

## ADVANCED SERVICES (Pharmacy Contractors)

### MEDICINE USE REVIEWS

#### 1 Background

1.1 The South (South West) Area Team for Devon Cornwall & Isles of Scilly (DCIoS) supports the provision of the advanced service of medicine use review (MUR) by community pharmacists under the NHS Contract for Community Pharmacy.

1.2 Under this contract the underlying purpose of an MUR service is, with the patient's agreement, to improve the patient's knowledge and use of medication. In particular, this should aim to:

- (a) Establish patients' actual use, understanding and experience of taking medicine
- (b) Identify, discuss and resolve poor or ineffective use of medicines by the patient
- (c) Identify side effects or drug interactions that may affect the patient's compliance with how the health care professional would like them to use the medicine; and
- (d) Improve the clinical and cost effectiveness of medicines prescribed to patients and thereby reduce medicine wastage.

1.3 This paper has been written with the aim of stating the Area Teams expectations of the service and to assist pharmacy contractors to provide MURs that will deliver greater clinical benefits to the population.

#### 2 Pharmacy Premises

2.1 In order to provide this service a pharmacy contractor should ensure their pharmacy meets nationally specified criteria on consultation areas. If satisfied, the contractor must submit a written declaration to the Area Team, stating that it meets these criteria (PREM 1) if it has not already done so.

2.2 If a pharmacy no longer meets these criteria then the contractor must notify the Area Team in writing within two weeks of this becoming evident.

2.3 If a Pharmacy moves under the minor relocations regulations, then a declaration must be submitted to the Area Team stating that the new premises meet the relevant criteria (as point 2.1 above). A PREM1 form can be used for this purpose.

#### 3 Pharmacist Accreditation

3.1 The community pharmacist providing the service must be accredited in the provision of an MUR service by an approved educational institute.

3.2 Individual pharmacists must inform the Area Team of their accreditation by submitting a copy of their MUR accreditation certificate.

3.3 Accredited pharmacists can only provide the service on behalf of a pharmacy that the Area Team has approved to provide the service (see Pharmacy Premises above).

#### 4 Target Groups for MUR

4.1 Pharmacists are encouraged to welcome and prioritise referrals made to them by other healthcare professionals.

4.2 An MUR service consultation, which is not triggered by concerns over patient concordance, shall not be offered to a patient unless the patient has been receiving pharmaceutical services from the pharmacy for a period of at least three consecutive months.

4.3 The Area Team recognises there are groups of patients that would gain greater personal advantage from the MUR service. Pharmacists are encouraged to offer the service to the following:

- Patients in sheltered or extra care housing
- Patients with long-term conditions/high risk drugs
- Patients referred to them for an MUR, e.g. care pathways such as falls etc. via Social Service referral pathway
- Patients taking four or more medicines
- Patients with recognised compliance or concordance concerns
- Patients with prescriptions that require significant interventions

4.4 There will be limited opportunities to provide the MUR service to residents of care homes. Residents of care homes must be self-medicating for the majority of their medicines before the Area Team will approve an MUR (see 7.8).

4.5 The Area Team has an ongoing programme to improve NHS cost-efficiency, which includes:

- areas of prescribing.
- The Area Team will aim to communicate these and any other relevant topics to its pharmacy contractors. Pharmacist may be able to identify patients where such interventions have not been considered and subsequently communicate this to the prescriber or practice pharmacist as appropriate following the MUR.

## **5 Procedures and Records**

5.1 The delivery of the MUR must follow specified standards, such as recording and storing data as well as the communication of relevant outcomes to appropriate individuals involved in the healthcare of the patient.

## **6 Limits to service provision and fees**

6.1 There is a limit to the number of MURs that may be conducted by a community pharmacy contractor in a year. These are set nationally and declared in the NHS Drug Tariff every month.

6.2 A pharmacy that does not reach this limit in the specified time period cannot transfer their shortfall to another pharmacy.

6.3 Current professional fees for the MUR service are declared each month in the NHS Drug Tariff.

6.4 Telephone MURs will only be approved by the Area Team in rare exceptional cases.

6.5 Where a change of ownership or a minor relocation takes place, the counting of MURs continues as if no such change has taken place, i.e. the counting of MURs in the financial year does not stop and restart at the changes, it continues up to the nationally set limit.

## **7 Exceptions**

7.1 The current Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions provide the opportunity for MURs to be undertaken off the premises of the pharmacy contract, however this does require prior approval by the Area Team for each individual patient /care home (see 7.4).

7.2 The service can be provided in a patient's home or in a room in an establishment that has received prior Area Team approval for this purpose. This can be granted when it is considered necessary, e.g. for a self-medicating patient that is housebound.

7.3 The pharmacy contractor should obtain appropriate informed patient consent in advance of any MUR being conducted off the pharmacy premises. It would not be considered appropriate to obtain this immediately prior to conducting the MUR.

7.4 The Area Team will consider individual requests, which should be submitted to them on a PREM 2 form

7.5 The Area Team will require the pharmacist to have successfully satisfied a review by the Criminal Records Bureau (what was old CRB), through the Area Team.

7.6 The Area Team will fund CRB checks for community pharmacists for the purposes of MURs; Contractors should direct enquiries on this process to the Area Team.

7.7 Some pharmacy premises may not be suited to the installation of a private consulting room. In such cases the Area Team does not require a pharmacy to have this approved facility on site but must approve a specified 'off-site' facility before the service can be provided. The Area Team encourages the use of 'on-site' private consulting rooms to enhance the overall professional service provided to the public.

7.8 The MUR service may be provided to residents of care homes providing the patient is self-medicating for the majority of their prescribed medicines. Any patient or resident in a care home setting that does not self-medicate or is not in charge of the majority of their own medicines is not likely to obtain sustained advantage from an MUR. In this context the Area team would not view an MUR as appropriate (see 4.4).

7.9 The Area Team would not accept a carer acting in capacity as a patient's representative for the purpose of a pharmacist undertaking Medicines Use Review.

## **Decision Crib Sheet**

### **MUR's By Telephone or Away from Premises**

#### **The Purpose of the MUR**

The purpose of the MUR is with the patient's agreement, to improve the patient's knowledge and use of drugs by in particular;

- (a) Establishing the patient's actual use, understanding and experience of taking drugs
- (b) Identifying, discussing and assisting in the resolution of poor or ineffective use of drugs by the patient;
- (c) identifying side effects and drug interactions that may affect the patient's compliance with instructions given to them by a health care professional for the taking of drugs
- (d) Improving clinical and cost effectiveness

#### **Specifications require;**

A condition of the Directions is that the pharmacist conducting the MUR has a MUR certificate and that a copy of the certificate is supplied to NHS England prior to providing the service.

The Directions require the pharmacy to have provided pharmaceutical services to the patient for the previous 3 months before an MUR. So for an MUR conducted in April you would expect to see dispensing recorded on the PMR to cover supplies during the previous three months, i.e. January to March. Prescriptions do not need to be dispensed every single month, so if prescriptions authorising two months supply were dispensed in January and March that would meet the requirements. If prescriptions for a single month's supply were dispensed in January and March, then February is not covered and the pharmacy would not be considered to have been providing pharmaceutical services to the patient in that particular month, and therefore the pharmacy will not be deemed to have been providing pharmaceutical services for the previous three months.

Points regarding Children the MUR needs to be conducted with the patient in order to comply with the Directions. An MUR could be conducted with a patient who is a child if they are competent (i.e. they have the capacity to give informed consent) and are able to fully engage in the discussion with the pharmacist. Under the current regulatory framework it is not appropriate to conduct an MUR for the parent, carer or guardian of a person who is not competent. Were an MUR to be conducted with a competent child, the pharmacist should be aware of the local Safeguarding (child protection) policy and guidelines and should know where to refer any young person who they are concerned about.

MURs can also be provided exceptionally by telephone, but only where the AT gives its approval for a particular patient, and on a particular occasion. The Directions require a telephone MUR to be carried out such that no-one can overhear the consultation.

#### **We need to ensure we establish that;**

1. Do we have in our possession a copy of their MUR certificate??
2. Ask if the patient can be categorised into one of the Target Groups which are;
  - patients taking high risk medicines
  - patients recently discharged from hospital who had changes made to their medicines while they were in hospital. Ideally patients discharged from hospital with receive an MUR within four weeks of discharge but in certain circumstances the MUR can take place within eight weeks of discharge
  - patients with respiratory disease.

BNF chapter reference of high risk groups

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

3. Need to check to ensure the patient is receiving more than one medication (there is an exceptional circumstance). The service requirements set out in the Directions only allow an MUR to be conducted with patients on multiple medicines, however there is one exception to this rule, where a patient is taking a single medicine which falls into the 'high risk medicines' category. If a patient is taking one high risk medicine they can receive an MUR; all other MURs must be conducted on patients with multiple medicines.
4. Are you aware of how many MUR's you have conducted and that you have not exceeded the 400 cut off point .
5. What is the reason that a face to face review cannot be undertaken at the Pharmacy/and or Patients place of residence?
6. Where will telephone call take place location of confidential area within premises where conversation will take place?
7. The application form in respect of telephone MURs, PREM2D is available on the pharmacy website:  
<http://www.england.nhs.uk/south/pharm-info/dcis-pharm/>

### **MUR's undertaken away from the pharmacy**

The Area Team, when considering an application for consent to an MUR being undertaken in a patient's home, we need to ensure that the pharmacist has had an enhanced Criminal Records Bureau check (CRB) before giving consent, particularly if the patient is a vulnerable adult or a child. The Area Team has indicated that it is their policy is to require enhanced CRB checks, and will pay for these to be conducted. PREM 2 form to be completed.

See questions as above and in addition check that the place in which the consultation is being undertaken meets confidentiality requirements etc.