Services and Commissioning

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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 Transfer of Care Around Medicines (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.
- NICE recommends 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

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

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

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

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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

Hospitals will identify patients who will benefit from the DMS and will send a referral to the patient's pharmacy via a secure electronic system.

When a referral is received, the community pharmacist will review the information in the referral, including comparing the revised medicines prescribed to those the patient used before being admitted to hospital.

If any issues are identified, these will be queried with the hospital or the general practice.

Pharmacy team members will check whether there are any existing dispensed prescriptions waiting for the patient or any electronic repeat dispensing prescriptions on the NHS spine.

If there are, these need to be checked to see if they are still appropriate for the patient.

When the first prescription for the patient is received by the pharmacy following discharge, there will be a check to compare the medicines prescribed by the hospital and those prescribed by the GP.

If there are discrepancies or other issues, the pharmacist or pharmacy technician will try to resolve them with the general practice.

The pharmacist or pharmacy technician will have a consultation with the patient and/or their carer to check their understanding of what medicines they should now be using and to provide further advice.

If there are medicines the patient is no longer using, the pharamcy should offer to dispose of them, to avoid potential confusion in the future

If the patient and/or their carer cannot attend the pharmacy, for example if they are housebound or convalescing following surgery, the consultation can be provided by telephone or video link.

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.

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