

NHS Discharge Medicines Service (DMS) activity summary

Stage 1

Actions	Responsibility	
The electronic referral is received by the pharmacy and the following actions are undertaken:		
 a) Check for clinical information and actions contained in the referral which need to be undertaken. Check all medication for: changes to quantity; changes to dosage; changes in formulations; changes to the frequency at which the medicine should be administered; changes to the frequency at which the medicine will be prescribed; interactions and contraindications relating to the changed medications; and appropriateness. In addition, attention should also be given to: 	Pharmacist	
 newly prescribed medication, including considering whether medicines are intended to be given long-term or have been initiated for short-term use; discontinued medication (including removing medicines no longer needed); planned changes to medicine, e.g. antibiotics stopped after course is completed; changes to medicine administration route; concerns highlighted by the NHS trust, e.g. intentional non-adherence; and blood or other tests needed to ensure safety or to check for efficacy. 		
b) Compare the medicines the patient has been discharged on with those they were taking at admission. This should include all medicines and not just those that are taken orally. This will include reference to the patient's medication record and may include reference to the patient's NHS Summary Care Record (SCR), where this is necessary.	Pharmacist / pharmacy technician	
c) Where necessary, discuss any changes that may be appropriate or raise any issues of concern identified with the NHS trust or the patient's general practice, as appropriate.	Pharmacist / pharmacy technician	
d) Ensure an appropriate record is kept which alerts pharmacy staff to conduct stages 2 and 3 of the service when the first prescription is received or at first contact with the patient/carer.	Pharmacist / pharmacy technician	
e) Check any previously ordered prescriptions for the patient in the dispensing process or awaiting collection to see if they are still appropriate. Particular attention should be paid to electronic repeatable prescriptions as these could be pulled down from the NHS spine sometime after the patient has been discharged from hospital.	All relevant members of the pharmacy team	



Stage 2

Actions	Responsibility
The first prescription is received post-discharge and the following actions are undertaken:	
a) Ensure the medicines prescribed post discharge take account of the appropriate changes made during the hospital admission.	Pharmacist / pharmacy technician
b) If there are discrepancies or other issues of concern, these must be raised with the general practice, using existing communication channels.	Pharmacist / pharmacy technician
c) Ensure an appropriate record is kept which alerts pharmacy staff to conduct stage and 3 of the service.	Pharmacist / pharmacy technician

Stage 3

Actions	Responsibility
Consultation with the patient and/or their carer:	
a) This will involve a confidential discussion, adopting a shared decision-making approach, 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. Prompts for this discussion are provided on page 3.	Pharmacist / pharmacy technician
b) Information that would be of value to the general practice/PCN clinical pharmacist to support the ongoing care of the patient should be communicated appropriately.	Pharmacist / pharmacy technician
c) For those patients in a private household or residential care home, there should also be an offer to dispose of any medicines that are no longer required, to avoid potential confusion and prevent an adverse event.	All relevant members of the pharmacy team
d) Where appropriate, other services which form part of the CPCF can also be provided. The New Medicine Service could be offered if clinically appropriate and if the patient would get additional benefit from provision of the service.	Pharmacist / pharmacy technician



Prompts for the consultation with the patient and/or their carer (Stage 3)

Discussion points

a) New medicines

- Does the patient understand what the medicines are for?
- Do they know what the medicines look like?
- Explain how and when they should be taken to get best effect and to reduce any side effects.
- It is also important for the patient to understand any risks of taking the medicines and who they should contact if they are unsure about any side effects they may experience.

b) All medicines

 Does the patient understand how to get the optimum benefits from their medicines?

For example, understanding when best to take their medicines.

c) Interactions and side effects

- Are there likely to be any interactions or side effects from the patient regimen which they should be aware of?
- Are there any foods they should avoid while taking the medicines?

d) Offer to dispose of any medicines the patient is no longer using.

e) Supporting the patient with adherence

 Does the patient need any help in taking their medicines, or are there any adjustments the pharmacy can make to improve adherence?

f) Additional resources

 Are there any written or online resources that can be shared with the patient to help them with their medicines?

Where these are provided, it is important they are from a reliable source such as the NHS website, so that patients are not given conflicting information about their medicines or their condition.