



Community Pharmacy- Discharges Medicines Review Service

Service specification for the Discharge Medicines Review Service in Wales

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1	First approved version	31 Mar 2022
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This document describes the specification and standards pertaining to the provision of the Community Pharmacy Discharge Medicines Review service in Wales.

1. INTERPRETATION

- 1.1. The definitions set out in The Pharmaceutical Services (Clinical Services) (Wales) Directions 2022 (or subsequent iterations of this document) apply to this specification.
- 1.2. “Local Health Board” (LHB) means the Local Health Board that the pharmacy in which the service is being provided is located.
- 1.3. “Patient” means any person in receipt of the service.
- 1.4. “Pharmacist” means a person registered in Part 1 of the GPhC register or in the register maintained under Articles 6 and 9 of the Pharmacy (Northern Ireland) Order 1976.
- 1.5. Registered “pharmacy technician” means a person who is registered in Part 2 of the GPhC register
- 1.6. “Pharmacy” means any premises included on a health board pharmaceutical list where a pharmacist provides drugs or services as part of pharmaceutical services.
- 1.7. “Pharmacy Contractor” (or “Contractor”) means a person lawfully conducting a retail pharmacy business.
- 1.8. Data protection and confidentiality legislation and regulations includes the DPA 2018 legislation and GDPR regulations.

2. SERVICE AIMS AND INTENDED OUTCOMES

- 2.1. To contribute to a reduction in risk of medication errors and adverse drug events and an improvement in patient safety following discharge from a care setting through increasing the availability of accurate information about a patient’s medicines;
- 2.2. Improve communication between healthcare professionals and others involved in the transfer of patient care, and patients and their carers;
- 2.3. Increase patient involvement in their own care by helping them to develop a better understanding of their medicines;
- 2.4. Reduce the volume of medicines that are wasted when unnecessary, or duplicated prescriptions are dispensed;
- 2.5. Contribute to avoiding medicines-related admission to hospital or care homes

which can occur when un-reconciled medicines lead to prescribing or medicines administration errors; and

2.6 Better use of the skills of pharmacy technicians, recognising the contribution that they can make to the reconciliation of medication following transfer of patient care.

3. PATIENT ELIBILITY

3.1. Patients discharged from a care setting will be eligible for the service:

3.1.1. Where the pharmacy is in receipt of the Discharge Advice Letter (DAL) resulting from the most recent discharge, from the Choose Pharmacy Discharge Medicine Review module or directly from the patient, their carer, or from a healthcare professional, or where the pharmacy is aware of a recent discharge from a care setting which may be supported by the receipt of discharge medication; and

3.1.2. Where any of the following criteria are met:

3.1.2.1. The patient's medicines have been changed during their stay in the care setting from which they are being discharged;

3.1.2.2. The patient is taking four or more medicines;

3.1.2.3. The patient's medicine requires a medicines administration record chart or requires dispensing into a multi-compartment compliance device; or

3.1.2.4. The pharmacist or pharmacy technician has identified, in their professional opinion, reason to consider that the patient would benefit from the service.

4. SERVICE DESCRIPTION

4.1. The Discharge Medicines Review (DMR) service will allow pharmacists and pharmacy technicians the ability to access the DMR module and electronic Discharge Advice Letter (eDAL) on the Choose pharmacy platform;

4.2. The DMR service will provide support to patients recently discharged between care settings by ensuring that changes to patients' medicines made in one care setting (e.g. during a hospital admission) are enacted as intended in the community helping to reduce the risk of preventable medicines related problems and supporting adherence with newly prescribed medication;

4.3. The service will comprise of two parts, the first part will require the pharmacist or pharmacy technician at the community pharmacy to check that the medicines prescribed in one care setting (e.g. in hospital) match those prescribed by the GP or relevant primary care team when the patient returns to their home or to an alternative care setting. If there are discrepancies the pharmacist or pharmacy

technician will raise these with the GP practice, relevant primary care team, care setting, patient, or carer as applicable. The pharmacist or pharmacy technician will have an initial discussion with the patient offering support on adhering to medication where appropriate;

- 4.4. The second part will provide the opportunity for the patient to have a discussion with a pharmacist and/or pharmacy technician to establish a picture of the patient's use of their medicines or an onward referral to an appropriate setting for further review. Where discrepancies were identified at the first stage this will provide an opportunity to ensure they have been rectified; and
- 4.5. The review will also help patients understand their therapy and it will identify any problems they are experiencing along with possible solutions.

5. SERVICE OUTLINE

- 5.1. The service will comprise a two-part intervention described below:

Part One- Patient Identification and Medicines Reconciliation

- 5.2. Part 1 can be completed by a pharmacist or pharmacy technician.
- 5.3. Following discharge from a care setting patients will be identified and recruited to the service either by referral by a healthcare professional, by patients or their nominated carer presenting in the pharmacy, or opportunistically by the pharmacy (e.g. where the pharmacy is able to offer the service to patients that meet the necessary criteria). In the case of planned admissions pharmacies may be in a position to identify potential patients prior to their admission.
- 5.4. Patients discharged from a care setting will be eligible for the service:
 - 5.4.1. Where the pharmacy is in receipt of the DAL resulting from the most recent discharge, from the Choose pharmacy Discharge Medicine Review module or directly from the patient, their carer, or from a healthcare professional, or opportunistically by the pharmacy;
 - 5.4.2. And where any of the following criteria are met:
 - 5.4.2.1. The patient's medicines have been changed during their stay in the care setting from which they are being discharged;
 - 5.4.2.2. The patient is taking four or more medicines;
 - 5.4.2.3. The patient's medicine requires a medicines administration record chart or dispensing into a multi-compartment compliance device;
 - 5.4.2.4. The pharmacist or pharmacy technician has identified, in their

professional opinion, reason to consider that the patient would benefit from the service.

- 5.5. The part one service must be completed within four weeks of the most recent discharge. The pharmacy will have provided the patient prior to registration for the service with information about the service, which will include an explanation that the information may be shared with their GP or relevant primary care team as necessary.
- 5.6. The patient will need to consent to the sharing of this information in order to access the service. If the patient does not consent to share information with the Local Health board (LHB) and the NHS Wales Shared Services Partnership then the intervention will not normally be provided other than in exceptional circumstances. Exceptional circumstances may arise when, despite the patient withholding consent to share their information with the NHS, the pharmacist or pharmacy technician believes there will be significant benefit to patient care from undertaking a DMR. In this situation the pharmacist or pharmacy technician will need to annotate the PMR accordingly for Post Payment Verification (PPV) purposes. In all cases the patient must consent to sharing relevant information with their GP or relevant primary care team.
- 5.7. At this stage the pharmacy will collect relevant information regarding the patients' medication and check the medicines prescribed by the primary care team following discharge correspond to those the patient should be receiving, and that they are prescribed at the correct dose. The pharmacy will collect relevant information from the repeat prescription, the repeat prescription order form and from the patient or their carer in order to establish a complete picture of the medicines being taken by the patient. The pharmacist or pharmacy technician will complete the relevant information on the Choose Pharmacy DMR module as agreed for the service.
- 5.8. Where the medicines prescribed by the GP or primary care team following discharge do not, in the opinion of the pharmacist or pharmacy technician, correspond to those the patient should be receiving, they should bring this to the attention of the patient's GP or relevant primary care team.
- 5.9. Initial support for adhering to medication
 - 5.9.1. The pharmacist or pharmacy technician will have a discussion with the patient or carer, as per 7.2, to check the patient's understanding of their medicine's regimen:
 - 5.9.1.1. patient's use of medicines since discharge;
 - 5.9.1.2. whether any problems identified during reconciliation; and
 - 5.9.1.3. any changes to the patient's medicine regimen.
- 5.10. The pharmacist or pharmacy technician will identify any compliance or concordance issues with respect to any medicines the patient is taking.

- 5.11. The pharmacist or pharmacy technician will agree a time and method with the patient (i.e. by face-to-face discussion, by telephone or VCS) to provide the second part of the service. This will normally be when the patient presents their next repeat prescription.

Part Two – Ongoing Support for Adhering to Medication- may include all of the following as appropriate

- 5.12 Part 2 can be completed by a pharmacist or pharmacy technician.
- 5.13 The pharmacist or pharmacy technician and patient or carer will, at the agreed time and by the agreed method, discuss the patient's use of medicines since discharge.
- 5.14 The discussion will focus on:
- 5.14.1 whether any problems identified in the first part of the service have been resolved; and
 - 5.14.2 any changes to the patient's medicine regimen identified in the first part of the service.
- 5.15 The pharmacist or pharmacy technician will provide pharmaceutical care and advice leading to agreed actions which support self-care, promote adherence and reduce waste.
- 5.16 The pharmacist or pharmacy technician may provide the following ongoing advice and referral:
- 5.16.1 The patient may be referred to a primary care pharmacist (cluster or practice) for a full medicine review;
 - 5.16.2 The patient may be referred onto Community Resource Teams or domiciliary care teams for further assessment if appropriate; and
 - 5.16.3 The patients GP, relevant primary care team and/or secondary care team will be contacted for further review and ongoing assessment.
- 5.17 If during the consultation a pharmacy technician identifies issues with the use, understanding and/or experience of taking a new medicine, or if there is a medicines optimisation opportunity or a medicines interaction which needs to be discussed this can then be referred to a pharmacist on the premises.
- 5.18 In line with 5.17, a pharmacist will discuss and consider the patient's use, understanding and experience of taking their medicines including discussing the following:
- 5.18.1 New medicines;

5.18.2 Medicines optimisation opportunities; and/or

5.18.3 Medicines interactions.

5.19 The pharmacist or pharmacy technician will document all that they have discussed as above and complete the part 2 submission on Choose pharmacy platform.

6. PHARMACY RECORDS

6.1. Records for the service will be collated on the Choose pharmacy DMR module and claims will be processed from this platform, the following information will be collated:

6.1.1. The method of entry to the service (e.g. referral);

6.1.2. Reason for providing the service (e.g. medicines changed during admission);

6.1.3. Patient demographic details;

6.1.4. Date of discharge and unit discharged from;

6.1.5. Date and method (e.g. in the pharmacy or by telephone) of part one intervention;

6.1.6. Number of medicines on DAL;

6.1.7. Number of medicines on first prescription following discharge;

6.1.8. Number and nature of discrepancies between discharge advice letter and first prescription following discharge;

6.1.9. Date and method of part two intervention (to include any further referral); and

6.1.10. Number and nature of issues identified and resolved at part two.

6.2. Pharmacies will need to maintain a record of patient consent for each DMR service consultation completed. This can be held on the Choose pharmacy platform.

6.3. Any recorded information should be retained for at least 2 years from the date of the DMR.

7. PROVIDER RESPONSIBILITIES

Contractors

7.1 Contractors wishing to provide the DMR service will ensure the following criteria are adhered to:

- 7.1.1 The Pharmacy meets the minimum premises requirements as per 7.2 for providing the DMR service;
- 7.1.2 The pharmacy contractor has an acceptable system of clinical governance and is complying with any obligation under Schedule 5 part 2 of the (Pharmaceutical Services) (Wales) Regulations 2020 to provide essential services;
- 7.1.3 The pharmacy contractor has a Standard Operating Procedure (SOP) in place covering the service;
- 7.1.4 The pharmacy contractor has confirmed that all dispensing staff understand the aims of the service, understand the SOP and understand their role, if any, in delivering the service;
- 7.1.5 The pharmacy contractor has confirmed that service will be provided only by a pharmacist or pharmacy technician who is accredited to provide DMR service; and
- 7.1.6 Each pharmacy wishing to provide the service must have completed the DMR premises listing form and submitted this to the NHS Shared Services Partnership.

7.2 Other than with the agreement of their Local Health Board, the contractor will ensure that the patient facing elements of the service are only provided from an area of the pharmacy which;

- 7.2.1 Must be a designated area which is distinct from the general public areas of the pharmacy;
- 7.2.2 Must be an area where both the patient receiving the service and the registered pharmacist or pharmacy technician can talk at normal speaking volumes without being overheard by other visitors to the pharmacy; and
- 7.2.3 Can be provided remotely or via telephone or video consultation as long as 7.2.1 and 7.2.2 are complied with.

7.3 The contractor will ensure that appropriate indemnity arrangements are in place for registered pharmacists or pharmacy technicians involved in providing the service.

7.4 The contractor will have awareness of, and ensure the service is provided in accordance with, any relevant nationally or locally agreed standards.

7.5 The contractor will ensure that all standards required by the General Pharmaceutical Council, so far as they relate to pharmacy owners and superintendent pharmacists, are met.

- 7.6 The contractor will ensure that, prior to entering into any agreement to provide the service; they are satisfactorily complying with their obligation under Schedule 5 part 2 to the NHS (Pharmaceutical Services) (Wales) Regulations 2020 to have a system of clinical governance that is acceptable.
- 7.7 The contractor will have appropriate arrangements in place to maintain service continuity and take all reasonable steps to ensure that patients are able to access this or equivalent services in the event of unforeseen closure of the pharmacy.
- 7.8 The contractor will notify the relevant Local Health Board, of circumstances which result in the temporary unavailability of the service for more than 14 calendar days.
- 7.9 The contractor will participate in any reasonable publicity of the availability of the service required by the Local Health Board and shall only publicise the availability of the service using approved materials, unless otherwise agreed by the Local Health Board.
- 7.10 The contractor will participate in any reasonable review of the service required by the Local Health Board including the reporting of any incidents to the Medical Director of the relevant Local Health Board.
- 7.11 The contractor will ensure that the service is provided by approved service providers who are able to demonstrate competence according to the provisions set out in paragraph 7.12 and 7.13. and have their names included in the All Wales Pharmacy Database, or other relevant list for other staff, for the service.

Accreditation Requirements

- 7.12 Pharmacists wishing to provide part 1 or part 2 of the service will need to:
- 7.12.1 Have been previously listed as providing the DMR service on the All Wales Pharmacy Database (AWPD); or
 - 7.12.2 Have successfully accredited in accordance with HEIW National Clinical Services Accreditation (NCSA) generic skills competencies and have access to Choose Pharmacy platform; and
 - 7.12.3 Have completed an enhanced Disclosure and Barring Service (DBS) check request with NWSSP.
- 7.13 Registered pharmacy technicians wishing to provide the service will:
- 7.13.1 Have successfully accredited in accordance with HEIW NCSA generic skills competencies and have access to Choose Pharmacy platform;

7.13.2 Have completed an enhanced Disclosure and Barring Service (DBS) check request with NWSSP; and

7.13.3 Have successfully completed the HEIW medicines reconciliation e-learning knowledge base module; or have completed HEIW Pharmacy Technician pre-registration course at level 4 (or equivalent Technician qualifying course to have included a medicines management module.)

7.14 Contractors shall ensure that their practice complies with all relevant standards required by the General Pharmaceutical Council, as far as they relate to pharmacists.

Performance Management and Evaluation

7.15 The contractor is required to maintain systems that produce accurate information to enable its services to be monitored.

7.16 The Pharmacy must co-operate with any reasonable locally agreed LHB led evaluation, audit and or assessment of the service user experience.

7.17 The LHB reserve the right to undertake audit check with prior notification.

7.18 Data provided to the LHB as part of service audits will be used to evaluate service delivery.

7.19 Access to the Choose Pharmacy DMR module will be monitored via the NIIAS tool.

8. CONFIDENTIALITY AND DATA PROTECTION

8.1 The contractor will ensure that no one, whether during or after their appointment, will disclose or allow to be disclosed to any person (except on a confidential basis to their professional advisers) any information of a confidential nature acquired by the contractor or any other member of staff involved in delivery of the service in the course of carrying out their duties under this Agreement, except as may be required by law.

8.2 The contractor must protect personal data in accordance with the provisions and principles of all extant data protection and confidentiality legislation and regulations and the Confidentiality: NHS Wales Code of Practice, and must ensure that all staff that have access to such data are informed of, and comply with this requirement.

8.3 The contractor shall at all times ensure that appropriate technical and organisational security measures shall be taken against unauthorised or unlawful processing of personal data and against accidental loss or destruction of, or damage to, personal data.

8.4 The contractor must be aware that the any information held by the Welsh Government, Local Health Boards or their authorised officers, may be subject to disclosure under the Freedom of Information Act.