

NHS New Medicine Service Worksheet

Patient details			
Patient name:		DOB:	
Address:			
Gender:	<input type="checkbox"/> Not Known	<input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Not Specified
Ethnicity:			
GP practice (if patient registered):			
Method of entry to service:	<input type="checkbox"/> Identified in pharmacy <input type="checkbox"/> Signposted by GP practice or other primary care health professional <input type="checkbox"/> Signposted by hospital or other secondary care health professional	Date referred or identified:	
Name of medicine(s):			
Condition(s) related to the new medicine:			
Where appropriate, record the reason why a patient does not take part in the <i>Intervention</i> stage of the service			
Intervention not undertaken due to:			
<input type="checkbox"/> Prescriber has stopped new medicine		<input type="checkbox"/> Patient has withdrawn consent for information sharing	
<input type="checkbox"/> Patient has withdrawn consent to receive the service		<input type="checkbox"/> Patient could not be contacted	
<input type="checkbox"/> Other (record detail in 'Other notes' below)			
Other notes			

Intervention stage

Pharmacist (name and GPhC number):		Date:	
Location/method of consultation:	<input type="checkbox"/> Face-to-face in pharmacy <input type="checkbox"/> Face-to-face in the patient's home <input type="checkbox"/> Remotely (via telephone, another live audio link or live video link)		
Intervention questions	Consultation notes		
1. Have you had the chance to start taking your new medicine yet?			
2. How are you getting on with it?			
3. Are you having any problems with your new medicine, or concerns about taking it?			
4. Do you think it is working? (Prompt: is this different from what you were expecting?)			
5. Do you think you are getting any side effects or unexpected effects?			
6. People often miss taking doses of their medicines, for a wide range of reasons. Have you missed any doses of your new medicine, or changed when you take it? (Prompt: when did you last miss a dose?)			
7. Do you have anything else you would like to know about your new medicine or is there anything you would like me to go over again?			

After the consultation use the following sections to code your discussion with the patient

Matters identified with patient

Patient reports:

- | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Using the medicine as prescribed
<input type="checkbox"/> Not having started using the medicine
<input type="checkbox"/> Not using the medicine in line with the directions of the prescriber
<input type="checkbox"/> Need for more information about the medicine
<input type="checkbox"/> Negative feelings about the medicine
<input type="checkbox"/> Concern about remembering to take the medicine
<input type="checkbox"/> Other (record detail in 'Other notes' overleaf) | <input type="checkbox"/> Not using the medicine as prescribed
<input type="checkbox"/> Prescriber has stopped the new medicine
<input type="checkbox"/> Missing a dose in the past 7 days
<input type="checkbox"/> Side effects
<input type="checkbox"/> Uncertainty on whether the medicine is working
<input type="checkbox"/> Difficulty using the medicine due to its pharmaceutical form/formulation |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Outcomes of the discussion with the patient

Information provided:

- | | | |
|------------------------------------------------------------|-----------------------------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Interactions with other medicines | <input type="checkbox"/> Why am I using the medicine / what is it for? | <input type="checkbox"/> How to use the medicine |
| <input type="checkbox"/> Correct dose of the medicine | <input type="checkbox"/> Effects of the medicine on the body / how it works | <input type="checkbox"/> Why should I take the medicine? |
| <input type="checkbox"/> Timing of the dose | <input type="checkbox"/> Interpretation of side effect information | |

Advice provided:

- | | |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> Reminder strategies to support use of medicine | <input type="checkbox"/> Change to timing of doses to support adherence |
| <input type="checkbox"/> How to manage or minimise side effects | |

Actions taken by pharmacist:

- | | |
|---------------------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> Yellow card report submitted to MHRA | <input type="checkbox"/> Reminder chart / MAR chart provided |
| <input type="checkbox"/> Referral (record details below) | <input type="checkbox"/> Other (record detail in 'Other notes') |

Referral reasons

- | | |
|----------------------------------------------|------------------------------------------------------------------------------------|
| <input type="checkbox"/> Drug interaction(s) | <input type="checkbox"/> Potential side effect(s) / ADR preventing use of medicine |
|----------------------------------------------|------------------------------------------------------------------------------------|

Patient reports:

- | | |
|----------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| <input type="checkbox"/> Not using medicine any more | <input type="checkbox"/> Never having started using medicine |
| <input type="checkbox"/> Difficulty using the medicine – issue with device | <input type="checkbox"/> Difficulty using the medicine – issue with formulation |
| <input type="checkbox"/> Lack of efficacy | <input type="checkbox"/> Problem with dosage regimen |
| <input type="checkbox"/> Unresolved concern about the use of the medicine | <input type="checkbox"/> Other issue (detail below) |

Further information / comments / possible action regarding referral:

Agreed patient actions:

- | | |
|----------------------------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> Carry on using medicine as prescribed | <input type="checkbox"/> Use medicine as agreed during the intervention |
| <input type="checkbox"/> Submit Yellow Card report to MHRA | <input type="checkbox"/> Other (record detail in 'Other notes') |

Other notes

Healthy living advice provided

- | | | |
|-------------------------------------------|----------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Diet & nutrition | <input type="checkbox"/> Smoking | <input type="checkbox"/> Physical activity |
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Sexual health | <input type="checkbox"/> Weight management |

Where appropriate, record the reason why a patient does not take part in the *Follow up* stage of the service

Follow up not undertaken due to:

- | | |
|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <input type="checkbox"/> Prescriber has stopped the new medicine | <input type="checkbox"/> Patient has withdrawn consent for information sharing |
| <input type="checkbox"/> Patient has withdrawn consent to receive the service | <input type="checkbox"/> Patient could not be contacted |
| <input type="checkbox"/> Other (record detail in 'Other notes' below) | <input type="checkbox"/> Catch up NMS and pharmacist deemed Follow up not required |

Other notes

Follow up stage

Pharmacist (name and GPhC number):		Date:	
Location/method of consultation:	<input type="checkbox"/> Face-to-face in pharmacy <input type="checkbox"/> Face-to-face in the patient's home <input type="checkbox"/> Remotely (via telephone, another live audio link or live video link)		
Follow up questions	Consultation notes		
1. How have you been getting on with your new medicine since we last spoke? (Prompt: are you still taking it?)			
2. Last time we spoke, you mentioned a few issues you'd been having with your new medicine. Shall we go through each of these and see how you're getting on?			
3. A) The first issue you mentioned was [<i>refer to specific issue</i>] – is that correct? B) Did you try [<i>the advice / solution recommended at the previous contact</i>] to help with this issue?			
4. Did you try anything else?			
5. Did this help? (Prompt: how did it help?)			
6. Is this still a problem or concern?			
Repeat Questions 3-6 for each issue that the patient discussed at the Intervention stage			
7. Have there been any other problems / concerns with your new medicine since we last spoke?			
8. People often miss taking doses of their medicines, for a wide range of reasons. Since we last spoke, have you missed any doses of your new medicine, or changed when you take it? (Prompt: when did you last miss a dose?)			

After the consultation use the following sections to code your discussion with the patient

Matters identified with patient

Patient reports:

- | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
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| <input type="checkbox"/> Correct dose of the medicine | <input type="checkbox"/> Effects of the medicine on the body / how it works | <input type="checkbox"/> Why should I take the medicine? |
| <input type="checkbox"/> Timing of the dose | <input type="checkbox"/> Interpretation of side effect information | |

Advice provided:

- | | |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> Reminder strategies to support use of medicine | <input type="checkbox"/> Change to timing of doses to support adherence |
| <input type="checkbox"/> How to manage or minimise side effects | |

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Referral reasons

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| Patient reports: | |
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| <input type="checkbox"/> Difficulty using the medicine – issue with device | <input type="checkbox"/> Difficulty using the medicine – issue with formulation |
| <input type="checkbox"/> Lack of efficacy | <input type="checkbox"/> Problem with dosage regimen |
| <input type="checkbox"/> Unresolved concern about the use of the medicine | <input type="checkbox"/> Other issue (detail below) |

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Other notes

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