

NHS community pharmacy advanced services – Briefing for GP practices

August 2013

This document has been developed jointly by NHS Employers, the Pharmaceutical Services Negotiating Committee (PSNC) and the British Medical Association's General Practitioners Committee (GPC) to provide information for GP practices about advanced services provided by community pharmacies in England under the new NHS structures implemented in April 2013.

Medicines Use Reviews (MURs)

The MUR service is a structured review of a patient's use of their medicines which aims to improve the patient's knowledge, understanding and use of their medicines. It supports patients to gain the maximum benefit from their prescribed medication(s) by taking them safely and effectively.

The MUR consists of a single consultation, usually taking place at the community pharmacy. Before receiving the service, the patient will be asked to sign a form¹ to confirm that they consent to participate in the service, and for information to be shared with their GP (and other relevant organisations and individuals for clinical audit and post payment verification purposes) as necessary.

An MUR will involve a discussion between the patient and the pharmacist covering all medicines they are taking (including non-prescribed medicines), checking and supporting adherence, identifying and taking steps to resolve any problems, and answering any questions the patient has about their medicines. The patient may also be given healthy living advice and/or signposted to other services if appropriate.

The majority of MURs take place with patients taking more than one medicine, whom the pharmacist or pharmacy staff have identified as having the potential to benefit from the service. Patients identified in this manner must have been receiving pharmaceutical services from the pharmacy for a period of not less than three months in order to be eligible. An MUR can also take place when a problem with the patient's adherence to their medication is identified during the dispensing process – this is known as a prescription intervention MUR and does not require the patient to have been receiving pharmaceutical services from the pharmacy for a prior period.

If a patient has had an MUR in the previous 12 months, or received the New Medicine Service (NMS) in the previous six months, they will not usually be eligible for an MUR, unless their circumstances have changed sufficiently that an additional consultation is in the patient's best interests.

¹ MUR consent form wording can be found at http://www.nhsemployers.org/SiteCollectionDocuments/NMS_MUR_patient-consent_wording_mh190911.pdf. A template form can be found at www.psn.org.uk/nms



From October 2011 a requirement was introduced that a minimum of 50 per cent of MURs should be performed on patients in one of three national target groups. These are:

- patients taking a high risk medicine (on a national list²)
- patients with respiratory conditions, such as asthma and COPD
- Patients recently discharged from hospital, who have had changes made to their medicines whilst in hospital

Up to 50 per cent of MURs can be carried out on patients not in the target groups, with pharmacists offering the service to those patients who will benefit most. Other health care professionals (including general practice staff) can also refer patients they feel may benefit to the service. Below is a short list of areas that you may wish to refer for MUR review:

- priority clinical areas identified by the CCG, Area Team or practice
- patients with certain conditions that appear to be underutilising their maintenance/preventative treatment (based on repeat prescription data)
- patients possibly using excessive quantities of medicines or devices that would benefit from additional education or support from the pharmacist
- specific patients identified either by a member of the practice staff or during a GP consultation as being confused or having concerns about their medicines

The New Medicine Service (NMS)

The NMS is designed to provide early support to patients to maximise the benefits of their newly prescribed medication. The development of the service was based on proof of concept research which showed that an intervention by a pharmacist can help to improve patients' adherence to their medicine³. In the research, patients who used the service experienced fewer medicines problems and made less use of other NHS services, saving money and GP time.

The NMS can be provided to patients who have been newly prescribed a medicine for one of the following conditions/therapy areas:

- asthma and COPD
- type 2 diabetes
- antiplatelet/anticoagulant therapy
- hypertension

For each condition/therapy area, a list of medicines has been agreed⁴. If a patient is newly prescribed one of these medicines for the relevant condition then they will be eligible to receive the service.

The service is split into three stages:

1. Patient engagement

Following the prescribing of a new medicine covered by the service, patients may be recruited to the service by prescriber referral or opportunistically by the community

² list of high risk medicines eligible for targeted MURs can be found at:

http://www.nhsemployers.org/SiteCollectionDocuments/Targeted_MURs_medicines_list_mh270911.pdf

³ http://eprints.pharmacy.ac.uk/2291/1/Clifford_et_al_PWS_2006.pdf

⁴ The NMS medicines list can be found at

http://www.nhsemployers.org/SiteCollectionDocuments/NMS_medicines_list_mh210911.pdf

pharmacy. The patient will be asked to sign a form⁵ to confirm that they consent for information to be shared with their GP (and other appropriate individuals or organisations for clinical audit and post payment verification purposes) as necessary.

The pharmacy will dispense the prescription and provide initial advice as it normally would.

2. Intervention

The intervention will usually take place between seven and 14 days after patient engagement at an agreed time and through a method agreed with the patient (this could be face to face or by telephone depending on the patient's preference).

The pharmacist will use an interview schedule⁶ to guide the conversation with the patient, which includes assessing their adherence, and identifying problems and the patient's need for information, advice or support which the pharmacist will provide. If the patient is experiencing any problems (such as side effects or difficulties using the medicine) the pharmacist will work with the patient to resolve these. If the patient is experiencing difficulties which they cannot resolve with the assistance of the pharmacist they may be referred back to the prescriber for review.

At the end of the consultation the patient and the pharmacist will discuss next steps – usually either arranging for the follow up stage to take place, referring the patient back to the prescriber, or both.

3. Follow-up

The pharmacist will follow up with the patient 14 to 21 days after the intervention (again face to face or by telephone) to discuss how the patient is getting on with their medicine, including if problems identified at the intervention have been satisfactorily resolved and if any new issues have arisen. They will also provide further information, advice, signposting or referral if required.

At any stage the pharmacist may also offer the patient opportunistic advice on healthy living/public health topics.

Potential benefits of the services to GPs

MURs and the NMS do not aim to duplicate work undertaken in GP practice reviews, but rather to provide additional support to patients by helping to ensure medicines are taken safely and effectively. This reduces the burden on general practice by minimising exacerbations caused by poor adherence and preventing unnecessary repeat visits to the GP. Some ways that MURs can benefit your practice are listed below:

- reduction in the number of patients who do not take their medicines as intended (some estimates suggest that up to 50 per cent of prescribed medicines are not used as intended)
- reduction in patients returning to general practice due to problems related to poor adherence, exacerbations and side effects which could be resolved by the pharmacist

⁵ NMS consent form wording can be found at http://www.nhsemployers.org/SiteCollectionDocuments/NMS_MUR_patient-consent_wording_mh190911.pdf. A template form can be found at www.psn.org.uk/nms

⁶ The NMS interview schedule can be found at http://www.nhsemployers.org/SiteCollectionDocuments/NMS_interview_schedule_mh190313.pdf

- reduction in patients returning to general practice with questions about their medicines that could be answered by the pharmacist
- identifying patients who are intentionally non-adherent but reluctant to inform their GP
- supporting initial and ongoing management of patients with long-term conditions
- reduction of waste from unused medicines and unnecessary reordering and dispensing of medication

If a patient on your registered list is offered (and accepts) the NMS or an MUR, you may receive a feedback form from the pharmacist to inform you of any problems or other issues that you may wish to be aware of, for example if the patient is experiencing difficulty using the medicine or has stopped taking it without the prescriber's knowledge. Two national forms exist for this purpose, these can be seen at Annex A (MUR feedback to GP form) and Annex B (NMS feedback to GP form). The feedback forms were designed by the Professional Relationships Working Group which is made up of NHS Employers, PSNC and the GPC.

When there are no issues raised that the pharmacist feels the GP would wish to be aware of, then no form is sent (unless the GP has requested feedback when referring the patient to the service).

If a problem requiring GP review is identified, the pharmacist may refer the patient back to the GP, and if the problem is urgent they will generally telephone the practice to ensure this is handled in a timely manner.

Achieving best value from the MUR and NMS services

To gain maximum value and benefits from community pharmacy services it is important that effective communication processes exist locally between GP practices and community pharmacies. GP practices may find the following tips helpful:

- agree referral pathways for GPs and staff to direct patients into the services
- ensure that there are procedures to manage feedback and follow-up with community pharmacies
- where possible, timing of MURs could be coordinated with GP practice reviews to maximise beneficial outcomes and prevent duplication

For more information about community pharmacy, please see [The community pharmacy – A guide for GPs and practice staff](#).

NHS Medicines Use Review Service Feedback Form



To: GP Practice Name

Date:

Re. Patient name
Patient address

DOB:

NHS number:

This patient recently received a Medicines Use Review (MUR) which identified issues with the following medicines which are detailed below:

Medicine name(s)

The following matters were identified which require your consideration:

- Potential drug interaction(s)
- Potential side effects/adverse drug reaction preventing use of the medicine
- Patient reports not using the medicine any more
- Patient reports not using the medicine in line with the directions of the prescriber
- Patient reports difficulty using the medicine – issue with the device
- Patient reports difficulty using the medicine – issue with the formulation
- Patient reports lack of efficacy
- Patient reports problem with dosage regimen
- Patient reports unresolved concern about the medicine
- Other (see comments below)

Further information / comments / possible action:

I have advised the patient that, where appropriate, the practice will contact them regarding this matter after considering the above information. Please provide any necessary feedback to me on the outcome.

Pharmacist Name
Pharmacist
Pharmacy Name
Address 1
Address 2
Address 3
Postcode

Telephone:

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NHS New Medicine Service Feedback form



Date

To: **GP Practice name**

Re: Patient name

DOB:

NHS number:

Patient address:

This patient was recently enrolled on the NHS New Medicine Service following the prescribing of:

Medicine name

I am writing to inform you of a matter that has arisen during provision of the service which requires your consideration:

- Potential drug interaction(s)
- Potential side effects/adverse drug reaction preventing use of medicine
- Patient reports not using medicine any more
- Patient reports never having started using medicine
- Patient reports difficulty using the medicine – issue with device
- Patient reports difficulty using the medicine – issue with formulation
- Patient reports lack of efficacy
- Patient reports problem with dosage regimen
- Patient reports unresolved concern about the use of the medicine
- Other (see comments below)

Further information/comments/possible action:

I have advised the patient that, where appropriate, the practice will contact them regarding this matter after considering the above information. Please provide any necessary feedback to me on the outcome.

Pharmacist name

Telephone:

Pharmacist

Pharmacy name

Address 1

Address 2

Address 3

Postcode

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