**Discharge Medicines Service**

The Discharge Medicines Service (DMS) became a new **Essential service** within the Community Pharmacy Contractual Framework (CPCF) on 15th February 2021 and as such is a service that is required to be delivered by all community Pharmacies in England.

This service enables all NHS Trusts the opportunity to refer patients who would benefit from extra guidance around prescribed medicines for provision of the DMS at their community pharmacy. The service has been identified by NHS England and NHS Improvement’s (NHSE&I) Medicines Safety Improvement Programme to be a significant contributor to the safety of patients at transitions of care, by reducing readmissions to hospital. More details can be found here: <https://psnc.org.uk/national-pharmacy-services/essential-services/discharge-medicines-service/>

**What is happening in Nottinghamshire and Bassetlaw**

The Local Pharmaceutical Committee have been working closely with each local NHS Trust to support their plans to increase the number of discharge medicine referrals that are sent to community pharmacy.

* **Sherwood Trust** will continue to refer patients using compliance aids only at present.
* **Bassetlaw Trust** will be referring two groups of patients to community pharmacies listed in table 1.
	+ Group 1 – Monitored dosage system
		- The patient is a regular MDS user and there have been changes to their medication
	+ Group 2 – Clinical criteria
		- There have been three or more medication changes / additions to medicines on repeat
		- There has been one or more newly started, or changes to, high risk or problematic medicines
		- The patient or carers has expressed confusion / concern over medication on discharge
		- The patient has had multiple admissions during a significant period of time or have had a long inpatient stay
		- There has been an AKI (Acute Kidney injury) on admission or during inpatient stay leading to one or more medication change(s)
		- The patient was admitted due to a drug / disease interaction
		- Any other circumstances where the referring pharmacy professional has concerns about medication safety effectiveness that could addressed by the DMS
* **NUH Trust** have briefed their hospital teams and the following patient groups will be referred to community pharmacies from NUH from 15th June 22;
	+ Patients with MDS boxes
	+ Patients taking high risk medications eg. DOACs, antiepileptic's, Parkinson’s disease meds
	+ Any patients who have been started on a new medication
	+ Patients who have had any doses changed whilst an inpatient
	+ Patients who have had their medications stopped and the reason for discontinuation
	+ Patients with learning disabilities
	+ Any patient at risk of readmission for any reason eg. frequent attender or non-compliance
	+ Consenting patients from NUH that fall within the high-risk groups (detailed below) will be referred to their nominated community pharmacy on discharge with the following information available
		- The medicines being used by the patient at discharge. This INCLUDES over the counter, prescribed and specialist medicines. Any additional information will be put in the pharmacy comments section of the discharge
		- Any changes to medications (including stopped or started and changed doses) and documented reason for change.
		- New medications will have the indication for the drug in the ‘instructions/reason for medication section’

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| **High Risk Medicines** | **High Risk Patients** |
| * Multiple resources cite a risk of high-risk medicines. They include but are not limited to: anticoagulants (eg warfarin, dabigatran), antiepileptics, digoxin, opioids, methotrexate, antipsychotics, cardiovascular drugs (eg beta-blockers, diuretics), controlled drugs, valproate, amiodarone, lithium, insulin, methotrexate, non-steroidal anti-inflammatory drugs (NSAIDs) and aspirin among others.
* Newly started respiratory medication, including inhalers
* Medication requiring follow-up. Eg blood monitoring, dose titration
* Patients prescribed medicines that have potential to case dependencies (eg opioids).
* Those for which doses vary change, either increasing or decreasing over time.
 | * People taking more than five medications, where the risk of harmful effective and drug interactions is increased.
* Those who have had new medicines prescribed while in hospital
* Those who have had medication change9s) while in hospital
* Those who have experienced myocardial infarction or a stroke due to likelihood of new medications being prescribed
* Those who appear confused about their medication on admission when getting ready for discharge and have already needed additional support from a healthcare professional
* Those who have help at home to take their medications
* Those patients who have a learning disability
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As a result of this service, Community Pharmacists may be in contact with Practices following these discharge notifications to troubleshoot any specific requirements in relation to their medications. We have recommended that Community Pharmacists continues to engage within local practices to ensure that relationships continue to strengthen.