

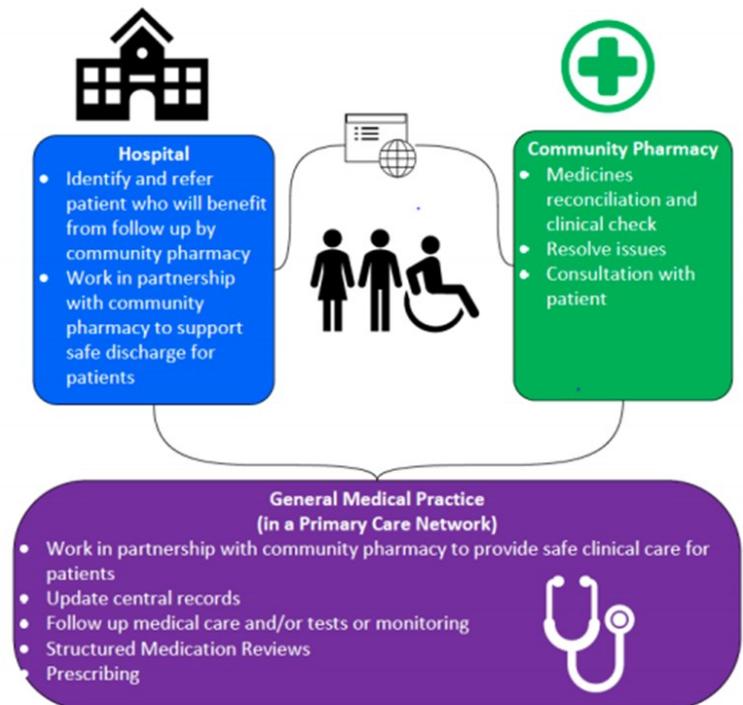
Transition to the Discharge Medicines Service (DMS)

Background and context

Eastern AHSN has supported acute trusts in the region to implement the Electronic Medicines Optimisation Pathway (EMOP) since 2018. This initiative enables trusts to send discharge information to a patient's community pharmacy after an inpatient stay to reduce the risk of avoidable medication related harm following discharge from hospital. In line with NICE guideline [NG05](#), the service aims to improve medicines-related communication and ensure that medicines reconciliation happens within a week of discharge to primary care.

The Discharge Medicines Service (DMS)

The [DMS](#) comes into effect on 15th February 2021. Under the DMS, community pharmacies will receive payment for all referrals they act upon, as well as an initial set-up fee. Whereas previously community pharmacy could opt out of EMOP, under DMS all referrals must be completed as part of an essential service. Implementation requires pharmacy professionals and their teams across hospitals, PCNs and community pharmacy to work together. NHSE/I has developed a [toolkit](#) to support local areas to transition to the DMS.



Why is the DMS important?

Academic research shows that the service can significantly **reduce hospital readmissions** for those who receive a follow-up consultation with their community pharmacist. In one study, readmissions reduced by nearly **17%** and in another by nearly **15%**.

A pharmacist view

"This is a great way to make the transition easier between patients getting discharged from hospital and obtaining the right medicines in a timely way following their release. PharmOutcomes gives us more information so that we can be proactive and help make the process flow a lot better. "By getting sent the discharge summaries via the new system, we can save time the GP to review and set up any new prescriptions. Patients are happy that we've got the information as well, it comes through pretty quickly on line. Using the new system, we can now act as another reminder for the doctor, rather than leaving it entirely up to them or the patient to review discharge summaries."

Sachin Shah, Superintendent pharmacist at Jackmans Pharmacy

Examples of direct patient impact

A female in her mid-70s was referred. Upon comparing the discharge information with the repeat prescription, the pharmacy noted that the patient's dose of Allopurinol had been reduced due to reduced kidney function. The pharmacist contacted the GP and asked for a repeat prescription with the correct dose, to avoid the patient taking a potentially harmful dose.

A patient in her mid-80s was referred. The pharmacist noted that she was uninformed about what to do with regards to her Methotrexate therapy. She had been diagnosed with a chest infection and cellulitis so the pharmacist advised her to withhold her Methotrexate therapy until her infections completely cleared. The pharmacist also alerted the GP that her Furosemide dose had been changed in hospital and advised the patient to monitor her INR more closely with the clinic due to the potential for Warfarin vs Flucloxacillin interaction.

What does this mean for community pharmacies?

The NHS [regulations guidance](#) outlines the DMS service requirements for community pharmacy contractors. The service will comprise three distinct elements for community pharmacy contractors to complete when receiving a discharge referral, receiving the first prescription following discharge, and checking the patient's understanding of their medicines regimen. The DMS toolkit outlines the following actions for community pharmacies:

-  Ensure that all pharmacy professionals who will be engaged in delivering the service have completed a [Declaration of Competence](#) and understand the parts of the service specification relevant to their role.
-  Ensure that a standard operating procedure for delivering the DMS is developed and understood by all staff involved in providing the service.
-  Understand how referrals will be received from NHS trusts in their local area and ensure relevant members of staff can access them.
-  Consider and identify key local contacts in the system, including the local PCN pharmacy team, and build relationships to promote integrated working.
-  Consider how to best explain the service and offer advice on taking medicines effectively to patients, relatives and carers. Reflect how to share this advice where the patient has limited capacity to engage in the conversation or to understand complex medication issues (e.g. under the Mental Capacity Act 2005). Identify an appropriate consultation space and options for telephone or video consultation where required by the patient and/or their carer.
-  Ensure that staff are competent to provide this service and, where there is any doubt, should seek further training in readiness for 15th February 2021. It is strongly recommended that all pharmacists and pharmacy technicians delivering this service complete the [CPPE](#) NHS Discharge Medicines Service training.

For more information or support, please contact sophie.castle-clarke@eahsn.org