

# **NHS Community Pharmacy Contractual Framework**

## **Advanced Service – Medicines Use Review & Prescription Intervention Service**

### **1. Service Description**

- 1.1 This service includes medicines use reviews undertaken periodically, as well as those arising in response to the need to make a significant prescription intervention during the dispensing process. Medicines Use Review (MUR) is about helping patients use their medicines more effectively. Recommendations made to prescribers may also relate to the clinical or cost effectiveness of treatment.

### **2. Aims of Service**

- 2.1 To improve patient knowledge, concordance and use of medicines by:
- establishing the patient's actual use, understanding and experience of taking their medicines;
  - identifying, discussing and resolving poor or ineffective use of their medicines;
  - identifying side effects and drug interactions that may affect patient compliance;
  - improving the clinical and cost effectiveness of prescribed medicines and reducing medicine wastage.

### **3. Service Specification**

- 3.1 The pharmacist will perform a MUR to help assess any problems patients have with their medicines and to help develop the patient's knowledge about their medicines.
- 3.2 The MUR will normally be carried out face to face with the patient in the community pharmacy. If a pharmacy wants to provide MURs in another location, e.g. patients' homes or day care centres, they must seek the prior approval of the PCO for this. Only when it is not practical for the patient to get to the pharmacy should a MUR be conducted by telephone.
- 3.3 For face to face consultations, the part of the pharmacy used for provision of MURs must meet the following requirements for consultation areas set nationally.
- ◆ The consultation area should be a designated area where both the patient and pharmacist can sit down together.
  - ◆ The patient and pharmacist should be able to talk at normal speaking volumes without being overheard by other visitors to the pharmacy, or by pharmacy staff undertaking their normal duties.
  - ◆ The consultation area should be clearly designated as an area for confidential consultations, distinct from the general public areas of the pharmacy.
- 3.4 A MUR can be conducted with patients on multiple medicines and those with long term conditions, every 12 months. These regular MURs, initiated by the pharmacist, must only be provided for patients who have been using the pharmacy for the dispensing of prescriptions for at least the previous three months. The next regular MUR can be conducted 12 months after the last MUR.
- 3.5 PCOs, working with their community pharmacies, may identify specific patient groups who would be appropriate for targeting, based on the needs of the local health economy. Pharmacists may accept referrals for MUR from other health care professionals and pharmacists can accept requests from patients for a MUR to be conducted as long as the criteria laid out in 3.4 are met.
- 3.6 The requirement for a MUR to be undertaken may be highlighted by the pharmacist identifying a significant problem during the dispensing of regular prescriptions. This 'Prescription Intervention' would be over and above the basic interventions, relating to safety, which a pharmacist would

make as part of the Essential level dispensing service and would highlight the need for a more detailed examination of the patient's medication regimen. The requirements in 3.4 would not apply to this type of intervention. The initiating issue which led to the need for a prescription intervention will be discussed with the patient as part of the MUR and communicated to the patient's GP.

- 3.7 Recommendations will be made to the patient's GP using the nationally agreed reporting template.
- 3.8 Pharmacists providing the service will have passed an assessment based on the nationally agreed competencies for the service.
- 3.9 Interventions made as part of a MUR will include:
  - advice on medicines usage (prescribed and OTC), aiming to develop compliance and concordance;
  - effective use of 'when required' medication;
  - ensuring appropriate use of different medicine dosage forms [e.g. inhaler type, soluble tablets];
  - advice on tolerability and side effects;
  - dealing with practical problems in ordering, obtaining, taking and using medicines;
  - identification of items without adequate dosage instructions;
  - identification of unwanted medicines (patient is no longer taking the medicines);
  - identification of the need for a change of dosage form to facilitate effective usage;
  - proposals on changing branded medicines to generics (exclusions will apply)
  - proposals on changing generic to branded where appropriate to ensure consistent supply or when clinically appropriate;
  - proposals for dose optimisation (higher strength substitution where multiple doses of lower strength products are prescribed, provided it does not interfere with the patient's clinical management);
  - suggestions to improve clinical effectiveness. These interventions could be agreed at a local level between the PCO, pharmacist and prescribers. Example: highlighting patients who are on a treatment dose of a Proton Pump Inhibitor, rather than a maintenance dose.
- 3.10 A record of the MUR will be made on the patient's pharmacy record. A summary of the MUR and any recommendations will be sent to the patient's GP, using the nationally agreed recording template.
- 3.11 A copy of the MUR summary and recommendations will be given to the patient.