

Ref: FOI/GS/ID 7580

**Please reply to:**  
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02 August 2022

### **Freedom of Information Act 2000**

I am writing in response to your request for information made under the Freedom of Information Act 2000 in relation to NHS discharge medicine service (DMS).

*You asked:*

- 1) *When did your trust begin referring patients through the NHS DMS?*
- 2) *How many patients has your trust referred to community pharmacies through the DMS between 15 February 2021 and 14 July 2022?*
  - a. *How many patients has your trust discharged in total within this timeframe?*
- 3) *According to national guidance for operating the DMS, trusts are responsible for developing their own eligibility criteria for patients referred through the service that meet "local population needs" (see page 13). Please could you supply a copy of your trust's eligibility criteria for referring patients through the DMS?*

Trust response:

1) 02/2022

2) 271

a. The trust has discharged the following amount between 15/02/21 and 14/07/2022. This has been split into just inpatients and inpatients, A+E and assessment units.

Inpatients only: 177,164

All discharges (Inpatients, A+E and assessment units): 207,478

3)

1. Identifying Patients for Referral

1.1. On the ward, identify patients who may benefit from a discharge referral.

These may include patients initiated on new medicines, with changes made to existing medicines, with complex medicine regimes, NOMAD patients, or

simply those you have identified as requiring additional support with their medicines (see: Table 1 Referral Patients).

1.2. Patient identification may occur at the point of admission during the taking of a drug history, or at discharge i.e. when the ward pharmacist is presented with the electronic discharge notification, or in anticipation of discharge.

1.3. Consider the potential risk to the patient of not receiving a post-discharge review should your referral be rejected or not completed by the community pharmacist. Any real concerns in relation to a patients' discharge should be escalated to the medical team responsible for the patient, in line with current procedures. Patients for whom a completed discharge referral is considered critical should be followed up on PharmOutcomes by the referring pharmacist or MMT. These referrals should be documented in case of rejection (see: B - Managing Rejections).

1.4. The decision to refer a patient via the DMS should be made by ward pharmacist/technician or by clinical pharmacy assistant for compliance aids.

#### Table 1: Referral Patients

1. Patients on compliance aids (NOMADs)

2. Patients who have been admitted for non-elective admissions – and have been admitted for a medicine related problem or who have particular medicine related input by pharmacy

3. Paediatric and Neonatal patients who have been started on specialist medication

4. Patients on high risk medicines:

- e.g. anticoagulants, antiepileptics, digoxin, opioids, methotrexate, antipsychotics, cardiovascular drugs, CDs, valproate, amiodarone, lithium, insulin, NSAIDs and aspirin.
- Newly started respiratory medication including inhalers – switches to DPIs as part of greener project
- Medication requiring follow up e.g. dose titration or reduction or blood levels
- Medicines which were stopped or changed on admission

5. High Risk patients:

- Patients taking more than five medicines
- Patients started on new medicines or changed medication regimen
- Patients who have had an MI or stroke
- Patients who may be confused about their medication or need help with their medication
- Patients with a learning disability