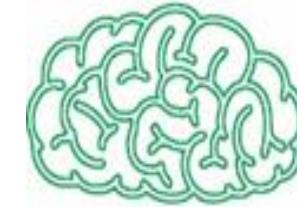


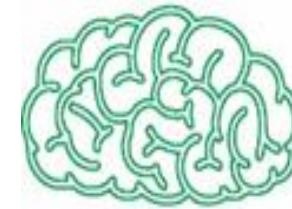
PDSPN
Parkinson's Disease
Specialist Pharmacy Network

The NHS New Medicines Service (NMS)
and
Discharge Medicine Service (DMS)
in Community Pharmacy



In our 3 previous webinars in collaboration with PrescQipp we have learnt that Parkinson's is a complex neurological condition treated with a range of medication which controls symptoms.

However, Parkinson's medication is **Time Critical** and can cause many **side effects**, so it is important to fully understand the condition and the medication in order to provide the best advice and support to patients.



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The NHS New Medicines Service (NMS) in Community Pharmacy

The NHS New Medicine Service (NMS) allows community pharmacists to provide:

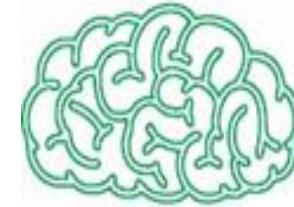
- support to patients and carers about their medication for a range of conditions
- promote lifestyle changes or other non-pharmacological interventions to enhance well-being.

The NMS is available to people newly prescribed medicines for eligible conditions, with appropriate consent and involves carers where that consent cannot be given by the patient themselves.

The service is provided either in-person in the pharmacy's private consultation area or over the phone, and takes place over 3 conversations: engagement, intervention & follow-up. These are usually during the first few weeks after the medicine is started.

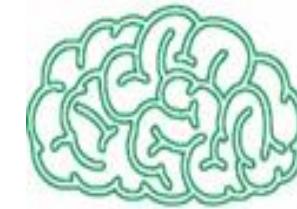
At these appointments, people can discuss concerns or issues about their new medication with the community pharmacist, who can help them with any problems linked to their medicine. A standardised questionnaire is used at each conversation.

If needed, the pharmacist can refer the person back to their prescriber.



Research has shown that pharmacists can successfully intervene when a medicine is newly prescribed, with repeated follow up in the short term, to increase effective medicine taking for the treatment of a long-term condition.

Compared to normal practice for long-term conditions, the service has demonstrated increased patient medicine adherence which translates into increased health gain at reduced overall cost.



Through the NMS, community pharmacists can provide additional support to people newly prescribed medicines for 19 eligible conditions which includes

Parkinson's Disease

The NMS is intended to support patients in a person-centred manner and complements and informs the shared decision-making process about taking a new medicine.

Pharmacists providing the service must have the necessary knowledge and skills to do so, with them assessing and declaring their competence by completing the NHS New Medicines Service self-assessment form.

Although the NMS is not mandatory, if the pharmacy is providing the service all pharmacists working at the pharmacy must have completed the self-assessment form. This includes Locums.

Patients can request the NMS service themselves.

The Parkinson's Excellence Network (PEN)

<https://www.parkinsons.org.uk/professionals/pharmacy-professionals-learning-library-symptom-management>

Centre for Pharmacy Postgraduate Education (CPPE)

<https://www.cppe.ac.uk/gateway/parkinsons2>

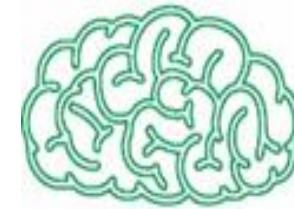
both provide a range of educational/training courses which support learning for pharmacists to deliver the NMS to patients who have been prescribed new medicines for Parkinson's disease.



The **PDSPN** encourages pharmacists to complete one of the online courses on offer to enhance their ability to provide the NMS in a patient-focused manner and to a satisfactory standard.

Signposting People with Parkinson's (PwP) to Parkinson's UK for further support is also recommended.

These online courses are also useful for improving your knowledge of Parkinson's.



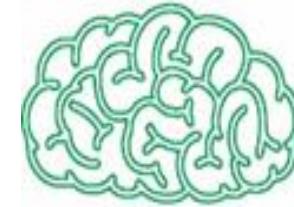
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The NHS Discharge Medicines Service (DMS) in Community Pharmacy

The **DMS** is a **mandatory** national essential service which ideally should be offered to all patients discharged from hospital with new or changed medication.

It improves patient safety during hospital-to-home transitions by enhancing communication, optimizing medication use, and reducing avoidable readmissions

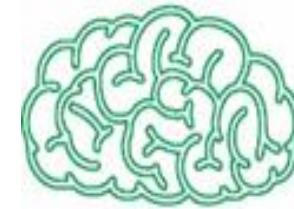
It ensures patients understand their new or changed medicines, reduces medication errors, and fosters collaboration between hospital, GP, and community pharmacy teams.



Patients are digitally referred to their community pharmacy using IT systems (usually PharmOutcomes) or secure NHSmail, within 24-48 hours following discharge (depending on weekends/bank holidays) to receive support with medicines optimisation and reconciliation.

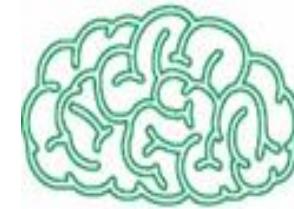
Using referral information, pharmacists can compare the patient's medicines at discharge to those they were taking before admission to hospital.

A check is also made when the first new prescription is issued in primary care and a consultation with the patient and/or their carer will help to ensure that they understand which medicines the patient should now be using.



Considerations when implementing the DMS:

- The timeliness especially at weekends and Bank Holidays.
- Whether a 7 or 14 day supply of medication is provided on discharge.
- Community pharmacist needs Rx to issue meds and time to prepare MDS.
- The impact on the NHS if the DMS is not picked up by the GP and the patient either has no medicines or reverts to old medication.
- The cases of re-admission to hospital due to **NO** medication or **WRONG** medication.
- Safety netting takes place and patient understanding improves.



The DMS should ideally be offered to all patients who have been prescribed any new medicines or who have had any changes made to their medicines whilst in hospital. This includes:

- 'High risk' medicines
- Medication requiring follow-up, eg dose titration.
- Medication which causes dependence
- Those for which doses vary/change, either increasing or decreasing over time.
- Patients using a Monitored Dose System (MDS)

The **DMS** is particularly important for **patients considered 'High Risk'** which includes:

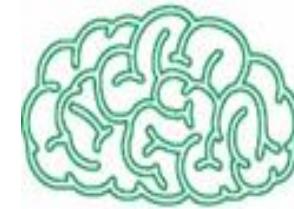
- People taking more than five medications, where the risk of harmful effects and drug interactions is increased.
- Those who have had new medicines prescribed while in hospital.
- Those who have had medication change(s) while in hospital.
- Those who have experienced myocardial infarction or a stroke due to likelihood of new medicines being prescribed.
- Those who appear confused about their medicines on admission/when getting ready for discharge
- Those who have help at home to take their medications.

Educational Courses and Resources

The same educational/training courses available for NMS are also appropriate for the DMS. (CPPE & PEN – slide 9)

There is also an opportunity for the community pharmacy to offer the NMS should a patient be discharged with new medication.

Signposting to Parkinson's UK is advised.



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Any questions?