Discharge Medicines Service

Working together as a system to get it right!

Aims of the engagement events

- To have a mutual understanding of what DMS involves
- To improve communication and build relationships between secondary care and primary care
- To build on a service which will benefit patients and bring professional satisfaction
- To understand how the service will work locally

Agenda

- What is the Discharge Medicines Service?
  - Amanda Moores, Dorset Local Pharmaceutical Committee
- Secondary Care perspective
  - Anne Gilbert, Dorset County Hospital Foundation Trust
- Community Pharmacy perspective
  - Robin Mitchell, Victoria Park Pharmacy
- GP practice/PCN perspective
  - Theresa Larcombe, Principle Clinical Pharmacist, Jurassic Coast PCN
- Discussion groups
- Feedback & questions

What is the Discharge Medicines Service?

- Part of the Community Pharmacy Contractual Framework
  - Essential Service from 15th February 2021
  - Formal, funded, contractual
- Patient Centred
  - Encouraging collaboration
- Three-stages
  - **Stage 1** = Referral received - clinical review undertaken by the community pharmacist
  - **Stage 2** = First prescription following discharge received - comparison of first post-discharge prescription with discharge information
  - **Stage 3** = Patient discussion – check patient's understanding of their medicines
- Cross sector toolkit available
- VirtualOutcomes training module available

INTEGRITY | RESPECT | TEAMWORK | EXCELLENCE

NHS
Dorset County Hospital
NHS Foundation Trust

Supporting the Discharge Medicines Service at Dorset County Hospital

Anne Gilbert
Medicines Safety and Optimisation

Outstanding care for people in ways which matter to them

TCAM to DMS Journey

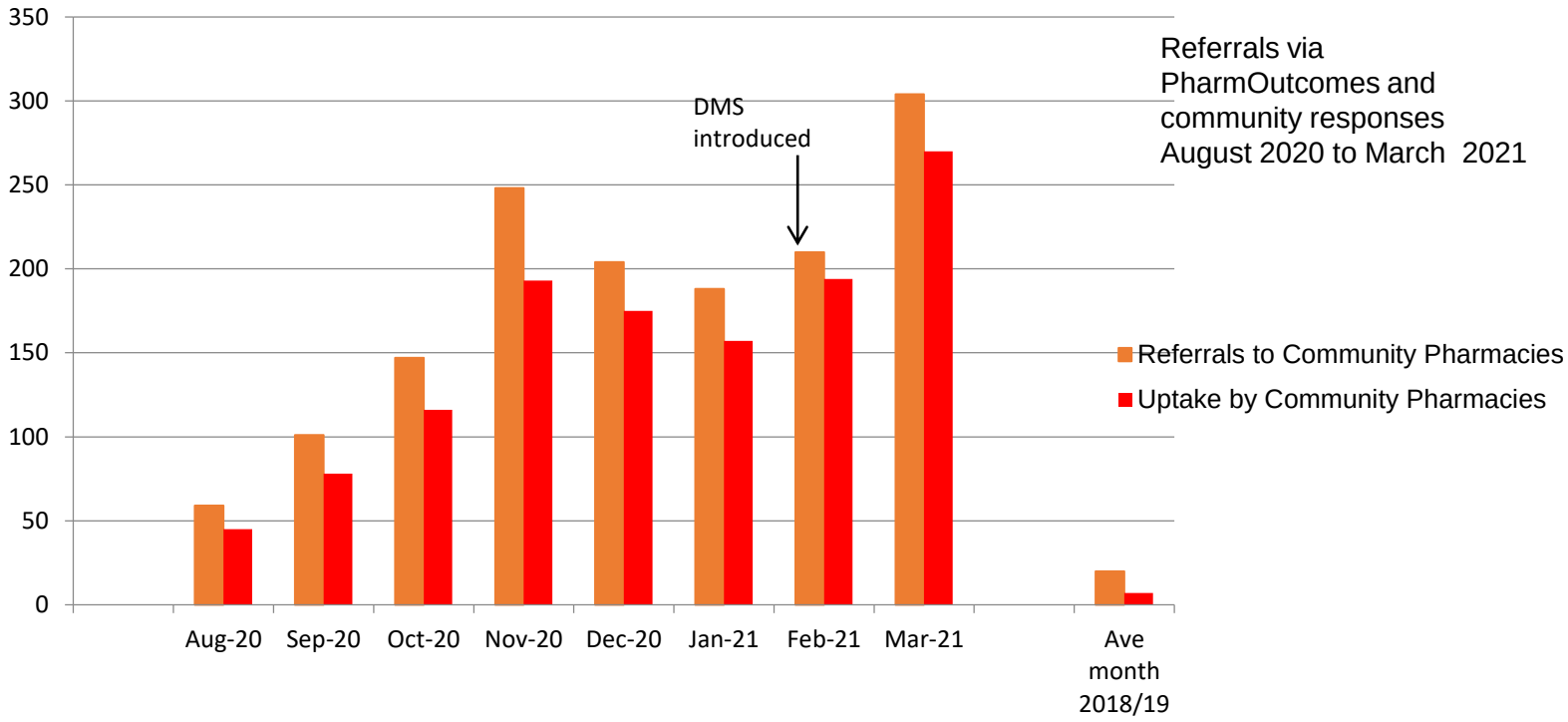
Transfer of Care around Medicines was initiated by DCHFT and the LPC in 2016

- PharmOutcomes used to send discharge information securely
- Small beginnings
- TCAM expanded for all patients discharged from DCH to West Dorset
- At best 80 referrals per month
- Put on hold April 2019 (staffing at DCH and low response from CPs)

Relaunched August 2019 in anticipation of DMS

- West Dorset in good position because of previous experience

Results of relaunch 2020



Who to refer for DMS?

Patients taking high risk medicines

- Including but not limited to : anticoagulants, antiepileptics, antipsychotics, cardiovascular drugs, digoxin, lithium, opioids, methotrexate, NSAIDS, insulin etc
- Newly started respiratory drugs including inhalers
- Medication requiring monitoring, titration or other follow up
- Medicines that have the potential to cause dependence
- Medicines requiring dose changes over time (e.g. steroids)

Who to refer for DMS?

High Risk Patients

- Taking more than 5 medications
- Starting new medicines
- Medication changes
- MI or stroke due to likelihood of new medicines
- Confused about medication and needing support from HCP, during admission
- Have help at home to take medicines
- Have Learning Difficulties

Who to refer for DMS?

We refer all adult patients in the main hospital by default unless one of the following exclusions exist:

1. They do not consent
2. They obtain medicines from a dispensing GP surgery
3. They are on no regular medicines **and** only prescribed short term analgesia/antibiotics on discharge.
4. Discharged to Community Hospital.

What are the processes?

Referral process starts at admission**!**

As part of the initial medicines reconciliation, a member of the Medicines Management Team

- Records patient's usual pharmacy
- Obtains and notes patient consent
- Records medication changes and any other issues that affects patients ability to manage medicines

What information is DCH providing?

Minimum Dataset

- Demographics
- Medicines being used by patient at the time of discharge (include otc, specialist medicines)
- How taken and reason for, when known
- Changes to medicines
- Contact details of referrer

What information is DCH providing?

Additional recommended Dataset

- Details of other relevant contacts if appropriate
- Known drug allergies and sensitivities
- Hospital only medicines
- Date and time of last dose of weekly, monthly medicines including injections
- What information has been given to patient/family/carer during admission
- Any other information (review by GP, monitoring etc)

How DCH manages a discharge medicines query from Community Pharmacy

Community Pharmacist phones

↓

Pharmacy staff member takes message

↓

Message passed to pharmacist named on discharge letter
(this may take time as majority of pharmacists are ward based)

↓

Pharmacist will call back as soon as possible
(should they not be available another member of the team will phone back)

Exploring alternatives e.g. e-mail

DMS in community pharmacy

Robin Mitchell, Victoria Park Pharmacy

Our experience so far

- Commencing in March: 25+ DMS referrals, all from DCHFT
  - 16 completed
- Claims via MYS manual entry as PharmOutcomes data transfer not yet established
  - Requires patient NHS number and base data for each step
  - “No such prescriptions exist” versus “Yes” or “No”
  - Can enter MYS and save to continue, can’t claim until month-end
- Interventions required to correct repeat prescriptions and acute scripts with old repeat lists
  - GPs often not aware of patient discharge as quickly as we are

Top tips

Date, anon info	Stage 1	Stage 2	Stage 3	Claim
03-Mar-21 SB				
06-Mar-21 AG				
17-Mar-21 FF				
22-Mar-21 ET				

1. Keep track of DMS referrals
   - Notes to PMR, summary of changes
   - Paper trail, summary record sheet
   - Document when MYS claims made
2. Be proactive with GPs
   - Alert them to discharges with significant changes
   - Confirm GP actions underway or known e.g., “renal function GP review”
3. Make it a team effort
   - Pharmacy technicians best placed to manage non-clinical issues
   - Start, make improvements to the process based on experience
4. Explain the service to the patient / carer
   - They will appreciate your involvement in their care

PCN Pharmacy Teams

Theresa Larcombe
Principal Clinical Pharmacist
Jurassic Coast Primary Care Network

Discharge Medicines Service – A PCN overview of workflow and DMS support

Workflow

- Every Practice and every PCN will be different. This is just one example.
- 3 Practices – population of 38,500
- Jurassic Coast PCN has a Workflow HUB based at BMC
  - Letters, discharges, reviews – every written ‘Point of Contact’ flows into this team
  - Average of 2,369 letters, discharges etc a week
  - Team of 7
  - Come in to GP Practices and pushed into central Workflow Hub
    - Secretaries
    - Admin teams
  - 48 hour turnaround once in the hub – 7 day turnaround in total

What happens in the Hub?

- Every letter reviewed individually – HUMAN process
- Every critical event in the letter is Coded e.g.
  - Patient diagnosed with AF – Patient record updated with correct code
- Every action highlighted
  - Literally!
- Every letter scanned and uploaded to SystmOne
- Every action ‘Tasked’ to GP or appropriate Clinician
- Task is then reviewed, actioned and closed
- Discharge reviews go direct to GPs and will come back out to Pharmacy on case-by-case basis via ‘Task’ or referral
- PCN pharmacy team is the point of contact for discharge medication queries but may also include prescription clerks, GPs, Nurses, AHPs, Social Prescribers and Paramedics.

Remember for the PCN there are 2,369 per week! Not all are discharges but nonetheless this is a massive data crunch

Role of PCN Pharmacy Team?

- Roles funded via the ARRS scheme – part of the GP Contract (the Network Contract DES)
- Pharmacists and Pharmacy Technicians can be employed
  - Jurassic Coast PCN has 4 Pharmacists currently covering total PCN population (38,500) - all 3 practices PLUS 13 Care Homes
  - Part of a PCN integrated multidisciplinary team supporting Frailty and Long-Term conditions – Social prescribers, Paramedic, Frailty Team (MDT), Care co-ordinators and growing!
- PCN Pharmacy teams should, in accordance with the Network Contract DES
  - Work collaboratively across the PCN
  - Support integration of general practice with the wider healthcare team (including community and hospital pharmacy)
  - Develop relationships with other pharmacy professionals across PCNs and the wider health and social care system

What do we do?

- New roles to Pharmacy and New to General Practice – finding our feet nationally and locally!
- Responsibilities include (but not limited to!)
  - Structured Medication Reviews
  - Management of Long-term Conditions and complex polypharmacy
  - Provision of expert advice, education and training
  - Reconciling medications following discharge from secondary/intermediate care settings
  - Produce post-discharge plan including reviewing medication after discharge and liaising with other care settings
  - Supporting projects across the PCN and as designated by the Network Contract Directed Enhanced Service (DES)
  - Medication Safety & Quality Improvement

See Annexe B of the Network Contract DES specification for outline of roles and responsibilities of PCN pharmacists and pharmacy technicians

A word about Pharmacy Technicians

- Critical and pivotal role
  - carry out medicines optimisation tasks including effective medicine administration (e.g. checking inhaler technique), supporting medication reviews, and medicines reconciliation. Where required, utilise consultation skills to work in partnership with patients to ensure they use their medicines effectively;
  - support, as determined by the PCN, medication reviews and medicines reconciliation for new care home patients and synchronising medicines for patient transfers between care settings and linking with local community pharmacists.

Where do we fit in with DMS?

- PCN perspective – DMS will
  - compliment our continued responsibility to reconcile a patients medicines on discharge with our IT systems PLUS
  - Ensure communication and integration with pharmacy colleagues across all sectors
  - Align and not duplicate workflow

Where do we fit in with DMS?

- Cross-sector toolkit for pharmacy staff
  - Local relationships and point of contact - New and will develop
    - Jurassic Coast PCN: WhatsApp group for non-clinical ; central email to PCN Team and each Community Pharmacy has an NHS.net account ; Quarterly Joint Zoom Evenings ; Link between PCN Pharmacy team and PCN Community Pharmacy Representative
  - Need to agree how we communicate and liaise – we are all here tonight to make a start
  - We can provide support – refer into us for
    - Advice; Information; Support
    - **Structured Medication Review**
    - Clinical support – test results; restarting meds, monitoring (drug and physical condition)
    - Complex or specialist support – where MDT involvement is required and/or Structured Medication Review

How?

- Work together
- Open lines of communication with all our Pharmacy Peers across all sectors
- ‘Walk in my shoes’ (when covid allows)
- Integration of Community Pharmacy Representation at PCN Prescribing Meetings
- Patient centred care
- All in it together!

COMMUNICATION WILL BE KEY

Group discussions

- Opportunities and challenges for the service
- You might like to consider:
  - Communications
  - Key contacts
  - Developing relationships
  - Involving the whole team
  - What would you do if….?
  - Best practice examples for sharing

Feedback & Questions

Thank you for attending, look forward to seeing you again soon