

Discharge Medicine Service (DMS)

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Discharge Medicine Service (DMS)

- Refresher video on DMS
- Essential service in community pharmacy
- Ashford and St Peters and Royal Surrey have recently procured a joint PharmOutcomes license to allow referrals
- Community pharmacies to see increase in DMS referrals from ASPH and RSFT
- We will be covering hospital pathway including a case study then the community pharmacy pathway once the referral has been received





**Sending
DMS
referrals
from Surrey
Safe Care**
(shared electronic record)



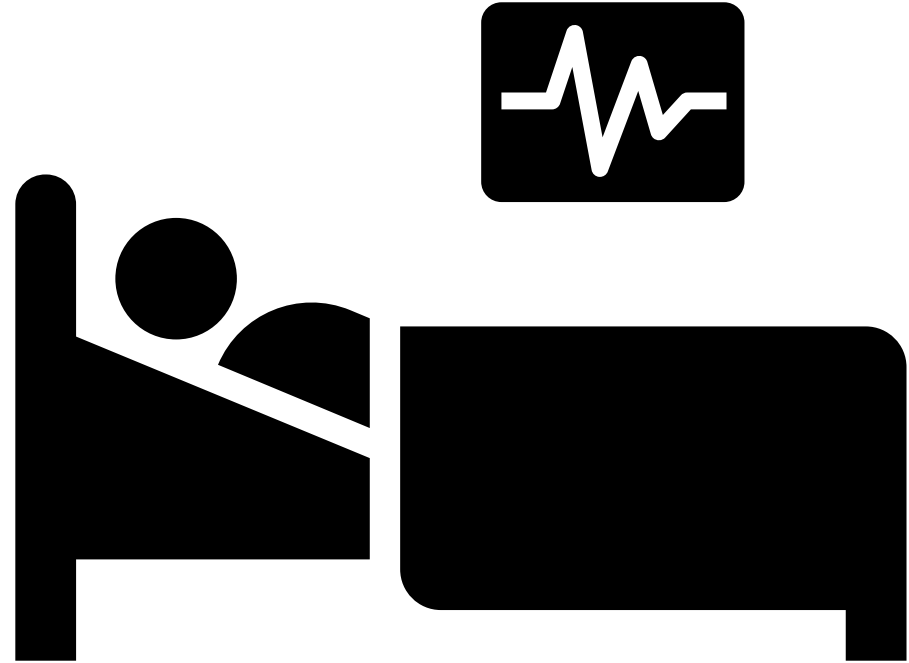
Example
Patient:
Mr John
Smith

- Admitted with gastro-intestinal bleed
- Past medical history: Acute Coronary Syndrome 4 months ago, Hypertension
- Drug history:
 - In Dosette:**
 - Atorvastatin 80mg ON
 - Aspirin 75mg OM
 - Clopidogrel 75mg OM
 - Ramipril 5mg OM
 - Bisoprolol 5mg OM
 - Outside Dosette:**
 - Paracetamol 1g QDS PRN
 - GTN spray PRN
 - OTC Ibuprofen

Example
Patient:
Mr John
Smith

- Medication changes:
 - Stopped:
 - Clonidogrel 75mg OM
(for review by cardiology in 1 month)
 - Ibuprofen OTC
 - Started:
 - Lansoprazole 30mg OM

Patient consent for
PharmOutcomes referral
and
Nominated Community
Pharmacy Information
are obtained during
Admission or Discharge
Medication Reconciliation



When screening
discharge letter,
pharmacists can
choose to refer to
PharmOutcomes





*Performed on: 14/02/2024 1611 WET

- Discharge Med
- Medication Recor
- PharmOutcomes I

SMITH, JOHN Age: 33 Years DOB: 01/01/91
00:00:00

Discharge Medication Review

TTO Lock Status

☐ Unlocked ☒ Locked

Problem with Screening?

- ☒ No
☐ Yes
☐ Resolved

Problem Type:

- ☐ CD Prescription ☐ Awaiting PODs ☐ Other:
☐ CD Order Book ☐ Awaiting Paper Chart
☐ Doctor to Review ☐ Overnight TTO

If there is a Problem with Screening, then leave 'Screening Complete?' BLANK and click on SAVE (not Sign).

If there are no screening problems, or all problems have been resolved, then mark 'Screening Complete' as 'Pharmacy Reviewed' and click on SIGN.

Screening Complete?

☒ Pharmacy Reviewed

Date & time TTO medication required

14/02/2024 1612

Do discharge medications require dispensing in Pharmacy?

☒ Yes ☐ No

Pharmacist comments for GP

SMITH, JOHN

Age: 33 Years DOB: 01/01/91

00:00:00

PharmOutcomes Referral Information

Community Pharmacy Details

If incorrect, or if no details display here, update via the PM Conversation

COMMUNITY PHARMACY DETAILS

Pharmacy Name: BOOTS

Pharmacy Code: FAJ57

Address: 12 STOUGHTON ROAD
GUILDFORD
SURREY
Line 4
GU1 1LL

Phone: 0148357377

Updated On: 14-FEB-2024 16:12

Updated By: Pharmacy Staff

Reason for referral to PharmOutcomes

Common reasons for referral include: age >65, high-risk meds, compliance aid, concern/confusion with meds, new meds, changes to meds, drug interaction related admission

Dosette Box patient. Previously on Aspirin and Clopidogrel (in dosette) and Ibuprofen (bought OTC – outside dosette). Admitted with GI bleed so Clopidogrel and Ibuprofen stopped and new Lansoprazole started. New dosette boxes needed and OTC support.

Referrer contact details

☒ SPH_Dispensary:01932-723208

☐ RSFT:01483-571122_Bleep:1154

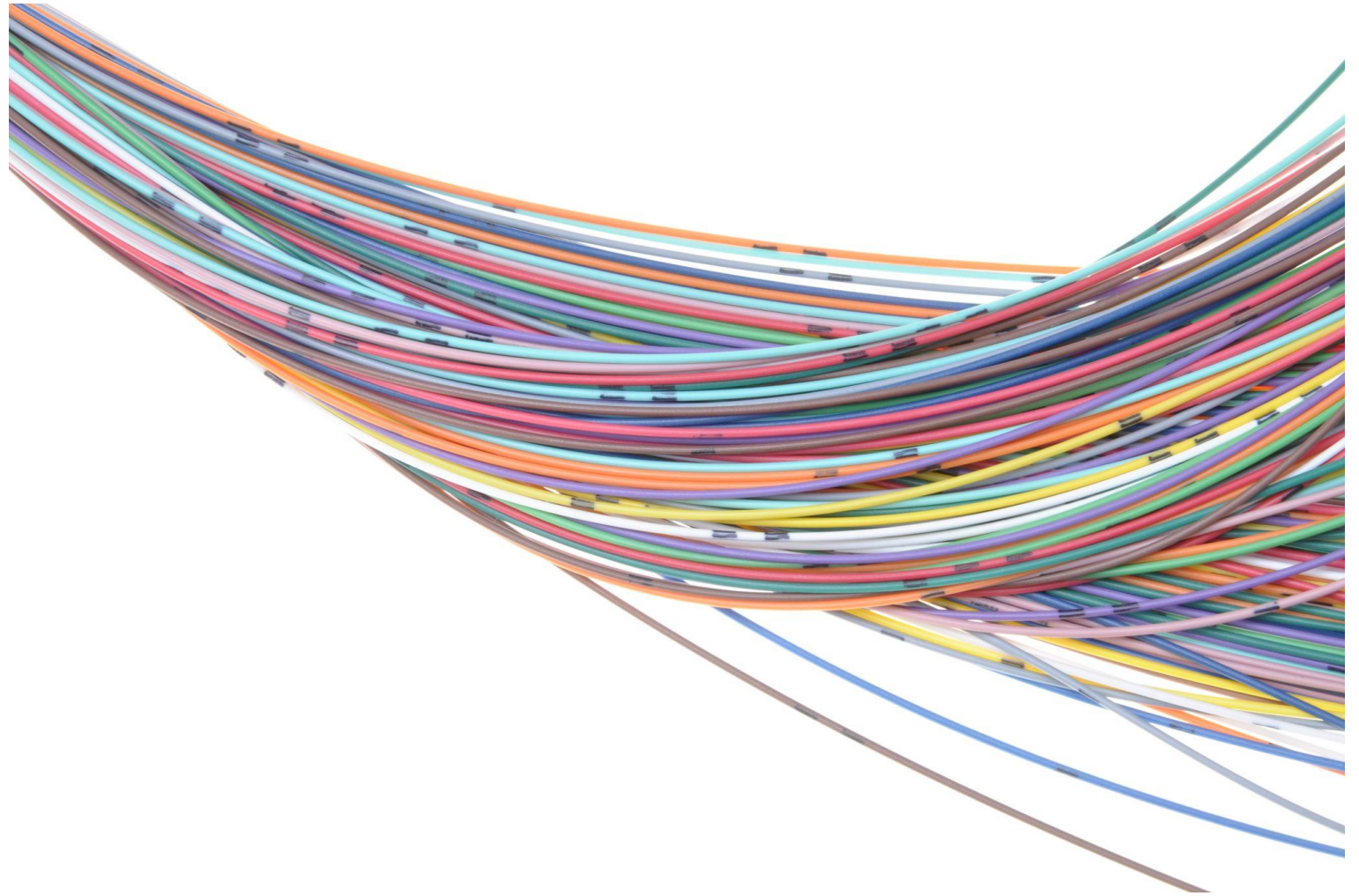
Referrer forename

Pharmacy

Referrer Surname

Staff

18 hours after
patient is
discharged, the
referral is
automatically sent
to the nominated
pharmacy



Patient Identifiable section (Reference Question)

Patient Details brought forward

Original Referral	7th Feb 2024
Referred from	Ashford & St Peters Hospital (RTK)

Client Name	JOHN SMITH
Date of Birth	01/01/91
Age (From DoB)	33
Gender	Male
Address	1 Southwood Smith Street, LONDON
Postcode	N1 0YL
NHS Number	Unknown
Contact Details	None Provided

Registration details brought forward

Hospital MRN	REF-00000
Discharge ward	SP DUMMY WD
Discharge consultant	
GP Practice selection	St Nicholas Church Centre, 100-101 Church Lane, Guildford, Surrey, GU1 1LL (Practice)
GP Practice value	1140194
Follow up pharmacy	BOOTS, GUILDFORD GU1 1LL

Allergies ▼

Type	Causative agent	Description of the reaction
Miscellaneous Allergy	*See Attached Discharge Summary*	

Admission information ▼

Admission method	Date of admission
Planned	2024-02-06

Discharge details ▼

Attending consultant	Date of discharge
Dr Clinical Practitioner Access Role One Cerner Test	2024-02-07

Discharge Medication ▼

Medication name	Dose/ Form	Medication frequency	Route	Number of Days Supplied	Medication recommendations
Please see attached Discharge Summary for all Medication Information					

Stopped Medication ▼

Medication name	Dose/Form	Discontinue Reason
Please see attached Discharge Summary for all Medication Information		

Clinical Details ▼

Referral Details	
Priority	ROUTINE
Details	Dosette Box patient. Previously on Aspirin and Clopidogrel (in dosette) and Ibuprofen (bought OTC - outside dosette). Admitted with GI bleed so clopidogrel and lansoprazole stopped and new lansoprazole started. New dosette boxes needed and OTC support.
Start Date	2024-02-07

Discharge letter File1	DischargeLetter.pdf
Recommendations ▼	
Notes and Actions	
Patient Consent	Yes (explicit consent obtained)
Consent Comment	
Notes	
Hospital team member	Pharmacy Staff
Contact number	Work SPH-Dispensary-01932-723208

The referral will include the hospital discharge letter as an attachment



St Peter's Hospital
Guildford St
Chertsey,
Surrey,
KT16 0PZ

14/02/2024 16:32

Discharge Letter

Discharge summary for

Patient Demographics

Mr John Smith

DOB:
01/01/19
91
MRN:
Visit
Date:
14/02/20
24

Admission details

Date: 14/Feb/2024 08:40:00

Source: NHS Care Home

Lead consultant: Cerner Test , Clinical
Practitioner Access Role One

Lead consultant specialty: General Internal
Medicine Service

Discharge details

Date: 14/Feb/2024 16:30:00

Destination: Usual Place of Residence

Discharged by: Cerner test , Clinical
practitioner Access Role Five

Outcome: Discharged with consent

Discharging ward: SP MAPLE

Summary

Diagnosis

No ranking:

14-Feb-2024 GI - Gastrointestinal bleed (Confirmed) - Presented On: 14-Feb-2024

Procedures

None

Clinical summary

Patient admitted with GI bleed.
Previous ACS 4/12 ago on DACT.
Also takes OTC ibuprofen.
Medication reviewed and bleed resolved.

Plan and requested actions

Follow up with Cardiology in 1 month following stop of Clopidogrel.

Safety alerts

None

Allergies and adverse reactions

Active:

Penicillin -class of antibiotic- - Rash (Allergy) - Info Source: Family - Comments:
fgg(25-Jan-2024) - Recorded: 25-Jan-2024

Medications and medical devices


PHARMACIST REVIEW COMPLETED

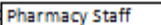
Measured Weight: 55 kg (Measured on 14/02/24)

Height: No measured or estimated height recorded

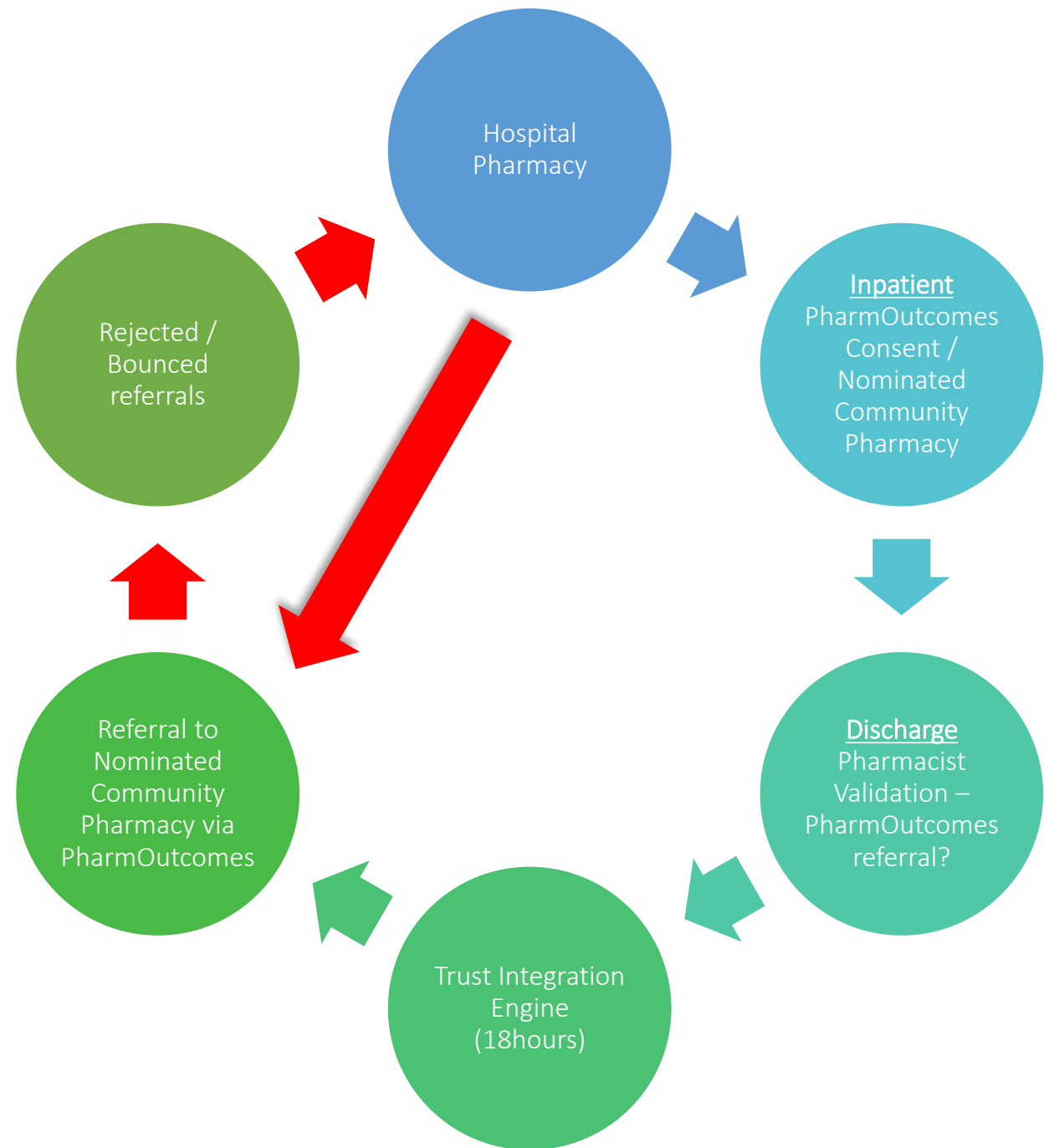
BSA: No measured or estimated BSA recorded

Admission Medication Stopped					
Medication	Route	Dose	Frequency		
clopidogrel tablet	oral	75 mg	ONCE a day (morning)		
ibuprofen tablet	oral	200 mg	THREE times a day As required for: pain		
Admission Medication Unchanged					
Medication	Route	Dose	Frequency	No. of Days Supplied	GP to continue
aspirin tablet (dispersible)	oral	75 mg	ONCE a day (morning)	14	Yes
Special Instructions: Dosette Box					
atorvastatin tablet	oral	80 mg	ONCE a day (night)	14	Yes
Special Instructions: Dosette Box					
bisoprolol tablet	oral	5 mg	ONCE a day (morning)	14	Yes
Special Instructions: Dosette Box					
Blister Pack Patient	(See Instructions)			0	Yes
Special Instructions: Placeholder					
glyceryl trinitrate spray	subLINGUAL	400 microgram	as required	14	Yes
Special Instructions: Outside Dosette					
paracetamol tablet	oral	1 g	FOUR times a day As required for: pain	14	Yes
Special Instructions: Outside Dosette					
New Medication Prescribed Since Admission					
Medication	Route	Dose	Frequency	No. of Days Supplied	GP to continue
lansoprazole capsule (enteric coated)	oral	30 mg	ONCE a day (morning)	14	GP to Review
Indication: gastro-protection					

Prescriber:  Smartcard ID: RA2FRANCEK Contact Number:

Screened by Pharmacist: 

Summary – Referral Process



Discharge Medicines Service Pathway Overview

APAT - Admit Patient

Patient: [Name] [Date of Birth]

Admission Date: [Date] [Time]

Admission Type: [Type]

Admission Reason: [Reason]

Admission Status: [Status]

Admission Notes: [Notes]

Admission Type: [Type]

Admission Status: [Status]

Admission Notes: [Notes]

Referrals

Referral ID	Patient Name	Referral Date	Status
1	John Doe	2023-10-27	Accepted
2	Jane Smith	2023-10-28	Rejected
3	Bob Johnson	2023-10-29	Pending

Adverse Drug Reaction Outcomes & GP referral

ADR Outcomes

ADR Status: [Status]

ADR Details: [Details]

GP referral necessary: [Yes/No]

GP referral details: [Details]

Information on next repeat prescription: [Details]

On discharge from hospital, discharge information is sent from the trust to the patient's chosen Community Pharmacy via the secure PharmOutcomes platform

PharmOutcomes notifies the pharmacy of the impending notification via email and also under the "Outstanding Referrals" section on the Services Tab

Community Pharmacy either accepts or rejects referral. Once accepted, the pharmacist will carry out a medicines reconciliation with GP repeat prescription and may contact the patient to offer NMS and other services

Once all actions completed, the Community Pharmacy records details of interventions and support provided, ADRs reported, referrals to GP etc. on the easy to use PharmOutcomes template and then marks the referral 'complete'.



PharmOutcomes



Discharge Medicine Service (DMS)

An Essential part of the Community pharmacy Contractual Framework and a mandatory requirement.

Contractors providing the full service will be paid **a fee of £35**.

Where **only part of the service** can be provided, in certain circumstances defined in the Drug Tariff, contractors will be paid **a partial payment**:

- ✓ Stage 1: £12
- ✓ Stage 2 £11
- ✓ Stage 3: £12

Aims & intended outcomes

- Optimise the use of medicines
- Reduce harm from medicines
- Improve patients' understanding of their medicines and how to take them following discharge from hospital;
- Reduce hospital re-admissions
- Support the development of effective team-working across hospital, community and primary care sectors

Stage 1 : The Referral

- Check for clinical information and actions contained within the referral which need to be undertaken. Details of what to look for are outlined in the DMS toolkit
- Compare the medicines the patient has been discharged on and those they were previously taken. There may be the option to also start New Medicine Service
- Where necessary, raise any issues identified with the NHS Trust or the patient's GP
- You may with consent given by the patient access SCR for more information if required
- Notes on the PMR – Remember to ensure pharmacy staff are alerted to the need to conduct stages 2/3 of the service
- Check any prescriptions for the patient, previously ordered, in the dispensing process or awaiting collection to see if they are still appropriate.

Referrals to be Accepted within 72 hours

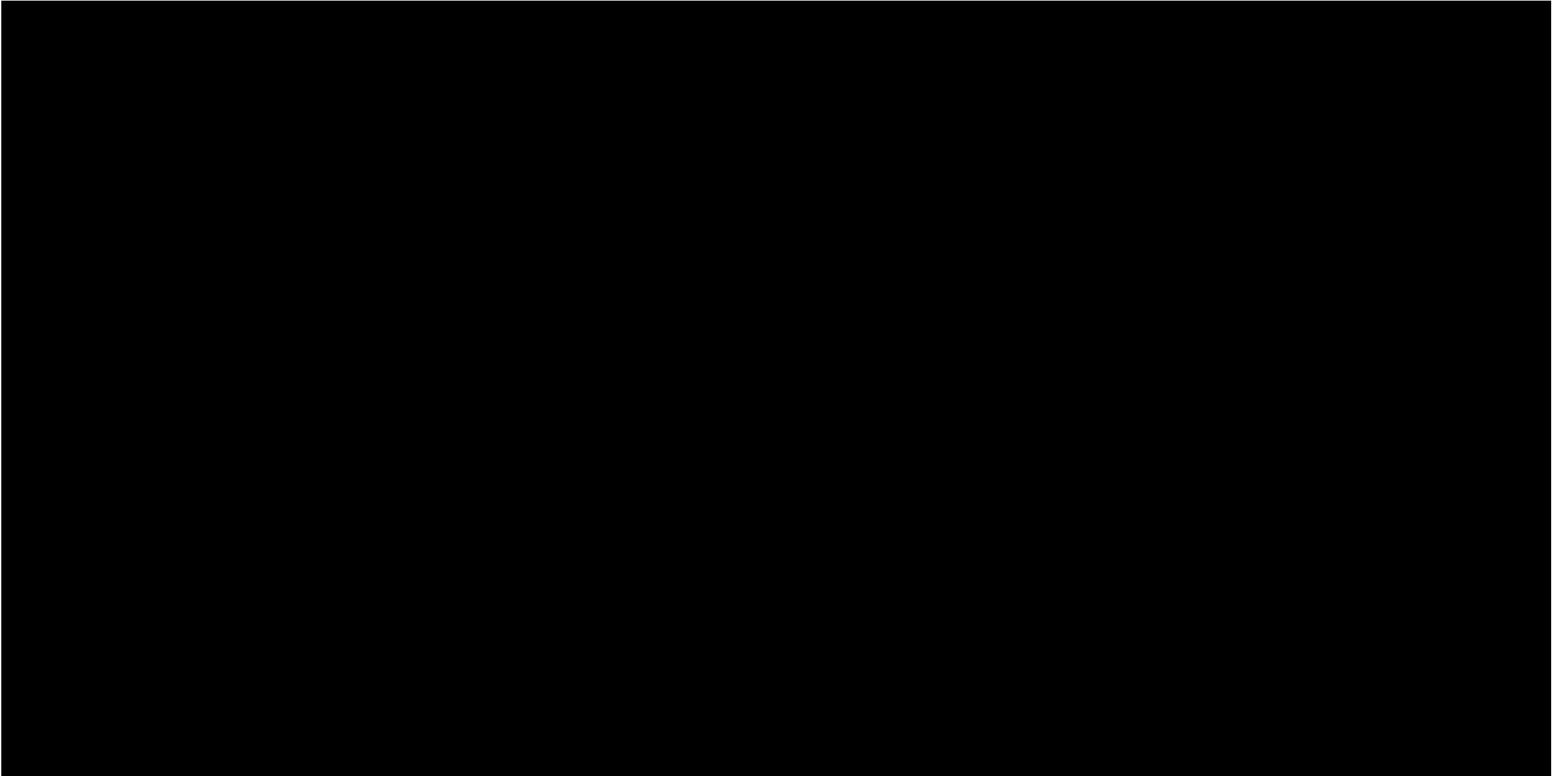
Stage 2: The First Prescription

- The pharmacist/pharmacy technician will check 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 GP practice - Complex issues may need a Structured Medication Review
- Make appropriate notes on the PMR and/or other appropriate record.

Stage 3: The Consultation

- A confidential discussion with the patient and/or their carer to check their understanding of what medicines they should now be taking/using, when they should be taken/used and any other relevant advice to support medicines taking/use.
- Can be in consultation room or by telephone (remotely) if they cannot come into the pharmacy
- Relay any important information to the GP practice if needed
- Where appropriate offer to dispose of any medicines that are no longer required, to avoid potential confusion and prevent an adverse event.
- Make appropriate notes on the PMR
- There may be opportunities to offer the patient additional services such as national or locally commissioned services

How to complete a DMS referral at the pharmacy



FAQs

- **Do all pharmacies, including distance selling pharmacies, have to provide the DMS?** Yes. The DMS is an Essential service and all community pharmacies must provide it.
- **Is there mandatory training required for pharmacists and pharmacy technicians providing the service?** Pharmacists and pharmacy technicians providing the service need to be trained on how the service will operate and their role in providing it. There is no requirement to undertake a specific training programme, but reading the NHS England and NHS Improvement regulations guidance and the DMS Toolkit will provide key information that professionals need to understand. The CPPE DMS training programme will also support professionals to understand the service and their role within it. All pharmacists and pharmacy technicians that will provide all or part of the service need to complete the DMS Declaration of Competence .
- **Which types of patients will be offered a referral to the DMS?** The DMS Toolkit contains advice for Trusts on which patients would benefit most from referrals. Patients that could benefit the most from the service include those taking high-risk medicines, anyone who have had changes made to their medicines regimen while in hospital and those who have been prescribed new medicine
- **Can general practices refer patients to community pharmacies for the DMS?** No.

FAQs Continued

- **Do the three stages of the service have to be provided in strict order?** No. The three stages of the service could occur together, depending on the timing of the referral being received by the pharmacy and the patient's individual circumstances. Normally stage 3 (the patient consultation) will occur when the first post-discharge prescription is received – this is usually one week to one month post-discharge, dependent on the quantity of medicines supplied by the hospital at discharge. However, if the patient contacts the pharmacy in advance of the first postdischarge prescription being received, it may be deemed appropriate to provide stage 3 at that time. In that circumstance, there may be a need for a further discussion with the patient when the first prescription is received if issues are spotted on that prescription, which need to be clarified with or communicated to the patient.
- **How can I identify the first post-discharge prescription for patients for whom a DMS referral has been received?** The patient's PMR should be annotated with a note about the DMS referral, so that this is visible when viewing the patient's record or dispensing prescriptions for them. PMR systems all have the ability to add alerts to patient records to allow for this.
- **Can I undertake stage 3 of the DMS with another person, rather than the patient?** Stage 3 of the service should ideally be undertaken with the patient, but if they would like a carer involved in the consultation, that is also acceptable. If the patient is not able to participate in the discussion, it can just take place with the patient's carer

Thank you

Please feel free to contact us for any queries

LPC@communitypharmacyss.co.uk

asp-tr.epma.sscteam@nhs.net

