

Services and Commissioning

December 2020

The NHS Discharge Medicines Service: a briefing for pharmacy teams

This briefing document provides an introduction to the **NHS Discharge Medicines Service (DMS)** for pharmacy team members, which can be used by contractors when briefing staff on the new service and any role they may play within it.

General information

- The DMS is a new Essential service which all pharmacies in England have to provide from 15th February 2021.
- NHS Trusts (hospitals) will be able to refer patients who would benefit from extra support with their medicines after they are discharged from hospital, to their community pharmacy.
- This service builds on the work that the Academic Health Science Networks (AHSN) have undertaken with Trusts and many community pharmacies over recent years, as part of the <u>Transfer of Care Around Medicines</u> (TCAM) programme.
- Within this programme, the AHSNs worked with hospitals to put in place systems and IT infrastructure to allow hospital pharmacists and other healthcare professionals to identify patients admitted to hospital that might benefit from being referred to their community pharmacy at discharge.

The need for the service

- When people are discharged from hospital, there are frequently changes to their medicines, which can result in confusion about what medicines they should be using.
- Sometimes errors are made when new prescriptions are issued following a stay in hospital, as there may be communications problems between the hospital and the patient's general practice.
- Discharge from hospital is associated with an increased risk of harm due to medicines, but this can be avoided.
- <u>NICE recommends</u> communication systems about medicines should be put in place when patients move from one care setting to another.
- Also, medicines reconciliation processes, such as comparing what was prescribed at discharge from the hospital, to the first new prescription from the GP, should also be in place.

It is estimated that **60% of patients** have **three or more changes** made to their medicines during a hospital stay

Only 10% of older patients will be discharged on the same medication that they were admitted to hospital on

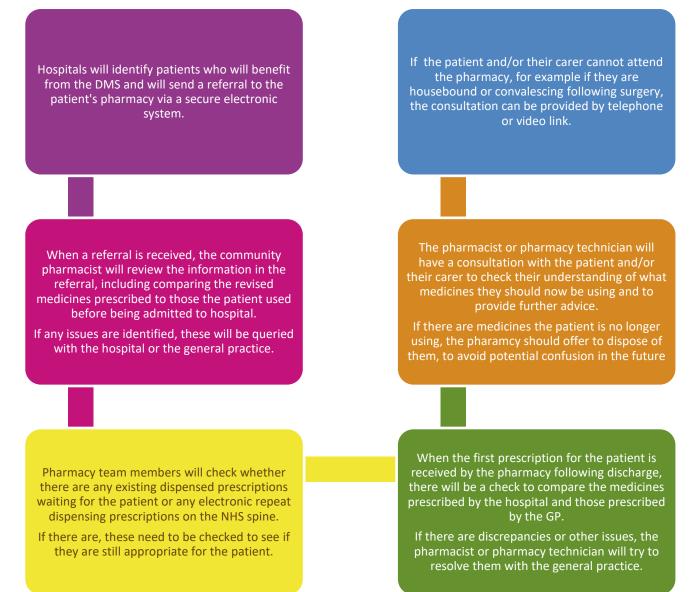
30-70% of patients experience **unintentional changes** to their treatment, or an error is made because of a lack of communication or miscommunication on discharge

20% of patients have been reported to experience adverse events within three weeks of discharge, 60% of which could have been managed or avoided



Research studies have shown the benefit of effective communication systems and follow-up consultations provided by community pharmacists when transferring patients from one care setting to another. They have found that people who had a follow-up consultation may have lower rates of readmission to hospital.

How the service works



How can you help provide the service?

Most of the service will be provided by the pharmacist or pharmacy technician and they will need to undertake some training on how the service operates before they can provide it.

Other pharmacy team members may be able to help with specific parts of the service, such as checking for referrals from hospitals, arranging consultations with patients and checking for existing prescriptions previously dispensed for the patient. Your pharmacist will be able to explain more about what roles you can play in providing the service and this will be explained in the Standard Operating Procedure for the service.

Want to read more about the service?

Further information on the service can be found at psnc.org.uk/dms.