

GP Briefing – New Medicine Service

It is well recognised that patients often do not take their medicines as intended by the prescriber; this is reflected in the ever increasing amounts of unused and unwanted prescribed medicines returned to the pharmacy for safe disposal. When patients do not take their medicines correctly they not only waste NHS resources through the amount of medicines wastage but by not taking their medicines as intended they do not achieve the intended good health outcomes and improved quality of life which in turn results in increased hospitalisation and mortality.

- The New Medicine Service (NMS) is designed to provide early support for patients to maximise the benefits of their medication.
- Research has shown that early intervention by a pharmacist can help improve patients' adherence and has demonstrated that patients experience fewer medicine problems and make less use of NHS services in the longer term.
- It is a DH funded initiative – therefore no cost to commissioners at point of delivery
- The service is available for patients who are prescribed drugs for asthma and COPD, type 2 diabetes, antiplatelet/anticoagulant therapy or hypertension.
- The patient consents to the service when the pharmacist first supplies the treatment.
- 7-14 days after the initial treatment supply, pharmacist goes through an interview schedule with the patient about their treatment to assess adherence, identify any problems with taking the new medicine and offer information and support to encourage continued adherence with regimen.
- 14-21 days after the initial interview the pharmacist conducts a follow-up interview to assess how the patient is managing in the longer term, to encourage continued medicine taking or to refer back to prescriber if medication is not being taken by the patient or having side effects that affect adherence.
- Ideally GPs, Practice Nurses and Hospital Staff will refer patients to community pharmacists when they prescribe a new treatment to a patient (you may wish to come to an agreement with your local pharmacies as to how you intend to refer patients e.g. denoting NMS at the top of the prescription, or using a referral slip)
- Pharmacists can also opportunistically offer the service at the point of first supplying the treatment to the patient.
- A standard NMS feedback form will be sent back to the prescribing GP with all relevant information when the patient receives the service, but only if absolutely necessary. The pharmacist will do all they can, within their limits, to prevent a referral back to the prescriber.
- Pharmacists are receiving training addressing the needs of the new service during September/October 2011
- Pharmacists can start recruiting patients from 1st October 2011

PLEASE CONTACT YOUR LOCAL COMMUNITY PHARMACIES TO DISCUSS HOW THIS SERVICE WILL WORK FOR YOUR PATIENTS.

GP Briefing – Targeted Medicine Use Reviews

Medicine Use reviews (MURs) aim to improve a patients understanding, knowledge and use of their prescribed medicines. They are particularly useful for patients with chronic conditions who need to take their medicines over long periods of time and who find it useful to be reminded about their medicine use on an annual basis.

An audit of MURs conducted in South Staffordshire during 2010 demonstrated that:

- Almost two thirds of MURs were for patients aged over 60 years,
- Patients were taking an average of 6 medicines (range 1-25),
- The most common conditions discussed during the MUR were raised blood pressure, heart disease, diabetes, COPD/Asthma and arthritis/rheumatism
- The most common information given to patients during the MUR was about what medications are for and the timing of medication.

From October 1st 2011 50% of all MURs must be targeted on patients who:

- are taking 'high risk medicines' (diuretics, NSAIDS, anti-platelets or anticoagulants)
- have recently been discharged from hospital with a medicine change;
- have respiratory disease. (Please note NHS North Staffordshire and NHS Stoke-on-Trent are planning to launch a template for use during Asthma MURs to maximise the benefits to these patients)

This is a DH funded initiative – therefore no cost to commissioners at point of delivery
Community Pharmacists are allowed to carry out up to 400 MURs a year, 200 of which must be targeted to the specific groups of patients listed above.

Community pharmacists can recruit patients at the point of supplying medicines or have a referral system established with, local GPs, Practice Nurses and Hospitals.

Pharmacists can start recruiting patients from 1st October 2011

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