Department of
Health
An Roinn Sláinte
Männystrie O Poustie
www.health-ni.gov.uk

Strategic Planning and Performance Group

Community Pharmacy Discharge Medicines Service

SERVICE PATHFINDER

Northern ICP (Derry / Strabane / Limavady)

Commencing 1st October 2022

Service Specification and Guidance

October 2022

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1. Background

1.1 Discharge from hospital is associated with increased risk of avoidable medication-related harm.[1] Reducing harm at transitions of care is one of the three main elements of the **World Health Organization's (WHO) Global Patient Safety Challenge: Medication without Harm**,[2] which aims to reduce avoidable harm from medicines by 50% over five years. Issues with medications arising at discharge are often the result of poor communication between healthcare providers and studies have been conducted which demonstrate the benefit of effective communication systems when transferring patients from one care setting to another.[3] [4]

1.2 Due to the increased risk of avoidable medication-related harm[5] upon discharge from hospital, NICE guideline NG56 has included the following recommendations:

a) Medicines-related communication systems should be in place when patients move from one care setting to another.

b) Medicines reconciliation processes should be in place for all persons discharged from a hospital or another care setting back into primary care and the act of reconciling the medicines should happen within a week of the patient being discharged.

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[1] WHO (2019) Medication Safety in Transitions of Care TransitionOfCare31Print (who.int)
[2] WHO (2017) The third WHO Global Patient Safety Challenge: Medication without harm https://www.who.int/initiatives/medication-without-harm
[3]Hamde N et al (2016) 'New transfer of care initiative of electronic referral from hospital to community pharmacy in England: a formative service evaluation'. Available at: https://wessexahsn.org.uk/img/projects/BMJ%20Open-2016-Nazar-.pdf
[4] Sabir FRN et al (2019) 'Evaluating the Connect with Pharmacy web-based intervention to reduce hospital readmission for older people'. Available at: https://wessexahsn.org.uk/img/projects/Sabir2019_Article_EvaluatingTheConnectWithPharma.pdf
[5] Technical report WHO Medication safety in transitions of care https://apps.who.int/iris/bitstream/handle/10665/325453/WHO-UHC-SDS-2019.9-eng.pdf
[6] Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes. Available at https://www.nice.org.uk/guidance/ng5

c) Consider sending a person's medicines discharge information to their nominated community pharmacy, when possible and in agreement with the person

1.3 A Community Pharmacy Discharge Medicines Service (DMS) Pathfinder is being introduced from 1st October 2022 in participating community pharmacies located within the Northern ICP (Derry / Strabane / Limavady) area, for patients being discharged from Altnagelvin Area Hospital, Western Health & Social Care Trust (WHSCT). The pathfinder DMS will inform the roll-out of a commissioned DMS service across Northern Ireland during 2022/23. It is anticipated that the service will better support patients on discharge, to improve outcomes, prevent harm and reduce readmissions. A pathfinder process differs from a pilot process in that the need for a commissioned service has already been established; therefore the purpose of the pathfinder will be to refine the operational and process aspects of the service.

2. Service aims and objectives

2.1 The pathfinder DMS is being established to ensure better communication about a patient's medicines on discharge. The aims are to:

- Optimise the use of medicines, whilst facilitating shared decision making
- Reduce harm from medicines at transfers of care
- Improve patients' understanding of their medicines and how to take them following discharge from hospital
- Reduce hospital readmissions
- Support the development of effective team-working across hospital pharmacy, community pharmacy and General Practice teams and provide clarity about respective roles
- Develop good shared communication channels across all teams involved in the service ensuring appropriate governance arrangements are in place.

3. Service description

3.1 Appropriate patients, being discharged from Altnagelvin Area Hospital will be referred at discharge, or within 24 hours of discharge to a participating community pharmacy to receive support with medicines optimisation and medicine reconciliation.

3.2 A list of suitability criteria identifying patients or medicines that may be considered high risk is included in Appendix 1. In all cases, the suitability of patients referred to this service will be based upon the clinical judgement of the WHSCT pharmacist.

3.3 Referrals to the DMS must be made via secure WHSCT email account to the community pharmacy's secure HSC email account.

3.4 Patient consent should be obtained to ensure that patients are fully involved in decisions about care following discharge and have agreed to participate in the service. Patients referred to the service by the WHSCT pharmacist will have provided their consent to participate in the service. Patients' consent will be recorded on the medicines Kardex by the WHSCT pharmacist. In exceptional circumstances WHSCT pharmacists may identify a patient who would benefit from this service but the patient is unable to provide consent. WHSCT pharmacists may make a clinical decision that it is in the patient's best interests to be referred into the service. This will be highlighted to the community pharmacist in the referral email from the WHSCT pharmacist.

4. Service outline

4.1 The service can only be provided from participating community pharmacies located within the Northern ICP (Derry / Strabane / Limavady). The pharmacy must have demonstrated that it has access to HSC secure email. *Pharmacies experiencing difficulty accessing HSC secure email should consult the step-by-step user guide on BSO website at http://www.hscbusiness.hscni.net/services/2972.htm or contact the BSO e-*

business team on 028 9536 3681 (option 3, then option 4) or email ebusiness@hscni.net

4.2 The community pharmacy must hold a contract with the Strategic Planning and Performance Group (SPPG) to deliver the service. A copy should be signed and returned via secure email to western (local) SPPG office at pharmacyserviceswest@hscni.net

4.3 Community pharmacy staff must be trained and competent in order to deliver the service.

4.4 A Standard Operating Procedure (SOP) must be in place to support delivery of the service in line with the service specification and guidance. As part of this, the community pharmacy must have procedures in place to check for new referrals via the pharmacy's HSC secure email account, at appropriate intervals throughout each day the pharmacy is open. The SOP should include details on how issues and discrepancies in information about medicines will be communicated to the relevant GP practice or to WHSCT where appropriate.

4.5 The service should be available during all of the community pharmacy's opening hours i.e. pharmacy should be able to accept patient referrals into the service from WHSCT pharmacists.

4.6 The pathfinder process will initially start with the selection of patients from selected ward(s) within Altnagelvin Area Hospital and will expand gradually to include more wards on an incremental basis. Referrals will also be dependent upon the selected patient's regular pharmacy. Therefore, it is not possible to estimate the number of DMS referrals a participating pharmacy is likely to receive per month. When a referral is received pharmacy staff should have access to the service specification and guidance document and the SOP which will outline the procedure to follow.

4.7 All DMS consultations must take place in the pharmacy's consultation area (unless the service is being provided via phone or video consultation). Pharmacies participating in this service must have a consultation area that meets the following requirements:

- The consultation area should be where both the patient and pharmacist can sit down together
- The patient and pharmacist should be able to talk at normal speaking volumes without being overheard by another person (including pharmacy staff)
- The consultation area should be clearly designated as an area for confidential consultations, distinct from the general public areas of the pharmacy
- The consultation area must provide equal access to all patients who are referred to the service

5. Providing the service

5.1 WHSCT Pharmacist will identify suitable patients for referral into the DMS. The WHSCT pharmacist will seek the patient's consent for referral into the service. This will be recorded in line with Trust requirements on the patient's medicines Kardex. A Patient Information Leaflet is available which explains the different part of the service.

5.2 The WHSCT pharmacist will telephone the patient's community pharmacy and ask to speak to the community pharmacist in order to advise that a referral into the service is being sent via secure email. The WHSCT Pharmacist should identify themselves, their role and the service to which they are referring into. The referral email must be in the form and manner approved for the purpose of the DMS, see Appendix 2. A copy of the patient's discharge letter will be attached to the email. This letter will be password protected and the password will be given verbally to the community pharmacist by the WHSCT pharmacist during the phone call.

5.3 Community pharmacists will consider any communication as described in 5.2 as constituting a referral into the service. As per the contractual requirements, community pharmacies will ensure that appropriate referrals received in this way will be acted upon.

5.4 If, due to unforeseen circumstances, an individual DMS referral cannot be accepted, then the community pharmacist should alert the WHSCT pharmacist of this at the earliest opportunity, ideally during initial telephone call. If a community pharmacy is unable to accept any DMS referrals due to unforeseen circumstances, the community pharmacist must inform the SPPG local office pharmacyserviceswest@hscni.net as soon as possible and advise of the time frame during which referrals cannot be accepted and the reason for this. The local office will inform WHSCT pharmacists of the situation.

5.5 In the event that the community pharmacy which is contacted by the WHSCT pharmacist is not the patient's regular community pharmacy, the community pharmacist should notify the WHSCT pharmacist so that they can either send the referral to the correct pharmacy or confirm with the patient that they wish to have their DMS information sent to a new pharmacy. Ideally DMS referrals should be directed to the patient's regular pharmacy. However, it is recognised that patients being discharged may convalesce at the home of another family member therefore requiring the service from a pharmacy that may not be considered the patient's regular pharmacy.

5.6 There are two distinct consultation elements to the community pharmacy discharge medicine service and it is expected that all patients referred will receive both elements of the service from the community pharmacy. The following sections set out the requirements of these elements and the actions required of community pharmacists to complete these and ensure compliance with the service specification and guidance. It should be noted that in some instances these elements may occur in parallel or close succession, depending on the quantities of medicines supplied by the hospital at the point

of discharge, and the time required for issuing of the first post-discharge prescription from the patient's GP.

1. First Element – Medicines Reconciliation and Initial Consultation

Referral to the Discharge Medicines Service is received by the **community pharmacist** and the following actions are undertaken ideally within 72 hours* of receipt:

in exceptional circumstances only, up to a maximum of 5 days

1. The community pharmacist reviews the medicines discharge summary and uses the information to identify the correct corresponding patient on the pharmacy records.
2. The pharmacist then conducts a review of the discharge information against the patient history on the pharmacy dispensing system, as well as any other patient history information which they may hold. During this review the community pharmacist will look at any clinical information or actions described in the referral email and the discharge summary and will conduct a medicine reconciliation to consider the following:

   - Newly prescribed medication, including considering whether medicines are intended for long-term or short-term use
   - Discontinued medication, including those which have been switched to alternative medicines or those which are no longer required
   - Planned changes to medicine (e.g. antibiotics to be stopped at end of course, stepdown in steroid treatment etc.)
   - Changes to dosages
   - Changes to quantity
   - Changes in formulations
   - Changes to medicine administration route
   - Changes to the time/frequency at which the medicine should be administered
   - Changes to the frequency at which the medicine will be prescribed
   - Interactions and contraindications relating to the changed medications
   - Appropriateness of the medication
   - Concerns highlighted by the hospital pharmacist, e.g. intentional non-adherence

Any points of concern/query identified by the community pharmacist will be noted for discussion with the patient.

3. The community pharmacist should send a copy of the service communication template (Appendix 3) to the patient's GP practice. Any specific action(s) identified by the WHSCT pharmacist (as requiring follow-up by the community pharmacist) should be copied to this communication template to ensure that the GP practice is aware, e.g. this might include actions such as counselling on a new medicine, review of inhaler technique etc. As the GP practice will not see the email sent from the hospital to the pharmacy, it will be important that this information is conveyed to the GP practice via the communication template.

4. The community pharmacist contacts the patient and / or carer using the contact details provided by the WHSCT pharmacist. The community pharmacist explains that they have received the patient's discharge information as part of the DMS service. The community pharmacist may wish to confirm with the patient and / or carer whether they are still happy to proceed and confirm their consent. A privacy notice should be used to explain to the patient how their personal data will be used and a copy supplied if requested, Appendix 4 .The pharmacist will then invite the patient to participate in an **initial discharge service consultation** by phone, video call or in person. This can be scheduled for a convenient time within 5 days of the DMS referral (ideally within 72 hours) or can also happen straight away at first contact if that is suitable for patient and pharmacist.

5. The pharmacist will ask the patient to bring any discharge medicines dispensed from the hospital into the consultation, where possible. The community pharmacist will also ask the patient to bring in any old medicines which they have at home. This will allow assessment of whether the patient has sufficient supply to maintain them until the first post-discharge prescription will be ready. This will also allow the community pharmacist to dispose of any older medicines which are no longer needed, or which may potentially cause risk of duplication.

6. When the patient presents / calls for their initial discharge service consultation the community pharmacist will explain the existing and updated medicines including the following:
   - What each prescribed medicine is and what it is usually used for
   - How best to take each prescribed medicine
   - The side effects, interactions and/or contraindications of each medicine
   - The storage requirements
   - Any particular monitoring requirements associated with any of the medicines
   - Note any non-prescription medicines or herbal remedies the patient may be taking
   - How to use devices such as inhalers, pumps, blood glucose meters etc., where relevant
   - Any new medicines which have been initiated for either acute or long-term use
   - The intended duration of treatment for each medicine
   - Any medicines which have been stopped either permanently or temporarily
   - Any changes to dose, formulation, route of administration, frequency or quantity of existing medicines which are indicated on the discharge summary

7. The community pharmacist will then give the patient time to ask any questions they may have and to confirm their understanding. The community pharmacist will check the patient's current medicine supplies to ensure they have enough medicines to last until their first post-discharge prescription. The pharmacist should remind the patient of any key dates or appointments mentioned in the discharge summary, such as follow up appointments or monitoring. During this initial consultation, the community pharmacist can also make the patient aware of any queries which have arisen during their medicines reconciliation process and ask whether they can offer any further information on any of these matters.

8. The community pharmacist will isolate any prepared but uncollected medicines belonging to the patient to ensure these are not inadvertently supplied. They will do the same in respect of any undispensed prescription forms belonging to the patient.

9. The community pharmacist will place a note or message on the patient's PMR files to indicate that they have received a DMS referral, and the date of referral. This will ensure that all other relevant pharmacy staff are aware that the patient is active in the DMS service at that point. A note will be made of the date on which the initial consultation took place.

10. The community pharmacist will notify appropriate staff in the GP practice of any points of concern or query which come to light during:
    a. The community pharmacy medicines reconciliation process, and/or
    b. The initial patient consultation.

    This notification will be by way of the communication template sent from the community pharmacy to the GP practice.

11. Staff in the GP practice (GP or General Practice Pharmacist (GPP)) will conduct a review of the discharge summary (as described in Section 8). This will include conducting medicines reconciliation against the patient's full medical history. The GP or GPP will consider any points of concern or queries raised by the community pharmacist during this review process. Any urgent queries raised by the community pharmacist (i.e. those which cannot wait until the first post-discharge prescription) will be addressed by the GP / GPP within 72 hours either by phone or communication template.

2. Second Element – Discharge Service Follow Up Consultation

1. When the staff in the GP practice (GP or GPP) have concluded their review of the discharge summary and prepared the patient's first post-discharge prescription, they will attach a written communication template for the community pharmacist that the discharge summary was received and reviewed, and medicines reconciliation conducted. This will include the contact name of the person who completed the communication template along with the name and contact details of the person any response has to be sent to. This communication template will include the details of any queries or concerns which were raised with the hospital team, along with the outcome of those queries. In some instances it may be

appropriate for the GP practice to share the communication template with the community pharmacy in advance of the first post-discharge prescription to avoid a delay in the DMS service being delivered to the patient e.g. patient has sufficient supply of medicine, so first post-discharge prescription is not yet required.

2. The community pharmacist will check the first post-discharge prescription against the hospital discharge summary and the patient's existing history to ensure all is as expected. If any further queries persist or arise the community pharmacist should contact the person noted on the communication template to clarify and / or rectify. The community pharmacist will record any further clarifications received from the GP practice staff.

3. When the community pharmacist is content that the prescription is accurate, they will contact the patient and invite them to a follow up discharge service consultation during which they can receive their prescription. Again this can be by phone, video call or in person. Arrangements for collection of the prescription can be agreed during this consultation if it is undertaken by phone / video call.

4. When the patient presents for the **follow up discharge service consultation** the pharmacist should repeat the advice given during the initial consultation (Appendix 5) and should also:
    - Explain where applicable, any queries which were raised with the hospital team since their discharge, and the outcomes of these queries
    - Remind the patient again regarding any monitoring or follow ups required
    - Ask the patient about the results / outcome of any monitoring or follow ups which have already taken place since their discharge from hospital
    - Ask the patient how they have found their medicines in the intervening period since their discharge from hospital
    - Assess any side effects or other issues such as new symptoms which the patient may be having
    - Assess the patient's overall understanding of their post-discharge medicines and answer any questions they may have.

6. Community pharmacy record keeping

6.1 For each community pharmacy DMS provision, the pharmacy is required to maintain a full, accurate and contemporaneous record using the DMS service worksheet (Appendix 6).

6.2 The DMS worksheet must be retained as a record in the pharmacy for a period of eight years after the conclusion of treatment for adults; for children and young people, the record will be kept until the patient's 25th birthday or 26th if the young person was 17 at the conclusion of treatment or eight years after death. This is in line with Department of Health's Good Management, Good Records. Section M, which outlines the requirements for retention and disposal of community pharmacy held records.

6.3 In line with GDPR requirements, sensitive patient information should not be retained for longer than necessary. The community pharmacy must not retain the initial discharge letter and e-mail once the service has been completed for each patient. The initial e-mail and discharge letter must be deleted completely following HSCB guidance on deletion of e-mails. If a hard copy was made of the email and letter this needs to be destroyed as per confidential waste policy in the pharmacy. It is important to note that the sensitive patient information supplied by the Trust must not be used for any other purpose other than providing the discharge service to the patient.

6.4 The community pharmacist must use their judgement as to who has access to the information in order to supply the service. The contractor has responsibility to ensure only relevant staff have access to HSC email. Such staff should be trained on and aware of the pharmacy's data security processes and procedures.

6.5 Community Pharmacists should have appropriate processes in place to reduce the risk of cyber security threats and / or data loss.

6.6 SPPG would remind Community Pharmacies to review their information governance arrangements. As Data Controllers, community pharmacies must process data in line with data protection principles outlined in GDPR. This includes identifying processors such as PMR supplier and ensuring that they have provided sufficient assurances, as required under GDPR. Further guidance is available on the ICO website. In addition, CPNI have produced booklets and FAQs in relation to GDPR to advise pharmacy contractors.

6.7 A copy of the completed worksheet should be securely shared with the patient's GP practice via a locally agreed process.

6.8 For the duration of the pathfinder, a copy of each completed worksheet should be securely emailed to pharmacyserviceswest@hscni.net via the community pharmacy's secure email account. Completed worksheets should be emailed on a weekly basis.

7. Situations where not all of the DMS elements can be provided

7.1 The elements described above in section 5 represent the normal flow of patients through the DMS. However, on occasions this may not be the case and there may be circumstances where the community pharmacy should not or should cease to provide the service. For example:

- **Patient uncontactable or withdraws consent following completion of the first element of the service:** where the first element of the service has been delivered but the patient withdraws consent to receive the service, or the first prescription post-discharge is not received by the pharmacy contractor to complete the second element of the service and no contact is made by the patient, reasonable attempts must be made by the community pharmacist to contact the patient using the contact details set out in the referral email. In this scenario, it is possible that the patient has been readmitted to hospital, admitted to a care home or is deceased. Where the community pharmacist is unable to reach the patient (or the patient has been readmitted to hospital or admitted to a care home), the pharmacy contractor should share any findings of concern from the first element of the service with the patient's GP practice.

- **Patient switches community pharmacy after the first element of the service has been provided:** The situation may occur where the first element of the service has been delivered by a pharmacy contractor and that pharmacy contractor subsequently finds out that the patient wishes to use a different pharmacy contractor for their ongoing care. Further elements of the service cannot be provided to the patient by the "new" pharmacy. The pharmacy contractor should share any findings of concern from the service with the patient's GP practice.

8. GP practice involvement

8.1 The WHSCT pharmacist will annotate the discharge letter to highlight to the GP practice that a patient has been referred to the DMS.

8.2 Medicines reconciliation will be undertaken as per normal in the GP practice using the standard Medicines Reconciliation process for primary care.

8.3 While conducting the medicines reconciliation and preparing the first post-discharge prescription, the GP practice will give consideration to any concerns or queries raised by the community pharmacist. GP practice will contact the patient's community pharmacy to highlight any issues the community pharmacist needs to be made aware of. Any urgent queries (i.e. those that cannot wait until the first post-discharge prescription) should be addressed within 72 hours.

8.4 The first post-discharge prescription is issued by the GP practice. The communication template will also be issued which will include a written confirmation that the discharge summary was received; medicines reconciliation was completed, and will include a summary of any queries raised with the hospital team and the outcomes of same. The name and contact details of the person responsible for the review will be included.

9. Professional responsibility

9.1 It is the responsibility of individual pharmacists to have suitable indemnity insurance cover.

9.2 At all times the pharmacist will be required to preserve patient confidentiality in line with their responsibilities as members of the Pharmaceutical Society of Northern Ireland and GDPR regulations.

9.3 At no point does this service abrogate the professional responsibility of the individual pharmacist. They must use their professional judgement at all times.

9.4 The responsible pharmacist on the day is responsible for ensuring that the service is delivered in line with the service specification and guidance and the pharmacy's SOP.

9.5 Any complaints relating to the service should be dealt with in line with the participating pharmacy's complaints SOP.

10 Remuneration and reimbursement

The fees payable to pharmacy contractors for this service are:

- £400 one-off payment for set-up and contribution to the evaluation of the pathfinder. This will be paid on receipt of the signed contract.
- £40 consultation fee per patient. This will be paid on receipt a copy of the completed workbook to the local office by secure email as detailed in 6.8.

11 Service monitoring and post payment verification

11.1 The pharmacy contractor will be required to submit all records requested by SPPG in relation to the Community Pharmacy Discharge Medicines Pilot Service within 14 days of receipt of the request

11.2 The pharmacy contractor is required to co-operate on a timely basis in respect of any review or investigation being undertaken by SPPG / BSO regarding the service.

11.3 In the event where SPPG cannot assure claims relating to the provision of the service recovery of the payment will be sought.

12 Service evaluation

12.1 Community pharmacists participating in the service will be required to take part in the service evaluation.

13 Promotion of the service

13.1 The pharmacy contractor shall not publicise the availability of the service other than using any materials specifically provided by SPPG without the prior agreement of the SPPG or in any way which is inconsistent with the professional nature of the service.

14 Other terms and conditions

14.1 The pharmacy contractor shall not give, promise or offer to any person any gift or reward as an inducement to or in consideration of his/her registration with the service.

14.2 The pharmacy contractor shall not give, promise or offer to any person engaged or employed by him any gift or reward or set targets, against which that person will be measured, to recruit patients to the service

14.3 The pharmacy contractor shall ensure that service provision is in accordance with professional standards.

Contact Details for Local Integrated Care Offices:				
Belfast	**South Eastern**	**Southern**	**Northern**	**Western**
12-22 Linenhall Street Belfast BT2 8BS	12-22 Linenhall Street Belfast BT2 8BS	Tower Hill Armagh. BT61 9DR	County Hall 182 Galgorm Road Ballymena BT42 1QB	Gransha Park House 15 Gransha Park Clooney Road Londonderry BT47 6FN
Tel: 028 9536 3926	Tel: 028 9536 3926	Tel: 028 9536 2104	Tel: 028 9536 2812	Tel: 028 9536 1082
pharmacyservicesbelfast@hscni.net	pharmacyservicesse@hscni.net	pharmacyservicessouth@hscni.net	pharmacyservicesnorth@hscni.net	pharmacyserviceswest@hscni.net

Appendix 1 – Patient suitability for referral into the Community Pharmacy Discharge Medicines Pilot Service

In all cases, the suitability of patients referred to this service will be based upon the clinical judgement of the WHSCT pharmacist. Below is a list of situations in which the WHSCT pharmacist may consider a patient or medicine(s) to be high risk indicating possible suitability for referral into the service.

1. **High risk medicines:**

- These include but are not limited to: anticoagulants (e.g. warfarin, dabigatran), antiepileptics, digoxin, opioids, methotrexate, antipsychotics, cardiovascular drugs (e.g. beta-blockers, diuretics), controlled drugs, valproate, amiodarone, lithium, insulin, non-steroidal anti-inflammatory drugs (NSAIDs) and aspirin among others.
- Newly started respiratory medication, including inhalers.
- Medication requiring follow-up, e.g. blood monitoring, dose titration.
- Patients prescribed medicines that have potential to cause dependence (e.g. opioids).
- Those for which doses vary/change, either increasing or decreasing over time.

2. **High risk patients:**

- People taking more than five medications, where the risk of harmful effects and drug interactions is increased.
- Those who have had new medicines prescribed while in hospital.
- Those who have had medication change(s) while in hospital.
- Those who have experienced myocardial infarction or a stroke due to likelihood of new medicines being prescribed.
- Those who appear confused about their medicines on admission/when getting ready for discharge, and have already needed additional support from a healthcare professional.
- Those who do not have help at home to take their medications.
- Those patients who have a learning disability.

3. Individual patient considerations:

There may be particular circumstances relating to an individual patient that in the opinion the WHSCT pharmacist may identify a patient who may benefit from this service, for example:

- Swallowing difficulties
- Adherence issue
- Patient safety issue
- Unusual medicine regime that has been validated at Trust level

Appendix 2 – DMS Referral Email Template from the WHSCT pharmacist to the community pharmacist

Email Title:

*****For Action – Discharge Medicines Service Referral Notification*****

For the attention of (insert name of pharmacist) in (insert pharmacy name)

As discussed on the phone please find attached the discharge letter including the discharge medicines list for (patient name). The patient is being discharged today from (insert ward details).

Option 1: I have explained the discharge medicines service to him/her and he/she has consented to be referred into this service. He/she is happy to be contacted via (insert patients contact details) for any follow that is required.

Option 2: This patient is unable to provide consent for referral into this service; however, I believe it is in this patient's best interests to be referred into this service. The patient's carer / representative may be contacted via ((insert contact details) for any follow-up that is required.

Specific areas for Community Pharmacy Action: (insert details)

On discharge the patient will have sufficient medication to last xxx days.

If you have any issues please get in touch with myself (insert contact details)

Kind Regards,

WHSCT Pharmacist

Appendix 3 - Communication Template

This template is to be used for the Discharge Medicines Service by either CP or GP i.e. if CP has a query they can send this to GP. The GP can then respond using the same form. GPs use this form to notify the CP that they have conducted their review of the discharge letter and can note any queries or relevant info for the CP. CP must retain and refer to this form when the first post-discharge prescription is received.

<table>
<tr><td colspan="5">Community Pharmacy Discharge Medicines Service (CP DS) Communication Record
General Practice ↔ Community Pharmacy</td><td>Ref No:

Todays Date:</td></tr>
<tr><td>Patient Name:</td><td></td><td>Patient H&C No:</td><td></td><td>Patient DOB:</td><td></td></tr>
<tr><td rowspan="2">Patient Address:</td><td rowspan="2"></td><td>Pharmacy:</td><td colspan="3"></td></tr>
<tr><td>GP Practice:</td><td colspan="3"></td></tr>
<tr><td colspan="6">Date on Discharge letter:</td></tr>
<tr><td colspan="6">Direction of Communication: Tick as appropriate</td></tr>
<tr><td colspan="3">☐ From Community Pharmacy to GP/GPP
Sent by: [insert CP contact name here]
Please send response(s) to: [insert CP contact no. or email here]</td><td colspan="3">☐ From GP/GPP to Community Pharmacy
Sent by: [insert GP contact name here]
Please send response(s) to: [insert GP contact no. or email here]</td></tr>
<tr><td colspan="6">Following medicines reconciliation and review of this patient’s discharge summary the following queries were identified:</td></tr>
<tr><td colspan="6">Action(s) Required:</td></tr>
<tr><td colspan="6">Direction of Response: Tick as appropriate</td></tr>
<tr><td colspan="3">☐ From GP to Community Pharmacy
Sent by: [insert GP contact name here]
Please send response(s) to: [insert GP contact no. or email here]</td><td colspan="3">☐From Community Pharmacy to GP/GPP
Sent by: [insert CP contact name here]
Please send response(s) to: [insert CP contact no. or email here]</td></tr>
<tr><td colspan="6">Date: Date of Response here</td></tr>
<tr><td colspan="6">Notes:</td></tr>
</table>

Worked Example 1: From CP to GP where query has arisen, including GP response.

Community Pharmacy Discharge Medicines Service (CP DS) Communication Record **General Practice ↔ Community Pharmacy**					Ref No: Todays Date: *01/01/2022*
Patient Name:	*Joe Bloggs*	Patient H&C No:	*12345678*	Patient DOB:	01/01/1948
Patient Address:	*1 Main Street* *Northern Ireland*	Pharmacy:	*Main Street Chemist Ltd*		
		GP Practice:	*Drs Jones and Smith*		
Date on Discharge letter: *29/12/2021*					
Direction of Communication: *Tick as appropriate* ☐ X From Community Pharmacy to GP/GPP Sent by: [Peter, Pharmacist] Please send response(s) to: [Send back to pharmacy marked FAO Peter]			☐ From GP/GPP to Community Pharmacy Sent by: [insert GP contact name here] Please send response(s) to: [insert GP contact no. or email here]		
Following medicines reconciliation and review of this patient's discharge summary the following queries were identified: *Bendroflumethiazide omitted from discharge prescription.* *No alternative diuretic prescribed.* *Patient stated today that they were still having problems with oedema.* *Patient stated that no one mentioned discontinuance of Bendroflumethiazide during hospital admission or discharge.*					
Action(s) Required: *Please confirm whether Bendroflumethiazide is to continue* *If it is to be continued, please ensure it is included on next prescription*					
Direction of Response: *Tick as appropriate* ☐ X From GP to Community Pharmacy Sent by: [Sarah, Practice Pharmacist] Please send response(s) to: [Send back to surgery marked FAO Sarah or X]			☐From Community Pharmacy to GP/GPP Sent by: [insert CP contact name here] Please send response(s) to: [insert CP contact no. or email here]		
Date: *02/01/2022*					
Notes: *Conducted medicines reconciliation and contacted hospital re the Bendroflumethiazide. This was an accidental omission. Patient is to remain on it at 2.5mg daily.* *Updated full prescription to follow in 2 weeks when due.* *Older repeats to be destroyed as medicines have changed.* *Please ask patient to make appointment with Dr X re oedema.*					

Worked example 2: From GP to CP where no issues have arisen

<table>
<tr><td colspan="5">Community Pharmacy Discharge Medicines Service (CP DS) Communication Record
General Practice ↔ Community Pharmacy</td><td>Reference No:

Today's Date: 01/01/2022</td></tr>
<tr><td>Patient Name:</td><td>Joe Bloggs</td><td>Patient H&C No:</td><td>12345678</td><td>Patient DOB:</td><td>01/01/1948</td></tr>
<tr><td rowspan="2">Patient Address:</td><td rowspan="2">1 Main Street
Northern Ireland</td><td>Pharmacy:</td><td colspan="3">Main Street Chemist Ltd</td></tr>
<tr><td>GP Practice:</td><td colspan="3">Drs Jones and Smith</td></tr>
<tr><td colspan="6">Date on Discharge Letter: 29/12/2021</td></tr>
<tr><td colspan="6">Direction of Communication: Tick as appropriate</td></tr>
<tr><td colspan="3">☐ From Community Pharmacy to GP/GPP
Sent by: [insert CP contact name here]
Please send response(s) to: [insert CP contact no. or email here]</td><td colspan="3">☐ X From GP/GPP to Community Pharmacy
Sent by: [Sarah, Practice Pharmacist]
Please send response(s) to: [Send back marked FAO Sarah or X]</td></tr>
<tr><td colspan="6">Following medicines reconciliation and review of this patient's discharge summary the following queries were identified:

No issues identified.</td></tr>
<tr><td colspan="6">Action(s) Required:
Updated full prescription can be ordered in 2 weeks when due.
Older repeats to be destroyed as medicines have changed.
Please ask patient to make appointment with Dr X re oedema</td></tr>
<tr><td colspan="6">Direction of Response: N/A</td></tr>
<tr><td colspan="3">☐ From GP to Community Pharmacy
Sent by: [insert GP contact name here]
Please send response(s) to: [insert GP contact no. or email here]</td><td colspan="3">☐From Community Pharmacy to GP/GPP
Sent by: [insert CP contact name here]
Please send response(s) to: [insert CP contact no. or email here]</td></tr>
<tr><td colspan="6">Date:</td></tr>
<tr><td colspan="6">Notes:</td></tr>
</table>

Appendix 4 Discharge Medicines Service Privacy Notice.

Community Pharmacy Discharge Medicines Service
Privacy Notice for person accessing this service
"Protecting & Using Your Information"

At _______________________ (insert pharmacy details) we are committed to the highest privacy standards. During your participation in the Discharge Medicines Service with our pharmacist, we will only collect data that is necessary for us to deliver the best possible service. This policy provides detailed information on why we collect your personal information as part of this service, how we use it and the very limited conditions under which we may disclose it to others. Personal information that is processed about you is governed by the Data Protection Act 2018 and the General Data Protection Regulation (GDPR).

What is a Discharge Medicines Service?

Discharge Medicines Service is a service whereby patients discharged from hospital are referred to a participating community pharmacy to receive support withal aspects of managing their medicines. The aim of the discharge medicines service is to support patients discharged from hospital in managing their medicines through a consultation process with their community pharmacist. As part of this service, personal information will be processed about you.

Why are you processing my personal information / Lawful basis for processing?

•Your personal information will be processed to enable the provision of the Discharge Medicines Service.

•We rely on the following lawful basis when processing your personal information for the Discharge Medicines Service:

Legitimate Interests: processing is necessary for the purposes of the legitimate interests pursued by this Pharmacy except where such interests are overridden by the interests or fundamental rights and freedoms of the data subject; and Public Task: processing is necessary for a task carried out in the public interest.

As the information we process about you constitutes health data it is classed as 'Special Category' data therefore a further lawful basis is required which we have identified as: Processing is necessary for the purposes of preventive or occupational medicine.

What categories of personal data are you processing?

Patient identifiable information including your name, address, health & care number, date of birth, contact details (address & telephone number) and details about the symptoms you are suffering. If appropriate, information about medicines you have been supplied, or reasons why you require onward referral to your GP.

Where do you get my personal data from?

Your personal data originates from information that is provided by the hospital discharge letter. Personal details such as your health & care number, address and date of birth may already be recorded on the pharmacy's Patient Medication Record system and used during the consultation.

Do you share my personal data with anyone else?

Your personal data may be shared with the following:

- Your GP practice to help them provide care for you
- With the SPPG for service evaluation and audit
- The SPPG for the purposes of administering and managing health and social care services and to verify that the service has been delivered by the pharmacy as part of post-payment verification.

How long do you keep my personal data?

This record will be retained in the pharmacy for a period of eight years after the conclusion of treatment for adults; for children and young people, the record will be kept until the patient's 25th birthday or 26th if the young person was 17 at the conclusion of treatment or eight years after death. SPPG as a health-care organisation hold information in line with the Department of Health Retention Policy identified in the document 'Good management, Good Records' which can be viewed at Department of Health's Good Management, Good Records Section M, outlines the requirements for retention and disposal of community pharmacy held records: https://www.health-ni.gov.uk/articles/disposal-schedule-section-m

What rights do I have?

- You have the right to obtain confirmation that your data is being processed, and access to your personal data
- You are entitled to have personal data rectified if it is inaccurate or incomplete
- You have a right to have personal data erased and to prevent processing, in specific circumstances
- You have the right to 'block' or suppress processing of personal data, in specific circumstances
- You have the right to data portability, in specific circumstances
- You have the right to object to the processing, in specific circumstances
- You have rights in relation to automated decision making and profiling

Further information on your rights is available at: https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr

How do I complain if I am not happy?

If you have any questions or concerns regarding how we use your personal information you can contact: ___ (insert name/contact details of relevant pharmacy staff member) _______________

If we cannot resolve your concerns you have the right to lodge a complaint with the Information Commissioners office:

Information Commissioner's Office

Wycliffe House

Water Lane

Wilmslow

Cheshire

SK9 5AF

Tel: 0303 123 1113

Email: casework@ico.org.uk Website: https://ico.org.uk/global/contact-us/

Review - This document will be kept under review and updated as required; we reserve the right to make any changes and updates to this privacy policy without giving you notice as and when we need to. Our most up to date privacy policy is always available upon request

Appendix 5 – Medicines discussion with the patient and/or carer

New medicines	• Does the patient understand what the medicines are for? • Do they know what the medicines look like? • Explain how and when they should be taken to get best effect and to reduce any side effects. • It is also important for the patient to understand any risks of taking the medicines and who they should contact if they are unsure about any symptoms they may experience. • The pharmacist should also consider whether the patient should be provided with any other pharmaceutical services.
Medicines optimisation	• Does the patient understand how to get optimum benefits from their medicines? • Does the patient understand when best to take their medicines?
Medicines interactions	• Are there likely to be any side effects from taking a number of medicines together? • Are there any foods they should avoid while taking the medicines? • Although most medicines information leaflets will contain these details, patients may find leaflets overwhelming, so a personalised conversation may help.
Medicines disposal	• For those patients in a private household or residential care home, the pharmacist should offer to dispose of any medicines the patient is no longer using. • This is important to prevent accidental overdosing. • It is also important where the dosage has changed, to prevent accidental under/overdose.
Supporting the patient with adherence	• Does the patient need any help in taking their medicines, or are there any adjustments the pharmacy can make to improve adherence? • This is important for patients who have difficulties with memory and/or cognitive function, but also applies to patients who find taking a number of medicines inconvenient or difficult to manage.
Additional resources	• Are there any written or online resources that can be shared with the patient to help them with their medicines? • Where these are provided, it is important they are from a reliable source such as the NHS website, so that patients are not given conflicting information about their medicines or their condition.

Appendix 6 - Community Pharmacy Discharge Medicines Pilot Service: worksheet

Patient's name & address:		Date of birth:	/ /	H&C number:	
Referring HSC Trust (hospital & ward):		Date referral received:	/ /	Referred by (WHSCT pharmacist):	
Did the referral meet the minimum essential dataset requirements?	☐ Yes ☐ No, because the following data was missing: ☐ *Patient's demographic details* ☐ *The medicines being used by patient at discharge* ☐ *Contact details for the referring pharmacist or hospital department* ☐ *Any changes to medicines (incl. medicines started or stopped, or dosage changes) and documented reason for the change*				

First Element – Medicines Reconciliation and Initial Consultation			
Pharmacy details:		Name of pharmacist:	
Medicines reconciliation & review of discharge regimen with pre-admission regimen completed:		☐ Yes	Date: / /
		☐ No	If no, reason:
Issues or clinical actions identified:	☐ Yes discrepancy with medication identified ☐ No discrepancies with medication were identified ☐ Specific request included in the referral ☐ Other (include detail):		
Initial patient consultation:	☐ Initial patient consultation arranged Consultation Date: / / ☐ Telephone consultation ☐ In pharmacy consultation ☐ Video consultation ☐ Home visit **Attending the consultation:** ☐ Patient ☐ Patient's carer, *state relationship to patient:*		
Notes of issues identified during medicines reconciliation process and from the initial patient consultation:			
Where issues were identified, they were discussed with (multiple options possible):	☐ GP ☐ Hospital ☐ General practice pharmacist ☐ Other (include detail):		
Prescriptions in the system or any previously ordered prescriptions not yet	☐ Yes	Process in place to alert pharmacist to provide	☐

collected intercepted, to prevent patient receiving inappropriate supply:	☐ No such prescriptions	second element of the service:	

Second Element – Follow-up Consultation

Date communication record is received from the GP practice:	/ /	Date first post-discharge prescription is received:	/ /	Check of first post-discharge prescription against discharge summary undertaken (record name of pharmacist & date):		/ /

Issues identified on first post-discharge prescription:	☐ None, or **(multiple options possible):** ☐ Medicine stopped in hospital still on first post-discharge prescription ☐ Wrong medicine prescribed ☐ Wrong strength of medicine prescribed ☐ Wrong dose of medicine prescribed ☐ Wrong formulation of medicine prescribed ☐ Medicine included on discharge list inappropriately missed from first post-discharge prescription ☐ New medicine initiated in primary care since discharge ☐ Other **Include any relevant notes:**
Follow-up patient consultation:	☐ **Follow-up patient consultation arranged** **Consultation Date: / /** ☐ Telephone consultation ☐ In pharmacy consultation ☐ Video consultation ☐ Home visit **Attended the consultation:** ☐ Patient ☐ Patient's carer, *state relationship to patient:*
Notes of consultation:	
Consultation outcomes:	☐ All important changes understood by patient and/or carer ☐ Advice provided on medicines regimen and questions answered If necessary, referral to: ☐ GP ☐ General practice pharmacist ☐ Hospital ☐ Other (include detail in notes)
Other pharmaceutical services carried out:	☐ Disposal of unwanted medicines ☐ Smoking cessation ☐ Healthy lifestyle advice ☐ Other, *please state*
Final actions:	☐ Confirmation that worksheet and communication record(s) have been shared with GP practice ☐ Email referral from WHSCT pharmacists deleted from HSC secure email account **Date: / /** *This worksheet should be retained as record of the service in line with Dept. Health Good Management Good Records Guidance*