



October 2017

PSNC Briefing 040/17: NHS community pharmacy Advanced Services – information for general practitioners and practice staff (v2)

This PSNC Briefing is intended to be shared with GP practice teams to provide information about Advanced Services provided by community pharmacists in England.

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.

Most 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 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://psnc.org.uk/services-commissioning/advanced-services/murs/mur-patient-consent/>

From April 2015, a requirement was introduced that a minimum of 70% of MURs should be performed on patients in one of four 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; and
- patients at risk or diagnosed with cardiovascular disease and regularly being prescribed at least four medicines.

Up to 30% of MURs can be carried out on patients not in any of 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 local Clinical Commissioning Group, local NHS England team or the GP 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; and
- 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.

A 2-page guide on the MUR service aimed at healthcare professionals, which answers five common questions about MURs as well as providing information on the national target groups is available on the PSNC website³.

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 medicine⁴. 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; and
- hypertension.

For each condition/therapy area, a list of medicines has been agreed⁵. If a patient is newly prescribed one of these medicines for the relevant condition then they will be eligible to receive the service.

² A list of high risk medicines eligible for targeted MURs can be found at: <http://psnc.org.uk/services-commissioning/advanced-services/murs/national-target-groups-for-murs/>

³ A 2-page guide on the MUR service can be found at: <http://psnc.org.uk/services-commissioning/psnc-briefings-services-and-commissioning/psnc-briefing-06116-mur-guide-for-other-healthcare-professionals-october-2016/>

⁴ Details of the NMS evaluation can be found at: <http://psnc.org.uk/services-commissioning/advanced-services/nms/service-evaluation-nms-statistics-and-pharmoutcomes-data/>

⁵ The NMS medicines list can be found at: <http://psnc.org.uk/services-commissioning/advanced-services/nms/nms-medicines-list/>

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 pharmacy. The patient will be asked to sign a form⁶ 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 team 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 schedule⁷ 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 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.

A 2-page guide on NMS aimed at healthcare professionals, which answers five common questions about NMS as well as providing information on which patients are eligible for the service can be found on the PSNC website⁸.

Potential benefits of the MUR and NMS 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 % of prescribed medicines are not used as intended);

⁶ NMS consent wording can be found at: <http://psnc.org.uk/services-commissioning/advanced-services/nms/providing-the-nms/#consent>

⁷ The interview schedule can be found at: <http://psnc.org.uk/services-commissioning/advanced-services/nms/providing-the-nms/#schedule>

⁸ A 2-page guide on NMS can be found at: <http://psnc.org.uk/services-commissioning/psnc-briefings-services-and-commissioning/psnc-briefing-06216-services-factsheet-nms-guide-for-other-healthcare-professionals-october-2016/>

- 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;
- 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; and
- 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 having trouble using the medicine or has stopped taking it without the prescriber's knowledge.

Two national forms exist for this purpose, these can be seen in Annex 1 (MUR feedback to GP form) and Annex 2 (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 General Practitioners Committee (GPC) of the British Medical Association (BMA).

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 service and NMS

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; and
- where possible, timing of MURs could be coordinated with GP practice reviews to maximise beneficial outcomes and prevent duplication.

The Flu Vaccination Service

Community pharmacists have been commissioned nationally across England to provide NHS flu vaccinations since September 2015. Community pharmacists can vaccinate all people aged 65 years and over, people aged from 18 to less than 65 years of age with a certain medical condition, pregnant women aged 18 or over, carers aged 18 years or over and household contacts of immunocompromised individuals who are aged 18 or over.⁹

Community pharmacists can also vaccinate patients in long-stay residential care homes or other long-stay care facilities. However, they must first seek consent for this to be undertaken from the local NHS England team before vaccinating these patients and they should also inform the GP practice ahead of vaccination to prevent duplication of vaccinations being arranged for patients.

Community pharmacists cannot currently vaccinate children.¹⁰

⁹ Eligible patient groups for the community pharmacy Flu Vaccination Service can be found at:

<http://psnc.org.uk/services-commissioning/advanced-services/flu-vaccination-service/flu-vaccination-eligible-patient-groups/>

¹⁰ Details of the annual flu programme can be found at: <https://www.gov.uk/government/collections/annual-flu-programme>

Community pharmacy teams must ensure that a notification of vaccination (see Annex 3) is sent to the patient's GP practice on the same day the vaccine is administered or on the following working day. In addition, where a patient presents with an adverse drug reaction following the initial vaccination and the pharmacist believes this is of clinical significance, such that the patient's GP practice should be informed, this information should be shared with the GP practice as soon as possible either via the GP Practice Notification Form or if that has already been sent to the GP practice, by an alternative method of communication.

All pharmacists providing the service will have undertaken training which covers the National Minimum Standards for Immunisation Training¹¹. Face-to-face training on injection technique and basic life support is undertaken every two years and pharmacies will have an anaphylaxis kit available as per the recommendations in the Green Book¹².

The NHS Urgent Medicine Supply Advanced Service (NUMSAS)

In October 2016, the Department of Health (DH) and NHS England announced the commissioning of a national pilot of a community pharmacy Urgent Medicine Supply Service. The service will run from 1st December 2016 to 31st March 2018 with a review point to consider progress in September 2017.

NUMSAS is available to patients who contact NHS 111 to advise that they have run out of their NHS prescription medicines. NHS 111 will refer patients to the nearest pharmacy who is providing the service and the pharmacist will then interview the patient to decide if it is appropriate for an 'emergency supply' of their medicines or appliances to be supplied. If it not appropriate. the patient may be referred to another pharmacy, for example, if the referring pharmacy does not have the medicines in stock or to the GP out-of-hours service if a supply cannot legally be made, for example, if the patient is requesting a Controlled Drug.

NUMSAS is not available to patients who 'walk-in' to the pharmacy or are referred by another healthcare professional, patients can only access the service by contacting NHS 111.

Community pharmacy teams are not permitted to actively promote NUMSAS to patients as NHS England's intention is that the service is only used by patients for urgent cases and not as a replacement for the normal repeat prescription ordering and repeat dispensing processes. It is therefore unlikely that GP practice teams will see this service being advertised by community pharmacies.

If a community pharmacist does make a supply of a medicine or appliance through NUMSAS they are required to notify the patient's GP (see Annex 4) on the day the supply is made or on the following working day.

Appliance Use Review (AUR)

AURs can be carried out by a pharmacist or a specialist nurse in the pharmacy or at the patient's home. AURs should improve the patient's knowledge and use of any 'specified appliance'¹³ by:

- establishing the way, the patient uses the appliance and the patient's experience of such use;
- identifying, discussing and assisting in the resolution of poor or ineffective use of the appliance by the patient;
- advising the patient on the safe and appropriate storage of the appliance; and

¹¹ The National Minimum Standards for Immunisation Training can be found at:

<https://www.gov.uk/government/publications/immunisation-training-national-minimum-standards>

¹² The Green Book can be found at: <https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book>

¹³ A list of 'specified appliances' can be found in Part IXA of the Drug Tariff: <https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/drug-tariff>

- advising the patient on the safe and proper disposal of the appliances that are used or unwanted.

Stoma Appliance Customisation (SAC)

The service involves the customisation of a quantity of more than one stoma appliance¹⁴, based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste.


For more information about community pharmacy, please see [*PSNC Briefing 039/17: The community pharmacy – a guide for general practitioners and practice staff*](#)¹⁵.

¹⁴ A list of appliances suitable for SAC can be found in Part IXA of the Drug Tariff:

<https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/drug-tariff>

¹⁵ <http://psnc.org.uk/services-commissioning/psnc-briefings-services-and-commissioning/psnc-briefing-03917-the-community-pharmacy-a-guide-for-general-practitioners-and-practice-staff-june-2017/>

Annex 1 – MUR feedback to GP form

NHS Medicines Use Review Service		
Feedback Form		
To: GP Practice Name		Date: 24 May 2012
Re. Patient name	DOB:	NHS number:
Patient address		
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:		
<input type="checkbox"/> Potential drug interaction(s)		
<input type="checkbox"/> Potential side effects/adverse drug reaction preventing use of the medicine		
<input type="checkbox"/> Patient reports not using the medicine any more		
<input type="checkbox"/> Patient reports not using the medicine in line with the directions of the prescriber		
<input type="checkbox"/> Patient reports difficulty using the medicine – issue with the device		
<input type="checkbox"/> Patient reports difficulty using the medicine – issue with the formulation		
<input type="checkbox"/> Patient reports lack of efficacy		
<input type="checkbox"/> Patient reports problem with dosage regimen		
<input type="checkbox"/> Patient reports unresolved concern about the medicine		
<input type="checkbox"/> 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		
CONFIDENTIAL		

Annex 2 – NMS feedback to GP form

NHS New Medicine Service Feedback Form



Date:

To:

Patient name:
Patient address:

DOB:

NHS number:

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

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:

Pharmacy Address:

CONFIDENTIAL

Annex 3 – Flu Vaccination Service notification form to GP practice

NHS Community Pharmacy Seasonal Influenza Vaccination Service - Notification of administration of flu vaccination to Patient's GP Practice

To (GP practice name)			
Patient name			
Address			
Patient DOB		NHS number (where known)	
This patient was administered a seasonal influenza vaccination at this pharmacy on: / /			
To ensure that your records are complete, you may find it useful to record this as: Seasonal influenza vaccination given by pharmacist Read V2: 65ED0 CTV3: XaZfY SNOMED CT: 849211000000109			
Eligible patient group (please only tick one box, to indicate the reason the patient was initially identified as being eligible)	<input type="checkbox"/> Aged 65 or over	<input type="checkbox"/> Chronic respiratory disease	
	<input type="checkbox"/> Chronic heart disease	<input type="checkbox"/> Chronic kidney disease	
	<input type="checkbox"/> Chronic liver disease	<input type="checkbox"/> Chronic neurological disease	
	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Immunosuppression	
	<input type="checkbox"/> Asplenia / splenic dysfunction	<input type="checkbox"/> Pregnant woman	
	<input type="checkbox"/> Person in long-stay residential care home or care facility	<input type="checkbox"/> Carer	
	<input type="checkbox"/> Household contact of immunocompromised individual	<input type="checkbox"/> Morbid obesity (BMI ≥ 40)	
Additional comments (e.g. any adverse reaction to the vaccine and action taken/recommended to manage the adverse reaction)			
Pharmacy name			
Address			
Telephone			

CONFIDENTIAL

Annex 4 – NUMSAS notification form to GP practice

NHS Urgent Medicines Supply Advanced Service Pilot - Notification of supply to patient's general practice

GP Notification Form			
To (GP Practice Name)			
Address (Including Postcode)			
Patient Name			
Date Of Birth		NHS Number	
Address (Including Postcode)			
This patient was provided with an emergency supply of :			
Medicine or Appliance			Quantity
at this pharmacy on DD /MM /YYYY			
Additional comments (e.g. patient's reason for requesting an emergency supply)			

To GP Practice: - Medication has been supplied to this patient following an assessment of their needs with the information available to the pharmacist at the time. If you wish to flag to urgent and emergency care providers that it is inappropriate for a patient to be referred for urgent supplies of medicines, please consider the use of a Special Patient Note (SPN).

Pharmacy Name		Telephone	
NHSmail Address			
Address			

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