

Questions and Answers from DMS workshop 14.07.22

Q NUH reported 30-70% unintentional changes to medication on discharge from hospital – are NUH addressing this?

A: Yes. NUH and LPC representatives meet regularly to discuss these types of issue and they take the required action

We also need to look to improving discharge paperwork with everyone being involved

Q: Once a referral is received, does the pharmacy need to contact the patient or wait until a prescription is presented?

A: The patient is contacted for stage 3 i.e. once a prescription has been received from the surgery so that a conversation can happen with a pharmacist or technician about their discharge medicines. At this point a New Medicine Review may be offered as well if the medicine meets the criteria.

Q: How do pharmacies contact the hospital wards and pharmacists? Could the contact details be added to the discharge letter?

A: We have added a list of contact numbers to the LPC website and the NUH contact details always appear at the foot of a referral.

Q: So far only receiving referrals from QMC and not the City hospital, why?

A: Should be receiving from both hospitals but at the moment only for a select patient cohort – may depend on where the wards are located for geriatrics at present.

Q: Patient who has been referred to us might have just been into the pharmacy for once/twice. However, he/she didn't come in afterwards. How should we proceed then? Is there any deadline/time limit for all 3 stages to be submitted? For example, how long will you wait for before selecting "NO" for first Rx received?

A: The patient conversations may be completed by phone and there is no deadline for stage 3 to be submitted and you should use your professional judgement to agree a reasonable time frame within the pharmacy for each step to be completed.

Q: DMS stage 1 needs completing within 72hours . what happens if your working in a pharmacy and there are old DMS' on screen. Do we complete and still get paid or will that be too late in terms of patient care/payment?

A: This does require a professional judgement. All steps need to be taken to understand if any of the pharmacy team have actioned the referral and not closed it before claiming.

Q: Difficulties following up queries with pharmacies / surgeries / hospitals – could there be a chat option / comments box that all can see to say that the DMS has been received / actioned?

A: At present there are no plans to change the method of communications because of security issues.

Q: Does PharmOutcomes have a reminder facility if a new RX is received for the patient referred – this would be a useful tool?

A: PharmOutcomes doesn't but best practice suggests that as soon as a referral is received a record made on the PMR so that each step can be tracked and the correct service fee claimed

Q: How much of the workload can technicians get involved with?

A: The service specification makes it clear that technicians can be involved in stage 2 and 3

Top tips

Practices all have a PCN Pharmacist and pharmacies should make contact with them and liaise with them at GP practices and agree how to support complicated patients.

NHS digital service finder – this has the non-public phone number to use for practices – need to login with your NHS email.