NHS
North East London
Clinical Commissioning Group

Local implementation of the NHS Discharge Medicines Service

Meeting name: TNW Practice/PCN Clinical pharmacist Education Forum
Presenter(s): Bola Sotubo & Jan Tomes
Date: 7th July 2021

Tower Hamlets, Newham
and Waltham Forest

DMS Overview

- DMS is a new essential service for community pharmacy contractors and commenced on February 15, 2021 and is mandatory
- Established to ensure better communication of changes to a patient's medication when discharged from hospital
- Requires collaboration across community pharmacy, hospital, and primary care network (PCN) clinical teams.
- Specific roles for NHS trusts, community Pharmacy and General Practice/Primary Care Networks

Aims

- Optimise the use of medicines, while facilitating shared decision-making
- Prevent or reduce avoidable harm caused by medicines due to transfer of care
- Improve patients' understanding of their medicines and how to take them following discharge from hospital
- Reduce readmissions if changes to medicines on discharge are communicated in a timely and effective manner.
- Support improvements in patients' health outcomes
- Support the development of effective team working across hospital, community and PCN pharmacy teams and general practice teams, and provide clarity about respective roles

Drivers

- Discharge from hospital is associated with increased risk of avoidable medication related harm.
- Medications issues at discharge are often due to poor communication between healthcare providers especially when transferring patients across care settings
- NICE NG05: recommends that communications between care settings, with patients and medicines reconciliation should occur within one week of discharge
- World Health Organization's (WHO) Global Patient Safety ambition to reduce level of avoidable harm due to medicines by 50% over 5 years by 2022
- Builds on the work that was done with the Transfer of Care Around Medicines (TCAM) programme

DMS Stages

Referral

- Appropriate patient' referral into community pharmacy from secondary care following discharge
- Patient consented in secondary care and information sent to pharmacy via secure electronic messaging

Stage 1

- Clinical check of referral within 72 hours of receipt
- Reconciliation of discharge with meds previously prescribed recorded on PMR

Stage 2

- First prescription received following discharge
- Full reconciliation of PMR against discharge summary for patient

Stage 3

- Involving the patient/carer
- Patient centred discussion (specific items on new medicines, meds optimisation, interactions, disposal,
- Adherence advice and providing additional information

General Practice/ PCN

- Provide advice/information to Community Pharmacist
- Clinical Support
- Specialist Support

NHS Trust

- **Patient identification:** Develop robust process for identifying patients who may benefit from a review by community pharmacy. E.g. those on high risk medicines
- **Referral:** Appropriate patients are electronically referred to community pharmacy within 24-48 hours following discharge (depending on weekends/bank holidays)
- **Patient consent:** Develop a system of consent to ensure that patients are fully involved in decisions about their care following discharge and have agreed to the DMS pathway
- **Advice/information:** Ensure that the referral contains contact details for community pharmacy to manage queries
- **Specialist support:** For complex patients or where additional support is needed, NHS Acute/Mental Health/Community Trusts should provide specialist pharmacy or MDT support in collaboration with community pharmacy and PCN pharmacy teams; Specialist pharmacists and/or hospital consultants
- **Data and information sharing:** Share key clinical information with community pharmacy. Clinical information needs to be shared across the system for the service to be effective.

Essential minimum dataset

- Demographic and contact details of the person and their registered general practice, NHS number and hospital medical record number).
- Medicines being used at discharge (prescribed, OTC and specialist medicines), as there may be medicines interactions), including the name, strength, form, dose, timing, frequency and planned duration of treatment for all and the reason for prescribing.
- How the medicines are taken and what they are being taken for.
- Changes to medicines, including medicines started or stopped, or dosage changes, and reason for the change.
- Contact details for the referring clinician or hospital department, to use where the pharmacy has a query.
- Ideally, the referral should also contain the hospital's Organisation Data Service (ODS) code.

Additional recommended dataset

- Details of other relevant contacts identified by the person, and their family members or carers where appropriate.
- Known drug allergies and reactions to medicines or their excipients, and the type of reaction experienced (see the NICE guideline on drug allergy).
- Medicines that are hospital only so that community pharmacy (and primary care) are aware and can consider any medicines interactions.
- Date and time of the last dose, for weekly or monthly medicines, including injections.
- What information has been given to the person, and their family members or carers where appropriate.
- Any other information needed – for example, when the medicines should be reviewed, ongoing monitoring (including blood tests) needs and any support the person requires to take their medicines safely. Additional information may be needed for specific groups of people, such as children and the elderly.

Discharge Medicines Service Referral Form v1.1

North East London Health & Care Partnership

Patient Name:	**DoB:**	**Referring Hospt:** *trust defined*
NHS Number:	**Form complete date:**	**D/C date:**
Patient contact details: (telephone number)	**Relative / Carer contact details** (if appropriate): (telephone number)	

Reason for admission:

Full discharge information (Discharge letter) can be found via: ☐ East London Patient Record (HIE) ☐ Attached

CONSENT

This person has verbally consented to a community Pharmacist working in liaison with their GP, and other care professionals, as appropriate to assist with management of their medication.

Date of Consent:	**Consent provided by:** ☐ Patient ☐ Relative / Carer (if appropriate)	
Name of person giving consent: (if not patient):	**Relationship to Patient:**	**Name & postcode of nominated Community Pharmacy:**

If relative / carer consents on behalf of patient, please document reason:

REASON(S) FOR REFERRAL (tick all reasons that apply)

A1 - Adherence related			
☐	Potential adherence concerns	☐	New request for a compliance aid
B1 - Drug Related: Newly initiated high risk medicine(s) for the treatment of a long term condition			
☐	Amiodarone	☐	Anti-epileptics
☐	Aspirin / NSAIDs	☐	Antipsychotics
☐	Anticoagulants (e.g. DOACs, warfarin)	☐	Controlled drugs / opioids
☐	Cardiovascular drugs (e.g. beta-blockers, diuretics)	☐	Lithium
☐	Digoxin	☐	Methotrexate
☐	Insulin	☐	Valproate
☐	Newly started inhalers		
☐	Other (please specify):		
B2 - Drug Related: Reason for referral			
☐	Follow up required (e.g. blood monitoring)	☐	Risk of dependence occurring
☐	Dose titration / adjustments required	☐	Medication changes to 1 or more above
☐	Multiple new medications initiated (including 1 or more above)		
☐	Other (please specify):		

Provide further details for the reason for referral and any actions already taken:

Any Potential barriers identified? e.g. language, other communication difficulties, cognition

Referrer Name:		**Email:**	*trust defined*	**ODS CODE:** *trust defined*

Community Pharmacy Stage 1: Referral received

- 72 hours" to undertake a pharmacist clinical check
- PMR is reconciled against discharge information and note changes
- Check any prescriptions awaiting collection or dispense in the pharmacy from before admission – esp eRD!
- Contact Trust or GP practice at any stage if clarification is needed

Actions	Responsibility
1. Check for clinical information and actions that need to be performed	Pharmacist
2. Compare the medicines on discharge summary to those on the Pharmacy medical Records (PMR) and SCR prior to admissions	Pharmacist/Pharmacy Technician
3. Where necessary discuss any changes that may be appropriate or raise any issues of concern with the referring NHS Trust or their GP practice as appropriate.	Pharmacist/Pharmacy Technician
4. Check previously ordered prescriptions that are in the dispensing process or awaiting collection to see if they are still appropriate. Particularly electronic repeatable prescriptions	Pharmacist/Pharmacy Technician
5. Ensure appropriate record is made to alert pharmacy staff to conduct stages 2 & 3	Pharmacist/Pharmacy Technician/ Dispenser

Community Pharmacy Stage 2: first prescription received

- Reconcile Rx against discharge
- Raise any discrepancies with relevant stakeholder
- May be fully actioned by community pharmacy or may need collaborative effort with GP practice
- Complex patients may warrant an SMR referral
- Patients with adverse events, onset/re-emergence of new/old Symptoms, (un)intentional adherence may all be reasons for referral

Actions	Responsibility
1. Ensure medicines prescribed post-discharge take account of any changes made during admission	Pharmacist/Pharmacy technician
2. Discuss any discrepancies and concerns with the practice. Complex issues may need to be resolved through a Structured Medication Review	Pharmacist/Pharmacy Technician
3. Ensure appropriate record is made to conduct stage 3.	Pharmacist/Pharmacy Technician

Community Pharmacy Stage 3: Involving the patient

- Patient centred conversation
- Bespoke to patient's needs
- Check understanding of meds and how/when/why they should be taken
- Any relevant medication advice
- Other service offer as an option, including NMS and waste meds disposal

Actions	Responsibility
1. Engage with patients about their medicines on a shared decision-making basis. Check their understanding of the use of their medicines. Provide the necessary information/advice	Pharmacist/Pharmacy Technician
2. Where patients are unable to attend the pharmacy the discussion can be via other means such as telephone, video consultation.	Pharmacist/Pharmacy Technician
3. Communicate any information that will be of value to the patients care to the GP/PCN clinical pharmacist	Pharmacist/Pharmacy Technician
4. Where appropriate an offer should be made to dispose of unwanted medicines (Own home and residential homes only)	Pharmacist/Pharmacy Technician
5. If clinically appropriate other services within the Community Pharmacy Contractual Frame work should be offered	Pharmacist/Pharmacy Technician

General Practice/PCN

DMS complements the role of General Practice in managing patients' medicines on discharge and is an opportunity for cross-sector joined-up working

- **Alignment of medicines discharge work:** Continue as per practise and work collaboratively to align the DMS with other current work
- **Agree responsibility:** Agree lead(s) to support the NHS Discharge Medicines Service.
- **Awareness of medicines support on discharge:** Ensure that all relevant staff understand the patient pathway for DMS and how it aligns with current work to minimise duplication. e.g. Structured Medication Review
- **Provide advice:** offer information and advice to community pharmacy teams where needed
- **Clinical support**: Some scenarios will require community pharmacy teams to work with General practices to jointly manage a discharged patient (e.g. when stopped medicines are to be restarted pending test results). Patients may have specific clinical needs
- **Specialist support:** For complex patients or where additional support is needed General Practice or PCN pharmacy teams should be prepared to receive referrals or collaborate in MDTs with the Community Pharmacists and NHS trusts.

DMS Pathway

NEL DMS Implementation Group

- Led by Barts - all Trusts are involved (acute +MH+ community)
- GP clinical lead
- LMC
- LPCs (NEL LPC covers 6 boroughs- C&H is separate)
- CCG pharmacists
- PCN pharmacist
- Patient rep

General Local Process

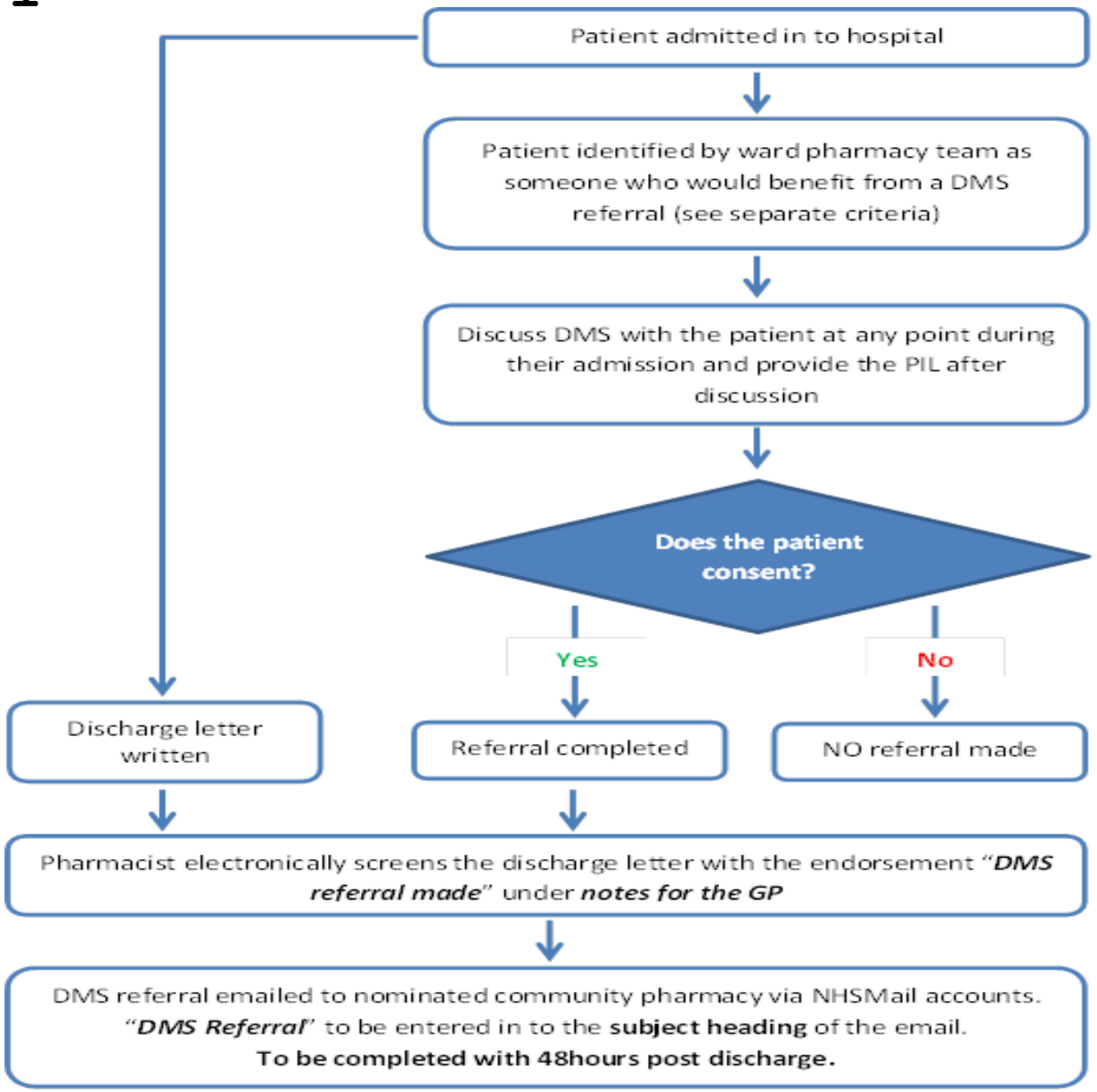
- Each provider starting 1 ward at a time, target completion is November 2021
- Trialling referral process so pathway may be amended
- Initially referral to CP will be by NHSmail, ideally will move to PharmOutcomes (IT platform used by most CPs for enhanced services) Reason for DMS referral will be included
- Acute Trusts using East London Health Record. MH/community will usually attach copy of discharge summary to email
- Discharge summary to GP practices will include confirmation that DMS referral has been made
- Feedback welcomed – initially to CCG MO team

Which patients will initially be offered DMS?

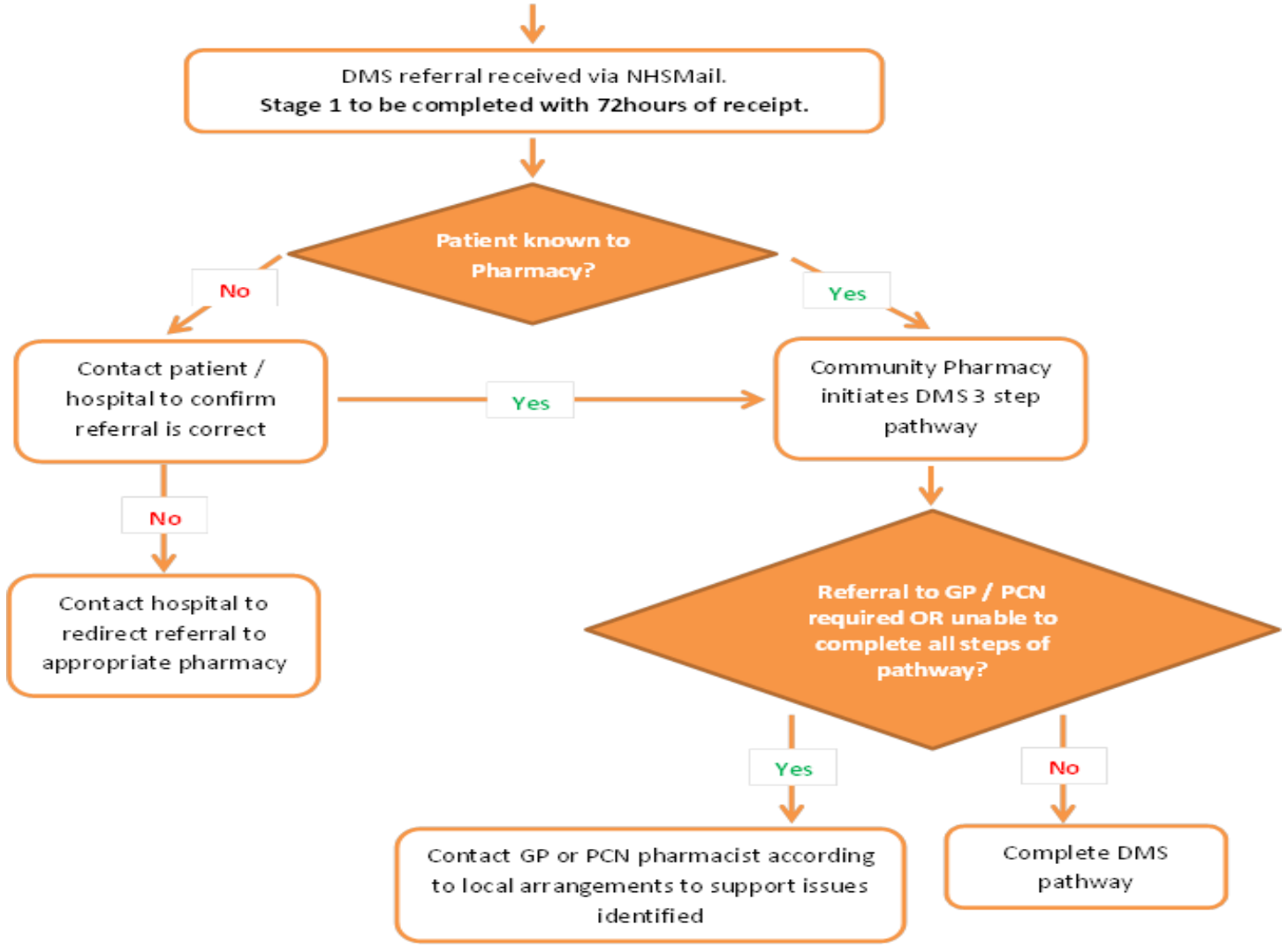
- Newly initiated on high risk medications for the treatment of long-term conditions and / or are likely to need on-going support from CPs.
- Patients who have been identified as having potential adherence concerns (including where a compliance aid may have been suggested as beneficial)
- AND / OR
- Patients who have been newly initiated on high risk medicine(s) for the treatment of a long-term condition
- AND which requires at least one of the following:

    - Follow up required (e.g. blood monitoring)
    - Dose titration / adjustments required
    - Risk of dependence occurring
    - Medication changes to 1 or more above (to ensure changes are enacted upon, +/- supportive counselling)
    - Multiple new medications initiated (including 1 or more above, to ensure changes are enacted upon, +/- supportive counselling)

NEL Pathway - Part 1



NEL Pathway - Part 2



Discussion on next steps

- Ideally agree a consistent approach for how the CPs can feedback to their local practices/PCNs
    - ? Email to the main practice address
    - ? Phone the practice bypass number
    - ? PCN lead
- Share contact details for all the CPs with practices (email + phone)
- Share practice contact details with CPs – once agreed best approach
- Share contact details for PCN lead CPs (unfunded role)
- Documents already sent to CPs can be shared with practices if staff want to see them(pathway, blank referral form & general letter)

Resources

- Amendment to NHS Pharmaceutical Services Regs 2020 p 20-32 https://www.england.nhs.uk/wp-content/uploads/2020/12/B0274-guidance-on-the-nhscharges-pharmaceutical-and-local-pharmaceutical-services-regulations-2020.pdf
- Toolkit: https://www.england.nhs.uk/publication/nhs-discharge-medicines-service-essential-service-toolkit-forpharmacy-staff-in-community-primary-and-secondary-care/
- NHSE&I Guidance: https://www.england.nhs.uk/publication/guidance-on-the-national-health-service-charges-andpharmaceutical-and-local-pharmaceutical-services- amendment-regulations-2020/
- NHSE DMS Hub Page: https://www.england.nhs.uk/primary-care/pharmacy/nhs-dischargemedicines-service/
- 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
- WHO Medication without Harm: https://apps.who.int/iris/bitstream/handle/10665/255263/WHO-HIS-SDS-2017.6-eng.pdf;jsessionid=FA7412B99D928DE090E50C894A515343?sequence=1
- NICE Guidance NG5 https://www.nice.org.uk/guidance/ng5

Q & A

Reflection Exercise

- What are your top three key learnings from the session?
- How will you implement your learning in practice?
- Who will you involve in implementing your learning?
- What further resource or learning do you require and how will you get this?