

Discharge Medicines Service (DMS)

What Is DMS?

The Discharge Medicines Service (DMS) is a nationally commissioned NHS service that supports patients with their medicines after hospital discharge. Hospitals can refer any patient who may benefit from post-discharge medicines support, based on clinical judgement. The service links hospital, community pharmacy, and general practice, ensuring patients receive safe, consistent, and well-communicated care during this high-risk transition.



How It Works

Stage 1: Referral Received (within 72 hrs)

Hospital discharges patient and sends a DMS referral to their nominated community pharmacy. The referral includes medicines changes and discharge summaries.

Stage 2: First Post Discharge Prescription Follow-Up (Usually 1-2 wks post discharge)

The pharmacy reconciles the patient's medicines and may contact the GP if there are discrepancies in prescriptions. Clarification or further clinical input is needed. The pharmacist identifies adherence risks or safety concerns.

Stage 3: Support for Patient Understanding (usually 1-4 wks post discharge)

Pharmacist checks in to support understanding, adherence, manage side effects, and refer to GP or others if needed.



Key Benefits for GP Practices

- Enhances patient safety and care continuity.
- Reduces avoidable re-admissions due to medicines-related problems.
- Supports PCN and ICB priorities for integrated care and medication optimisation.
- Strengthens collaboration with community pharmacy teams.

Why DMS Matters to Patients

- Improved understanding of how and why medicines have changed.
- Reduced medication errors during a vulnerable transition period.
- Better adherence thanks to personalised pharmacist consultation.
- Lower risk of readmission
- Shorter hospital stays

Collaboration with General Practices and PCNs

The Discharge Medicines Service (DMS) improves patient safety during the high-risk period after hospital discharge. Community pharmacists help patients understand medication changes, support adherence, and identify concerns early. Where needed, they contact GP or PCN pharmacy teams about medication discrepancies, safety risks, or for clinical clarification. This collaborative approach, in line with NICE guidance, supports continuity of care, reduces the risk of harm, and helps avoid unnecessary follow-up

Proven Impact & Outcomes

DMS delivers measurable improvements in patient outcomes and NHS resource use:

Length of Stay & Bed Days*

- Hospital stay reduced from 13.1 to 7.2 days with DMS support
- Over 13,000 bed days saved in 3 months (mid-2021 data)

Hospital Readmissions*

- Between 9,400 and 21,700 readmissions avoided between 2021 - 2023
- One 30-day readmission prevented for every 10-23 referrals
- Readmission within 30 days:
 - With DMS: only 5.8%
 - Without DMS: 16%

*References are included as embedded links throughout the text.