

Medicines Use Review and Prescription Intervention service

September 2012

1. Service Description

The Medicines Use Review (MUR) aims to help patients use their medicines more effectively. Following the review, recommendations made to prescribers may also relate to the clinical or cost effectiveness of the treatment. The service includes Medicines Use Reviews undertaken periodically or when there is a need to make an adherence-focused intervention due to a problem that is identified while providing the dispensing service (a prescription intervention MUR).

2. Aims of the Service

To improve patient knowledge, adherence and use of their 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 adherence
- improving the clinical and cost effectiveness of prescribed medicines and reducing medicine wastage.

3. Service Specification

- 3.1 The pharmacist will perform an MUR to help assess any problems patients have with their medicines and to help develop the patient's knowledge of their medicines.
- 3.2 No more than 400 MURs may be provided at each community pharmacy in any year (1 April to 31 March). The only exception to this is during the first financial year that the pharmacy contractor starts to provide the service. In this instance, where the PCT makes arrangements with a pharmacy contractor to provide the service on or after 1 October, the pharmacy contractor may only provide 200 MURs in that first financial year. In subsequent years the pharmacy contractor may provide up to 400 MURs.
- 3.3 At least 50 per cent of all MURs undertaken in a year (01 April - 31 March) must be on patients who fall within one of the national target groups. There are three national target groups, which are:

Patients taking high risk medicines

High risk medicines are those listed in the following [British National Formulary](#) (BNF) subsections:

BNF reference	BNF subsection descriptor
BNF 10.1.1	NSAIDs
BNF 2.8.2 and 2.8.1	Anticoagulants (including low molecular weight heparin)
BNF 2.9	Antiplatelets
BNF 2.2	Diuretics

Patients recently discharged from hospital

This group covers patients recently discharged from hospital who had changes made to their medicines while they were in hospital. Ideally, patients discharged from hospital will receive an MUR within four weeks of discharge but it is recognised that this may not always be practical so the MUR can take place up to eight weeks after discharge. A registered pharmacist should use their professional judgement to determine where a patient will benefit from such an MUR more than four weeks after discharge from hospital.

Patients prescribed certain respiratory medicines

This group covers patients taking a respiratory medicine included in the following BNF subsections:

BNF Reference	BNF subsection descriptor
3.1.1	Adrenoceptor agonists
3.1.2	Antimuscarinic bronchodilators
3.1.3	Theophylline
3.1.4	Compound bronchodilator preparations
3.2	Corticosteroids
3.3	Cromoglicate and related therapy, leukotriene receptor antagonists and phosphodiesterase type-4 inhibitors

3.4 The MUR will normally be carried out face to face with the patient in the community pharmacy. The part of the pharmacy used for the provision of MURs must meet the following requirements for consultation areas:

- the consultation area should be where both the patient and the pharmacist can sit down together
- the patient and pharmacist should be able to talk at normal speaking volumes without being overheard by any other person (including pharmacy staff)
- the consultation area should be clearly designated as an area for confidential consultations, distinct from the general public areas of the pharmacy.

When a pharmacy is closed to members of the public, MURs can be carried out in a public area of the pharmacy as long as the conversation between the pharmacist and the patient cannot be overheard by any other person (including pharmacy staff).

3.5 If a pharmacy wishes to provide MURs in another location they must seek the prior approval of the PCT. Carrying out the MUR service away from the pharmacy could include in an area for confidential consultations at premises other than the pharmacy (e.g. at a GP practice); at premises to provide the service to a particular patient on a particular occasion (e.g. in a patient's home); or at premises to provide the service to a particular category of patient (e.g. at a care home).

3.6 Where a pharmacy wishes to provide an MUR via telephone to a particular patient on a particular occasion, they must seek the prior approval of the PCT. Only when it is not practical for the patient to get to the pharmacy should an MUR be conducted by telephone. The MUR must be conducted in such a way as to ensure that the telephone conversation can only be overheard by someone whom the patient wants to hear the conversation, for example a carer.

3.7 All patients receiving the MUR service must sign a consent from which allows the pharmacy contractor to share information from the MUR with:

- the patient's GP, as necessary
- the PCT or its successor organisation as part of a clinical audit
- the PCT, NHS Business Services Authority (NHSBSA) and the Secretary of State for Health to verify that the service has been delivered by the pharmacy as part of post-payment verification.

If patients do not consent to share their information then they will not be able to access the service.

- 3.8 MURs can only be conducted with patients on multiple medicines, except where the patient is taking one of the high-risk medicines (see paragraph 3.3). In this circumstance an MUR can be provided for a patient taking only one medicine.
- 3.9 Periodically-provided MURs must only be provided for patients who have been using the pharmacy for the provision of pharmaceutical services for at least the previous three months (the three-month rule). The next regular MUR can be conducted 12 months after the last MUR, unless in the reasonable opinion of the pharmacist the patient's circumstances have changed sufficiently to justify one or more further consultations during this period.
- 3.10 If the patient has recently been discharged from hospital and had changes made to their medicine while they were in hospital then this is treated as a change in the patient's circumstance and the patient can receive a post discharge MUR within 12 months of their last MUR. Ideally patients discharged from hospital will receive a post discharge MUR within four weeks of discharge but it is recognised that this might not always be practical so the MUR can take place up to eight weeks after discharge.
- 3.11 An MUR should not be undertaken on a patient who has, within the previous six months, received the New Medicine Service (NMS), unless in the reasonable opinion of the pharmacist, there are significant potential benefits to the patient which justify providing MUR services to them during this period. If the patient has recently been discharged from hospital and had changes made to their medicine while they were in hospital, then they are able to receive a post discharge MUR within six months of receiving the NMS.
- 3.12 Prescription intervention MURs are provided where there is a need to make an adherence-focused intervention due to a significant problem that is identified while providing the dispensing service. This prescription intervention MUR 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 three-month rule does not apply to this type of MUR.
- 3.13 In addition to the 50 per cent target detailed above, PCTs, 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. MURs undertaken on local target groups will not count towards the 50 per cent target.
- 3.14 Pharmacists may accept referrals for MURs from other healthcare professionals, and pharmacists can accept requests from patients for an MUR to be conducted as long as the criteria laid out above are met.
- 3.15 The pharmacist is required to capture and retain an MUR dataset for every MUR undertaken. The data collected from each MUR must be kept for two years from the date the service is completed and may be stored electronically. The information to be collected during the MUR is outlined below:
 - a. patient demographic details
 - i. name
 - ii. address
 - iii. gender
 - iv. date of birth
 - v. NHS number (where available)
 - vi. ethnicity
 - b. registered GP practice
 - c. target group
 - Respiratory
 - High risk medicine
 - Post-discharge

- Not in a target group
- d. total number of medicines being used by patient:
 - i. prescribed
 - ii. over the counter and complementary therapies
 - e. healthy living advice provided at MUR (using the following options):
 - i. diet and nutrition
 - ii. smoking
 - iii. physical activity
 - iv. alcohol
 - v. sexual health
 - vi. weight management
 - vii. other (free text information can be entered in the clinical record)
 - viii. healthy living advice not applicable at this consultation
 - f. matters identified during the MUR (using the following options):
 - i. patient not using a medicine as prescribed (non-adherence)
 - ii. problem with pharmaceutical form of a medicine or use of a device
 - iii. patient reports need for more information about a medicine or condition
 - iv. patient reports side effects or other concern about a medicine
 - v. other (free text information can be entered in the clinical record)
 - g. no matters identified during MUR
 - h. action taken/to be taken (using the following options):
 - i. information/advice provided
 - ii. yellow card report submitted to MHRA
 - iii. referral - patient's issues raised with the medicine need to be considered by the GP practice or another primary health care provider
 - iv. other (free text option in clinical record)
 - i. as a result of the MUR the pharmacist believes there will be an improvement in the patient's adherence to the medicines as a result of the following (more than one may apply):
 - i. better understanding/reinforcement of why they are using the medicine/ what it is for
 - ii. better understanding/reinforcement of when/how to take the medicines
 - iii. better understanding/reinforcement of side effects and how to manage them
 - iv. better understanding/reinforcement of the condition being treated.
- 3.16 Pharmacists may wish to keep additional clinical records over and above the MUR dataset to support their ongoing care of the patient.
- 3.17 If an issue is identified during the MUR consultation that the pharmacist believes the patient's GP should be informed of, then the pharmacist must complete the MUR feedback form and send this to the patient's GP. Using the MUR feedback form does not preclude the pharmacist from contacting the patient's GP via telephone or face to face if an urgent issue is identified with the patient during the MUR. This can then be followed up in writing using the feedback form.
- 3.18 Pharmacists providing the service must have successfully completed an assessment undertaken by a higher education institution based on the nationally agreed MUR competencies. A copy of the 'MUR certificate' for each pharmacist providing the MUR service must be supplied to the PCT.
- 3.19 Interventions made as part of an MUR may include:

- advice on medicines usage (prescribed and OTC), aiming to develop improved adherence
- 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 (where the patient is no longer taking the medicines)
- identification of the need for a change of dosage form to facilitate effective use
- 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 PCT, pharmacist and prescribers. For example, highlighting patients who are on a treatment dose of a Proton Pump Inhibitor, rather than a maintenance dose.

3.20 In order to provide the PCT with a summary of information on MURs conducted, pharmacies must complete the approved PCT reporting template (a standard electronic spreadsheet) by collating the necessary data from pharmacy records for the MURs conducted in that quarter. This must be available to be requested after the end of 10 working days from the last day of that quarter (last day of June, September, December and March). Completed templates must be provided to the PCT or successor organisation electronically on request (which may be an ongoing request).

3.21 The data to be provided to the PCT on request is set out below.

1. Total number of MURs delivered to patients in each group:

- patients taking high-risk medicines
- patients who have been recently discharged from hospital
- patients prescribed a respiratory medicine within the relevant BNF subsection
- patients who do not fall within one of the national target groups.

For MURs that fall into more than one national target group, the registered pharmacist should make a determination as to which group the MUR should be allocated.

2. Total number of medicines being used by patients who received an MUR during the quarter, sub-divided between

2.1. prescribed

2.2. over the counter and complementary therapies

3. Number of patients where a medication issue was identified by the registered pharmacist and action was taken.

4. Number of patients referred back to the GP practice or another primary health care provider.

5. Number of patients where, as a result of the MUR, the registered pharmacist believes there will be an improvement in the patient’s adherence to the medicines and type of benefit (more than one may apply):

- better understanding of why they are using the medicine/what it is for
- better understanding of when/how to take the medicines

- better understanding of side effects and how to manage them
 - better understanding of the condition being treated.
6. Total number of patients given brief advice about a healthier lifestyle and type of advice:
- 6.1. diet and nutrition
 - 6.2. smoking
 - 6.3. physical activity
 - 6.4. alcohol
 - 6.5. sexual health
 - 6.6. weight management
 - 6.7. other