Top Tips: Discharge Medicines Service (DMS)

Aims of service

- Improve communication of medicines changes following hospital discharge.
- Reduce medicines-related harm during transfers of care.
- Improve patients' understanding of their medicines.
- Reduce avoidable hospital readmissions.
- Support collaborative working between hospitals, GP practices and community pharmacies.

Referral into scheme

Eligible patients	Referral route
Patients discharged from hospital needing additional medicines support	Electronic referral from NHS Trust (or NHSmail) following patient consent

Hospital identifies patient

↓

Patient consents

↓

Electronic referral sent

↓

Community pharmacy receives referral

↓

3 stage DMS completed

Accessibility

- Check referrals regularly throughout the day.
- Begin Stage 1 within 72 hours of receipt (excluding closure days).
- Telephone/video consultations may be used where appropriate.
- Aim to complete all three stages.

3 Stages of DMS

DMS Stage	Activities	When to Complete	Who Can Deliver?	Funding
1: Referral Received	• Review the discharge referral and identify any urgent actions. • Compare discharge medicines with the patient's previous medication record. • Resolve any discrepancies with the hospital or GP practice where appropriate. • Record findings on the PMR and flag the patient for Stages 2 and 3. • Check any prescriptions already in the dispensing process (including eRD) remain appropriate.	**As soon as possible and within 72 hours** of receiving the referral (excluding pharmacy closure days).	• Pharmacist (clinical review) • Pharmacy Technician (medicine comparison, documentation and issue resolution) • Whole pharmacy team (checking prescriptions in workflow).	**£12** (if only Stage 1 is completed)
2: First Prescription Received	• Check the first post-discharge prescription reflects the medicines changes made in hospital. • Resolve any discrepancies with the GP practice using established communication routes. • Record all interventions and outcomes on the PMR.	When the **first post-discharge prescription** is presented (typically 1 week to 1 month after discharge, depending on the quantity supplied by the hospital).	Pharmacist or Pharmacy Technician	**£11** (if only Stage 2 is completed)

3: Patient Medicines Consultation	• Hold a confidential consultation with the patient or their carer to confirm understanding of their medicines regimen. • Explain medicines changes, dosing, duration and any monitoring or adherence advice. • Offer telephone or video consultation where appropriate. • Communicate relevant information to the GP practice where required. • Offer disposal of discontinued medicines. • Consider referral to other appropriate CPCF services (e.g. New Medicine Service). • Document the consultation on the PMR.	Normally completed when the **first post-discharge prescription** is received or shortly afterwards.	Pharmacist or Pharmacy Technician	**£12** (if only Stage 3 is completed)
Completed DMS	All three stages successfully completed for the patient.	Following completion of Stages 1-3.	Pharmacy team	**£35**

Claiming

Complete **all 3 stages whenever possible** to maximise patient benefit and receive the full service payment.

Claims should be submitted via the **Manage Your Service (MYS)** portal by the **5th day of the month** following completion of the final stage (or the **6th** where bank holidays fall within the first five days of the month).

CPSS have put together a top tips guide to support contractors with claiming which can be found **here**

Operational top tips

Training	Day to Day
Clinical teams engaged in providing the NHS Discharge Medicines Service across all sectors (community pharmacy, hospitals, and PCNs) need to ensure that they understand the full patient pathway. It is advised that community pharmacies, NHS trusts and PCNs ensure that all staff making referrals, delivering or supporting delivery of the service, complete the CPPE NHS Discharge Medicines Service training.	• Check referrals daily • Document every stage promptly • Flag DMS patients on PMR

Increasing Service Provision

Top Tip	How To
1. **Make Every Team Member a DMS Champion** 	• Train pharmacists, pharmacy technicians, and dispensers. • Counter staff should be aware of the service. • Ensure everyone understands how referrals are received, the three stages of the service and their role. • Include DMS in staff inductions and regular SOP reviews.
2. **Check for Referrals Consistently**  Stage 1 must begin promptly and within 72 hours of referral receipt.	• Build checking for DMS referrals into the daily workflow. • Assign responsibility for monitoring NHSmail or electronic referral systems. • Check for referrals multiple times throughout the day.
3. **Embed DMS into the Dispensing Process** 	• Flag DMS patients on the PMR. • Ensure dispensing staff alert the pharmacist when the first post-discharge prescription arrives. • Use prompts within workflow systems.
4. **Contact Patients Promptly** 	• Telephone patients where appropriate. • Arrange consultations as soon as possible. • Offer remote consultations where patients cannot attend the pharmacy.
5. **Build Strong Relationships with Local Hospitals and GP Practices** 	• Know which local hospitals refer into your pharmacy. • Develop communication routes with GP practices. • Resolve medicines discrepancies promptly.
6. **Deliver High Quality Medicines Consultations** 	• Use shared decision making. • Check patient understanding of medicines changes. • Discuss medicines clearly and answer questions. • Ask about adherence and side effects. • Offer disposal of discontinued medicines. • Consider referral to the New Medicine Service (NMS) where appropriate.
7. **Keep Excellent Records** 	• Complete documentation at every stage of the service. • Maintain accurate PMR records. • Submit payment claims promptly. • Review incomplete referrals regularly.
8. **Review Performance Regularly**	• Number of referrals received. • Number of fully completed DMS episodes. • Partial completions.

	• Missed opportunities. • Payment claims. • Common medicines related issues identified.
9. **Make DMS Part of Everyday Practice**	• Include DMS in team meetings. • Review interesting cases. • Share learning from medicines safety incidents. • Refresh staff knowledge regularly.
10. **Celebrate Success!** 	• Share positive patient feedback. • Recognise team members who deliver the service. • Monitor increasing completion rates. • Highlight improvements in medicines safety and patient outcomes.