

For the attention of
Community Pharmacy Teams

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Dear Colleague

The NHS Discharge Medicines Service - Available in all Community Pharmacies from Monday 15th February

Ensuring patients get the best quality care and advice about their medicines when they leave hospital is vital to safety and to improving outcomes, preventing errors and avoiding unnecessary readmissions.

The Transfer of Care Around Medicines (TCAM) programme was established in 2019 to refer patients from hospital to community pharmacy for support with medicines reconciliation on discharge and, with the support of Academic Health Science Networks, the majority of NHS trusts have established referral processes.

New Clinical Service

Building on the success of the TCAM programme, the NHS Discharge Medicines Service (DMS) begins today as a new essential service under the Community Pharmacy Contractual Framework. As an essential service, it must be provided by all community pharmacy contractors. The service has been established to introduce consistency in the communication of changes to a patient's medicines when they leave hospital, known to be one of the aspects of a patient's care most prone to error, and to reduce incidences of avoidable harm caused by medicines. The NHS DMS has been identified by NHS England and NHS Improvement's (NHSE&I) Medicines Safety Improvement Programme to be a significant contributor to the safety of patients at transitions of care by reducing readmissions.

NHS trusts will be able to refer any patient that they consider at high risk of harm from their medicines to community pharmacy for COVID-19 secure support and consistent post-discharge follow up using a secure electronic message (such as an @nhs.net email). Importantly given the pandemic, where the patient and/or carer would prefer, or it is necessary due to patient and/or carer need, the NHS DMS can be provided remotely with contact through video consultation or telephone. All patients referred into the service will receive a check of their medicines by a community pharmacy health professional, ensuring



medication reconciliation, and a consultation to make sure they understand any changes and have an opportunity to ask further questions or report problems (e.g. side-effects, concerns). Patients requiring more intensive help, such as a Structured Medication Review (SMR), will be referred on to their general practice or primary care network (PCN) clinical pharmacist for that review.

The service also provides an exciting and important opportunity for the development of effective and collaborative team working across NHS trusts, community pharmacy and PCN clinical teams.

Referring Patients into the Service and Capacity

Recognising the capacity challenges and constraints NHS trusts are facing in responding to the COVID-19 pandemic, NHS trusts which do not have a referral process into the NHS DMS already in place are being asked to establish a process once capacity allows.

NHS trusts which have already established a referral process under the TCAM programme can continue to refer patients during the pandemic to support patient safety and to reduce readmissions and so support hospital capacity. These referrals should now be titled 'Discharge Medicines Service' referrals to enable community pharmacy to recognise them. We have taken appropriate medical advice, and NHS trusts can refer patients who are recovering from COVID-19 for the DMS where they feel it is appropriate to do so.

Essential Guidance and Other Resources

[Guidance](#) has been published on delivering the NHS DMS, and pharmacy contractors should familiarise themselves with this guidance and their roles and responsibilities in delivering the service. Additional resources are on NHSE&I's website, including:

1. A [Cross-sector toolkit](#) setting out the shared responsibility and roles of clinical teams across healthcare settings. It includes checklists setting out the role and responsibilities of community pharmacy, NHS trusts and PCNs in supporting medicines reconciliation on discharge. This document recommends that pharmacy teams across local systems (e.g. integrated care system, place or neighbourhood) would benefit from bringing together a collaborative, system-wide stakeholder group, to agree the most effective local approach; and
2. [Training and learning materials](#) which all staff across healthcare settings making referrals, delivering or supporting delivery of the service, should ensure that they complete.

Reporting, Monitoring and Payment

For each NHS DMS provision, pharmacy contractors are required to report a standard dataset through the NHS Business Services Authority (NHSBSA) 'Manage your Service' (MYS) portal. Pharmacy contractors are required to submit this data monthly for payment, service evaluation and monitoring purposes. The essential data specification for submission by pharmacy contractors is on [NHSE&I's website](#).

Future Resources

NHSE&I is developing additional resources including webinars to support the service and NHS trusts which will be launched at an appropriate time. For any queries or additional information on the NHS DMS in the interim, please contact the NHSE&I Community Pharmacy Team England.CommunityPharmacy@nhs.net

Thank you to you and your team for the continued delivery of care and support to patients, families and communities during this unprecedented crisis – I am very grateful in particular for your dedication to patient safety.

Best wishes

A handwritten signature in black ink, appearing to read 'K. W. Ridge', with a long horizontal flourish extending to the right.

Dr Keith Ridge CBE
Chief Pharmaceutical Officer
NHS England and NHS Improvement

cc: Lisa Simpson, Deputy Director, Primary Care Group, NHSE&I