Community Pharmacy Surrey & Sussex

Let's maximise our income by ensuring that all services delivered are claimed. Utilise the pharmacy team to delegate claiming activities and set reminders.

Discharge Medicines Service Tips Surrey & Sussex

1. Check all pharmacy colleagues are familiar with the service - see Toolkit for Pharmacy Staff and DMS Briefing for Pharmacy Teams to aid with this.

2. Check all pharmacists and pharmacy technicians involved in delivering the service have
   - Read the section on DMS within the NHSE Guidance on the Regulations
   - Been given the opportunity to complete the CPPE NHS DMS eLearning and Assessment – this is **recommended** but *not a requirement* **or prerequisite** to providing the service.
   - Completed the DMS Declaration of Competence, and provided a copy to the pharmacy contractor.

3. Ensure sufficient colleagues have access to the pharmacy NHS.net shared inbox and are checking regularly throughout the day for referral notifications – see about NHSmail and NHSmail FAQ's. DMS referrals may also be sent directly to the pharmacy NHS.net shared inbox.

4. Ensure sufficient colleagues can access PharmOutcomes and are checking the system at least twice a day to ensure all referrals are picked up. (If you are using an alternative system provider for other referrals, for example NHS111 CPCS referrals, you will still need to check PharmOutcomes for DMS referrals and will not be charged for access to PharmOutcomes for this.)

5. If a referral is received for a patient who has not accessed prescription services at your pharmacy before, the pharmacist or pharmacy technician may wish to contact the patient directly to ensure they intended for the referral to be sent to your pharmacy. In a case where the patient or NHS Trust confirms the referral has been sent to the pharmacy in error, the community pharmacy should contact the hospital and ask that the referral is amended and sent to the correct community pharmacy.
   If at any stage the patient wishes to change pharmacies, you can create an 'onward referral' in PharmOutcomes and send this to the new pharmacy via NHSmail.

6. The DMS has 3 stages which may be completed in parallel – see the PSNC [DMS Activity Summary](#) for full detail. You could populate clear alerts or notifications on the patient medication record (PMR) within the pharmacy clinical system for all stages of the service, detailing any actions taken.

   o **Stage 1:** Receipt of referral
     The pharmacist should accept the referral in PharmOutcomes and undertake a clinical check **within 72 hours** of receipt of a referral, excluding days that the pharmacy premises are not open for business.

The pharmacy team may contact the referring NHS Trust or the PCN pharmacy team to discuss any concerns (e.g. an important medicine the patient usually takes is omitted on the discharge referral) and to seek clarification about the discharge referral.

The pharmacy team should check any previously ordered prescriptions for the patient that are in the dispensing process or awaiting collection to see if they are still appropriate, particularly electronic repeatable prescriptions.

   o **Stage 2:** 1st post-discharge prescription receipt

The pharmacist or pharmacy technician will ensure medicines prescribed post-discharge take account of the appropriate changes made during the hospital admission.

The pharmacy team should resolve any discrepancies with the patients' general practice, or refer the patient to the GP/PCN Pharmacy Team for a Structured Medication Review or other intervention.

- o **Stage 3:** Support to patient

The pharmacist or pharmacy technician will hold a discussion with the patient (or the carer if appropriate) to check their understanding of their post-discharge medicines' regimen.

The pharmacist or pharmacy technician will identify any adherence, clinical issues, outstanding questions or needs the patient may have regarding their medicines. Other services which may be of benefit could be offered to the patient, such as the New Medicines Service or other Locally Commissioned or Advanced services, where appropriate.

7. Include sufficient detail in all sections of the referral template on PharmOutcomes, (or if system unavailable by following the NHS Data Specification or the NHS DMS Worksheet), as you will need this detail to claim for the service provision on the MYS Portal.

8. If you are unable to provide all or any stages of the service (e.g. temporary pharmacy closure) you should liaise with the patient and, with consent, send the referral on to an alternative community pharmacy.

9. Make sure you get paid for the work you have done! Currently you will need to manually claim for all completed stages of the DMS referral on the MYS Portal.
   [Please note: The NHSBSA are preparing a digital interface (API) to allow PharmOutcomes to send DMS claims automatically to the Manage Your Service (MYS) portal. However, this API is **not yet available for use**].
   To support this transfer of data, see the PharmOutcomes DMS Reporting Guide for how to access a summary report of DMS activity, which effectively converts your DMS records to a format aligned with the requirements of the MYS Portal.

10. Contact PharmOutcomes Helpdesk for any IT or system issues, or your LPC colleagues or Community Pharmacy Clinical Leads for any other additional support or queries. You can view the PharmOutcomes DMS training video (4.5mins), or watch our full on-demand University Hospitals Sussex DMS

webinar (40mins) or Surrey Heartlands DMS webinar (50mins) for more information.

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