

# Greater Manchester Discharge Medicine Service (DMS)

Briefing for Community Pharmacy Teams & Contractors

## Service Overview

Pharmacy contractors are required from 15 February 2021 to provide the NHS England & Improvement (NHSE/I) Discharge Medicines Service (DMS) as an essential service through the community pharmacy contractual framework. NHS Trusts will be able to refer patients who would benefit from extra support related to their medicines regimen after they are discharged by the Trust, to a community pharmacy. This service builds on the work that the Academic Health Science Networks (AHSN) have undertaken with Trusts and community pharmacies over recent years, as part of the Transfer of Care Around Medicines (TCAM) programme. Within this programme, the AHSNs have worked with Trusts to put in place processes and IT infrastructure to allow hospital clinicians to identify patients admitted to hospital that might benefit from being referred to their community pharmacy at discharge.

## Service Objectives

The NHSE/I DMS has been established to ensure better communication of changes to a patient's medicines in hospital. Its aims are to:

- Optimise the use of medicines, while facilitating shared decision-making
- Reduce harm from medicines at transfers of care
- Improve patients' understanding of their medicines and how to take them following discharge from hospital
- Reduce hospital readmissions 26 AHSN Network (2019) Transfers of Care Around Medicines (TCAM)
- Support the development of effective team working across hospital, community and PCN pharmacy teams and general practice teams, and provide clarity about respective roles

## Patient eligibility

High risk patients:

- People taking more than five medications, where the risk of harmful effects and drug interactions is increase
- 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

Patients on 'high-risk' medicines:

- Multiple resources cite a list of 'high risk medicines'. They include but are not limited to: anticoagulants (e.g. warfarin, dabigatran), antiepileptics, digoxin, opioids, methotrexate,

antipsychotics, cardiovascular drugs (e.g. 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, e.g., blood monitoring, dose titration
- Patients prescribed medicines that have potential to cause dependence (e.g. opioids)
- Those for which doses vary/change, either increasing or decreasing over time

### Pathway

1. NHS Trusts will identify patients who will benefit from the DMS and, subject to the patient consenting to a referral, they will send a referral to the pharmacy via a secure electronic system. The referral will include details of the patient's medicines regimen at discharge
2. When a referral is received, a community pharmacist will undertake an initial review of the information, comparing the revised regimen to that pre-admission. At this stage, where any clinical issues are identified, these will be queried with the Trust or alternatively, it may require a conversation with the patient's general practice or the clinical pharmacy team within the PCN
3. When the first prescription for the patient is received by the pharmacy following discharge, a further review will be undertaken to 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 general practice or PCN clinical pharmacy team. Complex issues may need to be resolved by the general practice/PCN clinical pharmacy team undertaking a Structured Medication Review
4. The community pharmacist or pharmacy technician will then have a consultation with the patient and/or their carer to check their understanding of what medicines they should now be taking, when they should be taken and any other relevant advice to support medicines use
5. Where the patient and/or their carer cannot attend the pharmacy for this discussion, for example if they are housebound or convalescing following surgery, this can be provided by telephone or video consultation
6. Information that would be of value to the patient's general practice or PCN clinical pharmacy team, to support the ongoing care of the patient, will be communicated as appropriate
7. Where appropriate, there should also be an offer to the patient to dispose of any medicines that are no longer required, to avoid potential confusion and prevent an adverse event

### GM Implementation

Please see the below breakdown of each locality and their status with regards to the service.

Trust	Status
Royal Bolton	Live (since June 2020)
Salford Royal	Live (since Feb 2019)
Pennine Acute (includes Fairfield general hospital, Rochdale infirmary, Birch hill hospital, North Manchester general hospital, Fairfield general hospital)	TBC
Tameside & Glossop Integrated Care Trust	Live (since March 2021)
Stockport NHS FT	Live (since May 2020)

MFT (MRI/Wythenshawe/Trafford) This includes North Manchester general hospital, Manchester royal infirmary, Wythenshawe hospital, Royal Manchester children’s hospital, Manchester royal eye hospital, Saint Mary’s hospital, University dental hospital of Manchester, Withington community hospital, Trafford general hospital, Altrincham hospital	TBC
Wigan NHS FT	Live (since March 2021)
GMMH	In progress
Pennine Care	In progress

**Please note: Referrals can be received from any locality in GM. As an example, a referral could be sent from Royal Oldham Hospital to a contractor in Wigan.**

**Please ensure you and your teams have a robust process in place for regularly reviewing and monitoring PharmOutcomes and actioning any referrals.**

**Please ensure your Primary Care Network is aware of this service. You can share this briefing with them for information.**

### **GMLPC System Support**

GMLPC supported Health Innovation Manchester to deploy GPCPCS during the pandemic. We are aware there continues to be ongoing challenges in relation to the implementation and uptake of the service. We are currently engaging with GMHSCP, Northwest NHSE/I team and PSNC to escalate and manage concerns raised by Community Pharmacy contractors. We will continue to provide you with updates via GMLPC newsletters and NHS mail as more information becomes available.

### **Call to action for contractors**

For further information and support on this service please check your LPC [website](#), PSNC [website](#) or contact your LPC on [enquiries@gmlpc.org.uk](mailto:enquiries@gmlpc.org.uk)