Discharge Medicine Service (DMS) - FAQs

Q. Do all pharmacies, including distance selling pharmacies, have to provide the DMS?
A. Yes. The DMS is an Essential Service and all community pharmacies on the Pharmaceutical List must provide it as part of the Community Pharmacy Contractual Framework.

Q. Will all hospitals have to do referrals at some point, including community hospitals?
A: At the present time DMS is for patients being discharged from Acute Hospital Trusts only. This is a nationally commissioned service so community pharmacies could receive referrals from Acute Hospital Trusts outside of Dorset. Once this is established as a service it may well develop further to include community hospitals. Within Dorset, expanding the service to include the Community & Mental Health Trust, Dorset Health Care would be most welcome.

Q. Will patient consent be gained for DMS before discharge?
A. Yes, the hospital will ask patients for consent and explain what they are consenting to, for example "when you are discharged we will be able to send a copy of your discharge letter to your community pharmacy, this will allow them to follow up any new medicines or changes to your medicines". Patients are very positive about this, most patients expected that this was already happening. There is also some excellent information about consent on the PSNC website, available HERE.

Q. Do patients get a leaflet or any written info about DMS when they speak to the pharmacy team about DMS?
A. Written information about DMS is included in the "Getting Medicines Right" Patient Information Leaflet, which is on all the TTO bags on discharge from Dorset County Hospital Foundation Trust (DCHFT). University Hospitals Dorset Foundation Trust (UHDFT) are currently in the process of agreeing a DMS Patient Information Leaflet which will be provided to patients on discharge.

Q: How is the information about DMS shared with consultants and staff at the hospitals?
A: This is not currently happening and is something that we will need to ensure is in place. It is important that the staff within the hospitals are aware of the service, understand the benefits of referring patients and how this will be done.

Q: Are there any patient representatives supporting the roll out of this service?
A: Not specifically no. We can work as a system, with hospitals to agree how best to engage with patient representatives to support the roll out of the service.

Q. Could we have some "top tips" and/or examples of best practice?
A. Please see our information and FAQs page HERE for further guidance.

Q. Can PCNs be "tagged" onto the discharges via DMS?
A. This is not currently part of the service specification for DMS. Locally we are looking at how this may support the service, and what the process would be.

Q. How many days' supply are given to patients on discharge? As blister pack patients are only getting 7 days' supply?

A. DCHFT only supply 7 days blister packs on discharge as standard and this has been a long-standing procedure. DCHFT will ring the regular pharmacy on discharge to alert them to changes and how much supply has been given. In exceptional circumstances DCHFT have supplied 2 weeks (e.g. bank holidays).
A. UHDFT will usually ring the regular pharmacy prior to discharge to alert them to changes in medicines and to confirm how many days' supply the patient or carer is being provided with, normally this is 7- 14 days.

Q. With non-blister pack patients is it 28-day supply?

A. Yes, DCHFT and UHDFT dispense 28 days' supply for newly started medicines. However, please remember that the patient may have been administered a number of doses from this supply as in in-patient before discharge. DCHFT and UHDFT aim to ensure that patients leave with at least 2 weeks supply of medicines or confirm that they have at least 2 weeks supply of the relevant medicine at home. Generally original packs are supplied which means patients will take home between 2-6 weeks supply.

Q. Do community pharmacies know how to contact their PCN pharmacists?

A. Communication is key so knowing how to contact the PCN pharmacist is essential. Most PCNs have already shared the preferred contact details with the pharmacies in the PCN. In most cases the PCNs have agreed an email contact in the first instance and a telephone number when needed. Each PCN has a Community Pharmacy PCN Lead, Dorset LPC has details of the Leads and their contact information on their website. You can access the information HERE.

Q. How long will it take for hospital pharmacy teams to respond to any queries?

A. Any queries will ideally be dealt with as soon as possible. The hospitals are setting up generic email addresses rather than to specific members of the team, so these can be accessed more readily.

Q. In terms of queries with referrals, is the default contact point the Hospital Pharmacy or the Ward as there is not a contact telephone number on the PharmOutcomes referral?

A: For DCHFT: For non-urgent queries please use e-mail pharmacysupplies@dchft.nhs.uk. These should be answered by the end of the day. For urgent queries please phone on 01305 255294 and a message will be taken for the pharmacist concerned, or a member of that team.
In either case please leave your contact details, the name of the patient and the name of the DCHFT pharmacist whose name appears on the discharge referral.

A: For UHDFT: Please use the email addresses provided for the pharmacy teams at the relevant site.

Poole Hospital	*poolepharmacyteam@uhd.nhs.uk*
Royal Bournemouth Hospital	*rbc-tr.dispensary@nhs.net*

Q. What do we do if we are waiting a long time for a reply from the hospital discharge team?

A. We would always recommend having a conversation with the hospital team to understand what is happening and any reasons for a delay. Having an understanding and appreciation of the pressures on both sides will ultimately support this service, you may wish to consider taking part in "Walk in my shoes" to support this.
DCHFT pharmacists aim to answer all queries by the end of the working day, but this may be delayed depending on the nature of the query. The community pharmacist should feel able to re-contact the hospital pharmacy team for an update at any point and certainly if they have not had a response within 72 hours.
UHD pharmacy teams will endeavour to respond to queries received by the end of the next working day (Monday – Friday excluding bank holidays), but again it will depend upon the nature of the query.

The community pharmacist should feel able to re-contact the UHDFT pharmacy team for an update at any point and certainly if they have not had a response within 72 hours.

Q. Who are the Acute Hospital Service Leads for DMS?
A: UHDFT (Bournemouth & Poole) Leads are Nick Bolton & Steve Fleck
A. DCHFT Lead is Anne Gilbert

Q. Will the surgery be aware of all DMS referrals or only the ones that are queried by the pharmacy?
A. The surgery will be aware of the queried ones only as they have requested not to be overloaded with information. GP surgeries will also receive discharge information, but community pharmacies usually will have access to it before the surgeries.
UHDFT will expect ward pharmacy teams to note the DMS referral on discharge letters, copies of which are sent to GP practices.

Q. Is there another option to send information other than via PharmOutcomes?
A: DMS referrals from DCH are via PharmOutcomes and referrals from UHDFT are via NHS mail. The plan is for the hospitals in Dorset to all use PharmOutcomes for referrals as this system can be integrated with the hospital systems for a more seamless referral process.

Q. Does receiving a referral prompt the community pharmacy to check their prescriptions for any uncollected prescription medicines?
A: Yes, as a part of the SOP it is key for the community pharmacy team to have a look through the prescriptions waiting to be dispensed, collected, owings, etc to check for any outstanding prescription items that might not now be relevant following discharge.

Q. What happens to patients without a nominated pharmacy? If they choose one whilst an inpatient, are they aware that it doesn't link with their GP's system?
A: A patient without a nominated pharmacy can still be referred to a community pharmacy of their choice. Nominations are preferred, but not needed so that prescriptions can be sent to a particular pharmacy. It is important to remember that some people who would be eligible for this service may not be taking any routine medicines before they are admitted, e.g. with a cardiac related admission they would be prescribed a number of new medicines. The patient can choose which pharmacy to be referred to. Any information from DMS that is recorded on PharmOutcomes will be sent to the relevant GP practice as part of DMS if there any queries.

Q. Can PCNs receive the discharge info via PAS (Patient Administration System) at DCHFT?
A: A meeting is being arranged with representatives from Acute Trusts, PCNs, CCG & LPC to discuss which patients (believed to be very few) might need a direct urgent referral to the PCN pharmacist and the process by which this would happen to ensure there was no duplication of work. This would be in addition to the referral to the community pharmacy for DMS. The outcome of the meeting and any process put in place will be shared with all stakeholders.

Q. What happens if a patient is discharged under the DMS service and stage 1 and/or 2 is completed but the patient goes back into hospital and is discharged again under a new DMS?
A: The community pharmacy can claim for any completed stages of the original discharge and then will complete a new DMS for the subsequent discharge.

Q. How quickly will a pharmacy receive a referral and not wanting to chase the surgery for new prescriptions if non urgent?
A: It will be for the Acute Hospitals to determine at what point the DMS referrals are made, and this will usually be in a timely manner. If referrals are not coming through as expected and patients are

contacting the pharmacy, we would suggest you speak to the relevant hospital pharmacy team and discuss how the process is working.
At DCHFT there is an integrated referral system, which means within minutes of a patient being discharged from PAS, the community pharmacy will receive a referral via PharmOutcomes, provided the pharmacy team at the hospital have been involved with the discharge. On occasion patients are discharged, bypassing any pharmacy input, and this will result in no referral being sent to the relevant community pharmacy.

Q: Will medicines indications always be present?
A: Medicines indications may not be present for every item, as no system in secondary care currently records this, but is being challenged. We will let you know when there are any updates/changes to this.

Q: How will secondary care know a DMS referral has been sent and acted upon? I'm thinking about frequent attenders/fliers in the hospital that may be high risk and may be admitted into many different areas being looked after by many different clinical and pharmacy teams? Would there be potential for multiple DMS referrals to be sent/received by community pharmacy colleagues?
A: Secondary care will receive feedback information from pharmacies when they complete the stages of DMS. This is done automatically as information is recorded on PharmOutcomes in the pharmacy. We would also encourage hospital and pharmacy teams in primary care to speak if there are concerns about specific patients.

Q: How would practice pharmacy teams know if a referral has been sent...will this be on the e-discharge letter?
A: UHDFT ward pharmacy teams will be noting that a DMS referral has been made to a named pharmacy and rationale for the referral on the e-discharge letter.

Q: Would community pharmacies know how to contact their PCN pharmacists?
A: This will probably vary by PCN. Each PCN has a community pharmacy PCN Lead who is the point of contact for the PCN and represents all community pharmacies within the PCN. The community pharmacy PCN Leads have been collecting the contact details and sharing this with the other pharmacies. The LPC would be very happy to collate all contact details and share these across the system if this would be helpful.

Q: Can the PCN interventions in the future be recorded on SCR or DCR so accessible more widely?
A: We are unsure about this. We will share with the DCR team and obtain details.

Q: How will communication work for PCNs?
A: Each PCN will establish how they will communicate with community pharmacies. We know some PCNs have agreed that if there is a DMS issue, the community pharmacy emails the GP practice/PCN pharmacy team with details. Using email allows a communication trail and is more useful for GP tasking and appointments. If however the issue is urgent/life-threatening then the pharmacy should phone instead.

Q: Should we disregard discharge information that comes through to the pharmacy NHS Mail i.e. NOT treat these patients as DMS patients? Only offer DMS to PharmOutcomes referrals?
A: You should not disregard information that arrives by NHS mail as some referrals may arrive via this route if PharmOutcomes has not been agreed as the referral route. Currently referrals from UHDFT will come via NHS mail until PharmOutcomes is ready for use within the hospital. You may also receive out of county referrals and they may also arrive by NHS mail.

Q. How can we access recorded version of this webinar?

A. We do not have a recording version of the DMS event, however we will share a slide set with delegates. Please also see our information and FAQs page HERE for further guidance.

With thanks to all those who took the time to attend the DMS events and have contributed to the development of this FAQ document. For further queries please contact Dorset LPC on admin@dorsetlpc.org.uk