



## Questions form DSM Training events

Link to Avon LPC Webpage <https://psnc.org.uk/avon-lpc/nhs-pharmacy-contract/discharge-medicines-service-dms/>

PSNC FAQ - <https://psnc.org.uk/services-commissioning/essential-services/discharge-medicines-service/discharge-medicines-service-faqs/>

**Q – If there are no changes identified at Stage 1 of DMS, do you still need to complete stages 2 & 3?**

A – Yes, a record should be made that there were no identified changes in stage 1 and then stages 2 and 3 should be completed as part of DMS

**Q – It is not uncommon for a patient to be readmitted within a week or so of discharge and we are not informed. What obligation on the GP / Trust to keep us informed?**

A - Where the community pharmacy is unable reach the patient reasonable attempts must be made by the pharmacy contractor to contact the patient using the contact details set out in the referral at this point, the pharmacy contractor should discuss concerns with the patient's general practice

**Q – NMS is mentioned at the Stage 3, but wouldn't it be more appropriate at stage 1 when you're receiving the discharge – if I am understanding the service correctly, by stage 3 a week or up to a month may have passed and the medicine is no longer new?**

A - DMS provides funding for the pharmacist or pharmacy technician to undertake a discussion (taking a shared decision-making approach) with the patient to ensure they understand their medicines regimen, including any changes made while being treated by the NHS trust; that is stage three of the service. Normally this would occur when the first post-discharge prescription is received. Where appropriate, other services which form part of the Community Pharmacy Contractual Framework can also be provided.

The New Medicine Service (NMS) could be offered if *clinically appropriate*, if the patient *would get additional benefit from provision of the service*, provided the medication is one listed as included in the NMS and the patient condition or therapy area the medication is prescribed for is one on the scheduled list.

Within the NMS service requirements, the service may be offered and provided to persons who have, for the first time, been prescribed a particular NMS medicine, and:

- the prescription is on a prescription form dispensed at the pharmacy; or
- the prescribing occurred while the patient was at a hospital (whether as an inpatient or an outpatient); the treatment will continue once the patient is no longer at the hospital; and the patient was referred to the pharmacy by a health care professional at the hospital who is involved in the care of the patient.



The receipt of a DMS referral can be considered as fulfilling the requirement for a referral for medicines covered by the NMS, so the service can be offered if *clinically appropriate*, where the patient *would get additional benefit from provision of the service*.

Where it is appropriate to offer the NMS to the patient, separate consent should be obtained from the patient for the provision of this service, as the consent provided at the hospital will only relate to the DMS.

**Q – if the patient is unable to have the consultation with us because he/she has hearing impairment or is confused but the patient’s children / guardian gives the medication can we have the Stage three consultation with them instead of the patient?**

A - Stage 3 of the service should ideally be undertaken with the patient, but if they would like a carer involved in the consultation, that is also acceptable. If the patient is not able to participate in the discussion, it can just take place with the patient’s carer

**Q – How many weeks medication are patients discharged with?**

A – This depends on the Trust policy but would usually be between 7 – 28 days supply

**Q – What training is needed to provide DMS?**

A - Pharmacists and pharmacy technicians providing the service need to be trained on how the service will operate and their role in providing it. There is no requirement to undertake a specific training programme, but as a minimum, pharmacists and pharmacy technicians providing the service should read the section NHS England and NHS Improvement guidance on the regulations and the read the DMS Toolkit will provide key information that professionals need to understand. The CPPE DMS training programme will also support professionals to understand the service and their role within it. All pharmacists and pharmacy technicians that will provide all or part of the service need to complete the DMS Declaration of Competence <https://www.cppe.ac.uk/services/declaration-of-competence#navTop> to demonstrate that they have the necessary knowledge and competence to provide the service. A copy of the completed Declaration of Competence should be given to the pharmacy contractor.

**Q – If the patient is discharged from the hospital to a nursing home, will the patient be eligible for DMS?**

A - If the staff at a Trust believe a patient who ordinarily lives in a care home would benefit from a DMS referral, then like any other patient, a referral may be offered to them.

**Q – In which stages would we fail to complete all stages?**

A – The DMS service requires all 3 stages to be completed – the DMS Toolkit explains the exceptional circumstances when this may not be possible, and actions required by the pharmacy.

**Q – Regarding SOP are they company led or will a national one come through?**

A – There is no national SOP, If you work for a company they will provide an SOP for you to follow, if you are an independent contractor template SOP may be available from your trade bodies.



**Q – What happens if a Locum hasn't signed the DoC?**

A – The service is an Essential Service and must be completed – if the Locum has not completed a DOC they should complete as a matter of urgency. The contractor must ensure that that Stage 1 of the service is completed within 72 hours and Stages 2 & 3 at the appropriate time

**Q – When will Virtual Outcomes training be available? Will it be before Monday 15<sup>th</sup>**

A – Virtual Outcomes training is <https://www.virtualoutcomes.co.uk/> now available to support staff training.

**Q – What if a Pharmacy doesn't have a regular pharmacist or Pharmacy Technician?**

A – DMS is an Essential service and all community pharmacies on the Pharmaceutical List must provide it. The contractor must ensure that the service is available for all contractual hours so must ensure all pharmacists / registered technicians can deliver the service

**Q – Which trusts are currently live?**

A – Avon LPC is currently working with all local NHS Trusts regarding this service, however there are 100 trusts live across the country and your pharmacy may get a referral from any one of them

**Q – Where can the DMS Toolkit be found?**

A - <https://www.england.nhs.uk/wp-content/uploads/2021/01/B0366-discharge-medicines-toolkit.pdf>

**Q – If a new patient has no PMR, is it our responsibility to contact his GP Preferred pharmacy? Will another pharmacy also get his DMS Note?**

A - Where a referral is received for a patient who is new or unknown to the pharmacy, the pharmacy contractor may then need to contact the NHS trust and/or the patient for more information; and to check that the patient wishes to continue using this pharmacy for the DMS.

**Q – Will the service be self-populated on PharmOutcomes leading to entry on MYS like flu Jabs or will we have to enter all on MYS at month end?**

A – This has not been confirmed yet. The [DMS summary information](#) has to be reported to the [NHSBSA](#) as part of the contractor's claim via the [MYS portal](#). This data will help demonstrate the impact of the service and it will be used by the NHS in its evaluation of the DMS. Additionally, the data will trigger the payment to the contractor for provision of the service. A DMS MYS module has been built by the NHSBSA and this will be added to MYS in time for contractors to make their first claims for the service in early March 2021.

If contractors use the PSNC DMS worksheet to make their clinical records for the service, they will also be recording all the information that they will need to add to MYS, when the service is complete and they make their claim.



**Q – Will the referrals be the same as they come through at the moment?**

A – They will look very similar

DMS referrals from Trusts should contain the following information, as a minimum:

- The demographic and contact details of the person and their registered general practice (including their NHS number and their hospital Medical Record Number);
- The medicines being used by the patient at discharge (including prescribed, over-the-counter 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; and
- 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.

**Q – Will the surgery supply a script for all items or just the new ones?**

A – Scripts should be ordered in the usual manner by the Patient or Pharmacy for required items only

**Q – We are already dealing with discharges for MDS patients are they going to be part of DMS on 15<sup>th</sup> February?**

A – All Discharge referrals received in the pharmacy must be completed following the Discharge Medicines Service from 15<sup>th</sup> February 2021

**Q – Will the slides from the presentation be available to support staff training?**

A – VirtualOutcomes training is available to all Avon LPC Pharmacies to support staff training for DMS - <https://www.virtualoutcomes.co.uk/>

**Q – It was suggested that the pharmacist only needs to complete Stage 1, but stage 3 is a consultation with the patient – does this not need the pharmacist?**

A - The Service Specification details which members of the team can provide each stage of the service. PSNC has produced a summary table describing the 3 stages of the service and which members of staff can complete each stage - <https://psnc.org.uk/services-commissioning/essential-services/discharge-medicines-service/>



**Q – What if Pharmacy Technicians have not completed the Consultation Skills Training – can they still complete their DOC?**

A – The CPPE DOC requires you to answer the following question - Do you meet or are you actively working towards the Consultation Skills for Pharmacy Practice: Practice Standards for England, as determined by Health Education England?

If you confirm that you are 'actively working towards' the standards, you are declaring that you are undertaking the relevant learning and CPD to meet the standards. It is expected that you will have accessed the standards and associated learning to meet this requirement and that you will complete the assessment within 12 months of signing the Declaration of Competence statement. As a pharmacy professional you should continuously seek to develop your consultation skills throughout your career and, therefore, this topic should regularly feature in your CPD plan. To access the assessment, go to the CPPE website. If you have not yet completed the assessment, you should be able to provide evidence of the consultation skills learning you have undertaken

**Q – When a referral comes via NHS Mail or PharmOutcomes is there a clear flag to show it's a DMS referral?**

A – No pharmacy teams must regularly check and identify any referral into DMS

**Q – Do pharmacies need to advertise the service?**

A – No. Patients are referred into the service so no advertising is necessary

**Q – Can Provisionally Registered and Pre-Registration pharmacists deliver DMS?**

A - Pre Reg-Pharmacists cannot provide any aspect of the DMS service. Provisionally Reg Pharmacists can provide any service under the guidance and direction of their supervising pharmacist where they have undergone the appropriate training and Declaration of Competence (DOC where required) and have been assessed by their Supervising Pharmacist as competent to provide the service.

**Q – Does the patient consent to all stages of the service including being contacted for stage 3?**

A – Yes - NHS trusts are required to develop a system of consent to ensure that patients are fully involved in decisions about their care following discharge and have agreed to the whole DMS pathway. Where the referral is for a patient who regularly uses the pharmacy, the receipt of a referral can be accepted as implied consent by the patient agreeing to have the referral made to the pharmacy.

Patients, like in any other service, are free to withdraw their consent to receive the service at any point in the service.

Anything that arises during the provision of the DMS and then needs to be addressed with the general practice forms part of the service and the regulations place the contractor under a duty to act to seek to address the issue. Due to that contractual responsibility, there is no need for explicit patient consent prior to making contact with the general practice or the PCN clinical pharmacist. However, if the issues arise in a conversation with the patient, it would be practical and courteous to verbally seek consent from them at that time. This could occur in the flow of the conversation, where the professional identifies an issue and explains that they will need to speak to the practice to clarify the matter, after which they will revert to the patient. There would be no need for consent to be evidenced in writing.