Making DMS work

Pharmacy care across boundaries

Aims

- Understand how the DMS services can be delivered effectively
- Develop a local network with other pharmacists
- Agree what you will do to make the DMS service work effectively to improve patient care
- Identify the best way to communicate between hospital, community and GP pharmacy practices.

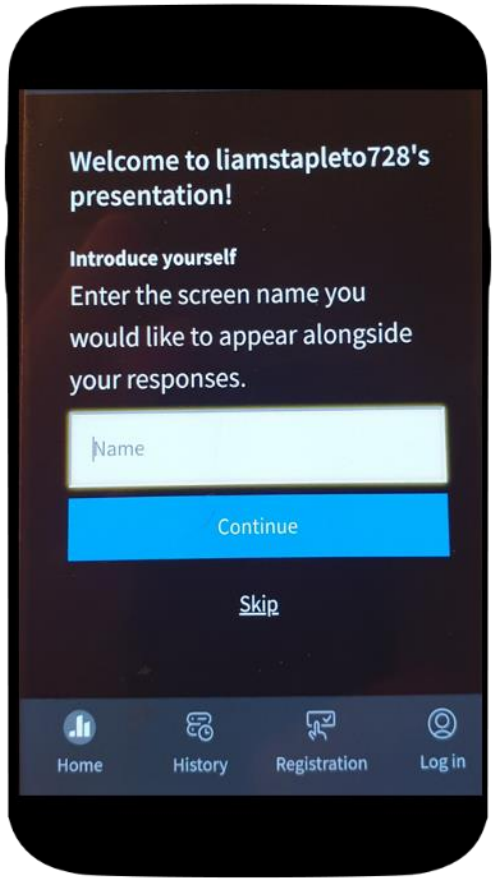
Agenda

- Welcome and introduction
- An overview of DMS
- DMS from a hospital perspective
- Current performance in Nottingham
- Performance issues
- DMS from a GPPh perspective
- Discussion groups – how to make the service work in Nottingham
- Action planning
- Revalidation
- Close

Being a good webinar participant

- Mute yourself
- Poll everywhere
  - www.pollev.com/liamstapleto728
  - Word-clouds - single words or separate multiple words with an underscore (_)
  - Questions/ideas
  - Polls
- Zoom chat
- Hands up
- Breakout rooms

How to use Poll Everywhere



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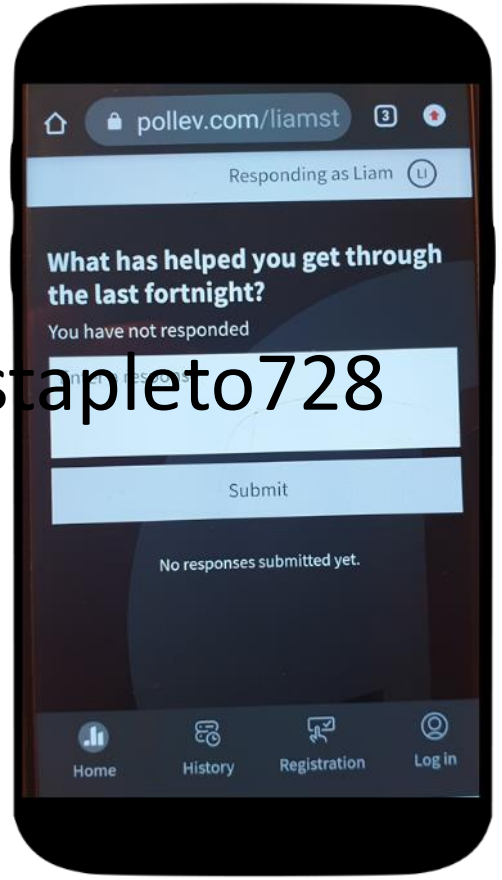
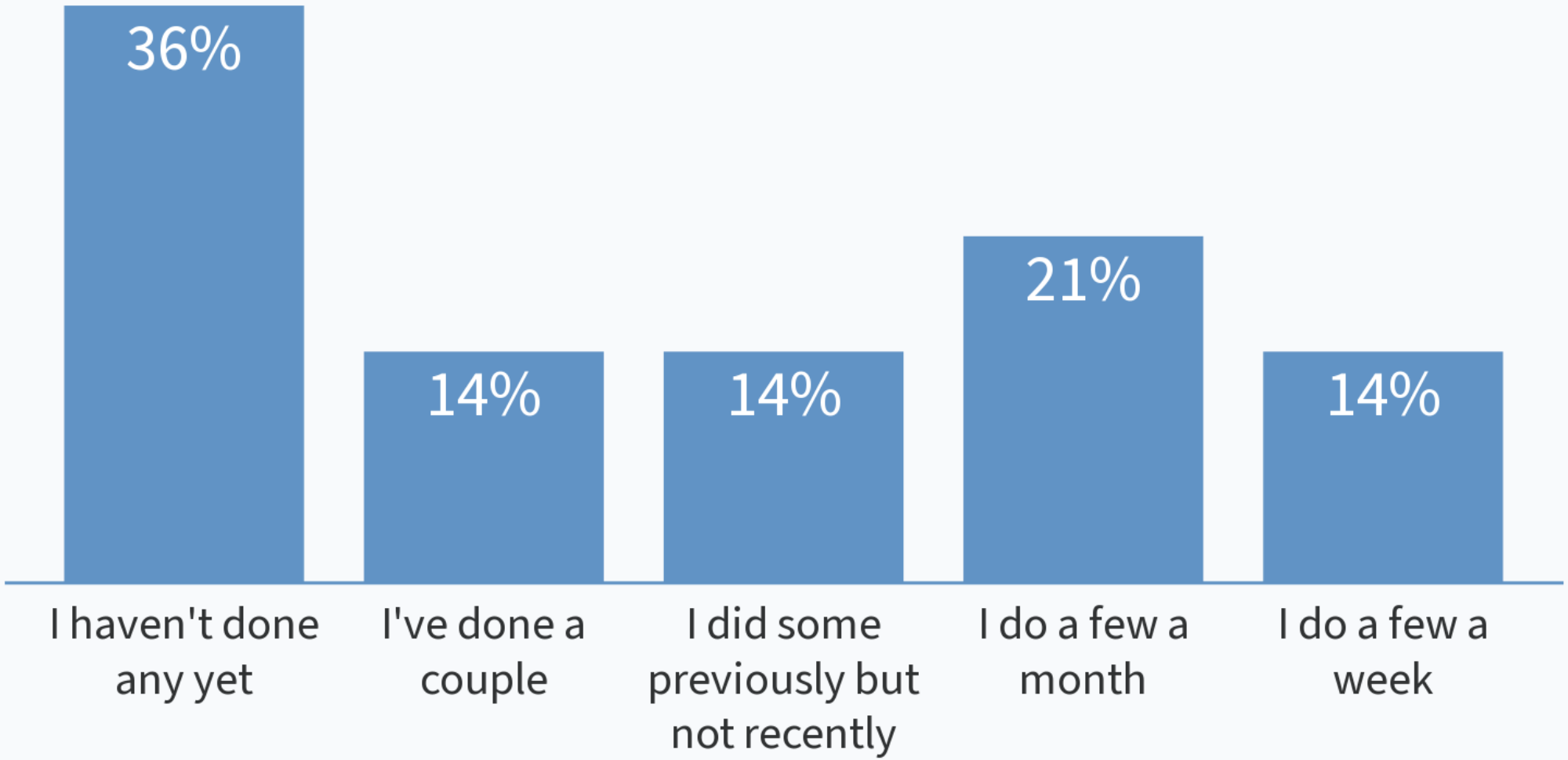


How often do you undertake a DMS service?



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Background to provision of DMS

Patients discharged from hospital have an increased risk of avoidable medication related harm

It is estimated that **60%** of patients have **three or more** changes to their medicines during a hospital stay

30-70% of patients experience **unintentional** changes to their treatment, or an **error** is made because of a lack of communication or miscommunication on discharge

Only **10%** of older patients will be discharged on the same medication that they were admitted to hospital on

20% of patients have been reported to experience adverse events within three weeks of discharge, **60%** of which could have been managed or avoided

Aims of the DMS service

- Optimising medicines
- Reducing harm
- Improving understanding
- Team working across hospitals, community and primary care networks, pharmacy and GP teams
- Reducing readmission to hospital

Benefits of the DMS service

Service funding and integration with NHS

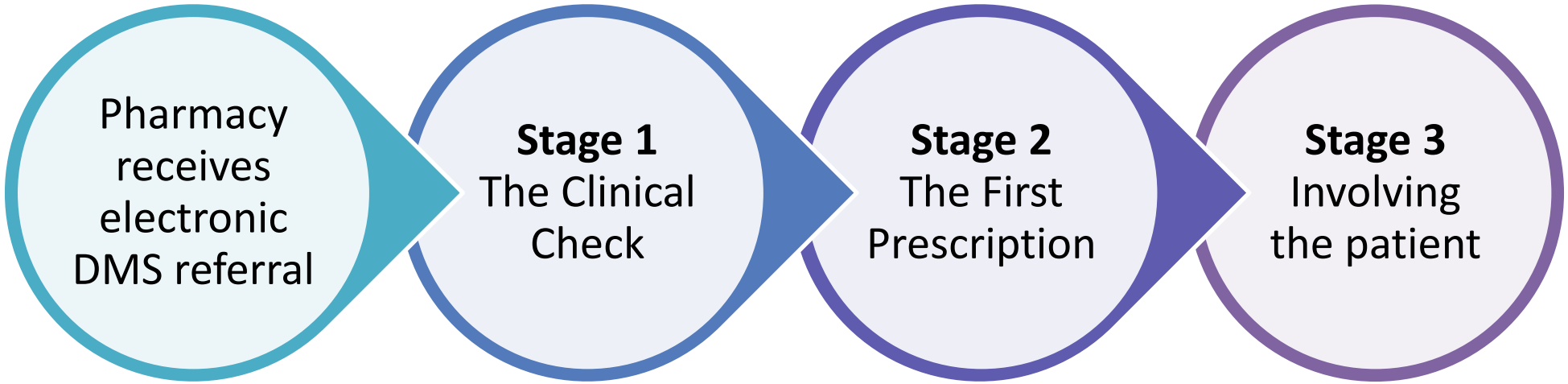
Patient

Improved patient care and QoL

Reduction in readmissions

Reduction in patient needs

DMS - three stage process



DMS - three stage process

Stage 1
The clinical check

- Must be completed within 72 hours of receipt
- Must be completed by the pharmacist
- Comparison between records and DMS referral
- Resolve issues with hospital or patient's GP
- Check outstanding Rx and eRD Rx

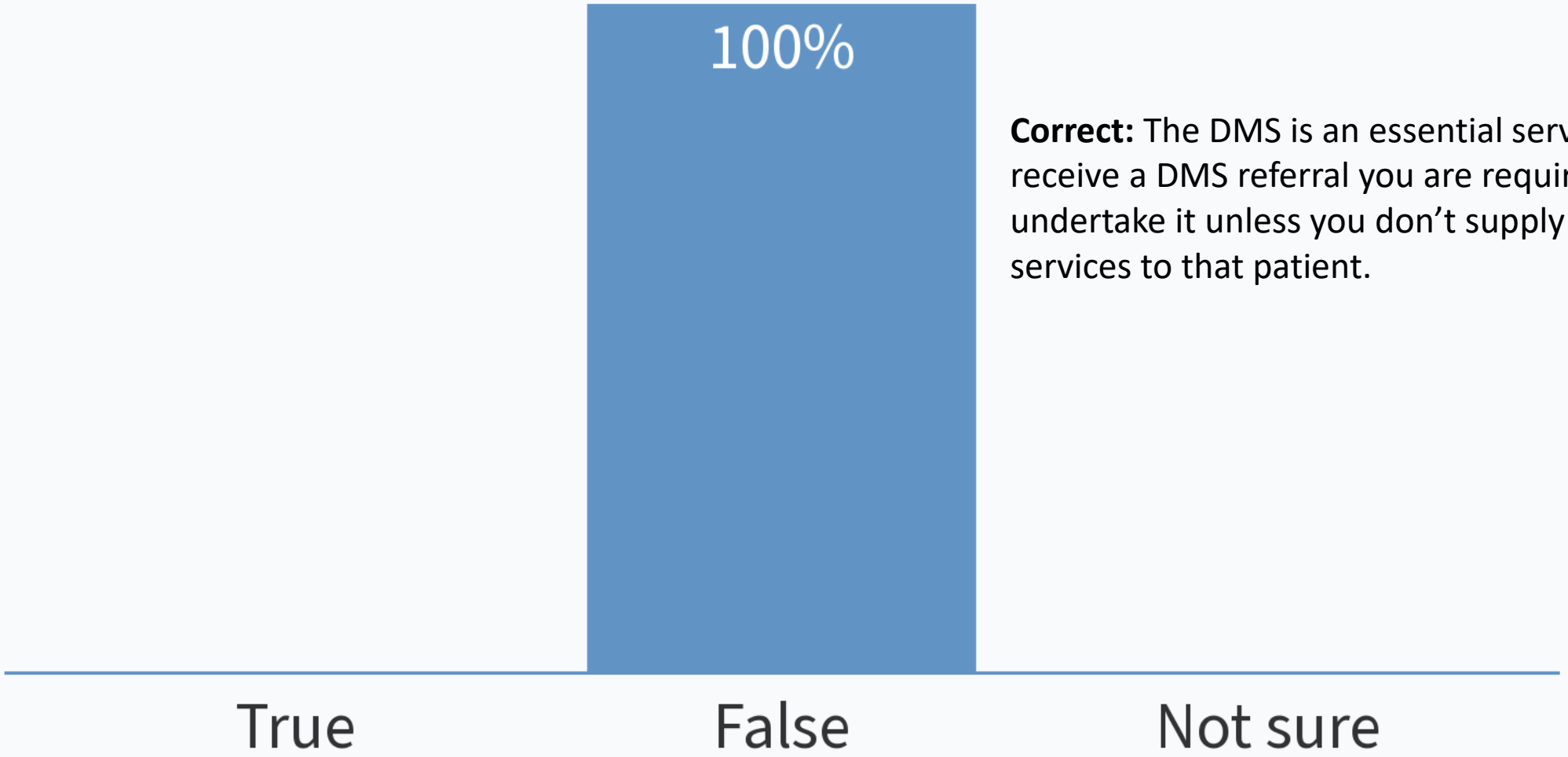
Stage 2
The first prescription

- No specified time limit for this stage
- Provided by pharmacist or pharmacy technician
- Ensure changes confirmed in Stage 1 reflected on Rx
- Resolve identified issues with GP / PCN or practice pharmacist
- Refer complex patients to GP/PCN for a Structured Medication Review

Stage 3
Involving the patient

- Consultation with patient
- Provided by pharmacist or pharmacy technician
- Discuss
  - New medicines
  - Medicines optimisation
  - Medicine interactions
  - Supporting adherence
  - Disposal of redundant medicines

I can choose whether I provide the DMS service or not.



Correct: The DMS is an essential service. If you receive a DMS referral you are required to undertake it unless you don't supply dispensing services to that patient.

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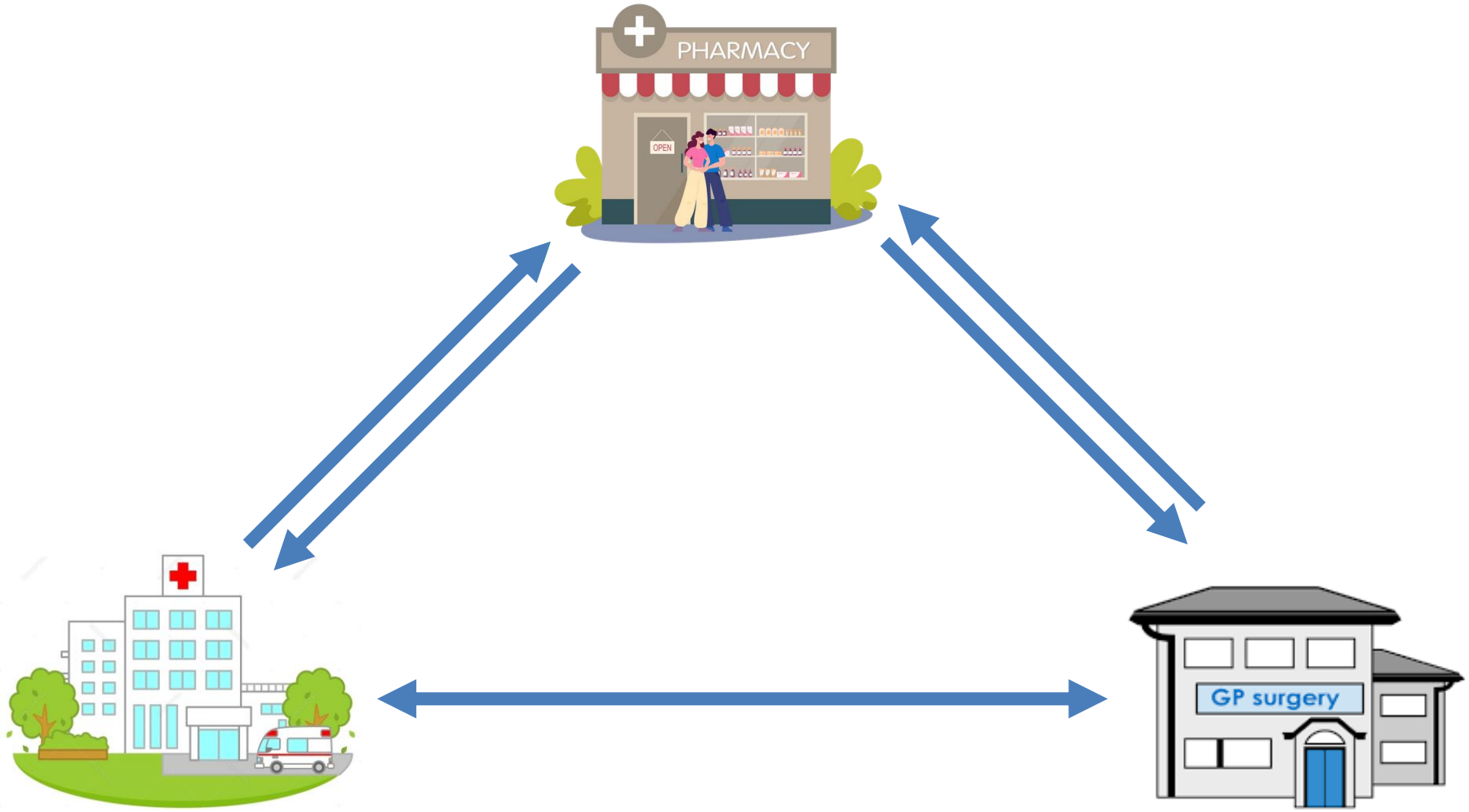
Communication in the DMS service



Resources

- NHS Discharge Medicines Service (cppe.ac.uk)
- DMS training – community pharmacy end
- DMS hospital end

The hospital view of DMS

Nottingham University Hospitals NHS Trust

Discharge Medicine Service NUH perspective

Fiona Curley – Acute Frailty Specialist Pharmacist

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During admission

Patient admitted to NUH

Drug history and medicines reconciliation completed within 24 hours of admission

- Consent obtained at point of drug history

Medicines reviewed regularly by clinical pharmacist

- Issues identified to flagged to medical team for review

Patient deemed medically fit for discharge

- Discharge paperwork completed by medical team and clinically screened by pharmacist. ODS code inputted once any discharge paperwork issues resolved and patient counselled on changes to medications

Sent to community pharmacy via PharmOutcomes once 'signed off'

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Why is DMS Important

- Around 5-10% of hospital admissions are medicines related, of which 2/3rd are preventable.
- 60% of patients have three or more changes made to their medicines during a hospital stay.
- Only 10% of elderly patients will be discharged on the same medication that they were admitted to hospital on
- 30-70% of patients experience unintentional changes to their treatment or an error is made because of a lack of communication or miscommunication
- 20% of patients have been reported to experience adverse events within 3 weeks of discharge, 60% of which could have been ameliorated or avoided.

Every 10 community pharmacy consultations will prevent one readmission

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Why is DMS important?

Reduce readmissions with medicine related harm events (5.8% vs 16% at 30 days)

Reduce length of stays if readmitted (5.8% vs 16% at 30 days)

Improved communication (and thus safety) across care interfaces. Further potential to reduce time wasted trying to piece information together from various sources

Consistent approach for medicines reconciliation post-discharge

Highlights patients on newly started high risk drugs so that optimal pharmaceutical care & support can be provided. NMS or other local services can be provided as needed

Reduced medication waste

Highlights patients with potential compliance issues for targeted support in their community

Reduced £ to the health economy

Improved patient experience

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Who do we refer to Community Pharmacy

We have expanded the criteria of eligible patients since February 2022 so to be more in line with NHSE recommendations and to ensure as many high risk patients as possible are captured by the service. There include:

- Patients with MDS boxes
- Patients taking high risk medications e.g. 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
- At risk of readmission for any reason e.g. frequent attender or non-compliance

This list is not exhaustive and any patient who is felt would benefit from the service is referred .

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Case Studies: When it works well…..

- Mirtazapine lowered during admission as recent increase thought to have contributed to confusion
- GP records not updated post discharge and prescription sent to community pharmacy for previous dose
- Community pharmacy identified error and alerted GP surgery
- New prescription issued with the intended reduced dose
- Potentially avoided readmission

Case Studies: When it could have worked well...

- Patient discharged 19/7/19 with rivaroxaban 15mg BD for bilateral PEs
- Readmitted with PR bleed and DOAC switched to apixaban 5mg BD, then discharged on 31/7/19
- GP issued rivaroxaban 20mg OD on 8/8/19 in line with discharge plan on 19/7/19
- Patient takes both apixaban and rivaroxaban for 3 weeks
- Admitted 23/8/19 with large GI bleed and Hb drop to 50 resulting in transfusions and admission

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Our asks of community pharmacy…

- Please accept and complete referrals generated
  - Ensure you have PharmOutcomes access and you check it regularly
  - Ensure all staff, including locums & technicians, know how to support the service

- Where your community pharmacy is struggling to meet demand / complete the referrals – please ensure you are utilising your pharmacy workforce to support delivery. You can additionally liaise with your LPC.
  - It is an essential service and there is an expectation referrals will be acknowledged and completed.

- Feedback to us on how we can improve the referrals generated from NUH

- Please reach out to NUH if needed following a referral

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Further reading & references

- PSCN DMS Discharge Medicines Service : PSNC Main site
- DMS Toolkit NHS England » NHS Discharge Medicines Service – Essential Service: Toolkit for pharmacy staff in community, primary and secondary care
- https://bmjopen.bmj.com/content/6/10/e012532 Newcastle Transfers of Care
- https://bmjopen.bmj.com/content/10/2/e033551 Wales Discharge Medicines Review
- Leeds Teaching Hospitals: 16% reduction in emergency admissions
  - https://link.springer.com/article/10.1007/s11096-019-00887-3
- Surrey: Less discrepancies when information shared with community pharmacy
  - https://onlinelibrary.wiley.com/doi/full/10.1111/ijpp.12364
- Cornwall: readmission rates 23% → 8.5%
  - https://onlinelibrary.wiley.com/doi/10.1111/ijpp.12603

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Nottingham University Hospitals NHS Trust

Discharge Medicine Service NUH perspective

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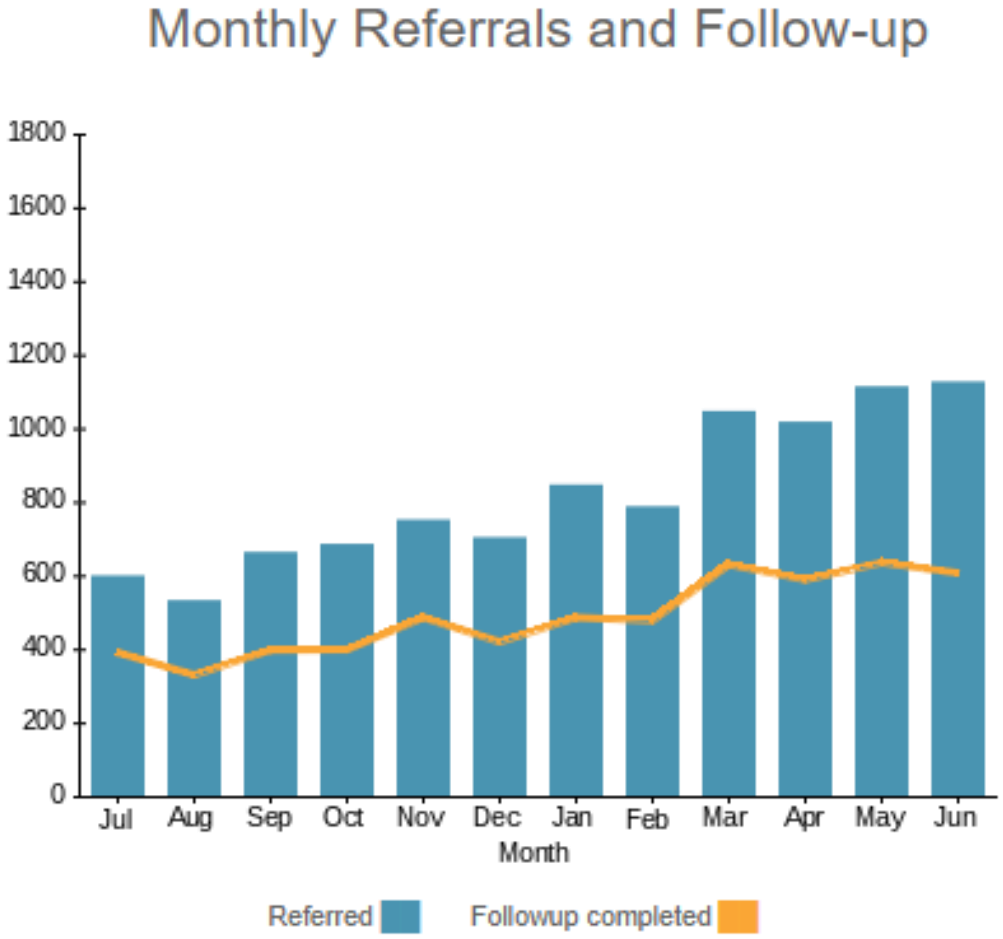
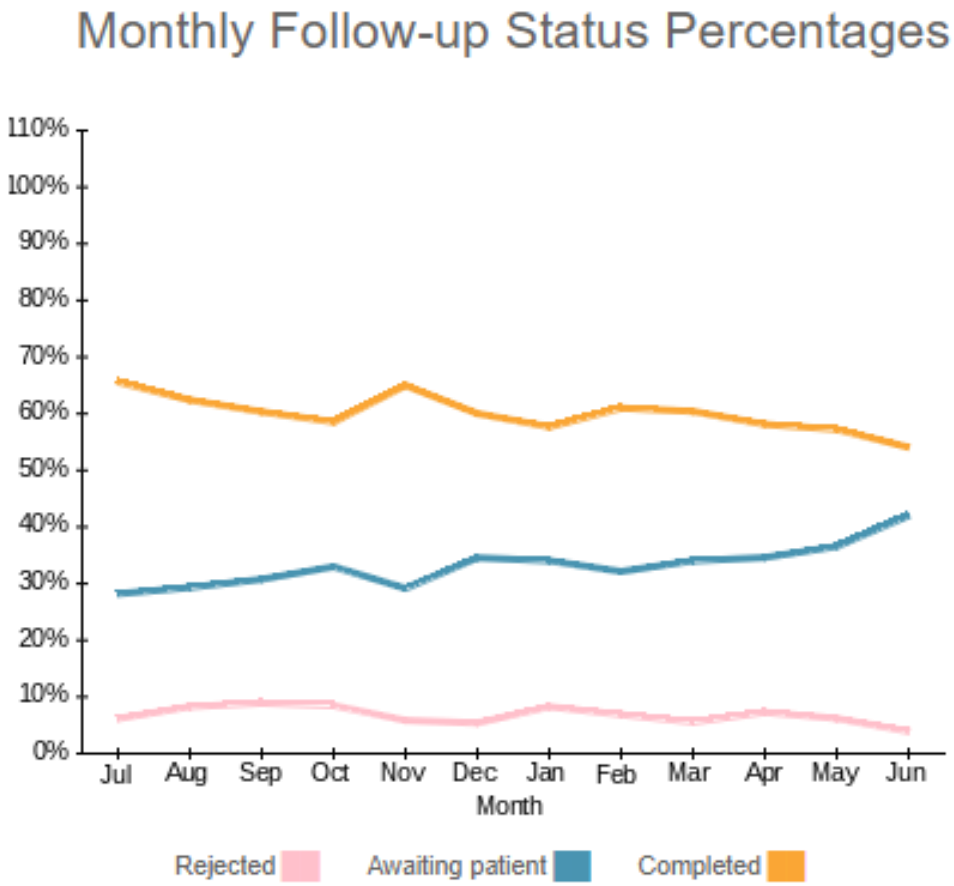
DMS performance in Nottinghamshire

Where we are now…..





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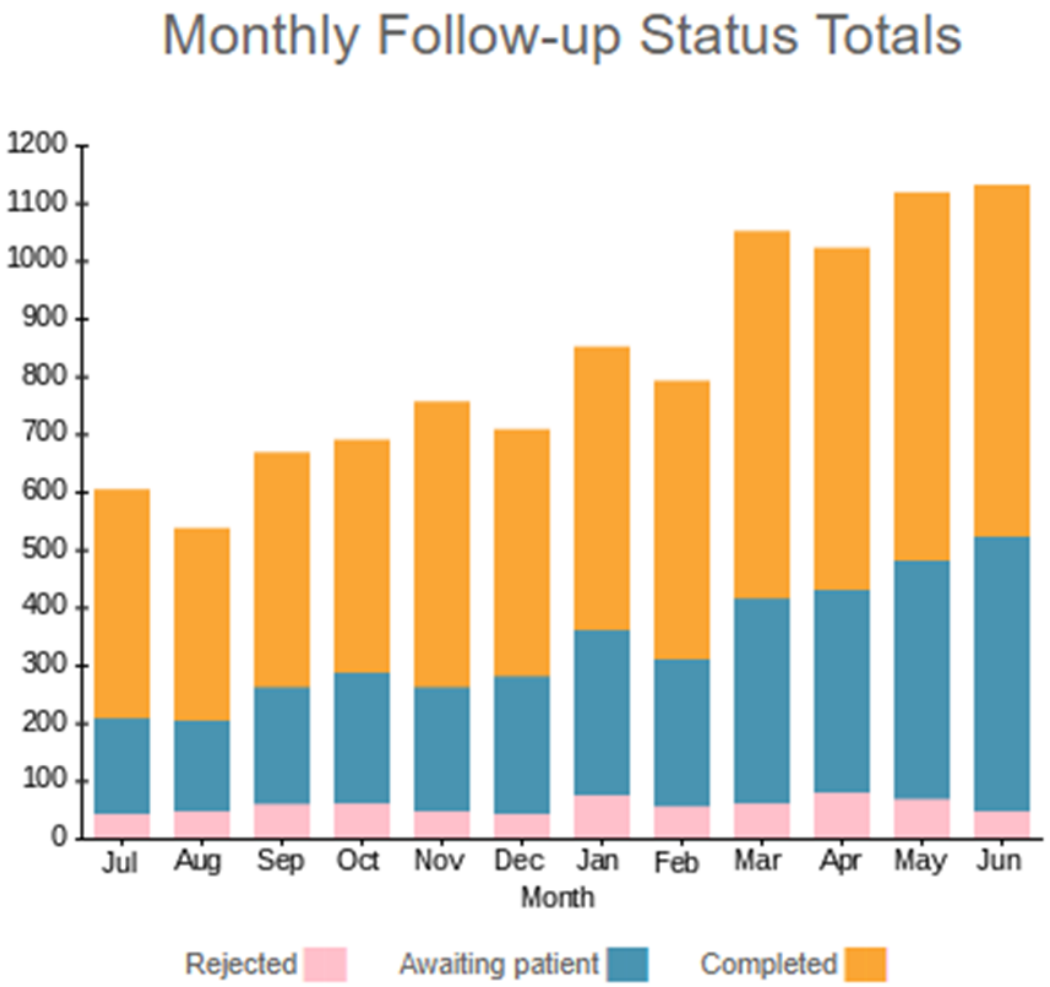
Where we are now….



Month	Rejected	Awaiting patient	Completed
Mar	58	356	632
Apr	74	352	591
May	69	407	637
Jun	44	473	609

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Risks from poor DMS delivery

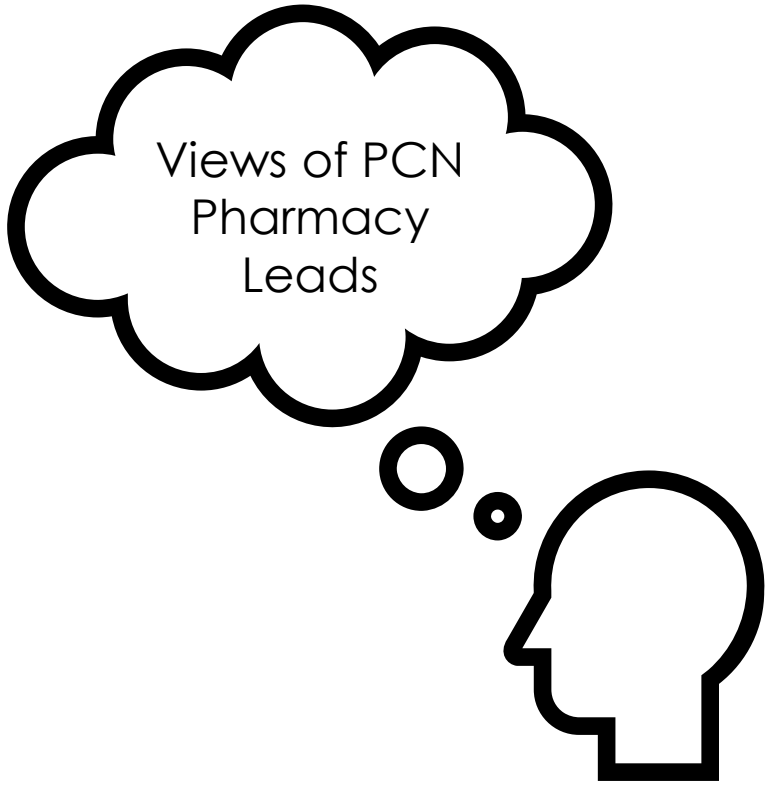
Breaking terms of service

- DMS is an essential service
- Failure to meet terms of service
- Remedial notices
- Contract at risk

Litigation

- Risk if harm comes to a patient when information provided is not accessed and acted upon
- Professional liability risk
- Potential criminal case

A practice pharmacists view of DMS



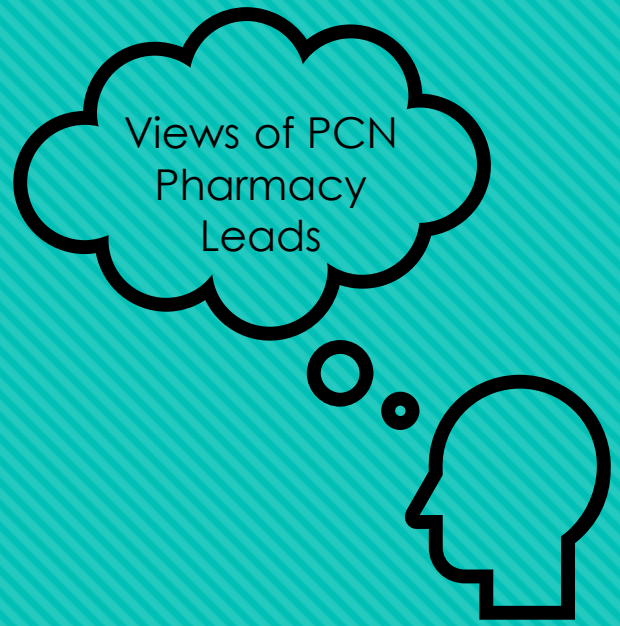
Facilitators of safer transfer of patient care as:

- Able to pick up on ‘revolving door’ discharges in a timely manner
- Enables timely reconciliation
- Increases pharmacy awareness – able to remove old prescriptions
- Directly able to speak to patient
- Being able to flag up issues
- Improved communication

Perceived DMS Benefits

Nottingham City General Practice Alliance

How you can help process



1. Look to how best to communicate with the PCN Pharmacy Team
   - Consider use of PKB or Ask My GP with patient consent
   - Avoid phoning
2. Be aware of duplication - discharge sent to multiple locations
3. Be aware of limitations of discharges
4. Help create feedback loops – so we know what works well (and not so well)

Let's work together to get SystemOne access in Community Pharmacy!

Nottingham City General Practice Alliance

Experience of DMS

Group discussions

What patients would benefit from a DMS? What are the priorities?

How to make the system work?

Barriers/challenges

Potential solutions – What could I do?

Potential solutions – What could GPPh/HPs do?

What are the priority patients for DMS?

Your responses

- Blister
- High Risk Drugs / Methotrexate
- Complex medication
- Patients with multiple med changes
- Doac
- New medication
- multiple meds
- All patients being discharged with any medication should be included especially those with LTCs
- Elderly
- Elderly - confused
- Yes I to reassure
- Anyone who has been readmitted for any reason
- Patients with stopped medication
- High dose opiates
- High risk meds
- Patient who is alone

What are the barriers/challenges to delivering the DMS service

Your responses

- Communication with surgery
- Workforce pressures
- practices actioning the discharge letters
- Lack of time especially when short of staffs
- Changing workforce daily
- Being able to contact hospital / surgery
- It is good hosp contacts pharmacy and we have to realise what our responsibility is
- Practice acting on the sent email
- Some pharmacies are struggling to open so service uptake is low
- Making team realise it is an essential service (not optional)
- Unclear discharge
- Adequate workforce
- Training blister pack staff
- Teams not engaged
- Changing habits
- Understanding the necessity of the service
- It infrastructure
- Lack of understanding

Revalidation

Peer discussion

Encourages better reflection by discussing with another who will provide support and challenge

Peer discussion - record

- Do not describe the detail of your discussion
- Describe your reflections from the discussion
  - Suggestions
  - Changes
  - Results of changes
- Confirm peer happy to be named
- Record the peer name, role, organisation, telephone number and email address

Peer discussion form

1. Please give the name, contact details and the role of your peer on this occasion*:

Name	
Role	
Organisation	
Telephone	
Email	

*If you took part in a group peer discussion, please only provide details for one person from the group.

2. Describe how this peer discussion changed your practice for the benefit of the people using your services.

Tell us why you chose this peer.

Tell us how this peer discussion has helped you to reflect on and make improvements to your practice.

Give a real example of any beneficial outcomes for the people using your services as a result of making changes to your practice.

Do include any feedback about your practice that you have had from other people.

You do not have to include information on the subject(s) discussed if you feel the contents are confidential.

Planned learning form

1. What are you planning to learn?

Tell us what learning you are planning to carry out. What you need to learn may be new knowledge, skills, or a new attitude or approach – anything that you think will make you better able to do your job as a pharmacy professional or prepare you for a new service or role. You should be as specific as possible.

You should explain why this learning is relevant to you in your role as a pharmacy professional and how it will affect the people using your services. If you don't think it is relevant or will have a significant beneficial impact on anyone, you might want to consider why you are planning to carry out and record this learning.

Please take care not to disclose any confidential information about patients without their consent.

2. How are you planning to learn it?

It is important for you to consider a range of options for achieving your learning across the breadth of your CPD entries. Focus your planned CPD on those activities that are relevant to, or likely to have the biggest impact on, the people using your services.

3. Give an example of how this learning has benefited the people using your services.

Putting learning into practice is a good way to prove that you have actually learnt what you intended. Tell us what specific skills, attitudes and/or behaviours you have gained as a result of your learning.

Include a real example of how the people using your services have benefited from your learning. If you were able to introduce a new service successfully, the benefits will be clear. If you are more confident in your ability to respond to a particular query, or have some new knowledge that you can use in your practice, that is also a beneficial outcome.

Do include any feedback about your practice that you have had from other people.

Making DMS work

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