

# Community pharmacy services Guidance for hospitals

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Endorsed by the Royal Pharmaceutical Society

## Key points

- The New Medicine Service (NMS) and targeted Medicines Use Reviews (MURs) can support patients who have recently been discharged from hospital and can help to improve the transfer of care between the hospital and the community setting.
- Under the NMS, a community pharmacist provides support for patients starting certain new medicines.
- In an MUR a pharmacist conducts an in-depth review of a patient's medicines to ensure that they understand how to use their medicines and why they should take them.
- It is easy and worthwhile to work with your local community pharmacy. We have put together a referral form (see Annex 1) to help with this process. The NMS and MURs can contribute to the Quality, Innovation, Productivity and Prevention (QIPP) challenge, support the optimisation of medicines use and can help the NHS work toward its goal of achieving £20 billion of efficiency savings by 2015.

In October 2011, two key service developments were implemented in the NHS community pharmacy contractual framework in England:

- the introduction of a New Medicine Service (NMS)
- the introduction of nationally targeted Medicines Use Reviews (MURs).

These two services can support patients who have recently been discharged from hospital and can help to improve the transfer of care between the hospital and the community setting. This document:

- describes the NMS, targeted MURs and other services available in community pharmacies
- highlights how the two new services can contribute to the Quality, Innovation, Productivity and Prevention (QIPP) challenge and transfer of care issues.

It has been designed for secondary care colleagues in acute and mental health trusts, including:

- pharmacists and pharmacy technicians in hospital and mental health trusts
- doctors and nurses in hospital and mental health trusts
- NHS managers working in secondary care.

Around four to five per cent of hospital admissions are due to preventable problems with medicines<sup>1</sup>. Community pharmacy can play a key role in reducing unnecessary admissions to hospital due to preventable problems with medicines. This can be achieved through working with hospital colleagues to implement the NMS and MURs and ensuring that patients get the maximum benefit from their medicines when they are in hospital and when they return home from hospital.

## Case study: North West London Hospitals NHS Trust and East and South East England Specialist Pharmacy Services

“At my hospital trust, I’ve been doing continued professional development sessions on the NMS and MURs specifically for hospital pharmacy staff. Interestingly, many people were not sure of the relevance at the start but they changed their minds once they understood the impact in terms of continuing patient support post-discharge.

“As a result of the sessions we now discuss NMS and post-discharge MURs as part of discharge counselling. We also suggest that patients take their discharge summaries to their community pharmacists for follow up. It takes almost no extra time to do this so there are no resource implications, but it could have a significant benefit in terms of referrals.

“Patients with particularly complex needs are referred to our Harrow Integrated Medicines Management (HIMMs) service\*. With patient consent, we telephone the community pharmacist and discuss the referral. We fax the discharge letter, in which we include a summary of our interventions to date and recommendations if appropriate, and give the pharmacist patient contact details to schedule an appointment after discharge.

“My suggestion is that all hospital pharmacists talk about NMS and MUR in their discharge counselling, give leaflets to patients and encourage them to use the services, to support good transfer of care and optimal uptake of services by those who will benefit most.”

**Nina Barnett, consultant pharmacist, North West London Hospitals NHS Trust**

\*Barnett NL, Athwal D and Rosenbloom EK. Medicines-related admissions: you can identify patients to stop that happening. *The Pharmaceutical Journal* 2011; 286:471.

## The New Medicine Service

The NMS is designed to provide early support to patients to maximise the benefits of the medication they have been prescribed. Proof of concept research<sup>2, 3</sup> was used in the development of the service, which shows that an intervention by a pharmacist can help to improve patients’ adherence to their medicine. In the research, patients who used the service experienced fewer medicines problems and saved NHS resources<sup>4</sup>. The NMS has been described as “after-sales service” for the patient’s new medicine.

The NMS can be provided to patients who have been newly prescribed a medicine in one of the following conditions/therapy areas:

- asthma and COPD
- type 2 diabetes
- antiplatelet/anticoagulant therapy
- hypertension.

The medicines selected for inclusion in the NMS are those that are listed in the chapters/sub-sections, detailed below, of the current edition of the [British National Formulary](#). If a patient is newly prescribed one of these medicines they are eligible to receive the service.

## Medicines included in the New Medicine Service

Asthma and COPD	
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

Type 2 diabetes	
BNF reference	BNF subsection descriptor
6.1.1.1	Short-acting insulins (where the community pharmacist can determine that the medicine has been newly prescribed for a patient with Type 2 diabetes)
6.1.1.2	Intermediate and long-acting insulins (where the community pharmacist can determine that the medicine has been newly prescribed for a patient with Type 2 diabetes)
6.1.2	Antidiabetic drugs

Antiplatelet/anticoagulant therapy	
BNF reference	BNF subsection descriptor
2.8.2	Oral anticoagulants
2.9	Antiplatelet drugs

Hypertension	
BNF reference	BNF subsection descriptor
2.2.1	Thiazides and related diuretics
2.4	Beta-adrenoceptor blocking drugs (where the community pharmacist can determine that the medicine has been newly prescribed for a patient with hypertension)
2.5.1	Vasodilator antihypertensive drugs
2.5.2	Centrally-acting antihypertensive drugs
2.5.4	Alpha-adrenoceptor blocking drugs (where the community pharmacist can determine that the medicine has been newly prescribed for a patient with hypertension)
2.5.5	Drugs affecting the renin-angiotensin system (where the community pharmacist can determine that the medicine has been newly prescribed for a patient with hypertension)
2.6.2	Calcium channel blockers (where the community pharmacist can determine that the medicine has been newly prescribed for a patient with hypertension)

In the majority of cases the NMS is not appropriate where there has been a formulation change, because a change from one solid dosage form to another is unlikely to present major clinical issues for a patient. However, there may be some cases where the pharmacist believes the patient would benefit from the NMS in this instance, and they should document their rationale for making such a decision. For example, the patient was admitted to hospital with a salbutamol MDI but to improve adherence and efficacy this was changed to a salbutamol breath-actuated inhaler. In this case the pharmacist may wish to provide the NMS in order to ensure adherence and possibly prevent readmission.

The NMS is split into three stages:

### **1. Patient engagement**

Following the prescribing of a new medicine covered by the service, patients may be referred to the service by the prescriber or recruited opportunistically by the community pharmacy.

If the medicine was prescribed and dispensed while the patient was in hospital (either as an inpatient or outpatient) and the treatment will continue when they are no longer at the hospital, the patient must be referred to the community pharmacy by a healthcare professional at the hospital in order to receive the NMS. In this case the community pharmacy does not need to dispense the patient's first prescription to provide the service.

### **2. Intervention**

The intervention will typically take place between seven and 14 days after patient engagement at an agreed time and by a method agreed with the patient, either face to face or by telephone.

The pharmacist will use an interview schedule to assess the patient's adherence, identify problems and the patient's need for further information and support which the pharmacist will provide where appropriate.

### **3. Follow up**

The pharmacist will follow up with the patient 14 to 21 days after the intervention, face to face or by telephone, to discuss how the patient is getting on with their medicine. They will provide advice if required.

## **Medicines Use Reviews**

An MUR is a structured review to help patients manage their medicines more effectively and provide patients with appropriate information and advice about their medicines. The aim of the MUR is to improve the patient's knowledge, understanding and use of their medicines. Unlike the NMS where patients have been newly prescribed a medicine, patients who have an MUR are likely to have been taking the medicine for a period of time.

An MUR involves the pharmacist conducting an in-depth review of the patient's use of their medicines:

- to ensure they understand how their medicines should be used and why they should take them
- to identify any problems they may be experiencing with their medicines
- to provide, where necessary, appropriate and structured feedback to the patient's GP.

From 1 October 2011, at least 50 per cent of the MURs provided in a community pharmacy must be targeted at patients who fall into one or more of the following categories:

- those taking “high risk medicines” (diuretics, NSAIDs, antiplatelets and anticoagulants)
- those who have respiratory disease
- those who have recently been discharged from hospital with an amended medicines regimen. Ideally, patients who are discharged from hospital will receive an MUR within four weeks of discharge but in certain circumstances the MUR can take place within eight weeks of discharge.

MURs cover all the patient’s medicines, not just those that fall within a target group. Pharmacists are able to provide the remaining 50 per cent of MURs to patients who fall outside of the target groups if they are taking more than one medicine and would benefit from the service.

## Referral form and patient leaflet

We have published a referral form that hospitals can use to refer patients to their community pharmacy for the NMS or post-discharge MUR. This form can be given to the patient to take to the pharmacy on their next visit or, with the patient’s consent, can be sent directly from the hospital to the community pharmacy (e.g. via secure email or fax). Faxing to pharmacies is a safe activity as all employees within the premises are bound by a contractual confidentiality obligation. The referral form is available in Annex 1 and can be downloaded from the [NHS Employers](#) and the [PSNC](#) websites.

The referral form includes the core content of records for medicines when patients transfer care providers as recommended by the Royal Pharmaceutical Society (RPS) as part of their work on the transfer of care (see below). Should hospitals wish to develop their own electronic versions of the form it is suggested that the RPS’ recommended information is included. The referral form includes a tick box that allows the person referring the patient to the community pharmacy to request information about the outcome of the NMS or MUR.

We have also prepared a leaflet about community pharmacy services that can be given to patients on discharge. The leaflet describes the NMS and MURs and informs patients about some of the other services they may be able to access at their community pharmacy. The leaflet can be amended for local use. For example, hospitals may want to include their own logo and relevant local contact information. The leaflet is available in Annex 2 and can be downloaded from the [NHS Employers](#) and the [PSNC](#) websites.

## What are the potential benefits of the services?

The NMS and MURs are designed to deliver a number of benefits for patients and the wider NHS. It is expected that the services will:

- give patients knowledge to make informed decisions about their care
- improve patient adherence to their medicines regimen and lead to better health outcomes
- increase patient engagement with their condition and their medicines
- reduce medicines wastage
- reduce hospital admissions due to adverse events from medicines
- increase yellow card reporting by community pharmacists and patients, supporting improved pharmacovigilance
- integrate with services from other providers
- promote better local working between healthcare providers.

## The QIPP benefits

These new services will contribute to the Quality, Innovation, Productivity and Prevention (QIPP) challenge by supporting the optimisation of medicines use, they will help the NHS achieve more from its £10 billion annual investment in medicines.

The NMS proof of concept research found that there was roughly a £95 difference in NHS costs over a two-month period between the control group and the group who received the pharmacy intervention. Accordingly, the Government's Impact Assessment<sup>5</sup> has estimated that the net benefit of the NMS may be up to £150 million in 2012/13.

## Keeping patients safe when they transfer between care providers

It is widely accepted that when patients move between care providers the risk of miscommunication and unintended changes to medications is a significant problem. It has been reported that between 30 and 70 per cent of patients have either an error or an unintentional change to their medicines when their care is transferred<sup>6</sup>.

Getting the transfer of medicines information right can be challenging as patients follow complex pathways and systems vary between providers. However, greater collaboration between professionals can make a difference to patient safety. The Royal Pharmaceutical Society (RPS) has worked with the other Royal Colleges to develop guidance about keeping patients safe when they transfer between care providers. This includes a number of good practice principles for all healthcare professionals involved in the sending and receiving of information about medicines and a number of practical suggestions that providers, commissioners and professionals may wish to implement to support the safe transfer of information. The guidance can be found on the [RPS website](#).

The NMS and targeted MURs will support the transfer of care for patients discharged from hospital and the referral form (see Annex 1) captures the RPS' recommended core content of records for medicines when patients transfer care providers. Community pharmacists are well placed to provide targeted support to patients in the post-discharge period and ensure that patients understand the medicines they have been prescribed, why they should be taking their medicines and how to take their medicines correctly.

## Other community pharmacy services

Community pharmacies offer uniquely accessible, local NHS services and are often the first point of contact a patient has with the NHS. They offer a number of NHS-commissioned and other services that help to monitor and/or improve patients' health and well-being. These include:

- healthy living advice
- weight management
- stop smoking services
- NHS health checks
- flu vaccinations
- sexual health screening
- minor ailments schemes.

Further information about community pharmacy services can be found on the [PSNC website](#).

## Suggested next steps

- nominate someone in the pharmacy team to be responsible for implementation of the services and to be the point of contact for community pharmacists.
- ensure all members of hospital staff who might be referring patients are aware of the NMS disease areas and advise them that they are able to refer to the services.
- contact your Local Pharmaceutical Committee (LPC) and the RPS' Local Practice Forum to discuss how best to engage with local community pharmacies and pharmacists.
- consider how the referral form will be used in your hospital. Ensure that all relevant staff know about it and how to use it.
- consider how the community pharmacy patient leaflet will be used in your hospital. Amend the wording of the leaflet where relevant and print copies for distribution to patients.
- determine when and how it will be given to patients.

# Annex 1 – referral form

<b>Patients, patient representatives, carers</b> Please give this form to your community pharmacist <b>Community pharmacy referral</b>		NHS trust's logo 
Patient name:		
NHS number:		
Address:		
Contact telephone number:		
Date discharged:		
Usual community pharmacy:		
Other relevant patient information:		
GP details:		
<b>New or changed medicines and directions</b> <small>include dose and formulation changes</small>		<b>Reasons and suggested follow up</b> <small>review suggestions, adherence support and potential issues</small>
<b>Stopped medicines</b> <small>include rationale and recommendations if needed</small>		
Please attach a current medication list for this patient to this referral form		
<b>Allergies</b>		
<b>Causative medicine</b>	<b>Brief description of reaction</b>	<b>Probability of occurrence</b>

Please complete referrer information on next page

Name of person referring:	
Job title:	
Name and address of organisation:	
Telephone number & bleep:	
Email address:	
Fax number:	
Signed:	
<input type="checkbox"/> I would like to be informed of the outcome of the MUR or NMS ( <i>tick if required</i> )	
<b>Notes and outcome of community pharmacy intervention</b> <small>For community pharmacist use – send a copy to referrer if requested above</small>	

Download the form from the [NHS Employers](#) and [PSNC](#) websites.

# Annex 2 – Hospital patient leaflet

## Leaving hospital?

### Find out how your local chemist can help

Your community pharmacy (chemist) will be able to give you advice and support after you leave hospital. This leaflet tells you about the services you may be able to receive from your community pharmacy.

### New medicines

If you were prescribed a new medicine for a long-term condition while you were in hospital or at an outpatient clinic, you may be invited to use the New Medicine Service. This is a free NHS service to help you understand your condition and get the most out of your new medicine. The community pharmacist will ask you questions about how you are getting on with your new medicine, find out if you are having any problems and give you information and support. This is a confidential conversation and will be provided in a private area within the pharmacy or, if you prefer, you could choose to have the discussion over the telephone.

Your hospital pharmacist, doctor or nurse will be able to tell you if you are eligible for the New Medicine Service. They might give you a form to take to your pharmacy. This will help the pharmacist understand why you have been prescribed the new medicine.

### Changes to medicines

If your medicines were changed while you were in hospital you are eligible to have a Medicines Use Review at your community pharmacy. This is a free NHS service to help you find out more about the medicines you are taking, pick up any problems you are having with your medicines and so improve their effectiveness. It is a confidential conversation with your community pharmacist and will be provided in a private area within the pharmacy.

Your hospital pharmacist, doctor or nurse might give you a form to take to your pharmacy if you are eligible for the medicines review. This will help the pharmacist understand why there have been changes to your medicines.

### Your community pharmacist can help you with your medicines

You can ask your community pharmacist questions about your medicines at any time.

### Other pharmacy services

Ask your pharmacist about other pharmacy services such as:

- healthy living advice
- advice on treating minor illnesses
- help with stopping smoking
- NHS health checks.

Download the leaflet from the [NHS Employers](#) and [PSNC](#) websites.

# References

- 1 Care Quality Commission, 'Managing patients' medicines after discharge from hospital', 2009.
- 2 [Barber N, Parsons J, Clifford S, Daracott R, Horne R. 'Patients' problems with new medication for chronic conditions'. \*Qual Saf Health Care\* 2004; 13\(3\): 172–175.](#)
- 3 [Clifford S, Barber N, Elliott R, Hartley E, Horne R. 'Patient-centred advice is effective in improving adherence to medicines'. \*Pharm World Sci\* 2006; 28\(3\): 165-170.](#)
- 4 [Elliott R, Barber N, Clifford S, Horne R, Hartley E. 'The cost effectiveness of a telephone-based pharmacy advisory service to improve adherence to newly prescribed medicines.' \*Pharm World Sci\* 2008; 30\(1\): 17-23.](#)
- 5 [Department of Health: \*Impact Assessment on the Introduction of the New Medicine Service\*, 2011.](#)
- 6 [National Patient Safety Agency and National Institute for Health and Clinical Excellence: \*Technical patient safety solutions for medicines reconciliation on admission of adults to hospital\*, 2007.](#)

## NHS Employers

The NHS Employers organisation is the voice of employers in the NHS, supporting them to put patients first. Our vision is to be the authoritative voice of workforce leaders, experts in HR, negotiating fairly to get the best deal for patients.

We work with employers in the NHS to reflect their views and act on their behalf in four priority areas:

- pay and negotiations
- recruitment and planning the workforce
- healthy and productive workplaces
- employment policy and practice.

The NHS Employers organisation is part of the NHS Confederation.

## Contact us

For more information on how to become involved in our work, email [getinvolved@nhsemployers.org](mailto:getinvolved@nhsemployers.org)

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