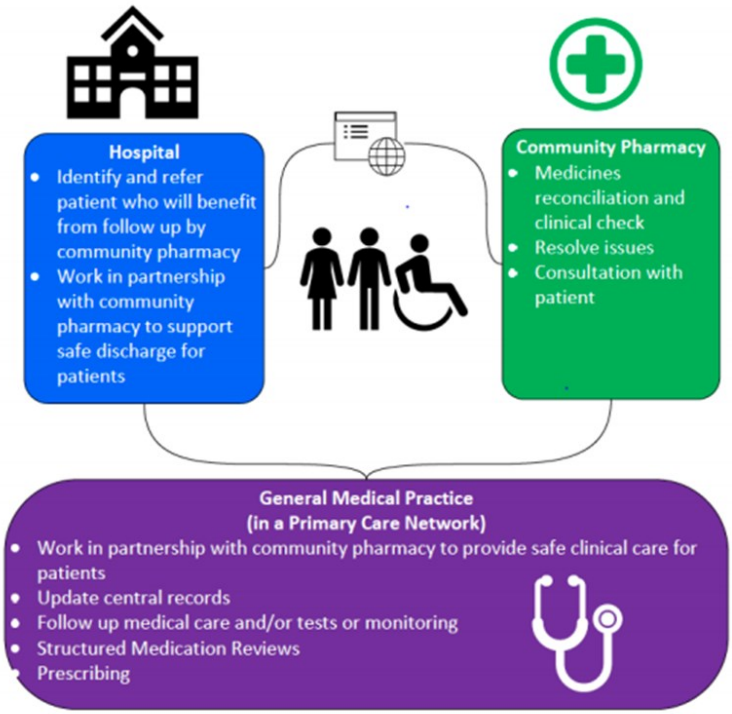
Transition to the Discharge Medicines Service (DMS)

Background and context

Eastern AHSN has supported acute trusts in the region to implement the Electronic Medicines Optimisation Pathway (EMOP) since 2018. This initiative enables trusts to send discharge information to a patient's community pharmacy after an inpatient stay to reduce the risk of avoidable medication related harm following discharge from hospital. In line with NICE guideline NG05, the service aims to improve medicines-related communication and ensure that medicines reconciliation happens within a week of discharge to primary care.



The Discharge Medicines Service (DMS)

The DMS comes into effect on 15th February 2021. Under the DMS, community pharmacies will receive payment for all referrals they act upon, as well as an initial set-up fee. Whereas previously community pharmacy could opt out of EMOP, under DMS all referrals must be completed as part of an essential service. Implementation requires pharmacy professionals and their teams across hospitals, PCNs and community pharmacy to work together. NHSE/I has developed a toolkit to support local areas to transition to the DMS.

Why is the DMS important?

Academic research shows that the service can significantly **reduce hospital readmissions** for those who receive a follow-up consultation with their community pharmacist. In one study, readmissions reduced by nearly **17%** and in another by nearly **15%.**

A pharmacist view

"This is a great way to make the transition easier between patients getting discharged from hospital and obtaining the right medicines in a timely way following their release. PharmOutcomes gives us more information so that we can be proactive and help make the process flow a lot better. "By getting sent the discharge summaries via the new system, we can save time the GP to review and set up any new prescriptions. Patients are happy that we've got the information as well, it comes through pretty quickly on line. Using the new system, we can now act as another reminder for the doctor, rather than leaving it entirely up to them or the patient to review discharge summaries."

Sachin Shah, Superintendent pharmacist at Jackmans Pharmacy

Examples of direct patient impact

A female in her mid-70s was referred. Upon comparing the discharge information with the repeat prescription, the pharmacy noted that the patient's dose of Allopurinol had been reduced due to reduced kidney function. The pharmacist contacted the GP and asked for a repeat prescription with the correct dose, to avoid the patient taking a potentially harmful dose.

A patient in her mid-80s was referred. The pharmacist noted that she was uninformed about what to do with regards to her Methotrexate therapy. She had been diagnosed with a chest infection and cellulitis so the pharmacist advised her to withhold her Methotrexate therapy until her infections completely cleared. The pharmacist also alerted the GP that her Furosemide dose had been changed in hospital and advised the patient to monitor her INR more closely with the clinic due to the potential for Warfarin vs Flucloxacillin interaction.

What does this mean for general practice and PCN pharmacists?

The DMS does not replace the role of general practice in managing patients' medicines on discharge (eg reconciling medicines with the general practice clinical IT system). In line with NICE guidance, this should be an opportunity for cross-sector working to support patients with their medicines when discharged from hospital. To ensure that care is joined up, pharmacy teams in general practice settings should work in partnership with community pharmacy contractors, providing additional medicines support when a patient is discharged. As outlined in the toolkit, general practice and PCN pharmacy teams need to:

- Agree a PCN or practice lead who is responsible (at general practice level) for supporting the DMS, including liaising with community pharmacy teams where additional information or clarification is needed. This could be a team working across the PCN.
- Align the DMS to current medicines discharge work (such as the Structured Medication Reviews) to avoid duplication.
- Ensure all relevant staff understand the patient pathway for medicines support following patient discharge from hospital, including the role of general practice and PCN pharmacy teams (e.g. in providing Structured Medication Review).
- Be ready to provide advice to allow community pharmacy teams to safely reconcile medicines and support patients effectively.
- Provide clinical support to jointly manage discharged patients in some circumstances (e.g. if medication changes are significant or discussion with the patient demonstrates that they do not understand how to use their medicines).
- Provide specialist support for more complex patients or where additional support is needed to prevent readmission. General practices and PCN pharmacy teams should be prepared to receive referrals or collaborate in MDTs with the community pharmacists and NHS trusts.

For more information or support, please contact sophie.castle-clarke@eahsn.org