

# Medicines Use Review and Prescription Intervention service

January 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 treatment. The service includes Medicines Use Reviews undertaken periodically or when there is a need to make an adherence focussed 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% 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 might 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 a designated area where both the patient and 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); and
- 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 then 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 particularly category of patients (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 form 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 clinical audit; and
- the PCT, the 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 An MUR should not be undertaken on a patient who has, within the previous 6 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.

3.11 Prescription intervention MURs are provided where there is a need to make an adherence focussed 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.

- 3.12 In addition to the 50% 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% target.
- 3.13 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.
- 3.14 A written record of the consultation must be prepared by the pharmacist using the approved form. A copy of the completed form must be provided to the patient. Where issues arising during an MUR require consideration by the patient's GP (or their equivalent), the pharmacist shall provide them, within seven days of the MUR, a copy of the overview page of the MUR form or if more appropriate, a copy of the whole MUR form. Where as a result of the MUR consultation, no recommendation is to be made to a patient's GP (or their equivalent), the pharmacist must notify them within one month of the date of the MUR consultation, that the patient has received a MUR consultation. There is no need to send a copy of the overview page or whole MUR form unless it is thought appropriate.
- 3.15 The written record of the MUR (the approved form) must be kept for at least two years after the MUR is carried out. Completed forms may be stored electronically.
- 3.16 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.
- 3.17 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. Example: highlighting patients who are on a treatment dose of a Proton Pump Inhibitor, rather than a maintenance dose.
- 3.18 In order to provide a summary of information on MURs conducted to the PCT, 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).