Community Pharmacy Wales
Fferylliaeth Gymunedol Cymru

CONTRACTOR SUPPORT SERVICES

Collaborative Working meeting – Discharge Medicines Review

Following agreement with Welsh Government around collaborative working arrangements, you may wish to meet with your local Surgery to discuss the DMR service that you provide at the pharmacy

- Speak to the local surgery and their discharge and prescription teams about the DMR service
- The service was evaluated as being very cost effective for the NHS from reductions in hospital admissions, visits to A&E departments and medicine waste.
- The DMR service is a 2 part service with a patient or their carer within the first 4 weeks after they have been discharged from hospital or another care setting. It is a very simple and straight forward service which can be carried out in the pharmacy, by phone or in the patient's own home.
- The first part of the service involves a reconciliation of the patient's first prescription with their discharge note (or other discharge information*) to check that any changes made have been followed up in the community.
- The second part of the service provides support to the patient in how to use their medicines, essentially the MUR service. This part of the service has been useful in picking up adverse drug reactions as well as compliance issues.
- Any patient is eligible for the service as long as they are have been discharged from a hospital or care setting and meet one of the following criteria:
  1. Their medication has been changed during their stay
  2. They take 4 or more medicines
  3. Require a compliance aid
  4. The pharmacist feels that they would benefit from the service

  (*Other discharge information can include hospital prescriptions (WP10 HP), take home prescription details or even the medication supplied on discharge)
- Consent can be verbal from the patient, as many patients are housebound post discharge, pharmacies have difficulty obtaining the discharge information directly from the patients. If they are receiving compliance aids then it is even more important that pharmacy teams receive that discharge information to ensure any changes in dosing regimen is implemented.
- The evaluation identified that 50% of patients discharged from hospital have some form of discrepancy on their first prescription post discharge. The pharmacists ability to identify and resolve these discrepancies resulted in an estimated 3:1 return on the investment in terms of improved patient outcomes, reduced hospital readmission and reduced medicines waste.