



The Pharmacy New Medicines Service (NMS): Frequently Asked Questions from GPs

1. How will the service help provide savings for my practice?
 - a. *The evidence from the study used to commission this QIPP (Quality Innovation Productivity Prevention) agenda service showed a net (of costs) saving of £95 per patient who engaged with the NMS intervention, this comes from improving compliance and therefore reducing ADRs (adverse drug reactions) and ADEs (adverse drug events).*
2. Where has the money come from to pay for the pharmacy service?
 - a. *The service has been commissioned under the QIPP agenda savings agenda using monies from category M drug tariff savings – this is not new money.*
3. When a patient starts a new medicine I will see the patient in one month to check how they are doing on the medicine, is the pharmacy NMS service not duplicating work I already do as the patients GP?
 - a. *The new Medicines Service has been designed as a non-clinical, patient centred support intervention to help improve adherence to medicines, it works in partnership with the GPs consultation.*
4. Is there a form that my practice can use to refer patients into the service?
 - a. *Yes, Devon LPC will soon make a referral card available to practices, however verbal referrals by contacting the pharmacy direct or via the patient can be used.*
5. How will you refer patients back to me who are having problems with their new medicine?
 - a. *Yes, there is a nationally agreed form (agreed by GP and pharmacy bodies) that will be used.*
6. Why have the medicines been limited to just four groups?
 - a. *The service has been commissioned under the QIPP agenda using studies that focussed on these groups. The service will be evaluated within 2 years and could be extended if the outcomes were successful.*
7. How will I know if a patient has accessed the NMS service?
 - a. *To keep paperwork to a minimum and to only involve you when absolutely necessary, the pharmacist will only contact you if the patient has a problem with their medicine, or if they are not adhering to the medicine you prescribed.*
 - i. *A way to address this could be when a GP refers in a patient to the NMS, the GP can then annotate the notes to say they have been referred for NMS.*
 - ii. *Another way is that a locally arrangement between pharmacy and practice could be agreed to share the information of patients accessing the service.*

