25*
TOTAL DMS Referrals	**52**	**66**	**62**	**51**
% Completion	**58%**	**39%**	**50%**	**49%**
Data Collection Date:	06/01/2023	19/01/2023	01/02/2023	01/03/2023
Approx. CQUIN DMS Target	30	30	30	30

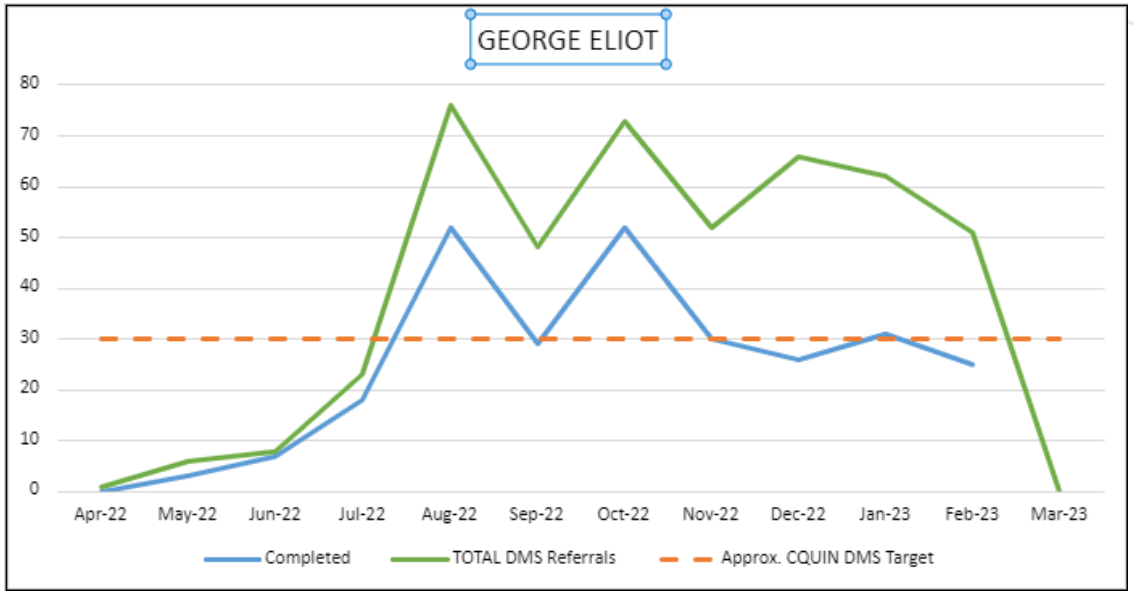
UHCW				
DMS Referral Status	Nov-22	Dec-22	Jan-23	Feb-23
Referred, outstanding	*33*	*50*	*48*	*80*
Rejected	*11*	*9*	*2*	*4*
Retracted	*0*	*0*	*0*	*0*
Accepted but not completed	*3*	*10*	*12*	*17*
Completed	*49*	*66*	*54*	*73*
TOTAL DMS Referrals	**96**	**135**	**116**	**174**
% Completion	**51%**	**49%**	**47%**	**42%**
Data Collection Date:	26/01/2023	26/01/2023	01/02/2023	01/03/2023
Approx. CQUIN DMS Target	225	225	225	225

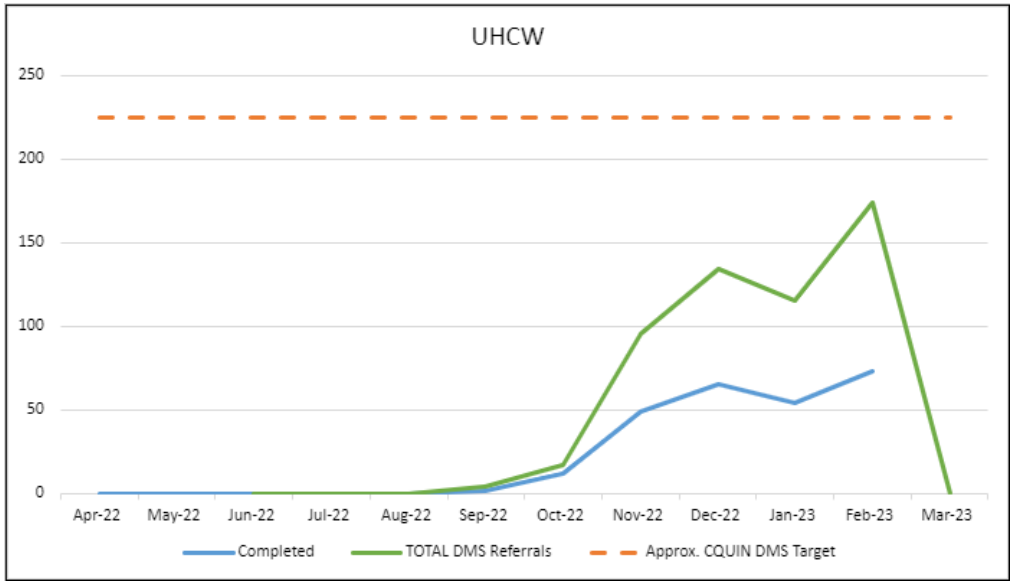
NHS Arden and Greater East Midlands Commissioning Support Unit

COMMUNITY PHARMACY ARDEN
Representing Community Pharmacies in Coventry and Warwickshire

Referral data







Contractor Support

- Obtain raw data from PharmOutcomes via hospital Trusts on a weekly basis

- Contacting contractors to provide support around:
  - Claiming for completed referrals
  - Referrals that have not been accepted on PO
  - Providing a reminder for completion of referrals in progress
  - Exploring barriers or challenges to providing the service
  - Answer any questions or queries regarding DMS

Contractor Support - Findings

"Definitively a beneficial service for patients leaving hospital, I have found many don't know which medicines they take"

"Initially we were only seeing small numbers of referrals, felt like an adhoc service"

"Pending referrals over 40 days old disappear from main list – need to click on a link at the bottom of the page to see these, so they can be easily missed"

"My locums tend to find DMS at the bottom of their to do list"

"I was unaware that I could reject referrals if I needed to, I've just been leaving them on my dashboard with no action"

"PharmOutcomes is on in the background all day and it is refreshed regularly, we use it for other services too, so I can see and accept new referrals with 72 hours"

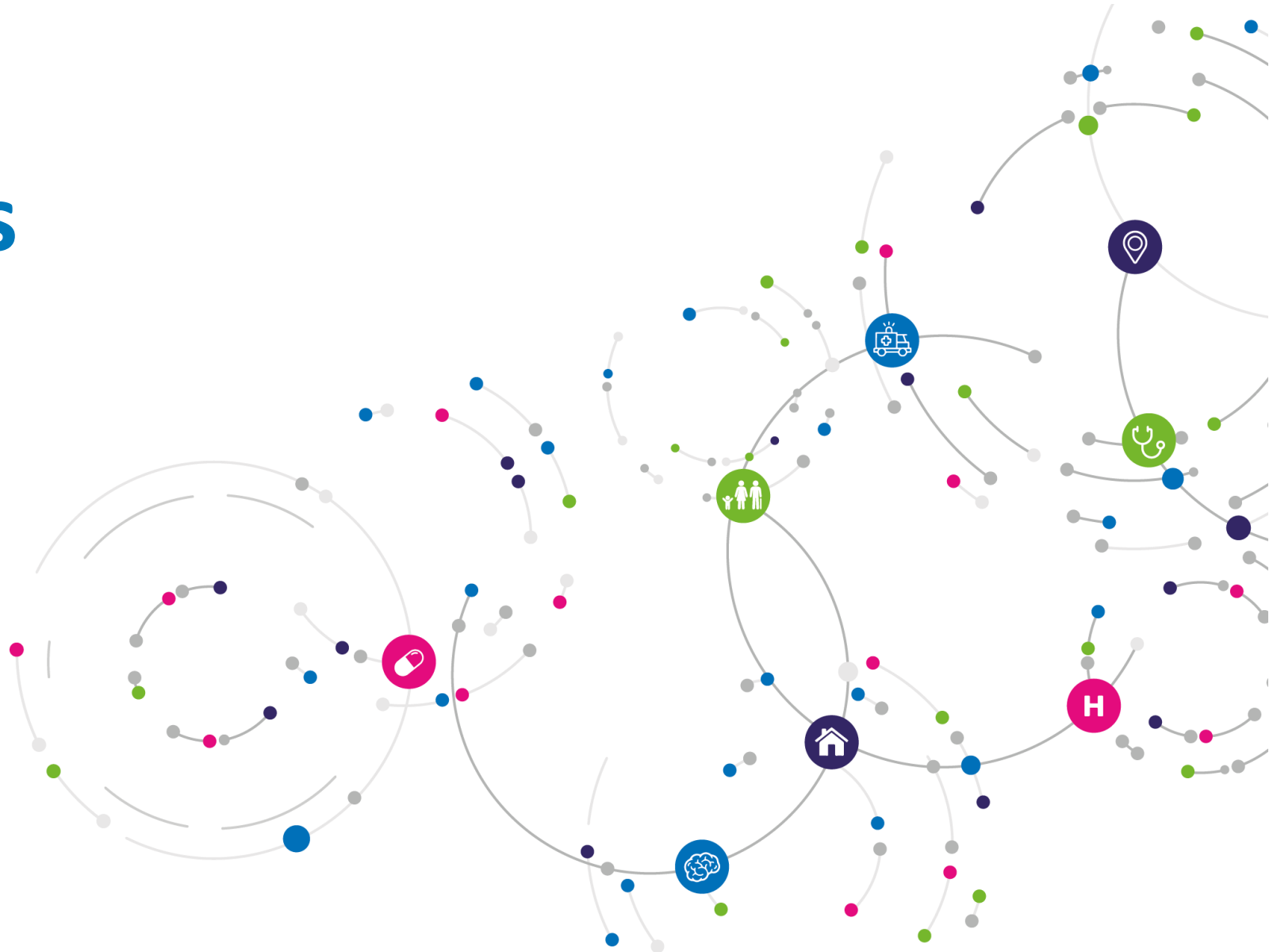
"I thought the claims process was automatic through PharmOutcomes as for other services – I did not realise I need to enter in MYS portal to claim"

NHS Arden and Greater East Midlands Commissioning Support Unit

COMMUNITY PHARMACY ARDEN
Representing Community Pharmacies in Coventry and Warwickshire

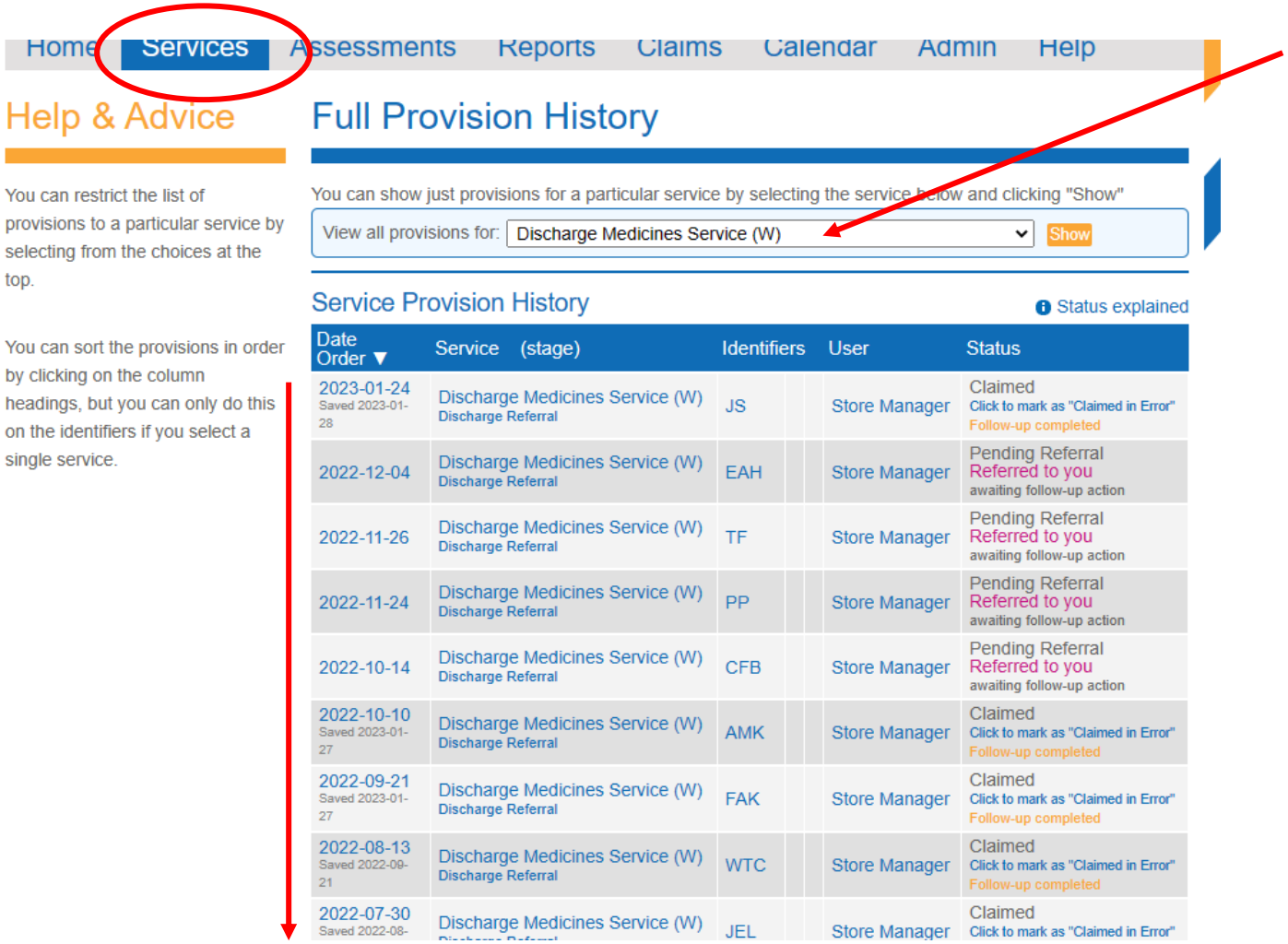
NHS
Arden and
Greater East Midlands
Commissioning Support Unit

PharmOutcomes Management



COMMUNITY PHARMACY
ARDEN
Representing Community Pharmacies
in Coventry and Warwickshire

PharmOutcomes Dashboard



- All referrals can be seen on the services page
- Filter for DMS referrals via “View all provisions for:”
- Referrals are displayed in date order, most recent at the top
- The status column indicates action

Completing Referrals

- Rejected referrals are unavoidable, but incomplete referrals require action!!

- Common reasons why referrals may remain incomplete:
  - Cannot contact patient
  - Patient is receiving end of life care
  - Patient details incomplete on the referral
  - Not a regular patient at the pharmacy
  - Locum cover disrupts the service
  - Community pharmacist unable to contact the hospital or GP surgery to resolve a query

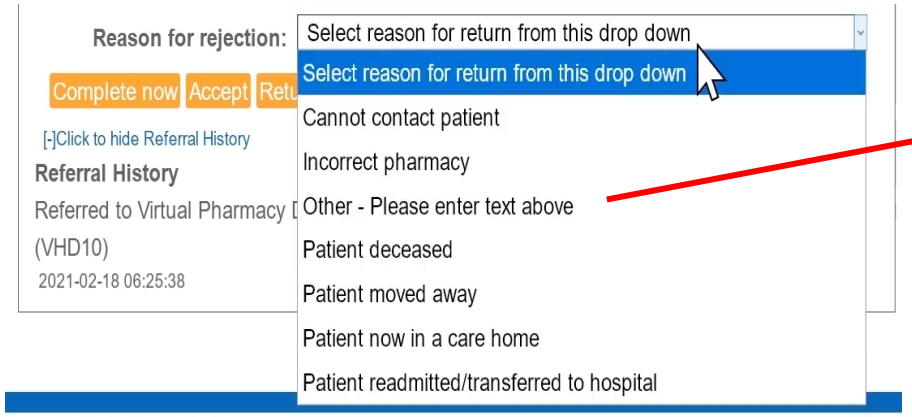
- Out-of-date (legacy referrals)

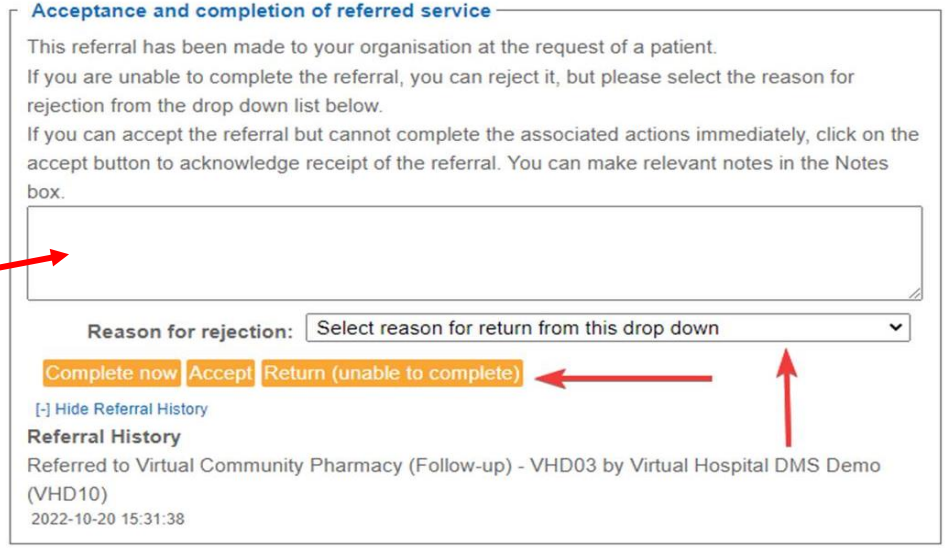
Removing Legacy Referrals

Each unactioned referral needs to be rejected individually.

1. Select referral to reject (return to hospital)
2. Enter the name of pharmacist/technician rejecting the referral
3. Select reason for rejection from the drop down

    If reason for rejection is not listed, select other and free-type reason
4. Click Return (unable to complete)

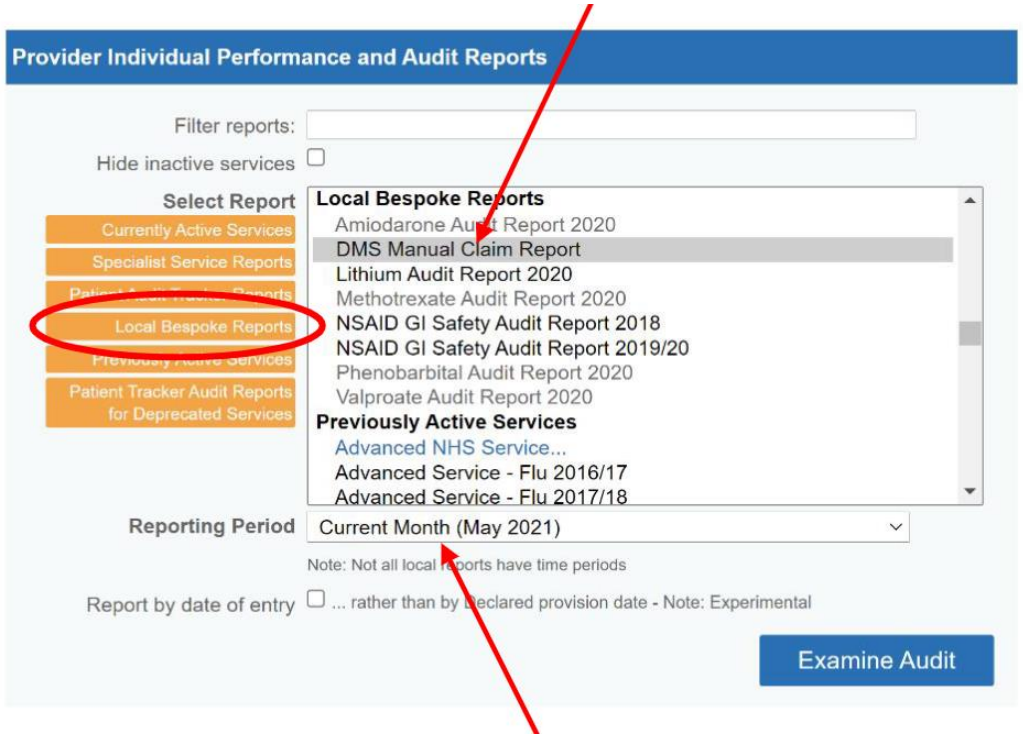




Community Claims Process

- Reporting process – complete at end of each month
- One patient = one claim
- Pinnacle have developed a report to help with data return; allows direct input into MYS portal
- User guide available

- Report shows:
  - Referral details
  - Status of referral, i.e. claimable, claimed
  - Details of each stage of DMS intervention



DMS – Delivery Tips

DMS referrals stage 1 to be completed with 72 hours of receiving referrals

Agree and establish roles and responsibility of each team member for the DMS

Training to reinforce knowledge of the service (CPPE)

Establish point of contacts with PCN colleagues/GP surgery to deal with queries swiftly

Check PharmOutcomes regularly, ensure email alerts are set-up

If using other platforms such as SONAR, ensure to check PharmOutcomes everyday

Manage/action referrals – otherwise it will stay on the system as incomplete

For old referrals – select Other and free-type in box reason for rejection

Claim for the service you have provided!

NHS
Arden and Greater East Midlands
Commissioning Support Unit

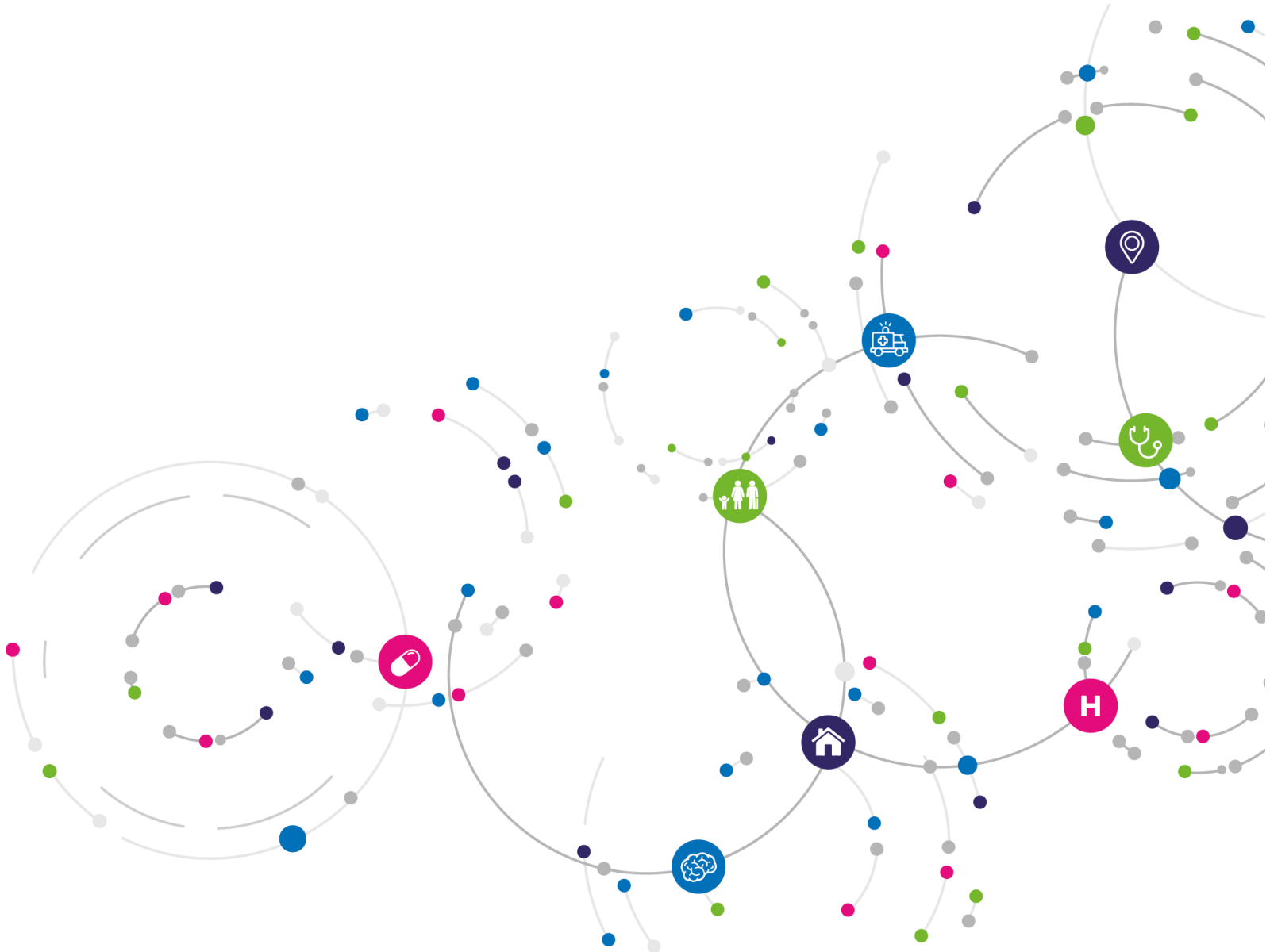
COMMUNITY PHARMACY
ARDEN
Representing Community Pharmacies in Coventry and Warwickshire

Break

https://media.pharmoutcomes.org/video.php?name=DischargeMedicinesServiceManagingDMSReferrals -

NHS
Arden and
Greater East Midlands
Commissioning Support Unit

Patient Pathway



COMMUNITY PHARMACY
ARDEN
Representing Community Pharmacies
in Coventry and Warwickshire

NHS DMS - Patient Pathway

NHS
Arden and Greater East Midlands
Commissioning Support Unit

Hospital

- Identify and refer patient who will benefit from follow up by community pharmacy
- Work in partnership with community pharmacy to support self discharge for patients

Community Pharmacy

- Medicines reconciliation and clinical check
- Resolve issues
- Consultation with patient

General Medical Practice (in a Primary Care Network)

- Work in partnership with community pharmacy to provide safe clinical care for patients
- Update central records
- Follow-up medical care and /or tests or monitoring
- Structured medication reviews
- Prescribing

COMMUNITY PHARMACY ARDEN
Representing Community Pharmacies in Coventry and Warwickshire

STAGE 1

The community pharmacy receives a discharge referral

- Conduct a clinical review of patient information and referral actions.
- Compare the patients medicines on the discharge summary against the PMR.
- Raise any concerns/issues/queries with the referring hospital, GP surgery, or PCN (e.g. an important medicine the patient usually takes is omitted on the discharge referral).
- Document notes on the PMR/other records to prompt for stage 2 and 3 to be picked up
- Check if patient has an MDS, any prescriptions in the pharmacy (ordered/spine/waiting collection) – check still correct.
- Check e-RD prescriptions and ensure amended as necessary

NHS
Arden and Greater East Midlands
Commissioning Support Unit

COMMUNITY PHARMACY
ARDEN
Representing Community Pharmacies in Coventry and Warwickshire

STAGE 2

First prescription following discharge received

- The pharmacist or pharmacy technician ensures 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.
- Document notes on the Patients Medical Record (PMR)/other records, as appropriate.

NHS
Arden and Greater East Midlands
Commissioning Support Unit

COMMUNITY PHARMACY
ARDEN
Representing Community Pharmacies in Coventry and Warwickshire

STAGE 3

Check the patient's understanding of their medicines regimen

- The pharmacist or pharmacy technician will hold a confidential consultation with the patient (or the carer if appropriate) to check their understanding of their post-discharge medicines' regimen.
  - Telephone or video consultation
  - Face-to-face consultation
- Identify any adherence, clinical issues, outstanding questions or needs the patient may have regarding their medicines, other NHS services e.g. NMS.
- Communication – share relevant information with GP or PCN pharmacist.
- Document notes on the Patients Medical Record (PMR)/other records, as appropriate.

NHS
Arden and Greater East Midlands
Commissioning Support Unit

COMMUNITY PHARMACY
ARDEN
Representing Community Pharmacies in Coventry and Warwickshire

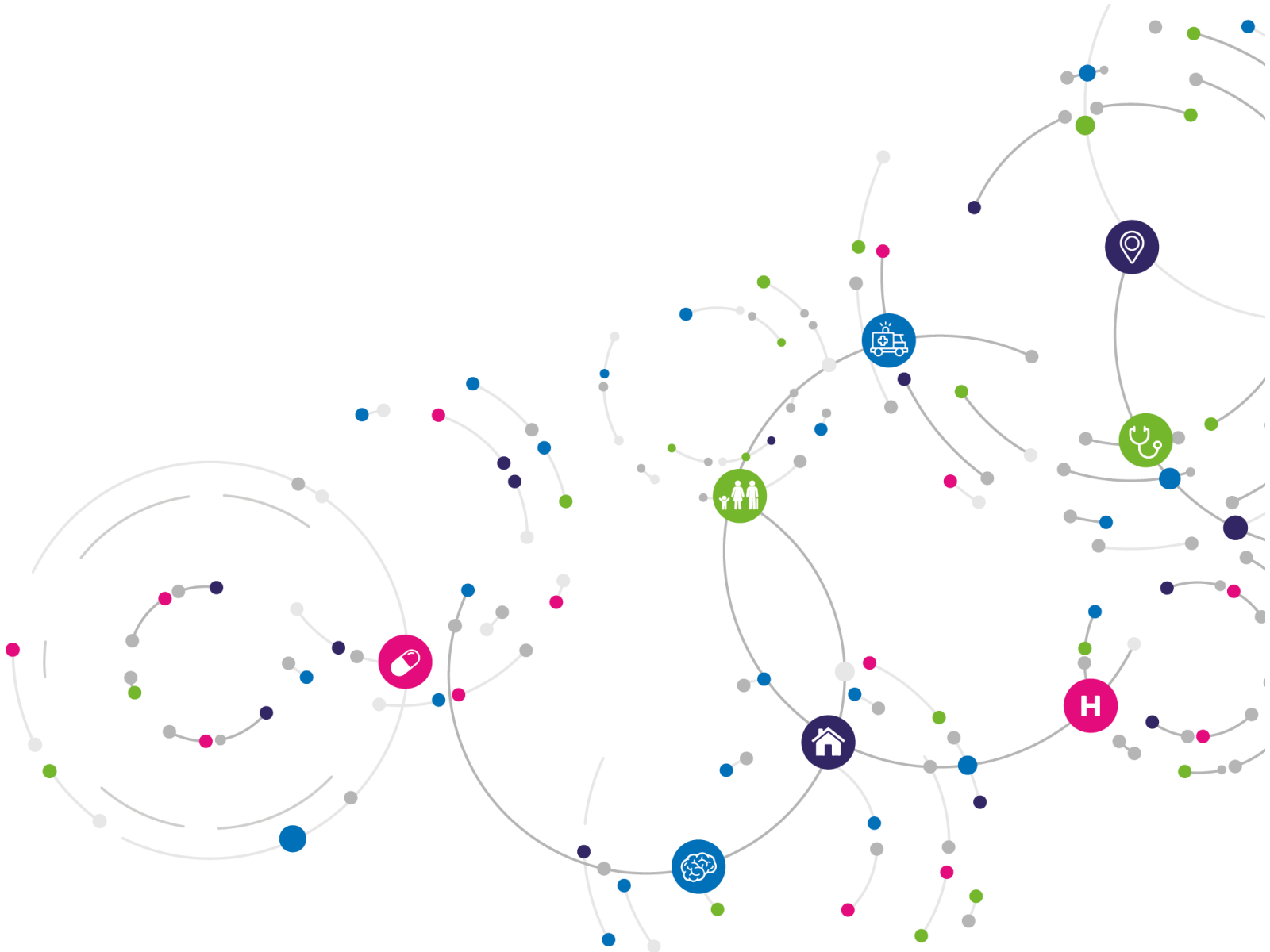
General Practice and PCN pharmacy teams

An opportunity for cross-sector working to support patients with their medicines when discharged from hospital.

- Regular contact from community pharmacies to:
  - resolve discrepancies/issues identified with patients medicines regimen
  - clarify or request additional information
  - communicate any information/changes resulting from the service
- Update central records
- Follow-up medical care and /or tests or monitoring
- Structured medication reviews e.g. for complex issues
- Prescribing repeat medicines

NHS
Arden and
Greater East Midlands
Commissioning Support Unit

Case Studies



COMMUNITY PHARMACY
ARDEN
Representing Community Pharmacies
in Coventry and Warwickshire

Case Studies – Discussion

Points to consider for each case study:

- Will this patient benefit from a DMS referral? How?
- What are your next steps for each stage?
- What are the challenges to complete the referral?
- Do you need more information? How are you going to get this?
- Have you had a similar experience, how was it managed and what were the outcomes?
- Are there any issues with completing the DMS on PharmOutcomes?

Q&A Session - Panel

Community	• **Eva Cardall** Local Engagement & Services Officer (CPA Lead), Community Pharmacy Arden
Hospital	• **Parham Emrouznejad** Clinical Pharmacist, George Eliot Hospital NHS Trust
PCN	• **Rosalyne Payne** PCN Pharmacy Lead
Arden & GEM CSU	• **Michelle Haddock** Medicines Optimisation Lead Pharmacist

NHS
Arden and Greater East Midlands
Commissioning Support Unit

COMMUNITY PHARMACY ARDEN
Representing Community Pharmacies in Coventry and Warwickshire

Closing Remarks and Feedback

NHS
Arden and
Greater East Midlands
Commissioning Support Unit

COMMUNITY PHARMACY
ARDEN
Representing Community Pharmacies
in Coventry and Warwickshire

COMMUNITY PHARMACY
ARDEN
Representing Community Pharmacies in Coventry and Warwickshire

Thank you

Get in touch with us at:

www.ardengemcsu.nhs.uk

@ardengem

contact.ardengem@nhs.net

Arden&GEM
Health and social care systems support

References

1. Technical report WHO Medication safety in transitions of care
   https://apps.who.int/iris/bitstream/handle/10665/325453/WHO-UHC-SDS-2019.9-eng.pdf

2. Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes.
   Available at https://www.nice.org.uk/guidance/ng5

3. New transfer of care initiative of electronic referral from hospital to community pharmacy in England: a formative service evaluation. Nazar H et al.
   Available at New transfer of care initiative of electronic referral from hospital to community pharmacy in England: a formative service evaluation | BMJ Open

4. Commissioning for Quality and Innovation (CQUIN): 2022/23; 17 March 2022;
   Available at NHS England » Commissioning for Quality and Innovation (CQUIN): 2022/23

5. Community Pharmacy Contractual Framework: 2019 to 2024; 03 February 2022;
   Available at Community Pharmacy Contractual Framework: 2019 to 2024 - GOV.UK (www.gov.uk)

6. Discharge Medicines Service – Managing DMS Referrals
   Available at https://media.pharmoutcomes.org/video.php?name=DischargeMedicinesServiceManagingDMSReferrals

NHS Arden and Greater East Midlands Commissioning Support Unit

COMMUNITY PHARMACY ARDEN
Representing Community Pharmacies in Coventry and Warwickshire