

### **Discharge Medicines Service**

A Discharge Medicines Service (DMS) will be added to the Community Pharmacy Contractual Framework (CPCF) during 2020-21. Whilst some of the development has been delayed by Covid19, it is expected this will be a high priority when business as usual is restored.

This new Essential service, which all pharmacy contractors will have to provide, was originally trailed in the [5-year CPCF agreement](#), with a formal [announcement regarding the service](#) made by the Secretary of State for Health and Social Care in February 2020.

### **Background to the service**

This service builds on the work that Kent Surrey Sussex Academic Health Science Networks (KSS AHSN) have undertaken with Surrey & Sussex Local Pharmaceutical Committees (LPCs), pharmacy contractors and NHS Acute Trusts over recent years, as part of the [Transfer of Care Around Medicines \(TCAM\) programme](#).

Within this programme, the AHSNs have worked with NHS hospitals to put in place processes and IT infrastructure to allow hospital clinicians to identify patients admitted to hospital that might benefit from being referred to their community pharmacy at discharge. Around half of English hospitals have already participated in the programme and consequently many community pharmacies are already receiving information on their patients' medicines regimen at discharge from hospital.

The NHS Standard Contract 2020/21 Technical Guidance requires commissioners are required to agree Service Development and Improvement Plan with providers of acute hospital services, to set out how, with the support of the AHSN they will jointly take forward implementation of the Transfers of Care Around Medicines TCAM initiative. Further info <https://www.england.nhs.uk/nhs-standard-contract/20-21/>

Surrey & Sussex LPCs have committed to continue their support for and continue to champion the on-going work of the KSS AHSN to co-ordinate TCAM across Surrey, East Sussex and West Sussex and would like to continue to work with all stakeholders and system partners at local NHS Trusts and CCGs involved in the delivery of this project across KSS in a positive and constructive way. It is our role to help inform about community pharmacy issues, support engagement and help pharmacies who choose to use the pathway

### **The need and evidence base for the service**

A recent audit of NHS hospital discharges showed that 79% of patients were prescribed at least one new medication after being discharged from hospital. New prescriptions can sometimes cause side effects, or interact with existing treatments, potentially leading to readmission.

Research by the National Institute for Health Research (NIHR) shows that people over 65 are less likely to be readmitted to hospital if they're given help with their medication after discharge. Research on local schemes implemented around the country has also demonstrated that patients who see their community pharmacist after they've been in hospital are less likely to be readmitted and will experience a shorter stay if they are.

The new service will also help meet the World Health Organization's (WHO) goal to reduce severe avoidable harm from medicines by 50% by 2022.

### **The detail on the service**

Patients will be digitally referred to their pharmacy after discharge from hospital, using IT systems such as PharmOutcomes and Refer to Pharmacy or NHSmail. Using the information in the referral, pharmacists will be able to compare the patient's medicines at discharge to those they were taking before admission to hospital. A check will also be made when the first new prescription for the patient is issued in primary care and a conversation with the patient and/or their carer will help to ensure that they understand which medicines the patient should now be using.

The service specification is currently being finalised and it will be published once it has passed through the NHS and Department of Health and Social Care clearance procedures.

### **Funding**

There will be specific funding related to provision of the service, but the detail of this is yet to be agreed. Further information will be shared on this as soon as possible.

### **Currently – Surrey & Sussex**

Taking part in the TCAM pathway is currently voluntary, but with the pathway live across most of Surrey and parts of East Sussex, to ensure the digital pathway is available at the launch of the DMS. Hundreds of community pharmacy contractors have already registered to participate with a high level of acceptance and completion rate, because:

- Improved access to patient health records, such as hospital discharge summaries and local electronic healthcare records, means community pharmacists and pharmacy technicians are better informed when dispensing medicines – this is an important “safety net” and helps keep patients safe
- Access to the hospital discharge process is an enabler and can bring benefits to community pharmacies:
  - informing the dispensing process to improve efficiency, improving safety, saving time and reducing wasted effort and wasted medicines
  - driving added value interventions such as medicines use reviews (MURs), new medicines services (NMS), seasonal flu vaccinations, as well as locally commissioned services such as smoking cessation and Blood Pressure+ where available
- The TCAM pathway opens doors to further medicines optimisation activities in community pharmacy and introduces opportunities for discussion about full medicines reconciliation, prescription synchronisation and pharmaceutical care planning, which along with making better use of the clinical skills of community pharmacists, are high on the NHS national agenda.

However, our partners and stakeholders need to be mindful that the inputs of community pharmacy contractors are voluntary until the formal DMS launch, and that this could impact on our partners' expectations of community pharmacy contractors. Please note:

- Community pharmacy owners are bearing the costs associated with introducing and implementing TCAM in their own workplaces. Set-up and recurring costs include reviewing standard operating procedures, reviewing operational process and training for members of the pharmacy team, which all amounts to significant levels of in-kind financial subsidy to our local health economies.
- How we monitor and evaluate TCAM (and therefore measure its success) needs to be handled carefully, sensitively and pitched within context of current involvement. For example, a number of community

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Community Pharmacy Surrey and Sussex is the unified local voice for community pharmacy for Surrey, East Sussex and West Sussex Local Pharmaceutical Committees (LPCs). All three LPCs represent, support, develop and promote NHS Community Pharmacy in Surrey and Sussex. Working closely with the local NHS, including NHS England Area Teams, CCGs and local government, we are responsible for advancing the enhanced role of community pharmacy to ensure it plays an active part in promoting health and wellbeing.

If you have questions or need additional information, please contact us at [LPC@communitypharmacys.co.uk](mailto:LPC@communitypharmacys.co.uk)

- pharmacy owners may not fully participate in the Pathway (for a number of reasons) but can still be very supportive.
- It is possible that future mobilisation and engagement of TCAM within community pharmacy could be limited due to lack of implementation and recurrent funding and the voluntary nature of participation. We welcome, and actively seek, discussion with commissioners and other providers about how to maximise the community pharmacy response to the pathway, focussing on the significant benefits (financial and other) to the health economies across Surrey and Sussex.

Further information about the local TCAM developments can be found here

<https://communitypharmacys.co.uk/healthcare-landscape/partnershipworking/tcam-transfer-of-care-around-medicines/>

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