

Medicines Use Review

What is it?

Medicines Use Review (MUR) is a service which can be offered to patients by community pharmacists under the Advanced Services of the Pharmacy Contract. The aim of the Service is to achieve a concordant approach to medicine taking 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 patient compliance;
- improving the clinical effectiveness and cost effectiveness of prescribed medicines and reducing medicine wastage.

The review is one of medicine use, not a clinical review. At this stage the pharmacist will not have access to the patient's clinical notes, but will know from their patient medication record what the patient takes. The PCT can suggest that a particular group of patients can be targeted for MURs, in line with their local priorities.

Who can deliver the service?

The MUR can only be offered by accredited pharmacists from accredited premises. Whilst an MUR could be performed in a patient's home or even a local practice room, the review will normally be conducted in a consultation area within the pharmacy where the patient and the pharmacist can sit down together and can talk at normal speaking volumes without being overheard by staff or customers.

The pharmacist conducting an MUR will have undertaken a competency assessment conducted by a Higher Education Institution before providing the service. The pharmacy will receive a fee for the service which is nationally agreed and is funded by the PCT (reductions in the Drug Tariff prices of some medicines have produced a budgetary saving which is to be used to fund MURs) .

What does it involve?

As this is a concordance based review, the pharmacist will ask the patient to bring their medication (including purchased medicines) with them to the review. Discussions with the patient may include:

- what the patient thinks each medicine is for and when and how they take it;
- how compliant they are with prescribed instructions;
- how and when they take medication labelled as required or as directed;
- advice on tolerability and perceived side effects;
- dealing with practical problems in ordering, obtaining, taking and using medicines;
- identification of unwanted medicines - patient is no longer taking the medicines;
- identification of a potential change of dosage form to facilitate effective usage;
- proposals for dose or strength optimisation - provided it does not impact on the patient's clinical management;

The review will be recorded on a national standard form. A copy will be retained in the pharmacy, a copy given to the patient and a copy sent to the GP. There may be action

points for the GP dependant on the outcomes of the review. Means of transferring this data electronically whilst not compromising confidentiality are being explored.

Who can have an MUR?

An MUR can be conducted with patients taking multiple medicines, and those with long term conditions every 12 months. The patient would normally have been using the pharmacy for the previous 3 months unless a significant problem is highlighted during the dispensing of a prescription.

Benefits to Patients

Improving a patient's understanding of their condition and treatment should:

- improve compliance with prescribed medication;
- improve health outcomes;
- improve quality of life;
- increase ownership of condition and treatment;
- encourage self-care.

Benefits to Community Pharmacists

The opportunity to increase the active participation in the patient care pathway will:

- improve patient health outcomes;
- improve patient loyalty;
- improve satisfaction with their professional role;
- improve collaborative working with other healthcare professionals.

Benefits to GPs

50% of patients do not comply with some element of their prescribed treatment, a large proportion of GP appointments are taken by patients with long-term conditions and over half of hospital re-admissions in the elderly are a direct result of poor compliance with prescribed medication.

Improving a patient's concordance and compliance with their treatment should improve their health outcomes thus reducing workload for GPs and unnecessary secondary care admissions.

It is strongly recommended that pharmacists contact their local GP practices before they begin to offer the service as they may wish to suggest patient groups that would benefit from an MUR and/or refer individual patients in addition to discussing the protocols for referrals and administration.

Benefits to Commissioners

Improving patient care is at the heart of all drivers within the NHS. Compliance with appropriately prescribed treatment is fundamental to ensuring that the final outcomes of that care are realised. Non-compliance can lead to:

- non-achievement of health improvement goals;
- unnecessary increased workload for healthcare professionals;
- increased secondary care admissions;
- poor use of NHS resources;

Medicines Use Reviews conducted by community pharmacists can play an important role in achieving all stakeholder goals. It does not matter how clinically appropriate prescribed treatment is if the patient does not follow the recommended regimen.

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Supporting local community pharmacy