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NHS England

Community pharmacy advanced service specification: NHS new medicine service

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Contents

1. Service background

1.1 Prescribed medicines are one of the most common interventions in healthcare. The optimal use of appropriately prescribed medicines is vital to the self-management of most long-term conditions (LTCs), but reviews conducted across different disease states and different countries are consistent in estimating that between 30 and 50 per cent of prescribed medicines are not taken as recommended. This represents a failure to translate the technological benefits of new medicines into health gain for individuals. Sub-optimal medicines use can lead to inadequate management of the LTC and a cost to the patient, the NHS and society.

1.2 Non-adherence is often a hidden problem, unidentified by patients and unrecognised by prescribers. People make decisions about the medicines they are prescribed and whether they are going to take them very soon after being prescribed the new medicine.

1.3 The New Medicine Service (NMS) is an advanced service included within the Community Pharmacy Contractual Framework (CPCF) that commenced in October 2011. The service was expanded from October 2021 in line with the CPCF 2019-2024 commitment to "*Discuss and agree any expansion of the New Medicine Service to other therapeutic areas.*"

1.4 Through the NMS, community pharmacists provide support to patients and carers, helping them manage newly prescribed medicines for eligible condition(s), and supporting patients to make shared decisions about their care.

1.5 This service also provides an opportunity to promote lifestyle changes or other non-pharmacological interventions to enhance wellbeing in people with LTCs.

1.6 The NMS is an evidence-based intervention, with research[1] showing that pharmacists can successfully intervene when a medicine is newly prescribed, with repeated follow up in the short term, to increase effective medicine taking for the treatment of an LTC. The NMS demonstrates an increase in patient adherence to their medicine compared with normal practice, which translates into increased health gain at reduced overall cost.[2]

[1] Elliott R, Boyd M, Salema Nde, et al (2011) Supporting adherence for people starting a new medication for a long-term condition through community pharmacies: a pragmatic randomised controlled trial of the New Medicine Service. (https://www.nottingham.ac.uk/~pazmjb/nms/)
[2] Elliott, R.A., Tanajewski, L., Gkountouras, G. *et al.* Cost Effectiveness of Support for People Starting a New Medication for a Long-Term Condition Through Community Pharmacies: An Economic Evaluation of the New Medicine Service (NMS) Compared with Normal Practice. *PharmacoEconomics* **35,** 1237–1255 (2017). https://doi.org/10.1007/s40273-017-0554-9

2. Service objectives

2.1 This service provides support to people who are newly prescribed a medicine to manage an eligible condition (see **Section 5: Service Description**), which will help them to appropriately improve their medication adherence and self-manage their diagnosed condition.

2.2 The aims and intended outcomes of the service are to:

(i) help patients and carers manage newly prescribed medicines, supporting patients to make shared decisions about their diagnosed condition

(ii) increase patient adherence to treatment and consequently reduce medicines wastage

(iii) supplement and reinforce information provided by the prescriber, Primary Care Network (PCN) clinical pharmacist and/or GP practice staff to help patients make informed choices about their care

(iv) enable the early identification of issues with newly prescribed medicines (e.g. adverse drug reactions or medicines usage problems) and support patients to resolve them or highlight to the prescriber

(v) improve pharmacovigilance, reduce avoidable medicines-related hospital admissions and improve quality of life for patients through increased adherence to treatment

(vi) promote and support self-management of LTCs, and increase access to advice, improving medicines adherence and knowledge of potential side-effects

(vii) link the use of newly prescribed medicines to lifestyle changes or other non-pharmacological interventions to promote wellbeing and promote health in people with LTCs

(viii) promote multidisciplinary working with the patient's GP practice and other health professionals involved in the patient's care

(ix) support integration of community pharmacy with LTC services from other healthcare providers and provide appropriate signposting and referral to these services

3. Requirements for service provision

3.1 Prior to provision of the service, the pharmacy contractor must:

(i) Be satisfactorily complying with their obligations under Schedule 4 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations (Terms of Service of NHS pharmacists) in respect of the provision of Essential services and an acceptable system of clinical governance.

(ii) Notify their local ICB pharmacy contract team that they intend to provide the service by completion of the NMS Pharmacy Contractor Declaration Form.[3]

3.2 The pharmacy contractor must ensure the service is accessible, appropriate and sensitive to the needs of all patients. No eligible patient shall be excluded or experience particular difficulty in accessing and effectively using this service, due to their race, gender, disability, sexual orientation, religion or belief, gender reassignment, marriage or civil partnership status, pregnancy or maternity, or age.

3.3 The pharmacy contractor must have a standard operating procedure (SOP) in place covering the provision of the service including eligibility criteria and the roles that pharmacy staff may be required to perform as part of the service, e.g. consultations undertaken as part of this service must only be carried out by a pharmacist. The SOP must include the process for escalation of medicines-related issues identified during the service, record keeping and staff training.

3.4 The pharmacy contractor must ensure that all pharmacy staff involved in the provision of the service, are familiar with and adhere to the SOP. The SOP should be reviewed regularly, including following any significant incident or change to the service.

3.5 Consultations must be provided in-person face-to-face or remotely, i.e. via telephone or another live audio link or a live video link. Text-based communication methods must only be used to support, and not replace, in-person face-to-face or remote, i.e. via telephone or another live audio link or a live video link, consultations undertaken as part of this service.

3.6 The pharmacy contractor is required to report any patient safety incidents in line with the Clinical Governance Approved Particulars for pharmacies.

Premises Requirements

3.7 Pharmacies, with the exception of distance selling premises (DSP) pharmacies and also in the circumstances described in 3.11, must have a consultation room that will be used for the

[3] The form can be downloaded from cpe.org.uk/nms

provision of the service which meets the requirements in the terms of service. There must be IT equipment accessible within the consultation room to allow contemporaneous records of the consultations provided as part of this service.

3.8 From 1 October 2025, DSPs are not permitted to provide in-person face-to-face consultations with patients present at the pharmacy premises.

3.9 Remote consultations are permitted where assessed as clinically appropriate by the pharmacist. When undertaking remote consultations, the pharmacy contractor must ensure that there are arrangements in place at the pharmacy that enable staff to communicate confidentially with the person receiving the service by telephone or another live audio link or a live video link. NHS Guidance to support community pharmacy teams can help to plan for this.

3.10 The service may be provided in patients' homes, but the pharmacy contractor must ensure appropriate safeguarding arrangements are in place, including ensuring pharmacists have a valid Enhanced Disclosure and Barring Service (DBS) certificate, and there are appropriate procedures and indemnity arrangements in place. Evidence of safeguarding checks, procedures and indemnity must be made available to the commissioner upon request.

3.11 If the commissioner has previously agreed that the pharmacy premises are too small for a consultation room, then the pharmacy contractor can instead provide the service remotely (as detailed in 3.9) or in the patient's home (as detailed in 3.10).

Sub-contracting

3.12 Pharmacy contractors are not permitted to use sub-contracting arrangements at a location other than the pharmacy premises for the service to be provided on their behalf.

3.13 If the service is provided at a location other than the pharmacy premises, the pharmacy contractor must ensure that the pharmacist delivering the service:

(i) is employed directly by the pharmacy, or a company in the same group[4] as the pharmacy; and

(ii) has access to the records of the patient that are held by or accessible to the pharmacy contractor required to provide the service safely and effectively.

[4] A group is defined here as a parent undertaking and its subsidiary undertakings as defined in the Companies Act 2006

4. Training

4.1 The pharmacy contractor must be satisfied that all pharmacy staff to be involved in the provision of the service are competent to do so. Consultations undertaken as part of this service must only be carried out by pharmacists who have the necessary knowledge and skills to do so, with them assessing and declaring their competence by completing the NMS self-assessment form[5] and providing a completed copy of the form to the pharmacy contractor, for retention by them.

5. Service description

5.1 The service is available to all patients prescribed eligible new medicines for an eligible condition, with the exception of patients who are eligible for the service due to being prescribed a medicine for depression; then the service is limited to those ≥18 years of age.

5.2 Prior to provision of the service, informed verbal consent must be sought from the patient and recorded in the pharmacy's clinical record for the service. This consent covers the provision of the service, and the patient should also be advised of the following information sharing that may take place:

(i) the sharing of information between the pharmacy and the patient's general practice if needed, to enable the provision of appropriate care; and

(ii) the sharing of information about the service with NHS England as part of service monitoring; and

(iii) the sharing of information about the service with NHS England and the NHS Business Services Authority (NHSBSA) as part of post-payment verification (PPV).

5.3 Where consent to receive the service cannot be given by the person themselves, e.g. younger children and for people who are unable to give consent but may benefit from the service, consent can be sought from the carer or parent/guardian, with them being involved in the subsequent discussions which make up the service.

5.4 The service can be provided to patients who are not registered with a GP practice. In this instance the pharmacy staff should recommend that the patient registers with a GP practice and advise them on how they can do this. The pharmacist must make their best endeavours to

[5] The form can be downloaded from cpe.org.uk/nms

ensure that any clinically relevant information following the consultation(s) is fed back to the prescriber of the new medicine(s). This should also be recorded in the patient's clinical record.

5.5 With the patient's consent and where appropriate, the national care record and/or locally available clinical records for the patient should be checked by the pharmacist as required to provide the service safely and effectively.

5.6 Pharmacy staff should, if appropriate, offer opportunistic advice to patients receiving the service on healthy living/public health topics in line with the promotion of healthy lifestyles essential service and signpost them as appropriate to any further support and/or resources available locally or nationally.

Eligible conditions

5.7 The conditions eligible for the service are:

(i) acute coronary syndromes

(ii) asthma

(iii) atrial fibrillation

(iv) chronic obstructive pulmonary disease (COPD)

(v) coronary heart disease

(vi) depression *(only those ≥18 years of age)*

(vii) diabetes (Type 2)

(viii) epilepsy

(ix) glaucoma

(x) gout

(xi) heart failure

(xii) hypercholesterolaemia

(xiii) hypertension

(xiv) long term risks of venous thromboembolism/embolism

(xv) osteoporosis

(xvi) Parkinson's disease

(xvii) stroke/transient ischemic attack

(xviii) urinary incontinence/retention

5.8 For each condition, a list of eligible medicines is published on the NHSBSA website.

5.9 The service is split into three stages, which are outlined below:

(i) Patient engagement

(ii) Intervention consultation

(iii) Follow-up consultation

5.10 When agreeing a method and time for each consultation, pharmacy staff should take a flexible approach and seek to find a mutually acceptable method and time.

5.11 The Intervention and Follow-up consultations can only be delivered outside of the timeframes stated below in exceptional circumstances, e.g. the patient has informed the pharmacy staff that they will be away on holiday, and if in the professional opinion of the pharmacist they believe the patient would benefit from the continued provision of the service. The exceptional circumstances for delivery outside of the stated timeframes must be recorded in the pharmacy's clinical record for the service.

Patient engagement stage

5.12 Following the prescribing and dispensing of a new medicine[6] for the management of an eligible condition, patients can be recruited to the service in several ways, including:

(i) recruited by pharmacy staff

(ii) signposted by general practice and other primary care practitioners

(iii) referred by secondary care practitioners, e.g. as part of the NHS Discharge Medicines Service

5.13 It is not generally appropriate for the service to be provided where there has been a formulation change. The rationale for this is that a change from one solid dosage form to another is unlikely to lead to clinical issues for a patient and hence provision of the service in such circumstances would not provide value to the NHS. However, there may be circumstances, where in the professional opinion of the pharmacist, they believe the patient would benefit from the provision of the service where they are moving from one formulation of a medicine to another. In this case the service can be provided, and the pharmacist should

[6] If more than one medicine covered by the service is prescribed at the same time, that instance of the service will cover all those medicines.

document the rationale for their professional decision in the pharmacy's clinical record for the service.

5.14 If the patient has been identified by pharmacy staff or referred or signposted following prescribing of an eligible new medicine, the first prescription for the new medicine will be dispensed by the pharmacy contractor in accordance with the Terms of Service. In circumstances where the patient has been referred by a healthcare professional at a hospital that has already dispensed the new medicine, it is not a requirement that the pharmacy contractor has dispensed the first prescription.

5.15 Initial advice will be given to the patient about the dispensed medicine and its use as part of the Dispensing essential service.

5.16 The patient will be given information on the service. For example, this could be verbally, via a leaflet or directing the patient to a web link where the patient can access information online.

5.17 The pharmacy staff and patient will agree a method and time for the Intervention consultation to be undertaken between a minimum of 7 days and up to a maximum of 14 days after patient engagement.

Intervention consultation

5.18 The pharmacist and patient will have a consultation, either in the pharmacy's consultation room, remotely (via telephone, another live audio link or live video link) or in the patient's home.

5.19 If the Intervention consultation does not happen at the agreed time, the pharmacy staff will make at least one attempt to follow up with the patient. If contact with the patient cannot be made this must be recorded in the pharmacy's clinical record for the service. The service is ended as incomplete, the patient exits the service, and payment cannot be claimed for the Intervention consultation.

5.20 At the start of the consultation, the pharmacist will reconfirm that the patient understands the information about the service they were given during patient engagement and that they wish to continue with the service.

5.21 The pharmacist will assess the patient's adherence to the medicine(s), identify problems and determine the patient's need for further information and support. The NMS interview schedule[7] should be used to guide this consultation.

[7] The form can be downloaded from cpe.org.uk/nms

5.22 The pharmacist will provide advice and further support and will agree one of the following next steps with the patient:

(i) the patient is adhering to the medicine(s) and no problems have been identified - agree method and time for the Follow-up consultation to be undertaken between a minimum of 14 days and up to a maximum of 21 days after the Intervention consultation. A claim can be submitted for the Intervention consultation.

(ii) problems are identified and it is the clinical judgement of the pharmacist that intervention by the patient's prescriber or PCN clinical pharmacist is not required – pharmacist and patient agree any appropriate remedial steps to be taken and agree a method and time for the Follow-up consultation to be undertaken between a minimum of 14 days and up to a maximum of 21 days after the Intervention consultation. A claim can be submitted for the Intervention consultation.

(iii) problems are identified and it is the clinical judgement of the pharmacist that intervention by the prescriber or PCN clinical pharmacist is required – explain this to the patient and refer the matter to the patient's prescriber using the locally agreed method(s) which may include completing the NMS GP Feedback form[8]. If the NMS episode covers a single medicine, at this point the service will have been completed, the patient will exit the service, and a claim can be submitted for the Intervention consultation. If the NMS episode covers multiple medicines and not all medicines prompt the need for referral to the prescriber or PCN clinical pharmacist, steps 5.22 (i) and (ii) will be undertaken for the medicines that do not require referral to the prescriber or PCN clinical pharmacist and a claim can be submitted for the Intervention consultation.

Follow-up consultation

5.23 The pharmacist and patient will have a consultation, either in the pharmacy's consultation room, remotely (via telephone, another live audio link or live video link) or in the patient's home.

5.24 If the Follow-up consultation does not happen at the agreed time, the pharmacy staff will make at least one additional attempt to follow up with the patient. If the pharmacy staff are then unable to contact the patient this must be recorded in the pharmacy's clinical record for the

[8] The form can be downloaded from cpe.org.uk/nms

service. The service is ended as incomplete, the patient exits the service, and payment cannot be claimed for the Follow-up consultation.

5.25 The pharmacist will assess the patient's adherence to the medicine(s), identify problems and determine the patient's need for further information and support. The NMS interview schedule[9] should be used to guide this consultation.

5.26 The pharmacist will provide advice and further support and will agree one of the following next steps with the patient:

(i) the patient is adhering to the medicine(s) and no problems have been identified – at this point the service will have been completed, the patient will exit the service, and a claim can be submitted for the Follow-up consultation.

(ii) problem identified – pharmacist and patient agree any appropriate remedial steps to be taken. At this point the service will have been completed, the patient will exit the service, and a claim can be submitted for the Follow-up consultation.

(iii) problems are identified and it is the clinical judgement of the pharmacist that intervention by the prescriber or PCN clinical pharmacist is required – explain this to the patient and refer the matter to the patient's prescriber using the locally agreed method(s) which may include completing the NMS GP Feedback form[10]. At this point the service will have been completed, the patient will exit the service, and a claim can be submitted for the Follow-up consultation.

6. Data and information management

6.1 The pharmacy contractor must maintain appropriate clinical records to ensure effective ongoing service delivery in line with **Annex A: Record keeping requirements**.

6.2 Pharmacy contractors may opt to use an IT system, some of which automatically collect data via an application programming interface (API) for this service (see **Annex B: NHSBSA API dataset for monitoring and evaluation**).

6.3 Pharmacy contractors must adhere to defined standards of record keeping, ensuring that the clinical record is made on the same day that it occurs unless exceptional circumstances apply. If a pharmacy contractor opts to use an IT system and this is unavailable due to exceptional circumstances beyond the control of the pharmacy contractor, then the clinical record must be

[9] The form can be downloaded from cpe.org.uk/nms

added to the system as soon as possible after it becomes available again. If the problem persists for a period greater than 3 working days, then the contractor must revert to an alternate means of maintaining the clinical record.

6.4 Where an IT system which integrates with the NHSBSA API is used, the data which is submitted via the API will be used by the NHSBSA for PPV purposes. Some of this data, which has been anonymised, will be shared with NHS England for service evaluation and research purposes.

6.5 Records of service delivery relating to consultations where claims for payment have been made should be retained at the pharmacy premises and be available for PPV purposes for 3 years from the closure of the NMS episode.

6.6 All relevant records must be managed in line with the Records Management Code of Practice for Health and Social Care. As part of this requirement, pharmacy contractors should ensure that clinical records for the service are retained for the appropriate period. This retention period may be beyond the specified period for PPV purposes and should be in line both the requirements for the record type and if the record relates to a child.

7. Payment arrangements

7.1 Pharmacy contractors providing this service will be eligible to claim for payment as detailed in the Drug Tariff determination.

7.2 Payment will be made on the condition that the pharmacy contractor has provided the service in accordance with the service specification.

7.3 Claims for payment should be submitted by no later than the 5th day of the following month in which the Intervention and/or Follow-up consultation was undertaken.

8. Post payment verification (PPV)

8.1 NHS England has a duty to be assured that where pharmacy contractors make claims for payment for set up fees or activity in services, that they meet all the specified requirements of the service. NHS England will work with the NHSBSA Provider Assurance Team to undertake PPV checks on claims made.

8.2 Reasonable evidence related to service delivery may be requested directly from pharmacy contractors. The verification checks include comparing the information provided by pharmacy

contractors in their claims against datasets and evidence sources that are available to the NHSBSA Provider Assurance Team.

8.3 It is the pharmacy contractor's responsibility to be able to provide any reasonable evidence related to service delivery to eligible patients in accordance with the service specification when requested by the NHSBSA for PPV.

8.4 In cases where pharmacy contractors have been requested to provide evidence and it is not available or does not demonstrate that the service activity was delivered in accordance with the service specification, and so these claims cannot be verified, the pharmacy contractors will be informed. Where claims cannot be verified and the pharmacy contractor does not agree to their recovery the case may be referred to the Pharmaceutical Services Regulations Committee (PSRC) to decide whether an overpayment has been made.

8.5 In such cases, where the PSRC decides that an overpayment has been made, and will need to be recovered, pharmacy contractors will be contacted by the NHSBSA and notified of the overpayment recovery process.

8.6 Any overpayment recovery would not prejudice any action that the NHS may also seek to take under the performance related sanctions and market exit powers within The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

8.7 Accurate record keeping of service delivery to eligible patients in accordance with the service specification is an essential part of the service provision. The necessary records for reimbursement must be kept for a period of 3 years from the closure of the NMS episode to demonstrate service delivery in accordance with the service specification, and to assist with post-payment assurance activities. These records must be provided by a pharmacy contractor when requested by the NHSBSA Provider Assurance Team.

Annex A: Record keeping requirements

Pharmacy records for the service will be maintained to support the delivery of the service and audit. Pharmacy contractors will need to maintain records of the following for each patient who receives the NMS:

a. date and method of entry to service
    a. patient identified in the pharmacy
    b. patient signposted by GP practice or other primary care health professional
    c. patient signposted by hospital or other secondary care health professional

b. patient demographic details
    a. name
    b. address
    c. gender
    d. date of birth
    e. NHS number (where available)
    f. ethnicity

c. registered GP practice (if the patient is registered with a GP practice)

d. name and GPhC registration number of pharmacist conducting NMS

e. condition(s) related to the new medicine
    a. acute coronary syndromes
    b. asthma
    c. atrial fibrillation
    d. chronic obstructive pulmonary disease (COPD)
    e. coronary heart disease
    f. depression (only those ≥18 years of age)
    g. diabetes (Type 2)
    h. epilepsy
    i. glaucoma
    j. gout
    k. heart failure
    l. hypercholesterolaemia
    m. hypertension
    n. long term risks of venous thromboembolism/embolism
    o. osteoporosis
    p. Parkinson's disease
    q. stroke/transient ischemic attack
    r. urinary incontinence/retention

f. name of new medicine(s)

g. date and method of intervention and date and method of follow up
    a. face to face in the pharmacy
    b. face to face in the patient's home
    c. remotely (via telephone, another live audio link or live video link)

h. healthy living advice provided at each stage of the service (i.e. *engagement*, *intervention* and *follow up*). This data may be collated using the following standard descriptors:
    a. diet and nutrition
    b. smoking
    c. physical activity
    d. alcohol
    e. sexual health
    f. weight management

i. where appropriate, reason why a patient does not take part in the *intervention* phase of the service:
    a. prescriber has stopped new medicine
    b. patient has withdrawn consent for information sharing
    c. patient has withdrawn consent to receive the service
    d. patient could not be contacted
    e. other

j. matters identified during the discussion with the patient at the *intervention*. This data should be captured using the following standard descriptors:
    a. patient reports using the medicine as prescribed
    b. patient reports not using the medicine as prescribed
        i. patient has not started using the medicine
        ii. prescriber has stopped new medicine
        iii. patient is not using the medicine in line with the directions of the prescriber
        iv. patient reports missing a dose in the past 7 days
    c. patient reports need for more information about the medicine (information needs will be addressed by the pharmacist and this will be captured in the data set out below)
    d. patient reports side effects
    e. patient reports negative feelings about the medicine (the pharmacist should provide further details about this using a free text box)
    f. patient reports uncertainty on whether the medicine is working
    g. patient reports concern about remembering to take the medicine
    h. patient reports difficulty using the medicine due to its pharmaceutical form / formulation
    i. other - free text option

If the NMS relates to more than one medicine for an individual patient, this data should be captured for each medicine.

k. outcome of the discussion with the patient at the *intervention*. This data should be captured using the following standard descriptors:
    a. action taken / to be taken by pharmacist:
        i. information provided – interactions with other medicines
        ii. information provided – why am I using the medicine / what is it for
        iii. information provided – how to use the medicine
        iv. information provided – correct dose of the medicine
        v. information provided – effects of the medicine on the body / how it works
        vi. information provided – why should I take the medicine
        vii. information provided – timing of the dose
        viii. information provided – interpretation of side effect information

ix. advice provided – reminder strategies to support use of medicine
x. advice provided – change to timing of doses to support adherence
xi. advice provided – how to manage or minimise side effects
xii. Yellow Card report submitted to MHRA if required
xiii. reminder chart / MAR chart provided
xiv. referral – patient's issues raised with the new medicine need to be considered by the prescriber. The reason(s) for the referral should be captured using the following standard descriptors:
    1. drug interaction(s)
    2. potential side effect(s) / adverse drug reaction preventing use of medicine
    3. patient reports not using medicine any more
    4. patient reports never having started using medicine
    5. patient reports difficulty using the medicine
        a. issue with device
        b. issue with formulation
    6. patient reports lack of efficacy
    7. patient reports problem with dosage regimen
    8. patient reports unresolved concern about the use of the medicine
    9. other – free text option
xv. other action – free text option

b. action for patient to take:
    i. carry on using medicine as prescribed
    ii. use medicine as agreed during the *intervention*
    iii. submit Yellow Card report to MHRA
    iv. other action – free text option

If the NMS relates to more than one medicine for an individual patient, this data should be captured for each medicine.

l. where appropriate, reason why a patient does not take part in the *follow up* phase of the service:
    a. prescriber has stopped new medicine
    b. patient has withdrawn consent for information sharing
    c. patient has withdrawn consent to receive the service
    d. patient could not be contacted
    e. other

m. matters identified during the discussion with the patient at the *follow up*. This data should be captured using the following standard descriptors:
    a. patient reports using the medicine as prescribed
    b. patient reports not using the medicine as prescribed
        i. patient has not started using the medicine
        ii. prescriber has stopped new medicine
        iii. patient is not using the medicine in line with the directions of the prescriber
        iv. patient reports missing a dose in the past 7 days
    c. patient reports need for more information about the medicine (information needs will be addressed by the pharmacist and this will be captured in the data set out below)
    d. patient reports side effects
    e. patient reports negative feelings about the medicine (the pharmacist should provide further details about this using a free text box)

f. patient reports uncertainty on whether the medicine is working
g. patient reports concern about remembering to take the medicine
h. patient reports difficulty using the medicine due to its pharmaceutical form / formulation
i. other - free text option

If the NMS relates to more than one medicine for an individual patient, this data should be captured for each medicine.

n. outcome of the discussion with the patient at the *follow up*. This data should be captured using the following standard descriptors:
    a. action taken / to be taken by pharmacist:
        i. information provided – interactions with other medicines
        ii. information provided – why am I using the medicine / what is it for
        iii. information provided – how to use the medicine
        iv. information provided – correct dose of the medicine
        v. information provided – effects of the medicine on the body / how it works
        vi. information provided – why should I take the medicine
        vii. information provided – timing of the dose
        viii. information provided – interpretation of side effect information
        ix. advice provided – reminder strategies to support use of medicine
        x. advice provided – change to timing of doses to support adherence
        xi. advice provided – how to manage or minimise side effects
        xii. Yellow Card report submitted to MHRA
        xiii. reminder chart / MAR chart provided
        xiv. referral – patient's issues raised with the new medicine need to be considered by the prescriber. The reason(s) for the referral should be captured using the following standard descriptors:
            1. drug interaction(s)
            2. potential side effect(s) / adverse drug reaction preventing use of medicine
            3. patient reports not using medicine any more
            4. patient reports never having started using medicine
            5. patient reports difficulty using the medicine
                a. issue with device
                b. issue with formulation
            6. patient reports lack of efficacy
            7. patient reports problem with dosage regimen
            8. patient reports unresolved concern about the use of the medicine
            9. other – free text option
        xv. other action – free text option
    b. action for patient to take:
        i. carry on using medicine as prescribed
        ii. use medicine as agreed during the *follow up*
        iii. submit Yellow Card report to MHRA
        iv. other action – free text option

If the NMS relates to more than one medicine for an individual patient, this data should be captured for each medicine.

Annex B: NHSBSA API dataset for monitoring and evaluation

Where an IT system which integrates with the NHSBSA API is used, data will be collected automatically via an application programming interface (API) for this service. For each service provision, the dataset outlined below will be reported for monitoring and evaluation purposes:

- System ID
- NHS number
- GP practice identifier
- Referral date
- Referrer details
- Referrer organisation
- Organisation identifier
- Date
- Service (i.e. stage of the NMS delivered)
- Professional role
- Reason for non-provision of service
- Consultation method (e.g. face-to-face in pharmacy, telephone etc.)
- Prescription date
- Medication name
- Condition
- Matters identified during discussion
- Not using medicine as prescribed
- Consultation outcome
- Reason for onward referral
- Referral to (i.e. details of where patient has been signposted to)
- Receiving organisation identifier
- Onward referral date