#### **South East** MHS **Discharge Medicines Service (DMS) referrals by Community** London **South East London** Integrated Care System Health Services for high-risk patients discharged to Care Homes

**Description.** This mini-pilot was to test if extending referrals to the Discharge Medicines Service by community health services teams could increase uptake of the service in community pharmacy and improve safe transfer of care for older people discharged to care homes.

#### What problem is it trying to solve to tackle overprescribing? Implementation • Care transfers are associated with high risk of unintended medicine • The community services pharmacy team supporting care errors. This can contribute to the burden of overprescribing and waste homes for older adults and relevant hospital leads were if changes around medicines are not communicated and actioned in a engaged to support the pilot • The current process for DMS referrals within the hospital • The community pharmacy DMS service can help tackle these risks setting was shared and a pathway for how CHS could send which are known to be greater in older people in the care home DMS for care home residents developed including a process for gaining consent • Ordering cycle often undertaken up to 2 weeks in advance. • IT access to the system used for sending DMS was • When residents are in hospital, old pre-admission medicines may be kept or the next cycle might arrive with pre-admission medicines extended to CHS care home staff members included • Training on using the IT system to send DMS referrals was • Discharge information is not always received with registrations provided to CHS staff complete at the new GP practice before next prescriptions are due. • Key community pharmacies providing services to the local • Receipt of a DMS would enable the new community pharmacy to homes were engaged to ensure on board with actioning liaise with care home staff /GP / other pharmacy support services to referrals for residents newly discharged to the care home • Methods for collation of outcomes were determined • DMS referrals sent to the resident's previously nominated community ✓ Quantitative – number of referrals by CHS staff, pharmacy was highlighted as a reason some DMS referrals are number of DMS for care home residents actioned and types of intervention made including waste prevented • Consent for DMS in the hospital setting is usually undertaken during and/or queries resolved admission processes, prior to the discharge destination to a care ✓ Qualitative – feedback from community, hospital and home being known. Not knowing which pharmacy provides the CHS pharmacy teams service for each care home is a challenge for hospital pharmacy teams

- timely way
- setting due to:

- manage queries and reduce the risk of medicine errors
- rejected/not actioned.

### **Intended outcomes:**

- 1. To increase referrals by Community Health Services Staff and /or referring Trusts for patients discharged to a care home (new or placement change)
- 2. To improve the update and action of DMS referrals by community pharmacies providing services to care homes
- 3. To collate the benefits to workforce and patient care as a result of improved communication through use of DMS

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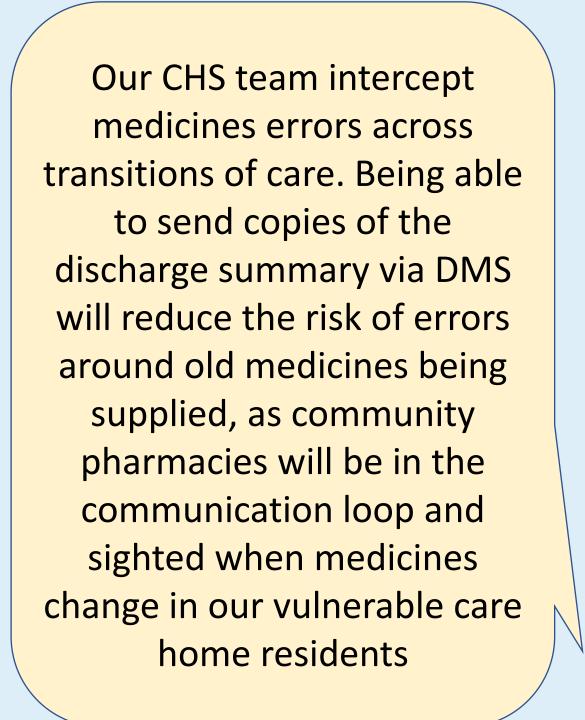
### **Top Tips**:

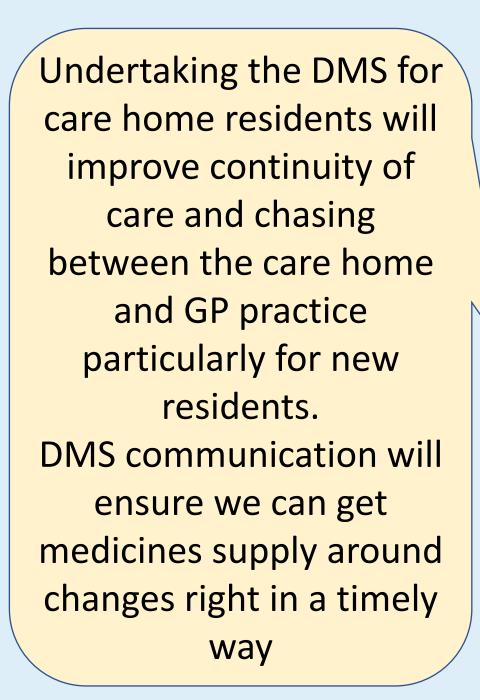
- 1. Hands on training on IT used for the DMS referral system is essential for CHS staff 2. Sharing details of the community pharmacies supporting care homes for older adults
- with hospital colleagues is an opportunity to increase referrals directly by this team. 3. Alternative local pathways for consent need consideration, as the requirement for
- patient consent to send DMS via 3<sup>rd</sup> party IT platforms can be a barrier to increasing referrals, despite care home residents likely to most benefit from safer transfer of care.
- 4. Use of nhs.net by CHS Staff remains an option to send referrals to community pharmacies with a copy of the discharge summary

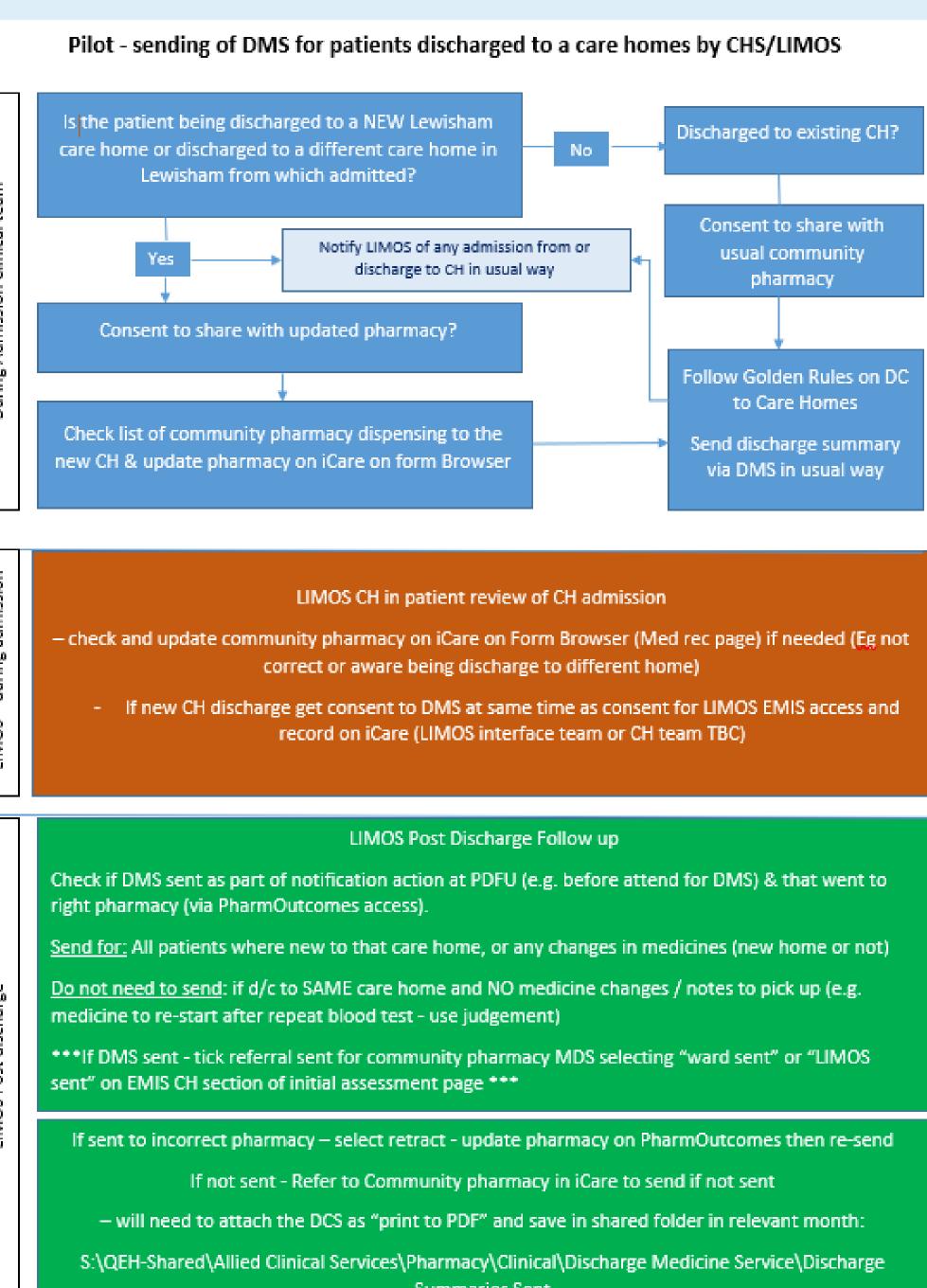
## Collaborating organisations: SEL ICS, Lewisham and Greenwich NHS Trust, Clinical and Community Health Services (LIMOS), Masters Pharmacy (Greenwich), Priory Pharmacy (Kent), Boots Pharmacy (Lewisham)

### Outcomes

- A pathway for CHS staff supporting care homes to send DMS referrals was agreed • 9 DMS referrals have been sent for care home residents by CHS staff to date
- Undertaking the pilot has improved communication between hospital and CHS teams, with learning on how CHS staff can update details on the hospital IT platform to enable DMS referrals to flow via the usual hospital team process
- The requirement for patient consent to send DMS and a copy of the discharge summary via a 3<sup>rd</sup> partly platform influenced further change. CHS care home teams updated their practice to gain consent for DMS at point of admission to care home and during in-reach activity involving the next of kin where needed
- Quantitative data on the outcomes from community pharmacy is to follow. However, engagement in the workstream has significantly improved the uptake and action rate for all DMS referrals for one pharmacy involved.







Summaries Sent

