
STATUTORY INSTRUMENTS

2020 No. 1126

The National Health Service (Charges and Pharmaceutical and Local Pharmaceutical Services) (Amendment) Regulations 2020

PART 5

Amendment of Schedule 4 to the PLPS Regulations

New paragraphs 22B and 22C

12. In Part 2 (essential services), after paragraph 22A(1) (home delivery service while a disease is or in anticipation of a disease being imminently pandemic etc.) insert—

“Discharge medicines service

22B. An NHS pharmacist (P) must, to the extent that paragraph 22C requires and in the manner set out in that paragraph, provide advice, assistance and support to and in respect of a health service patient—

- (a) recently discharged from hospital who is referred to P for advice, assistance and support in respect of the patient’s medication regimen by the staff of the hospital in which the patient stayed; or
- (b) who is otherwise referred to P for advice, assistance and support in respect of the patient’s medication regimen by the staff of an NHS trust or NHS foundation trust as part of arrangements linked to the transfer of care between different providers of NHS services.

Service outline in respect of the discharge medicines service

22C.—(1) An NHS pharmacist (P) must have procedures in place (as part of its standard operating procedures) for checking at appropriate intervals on days on which P’s pharmacy premises are open for business whether P has received any referrals, which are in the form and manner approved for this purpose by the NHSCB, for the services set out in this paragraph (“DMS referrals”).

(2) If P receives a DMS referral in respect of a health service patient (X) requesting from P stage 1 of the service (as well as stages 2 and 3), P must, as soon as possible but in any event within 72 hours of receiving the DMS referral (excluding hours of days on which the pharmacy premises are not open for business), as stage 1 of the service—

- (a) review the actions requested, and act on those requested actions, to the extent that P, in the exercise of P’s clinical judgement, considers it appropriate to do so;
- (b) use the information that P has or is able to access about X’s medication regimen before the discharge or transfer to compare it (so far as is possible) with X’s medication regimen on discharge or transfer;

- (c) check any prescriptions for X that P may be asked to dispense (including electronic repeatable prescriptions) or has part dispensed in order to assess whether, in P's clinical judgement, any changes are appropriate or there are any other issues of concern;
 - (d) where necessary, discuss changes that may be appropriate or raise any issues of concern identified, to the extent that P, in the exercise of P's clinical judgement, considers it appropriate to do so with—
 - (i) the staff of the hospital or other provider of NHS services that made the referral, and
 - (ii) any provider of primary medical services on whose patient list X is; and
 - (e) keep and maintain records of the DMS referrals received and of any actions taken, as appropriate (in particular, to support delivery of stages 2 and 3 of the service).
- (3) This sub-paragraph applies—
- (a) if P receives—
 - (i) in respect of X an electronic prescription for a medicinal product or is presented by X with a non-electronic prescription form, a non-electronic repeatable prescription or an EPS token in respect of a medicinal product, and
 - (ii) is on notice as a result of a DMS referral requesting from P stage 2 of the service (whether or not it is the referral mentioned in sub-paragraph (2)) that the prescription is the first prescription for a medicinal product to be dispensed by P to X following X's discharge from hospital or the transfer of X's care between different providers of NHS services; or
 - (b) in the following circumstances—
 - (i) P receives in respect of a health service patient (Y) an electronic prescription for a medicinal product or is presented by Y with a non-electronic prescription form, a non-electronic repeatable prescription or an EPS token in respect of a medicinal product,
 - (ii) P is on notice as a result of a DMS referral requesting from P stage 2 of the service (and potentially stage 3) that it is the first prescription for a medicinal product to be dispensed to Y following Y's discharge from hospital or the transfer of Y's care between different providers of NHS services (a different NHS pharmacist having provided stage 1 of the service in respect of Y), and
 - (iii) P is on notice that Y, or where appropriate a carer of Y, wishes P to provide the services described in sub-paragraphs (4) and (5) to or in respect of Y.
- (4) Where sub-paragraph (3) applies, P must, as stage 2 of the service, prior to or as part of the process of dispensing the prescription—
- (a) review (or further review) the medication regimen of X or Y, using the information that P has or is able to access about that medication regimen, including from the prescription, in order to assess whether, in P's clinical judgement, appropriate account has been taken of any changes to X's or Y's medication regimen during X's or Y's stay in hospital or prior to the transfer of X's or Y's care between different providers of NHS services;
 - (b) if any issues of concern are identified, raise these to the extent that P, in the exercise of P's clinical judgement, considers it appropriate to do so with any provider of primary medical services on whose patient list X or Y is; and

- (c) keep and maintain records of any actions taken as part of this stage of the process, as appropriate (in particular, to support delivery of stage 3 of the service).
- (5) At the point at which P, in P's clinical judgement is to, or would normally, discuss the prescription as mentioned in paragraph (3)(a)(i) or (b)(i) with X or Y, or where appropriate with a carer of X or Y, P must, as stage 3 of the service—
- (a) engage in a discussion with X or Y, or where appropriate a carer of X or Y, in a manner which is in accordance with P's duty of confidentiality to X or Y and which is—
 - (i) to assess their understanding of what medicinal products X or Y should be taking, and
 - (ii) to offer to the extent that P, in the exercise of P's clinical judgement, considers it appropriate to do so advice, assistance and support in respect of X's or Y's medication regimen;
 - (b) draw to X's or Y's attention (where appropriate via a carer of X or Y)—
 - (i) P's disposal service in respect of unwanted drugs, and
 - (ii) any other pharmaceutical services that P, in the exercise of P's clinical judgement, considers X or Y may benefit from following X's or Y's stay in hospital or the transfer of X's or Y's care between different providers of NHS services;
 - (c) if any issues of concern are identified, raise these to the extent that P, in the exercise of P's clinical judgement, considers it appropriate to do so with any provider of primary medical services on whose patient list X or Y is; and
 - (d) keep and maintain records, as appropriate—
 - (i) of the discussion pursuant to paragraphs (a) and (b), and of any raising of concerns and any actions taken, and
 - (ii) for service evaluation purposes.
- (6) If the DMS referral requesting that P provides services under this paragraph includes circumstances in which P is not to provide, or is to cease to provide, services under this paragraph, P is not to, or is to cease to, provide services under this paragraph in those circumstances (for example, X's or Y's admission or re-admission to hospital).”