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PSNC Briefing 016/14: Advanced Services (MURs and the NMS)

This PSNC Briefing summarises the changes being made to the Medicines Use Review (MUR) service in 2014/15 and it covers the re-commissioning of the New Medicine Service (NMS). Other changes being made to the community pharmacy contractual framework (CPCF) in 2014/15 are summarised separately in [PSNC Briefing 015/14](#).

Introduction

Medicines Use Reviews (MURs) and the New Medicine Service (NMS), both Advanced Services within the Community Pharmacy Contractual Framework (CPCF), are key medicines optimisation services which all contractors are encouraged to offer to eligible patients to help them to ensure that they get the most benefit from their prescribed medicines.

Medicines optimisation remains a key target for the NHS, and as such NHS England has agreed to continue funding both of these Advanced Services within the 2014/15 funding package. PSNC and NHS England have agreed some important changes to the MUR service target which will be introduced during 2014/15; the exact date of implementation (the implementation date) will depend on the timing of changes to the Secretary of State Directions which provide the regulatory basis for the commissioning of the two services. In discussions with NHS Employers and NHS England, PSNC has been clear on the importance of adequate notice of the changes being given to pharmacy contractors; we will notify pharmacy contractors of the implementation date as soon as possible.

The changes to MUR service target are set out below, along with background information for contractors on both services and their funding.

Medicines Use Reviews

Commissioning decision

NHS England has agreed that funding for MURs will continue throughout 2014/15 and the basic service specification and payments to contractors will remain unchanged. However, in line with NHS objectives to improve patient outcomes and resource utilisation, NHS England and PSNC have agreed that the percentage of MURs which contractors must provide to patients within the MUR target groups in any given year **will increase from 50% to 70%**. This will ensure that the MUR service is even better targeted at patients who will derive the most benefit from it. The total maximum number of MURs for which a pharmacy will be paid in any year remains unchanged at 400.

The new requirements for contractors

From the implementation date community pharmacies must carry out at least 70% of their MURs within any given financial year on patients in one or more of the agreed target groups. These groups will include a new target group which will become effective at the same time as the change in target level, as outlined below.

Transitional arrangements will apply for 2014/15 such that the 70% requirement will apply only to MURs provided in the period from the implementation date to 31st March 2015, rather than to the total of all MURs provided in the financial year. For MURs provided between 1st April 2014 and the day prior to the implementation date, the

previous target for 50% of MURs to be provided in one of the three existing target groups will apply.

FAQ: Why has PSNC agreed to increase the percentage of targeted MURs that pharmacies must perform to 70%?

NHS England sought to increase the number of targeted MURs in order to help it to meet its objectives to provide more support for people with long term conditions. PSNC carried out analysis to ensure that the new requirement would be feasible for pharmacies providing MURs and we are satisfied that, particularly given the introduction of a new target group as outlined below, this will be manageable.

FAQ: What happens if pharmacies do not provide enough MURs to patients within the target groups?

Once changes to pharmacy PMR systems have been made to allow monitoring of the level of the new MUR target group, NHS England's area teams may then start to request data from pharmacy contractors. Where there is a shortfall in the number of MURs within the target groups the area team would normally contact the pharmacy contractor to discuss this issue. Ultimately a failure to adhere to the targeting requirements could be dealt with via the CPCF breach notice procedures.

The new MUR target group

The three existing target groups – patients taking a high-risk medicine; patients recently discharged from hospital with changes made to their medicines while they were in hospital; and patients with respiratory conditions – will continue to apply to MURs throughout 2014/15.

In addition to these, from the implementation date a new group will be added to cover **patients at risk of or diagnosed with cardiovascular disease and regularly being prescribed at least four medicines**. Patients at risk of or diagnosed with cardiovascular disease will be identified by virtue of them being prescribed one or more medicines for one or more of the following cardiovascular/cardiovascular risk conditions:

- Coronary heart disease
- Diabetes
- Atrial fibrillation
- Peripheral arterial disease
- Renal/chronic kidney disease
- Hypertension
- Thyroid disorders
- Heart failure
- Stroke/TIA
- Lipid disorders

This means that they must be prescribed at least one medicine from Chapters 2 (cardiovascular), 6.1 (diabetes) or 6.2 (thyroid) of the BNF. To fall into the MUR target group they must also be regularly prescribed four or more medicines in total.

As is the case for the existing MUR target groups, it is expected that in most cases, pharmacists or their staff will be able to opportunistically identify eligible patients using their own understanding and/or with the aid of their patient medication record (PMR) system, though patients can also be referred to the service by other healthcare professionals.

FAQ: Why was the new target group chosen?

The new group was chosen following modelling work and discussion between PSNC and NHS Employers in which we sought to find a group of patients that would enable pharmacies to help to address key NHS targets, while also providing pharmacies with sufficient opportunity to meet their targeted MUR requirements.

In the negotiations PSNC's priority was to ensure that any increase in the percentage of MURs to be provided to patients within target groups should be manageable for pharmacies, and we believe that the inclusion of this additional target group ensures this.

Changes to the record keeping requirements for MURs

Pharmacy contractors have to maintain records on the MURs they provide which include the data elements within the nationally agreed [MUR dataset](#). Information contained within the MUR dataset is then used to populate an electronic summary of MURs provided during a quarter – the MUR electronic reporting template – which is submitted on request to the local NHS England area team.

PSNC and NHS England have agreed to changes in the MUR dataset to reflect the addition of the new cardiovascular risk target group and to provide more data on which of the four groups of high risk medicines patients in that MUR target group were taking.

These changes to the MUR dataset will also be reflected in changes to the MUR electronic reporting template. A revised version of the MUR dataset and the MUR electronic reporting template will be published shortly.

During the negotiations on the funding settlement PSNC and NHS Employers recognised there will be a time lag for implementing changes to PMR systems which will influence the point at which pharmacy contractors are able to submit MUR data to area teams using the updated MUR electronic reporting template. NHS Employers acknowledged that until this is addressed NHS England area teams would not be able to monitor the additional target group or receive differentiated data on high-risk medicine MURs.

Actions for contractors

As the new requirement to provide 70% of MURs to patients within target groups will be effective from the implementation date, contractors are advised to familiarise themselves and their teams with the new target group over the next few weeks.

Pharmacies could begin identifying suitable patients from within the new group, but contractors should note that until the implementation date, when that group becomes effective, MURs for these individuals will not count as MURs to patients within the target groups.

Where PMR systems are used to collate the MUR dataset, other professional records and to create a quarterly MUR electronic reporting template, contractors will be able to collate the updated dataset and produce updated MUR electronic reporting templates once their PMR system has been updated to reflect the new requirements.

For more information on MURs, including the service specification and advice on how to carry out your consultations, visit psnc.org.uk/mur.

The New Medicine Service (NMS)

Commissioning decision

NHS England has agreed to continuation of the NMS during 2014/15. The service specification remains unchanged meaning contractors can continue to provide the service and will be paid for it as previously.

Background to the decision

Since the introduction of the NMS in October 2011, more than 90% of community pharmacies in England have provided it to their patients. Initial funding for the service was agreed until March 2013, and since then funding has been extended pending a decision on the long-term future of the service.

To inform the longer-term commissioning decision, the Department of Health (DH) commissioned researchers at the University of Nottingham to lead an academic evaluation of the service, investigating both the clinical and economic benefits of it. In March 2014 NHS England agree to continue funding the service until 31st March 2015, subject to the results of this evaluation.

The [findings from the evaluation](#) were published in August 2014 and were overwhelmingly positive, with the researchers concluding that as the NMS delivered better patient outcomes for a reduced cost to the NHS, it should be continued. This was the basis for NHS England's firm decision to continue commissioning the service throughout 2014/15.

NMS funding

The payment structure for the NMS remains unchanged. Contractors can find more information on this at psnc.org.uk/nms.

NHS England has agreed to continue funding the service throughout 2014/15, with the budget for this coming from the overall CCPF settlement of £2.8bn.

FAQ: So what is the total funding for the NMS in 2014/15?

NHS England's decision means that, as is the case for MURs, the funding for the NMS is included within the core funding and forms part of the total negotiated funding sum. The commissioner has set no limit on how much of the agreed £2.8bn total can be spent on the service throughout the year. As in previous years, PSNC and NHS England will monitor spending on pharmaceutical services throughout the year and fees, allowances and Drug Tariff adjustments will be made as necessary to ensure delivery of the agreed funding throughout the year. We do not anticipate any adjustments being made through changes to the fees for the NMS.

The importance of the NMS

Medicines optimisation, or ensuring that patients get the most benefit possible from their prescribed medicines through good adherence to medication regimens, is a key target area for the NHS as it is known that poor adherence to medicines can and does result in costly complications and hospital admissions. Community pharmacies, as the suppliers of the majority of medicines to NHS patients, are in a unique position from which to contribute to this agenda. Through MURs and the NMS they can improve adherence, benefiting patients and ensuring that the NHS gets maximum value from its spend on medicines.

By continuing to provide both the NMS and MURs and highlighting their benefits community pharmacy can start to persuade GPs, local commissioners and others of the value that they offer and the need to include them in local disease management pathways. This work should be assisted by the results of the NMS evaluation and also by [the medicines optimisation dashboard](#) that NHS England recently published for local commissioners, in which it identifies the NMS and MURs as important ways in which community pharmacies can contribute to local medicines optimisation efforts. In this way community pharmacies and their services can become better integrated into primary care, further safeguarding their position at the heart of the NHS.

FAQ: Why has PSNC agreed to funding for the NMS rather than arguing for more funding for dispensing services?

The members of PSNC are all contractors themselves or representatives of multiple contractors and as such they understand fully the value that their own and all other community pharmacies deliver as they dispense millions of medicines to patients safely and efficiently every year. But despite the clear value of this core dispensing role, it is vulnerable to significant changes in business model, for instance through hub and spoke arrangements. The pressures on the service are particularly true in the current financially squeezed NHS in which the Government is demanding that all healthcare providers deliver significant efficiencies, i.e. do more work for the same money or the same work for less money.

PSNC therefore believes that to safeguard its future community pharmacy must continue to deliver value around the core dispensing function in as many ways as possible, and it must diversify its income streams through the

delivery of a range of services that benefit patients, local commissioners and the wider NHS.

PSNC's Vision sets out the many ways in which it believes that community pharmacy services could be developed to achieve this and is summarised as follows:

'The community pharmacy service in 2016 will offer support to our communities, helping people to optimise use of medicines to support their health and care for acute and long-term conditions, and providing individualised information, advice and assistance to support the public's health and healthy living.'

Medicines optimisation forms a key part of this, and so we are pleased to have been able to secure the future of the NMS and to further develop MURs to facilitate this. The success of the services provides a sound basis from which we and local pharmacy representatives can continue our work to develop community pharmacy services, and to cement the sector's role at the heart of the reformed NHS.

For more information about the NMS including the service specification and advice on how to carry out your consultations, visit psnc.org.uk/nms.

For more information on the community pharmacy funding settlement for 2014/15 please visit the [PSNC Briefings page on our website](#) and see PSNC Briefings 017/14 to 019/14. If you require further information about Advanced Services please contact [Alastair Buxton, Head of NHS Services](#).