



# PDA Discharge Medicines Review Service Guide

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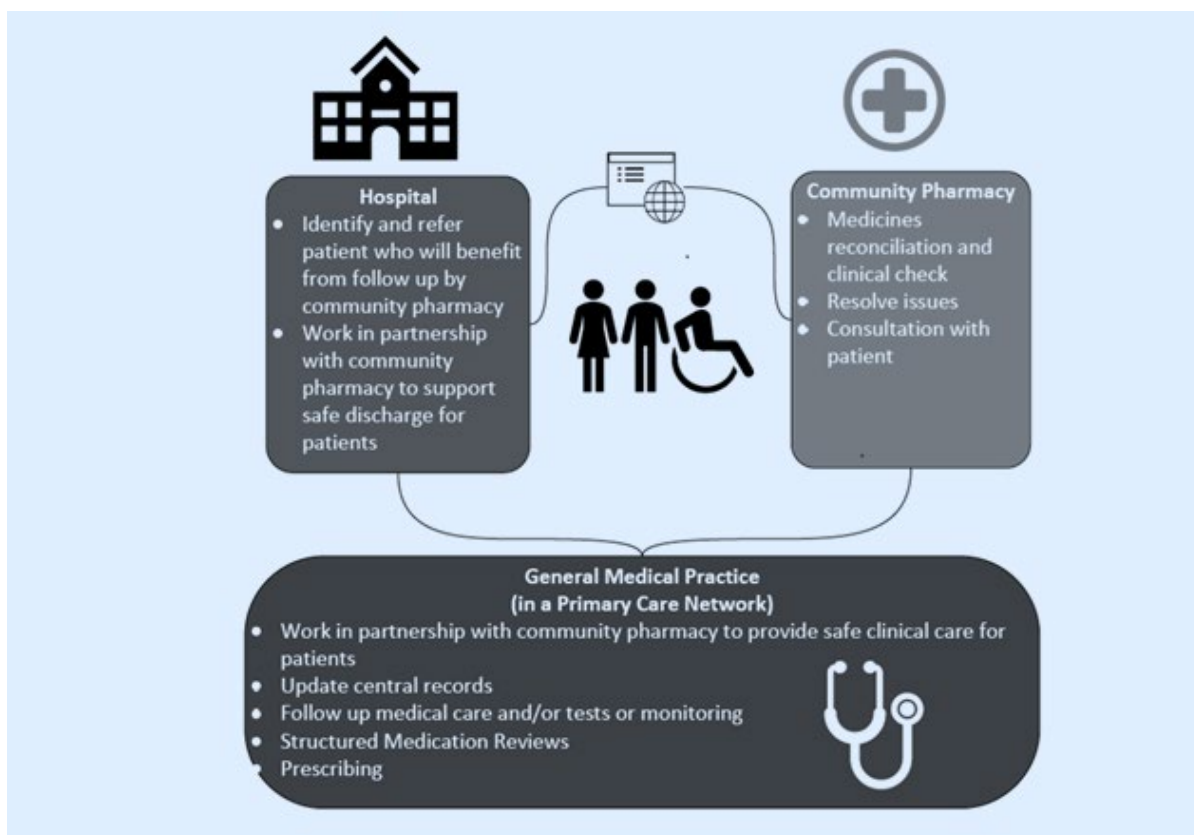
| defending **your** reputation |

## Why was it introduced?

There is a substantial body of evidence to demonstrate that discharge from hospital is associated with an increased risk of avoidable medication related harm:

- 30-70 per cent of patients experience unintentional changes to their treatment, or an error is made because of a lack of communication or miscommunication on discharge.
- 90 per cent of elderly patients will be discharged with a change to the medication that they were admitted to hospital on.
- 20 per cent of patients have been reported to experience adverse events within three weeks of discharge, 60 per cent of which could have been improved or avoided.<sup>2</sup>

## How does it work?



## Prerequisites for provision of the Discharge Medicines Service

The following prerequisites must be satisfied prior to rollout of the service, as stated in the Guidance on the National Health Service (Charges and Pharmaceutical and Local Pharmaceutical Services) (Amendment) Regulations 2020<sup>3</sup>:

- 1. Staff competency:** Pharmacy contractors are already required to have appropriate training and staff development programmes to ensure all staff can undertake any role they are asked to perform (paragraph 28(2)(e)(ii), Schedule 4). Therefore, contractors must ensure that staff are competent to provide the NHS DMS through reading paragraphs 22B and C, Schedule 4, this guidance and the accompanying cross-system NHS Discharge Medicines Service toolkit. It is strongly recommended that all pharmacists and pharmacy technicians delivering this service complete the CPPE NHS Discharge Medicines Service training to reinforce their knowledge. Where there is any doubt that staff are competent to provide the NHS DMS, pharmacy contractors should arrange further staff training in readiness for service commencement on 15 February 2021. Pharmacists and pharmacy technicians involved in providing the service must also demonstrate to the pharmacy contractor that they have the necessary knowledge and skills by completing the NHS DMS Declaration of Competence (paragraph 28(2)(e)(iv), Schedule 4) 28
- 2. Premises requirements:** Paragraph 28A, Schedule 4<sup>29</sup> details the premises' requirements in respect of consultation rooms for pharmacy contractors. As a prerequisite to the provision of the NHS DMS, all pharmacy contractors must ensure that they are compliant with these premises' requirements, in particular ensuring that the duty of confidentiality is met (paragraph 22C(5)(a), Schedule 4). Further information is provided in Chapter 11 on premises' requirements in respect of consultation rooms.
- 3. Standard operating procedure:** As part of their risk management programme, pharmacy contractors must have appropriate SOPs in place (paragraph 28(2)(c)(v), Schedule 4).<sup>30</sup> From 15 February 2021, pharmacy contractors are also required to have a SOP for provision of the NHS DMS. All members of the pharmacy team involved in the provision of this service must ensure they are familiar with and adhere to the SOP. As part of this service SOP, the contractor must have procedures in place to check for new referrals via the premises-specific NHS mail account at appropriate intervals throughout each day the pharmacy is open (paragraph 22C (1), Schedule 4). The SOP must also include details of how issues and discrepancies in information about medicines will be communicated to the relevant general practice or NHS trust, where appropriate (paragraphs 22C(2)(d) and 22C(4)(b), Schedule 4).

## What preparation work must contractors have done?

Contractors must:

1. Read the NHSE&I regulations guidance and the NHSE&I DMS toolkit.
2. Ensure any pharmacists or pharmacy technicians (including locums) that will be undertaking the service also read both those documents. Encourage them to also undertake the CPPE DMS e-learning and assessment.
3. Find out which NHS Trusts in their area are already making referrals to community pharmacies following patients' discharge and which will be starting this in due course.
4. Consider the practicalities of providing the service, including the conversation with the patient and /or their carer in stage 3 and how you will be able to undertake that remotely, where the patient cannot visit the pharmacy. Also think about your referral networks to general practices and how clinical pharmacists within your Primary Care Network may be able to assist with issues you have identified with a patient's medicines regimen.
5. Develop a Standard Operating Procedure (SOP) for the service. Make sure this includes the process by which referrals from Trusts will be received, how staff can access these referrals and the regularity of checking for new referrals.
6. Ensure all staff that will undertake parts of the service are briefed on the service and their role, and they are familiar with relevant sections of the SOP.
7. Once pharmacists and pharmacy technicians have undertaken the activity in point 2 and they are confident that they fully understand the service requirements and how it will operate in the pharmacy,

they should complete the DMS Declaration of Competence and provide a copy of the completed document to the contractor.

### What training should I do to prepare for this service?

As a minimum, pharmacists and pharmacy technicians who will provide the service should:

1. Read the section on DMS within the [NHSE&I guidance on the regulations](#); and
2. Read the [DMS toolkit](#).

Additionally, it is recommended that they also complete the [CPPE NHS Discharge Medicines Service eLearning and assessment](#).

Once a pharmacist or pharmacy technician has undertaken appropriate learning related to the service, they must complete the [DMS Declaration of Competence](#) and provide a copy of that to the pharmacy contractor.

### Potential issues

As professionals, we must ensure we do everything in our power to ensure we are prepared for any potential issues we may find ourselves in whilst delivering this new essential service:

	Stage 1	Stage 2	Stage 3
<b>Completed</b>	As soon as possible on receipt of referral. But must be completed within 72hrs of receipt	On receipt of 1st prescription following patient's discharge	On dispensing of the 1st prescription
<b>Action</b>	Reconcile discharge medicines with those taken before admission and resolve any issues identified	Check prescription reflects any changes made during hospital admission.	Conduct a confidential conversation with patient/carer to ensure they understand how/when/why they are taking their medicines
<b>Potential issues</b>	<ul style="list-style-type: none"> <li>• <b>What if a locum who is booked on a particular day has submitted a medicines query to the surgery / prescriber, who will follow this up?</b> Robust processes must be in place by the Responsible Pharmacist (RP) carrying out stage 1 to ensure the PMR is fully updated with any conversations and queries that have taken place. In doing so, any future RP who takes on the case can action stages 2 and 3 with knowledge of what has taken place up to that point.</li> <li>• <b>What if no staff on the day have access to the shared NHS mailbox/ PharmOutcomes/ Refer to Pharmacy?</b> Contractors <b>must</b> make sure there are robust processes in place to ensure accessibility to the required systems and, if not, the RP must note this in the daily log Contractors must ensure there is adequate staffing and skill mix during the course of any given shift to ensure the service can be delivered adequately and safely.</li> </ul>		

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	<ul style="list-style-type: none"><li>• <i>All pharmacists must be clear about their responsibilities and obligations under the service before signing the declaration of competence.</i></li><li>• <i>Standard Operating Procedures (SOPs) for the service written by contractors must cover sequential steps, so processes are clear for the transfer of cases from one pharmacist to another and how handovers should be recorded. All decisions and rationale must be fully documented as necessary, so they can be referred back to in the event of any investigation.</i></li></ul>
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## References

1. Hospital Times (2021), *The Discharge Medicines Service: a step towards true medicine optimisation*. Available at [https://www.hospitaltimes.co.uk/the-discharge-medicines-service-a-step-towards-true-medicine-optimisation/?preview=true&thumbnail\\_id=9680](https://www.hospitaltimes.co.uk/the-discharge-medicines-service-a-step-towards-true-medicine-optimisation/?preview=true&thumbnail_id=9680) (Accessed 5<sup>th</sup> March 2021).
2. NHS (2021), *Guidance on the National Health Service (Charges and Pharmaceutical and Local Pharmaceutical Services) (Amendment) Regulations 2020*.