Community Pharmacy – NHS Advanced Services
Overview

- Medicines Use Review (MUR)
- New Medicine Service (NMS)
- Flu Vaccination Service
- NHS Urgent Medicine Supply Advanced Service (NUMSAS)
- Appliance Use Review (AUR)
- Stoma Appliance Customisation (SAC)
- Questions, comments and next steps
Medicines Use Reviews (MURs)
Targeted MURs

- MURs aim to improve a patient’s knowledge, understanding and use of their medicines
- From 1st April 2015 community pharmacies must carry out at least 70% of their MURs within any given financial year on patients in one or more of the target groups, shown in the next slide
The National target groups

The four national target groups are:

1. patients taking high risk medicines
2. patients recently discharged from hospital who had changes made to their medicines while they were in hospital
3. patients with respiratory disease
4. patients at risk of or diagnosed with cardiovascular disease and regularly being prescribed at least four medicines
High risk medicines

• NSAIDs
• Anticoagulants (including low molecular weight heparin)
• Antiplatelets
• Diuretics
Targeted MURs

- MURs cover all the patients’ medicines not just those that fall within a target group
- Pharmacists are still able to provide MURs to patients who fall outside of the target groups who are on multiple medicines, who they think would benefit from the intervention
Prescription intervention MURs

• A prescription intervention MUR is more reactive, in the sense that it is the response to a significant adherence problem with a person’s medication that subsequently leads to an MUR being conducted.

• The issues will highlight the need for the patient to develop their understanding of their medicines in order to improve their own use of the medicines.
Communicating with GPs

- Pharmacy contractors are required to contact the patient’s GP only if an issue is identified during the MUR where the pharmacist believes the GP should be informed.
- In this circumstance, the pharmacist must complete a copy of the nationally approved MUR feedback form and send it to the GP practice.
- This form was developed by the Professional Relationships Working Group, which includes NHS Employers, PSNC and the BMA General Practitioners Committee.
New Medicine Service (NMS)
The challenge of non-adherence

- Estimates vary on the frequency of non-adherence:
  - Between 33% and 50% of medicines for LTCs are not used as recommended
  - 20-30% don’t adhere to regimens that are curative or relieve symptoms
  - 30-40% fail to follow regimens designed to prevent health problems

- It has been suggested that increasing the effectiveness of adherence interventions may have a far greater impact on the health of the population than any improvement in specific medical treatments
- About 15 million people in England have a long-term condition (LTC)
- Treatment and care for people with LTCs is estimated to take up around £7 in every £10 of total health and social care expenditure

Non-adherence to new medicines

- Research shows that 10 days after starting a new medicine:

  7% of patients had completely stopped taking the medicine (completely non-adherent)

  45% of non-adherence was intentional (the remainder was unintentional)

  30% of patients still taking the medicine were non-adherent

  61% of patients expressed a substantial and sustained need for further information

  66% of patients still taking their medicine reported at least one problem with it

  - Side effects: 50%
  - Concerns about the medicine: 43%
  - Difficulties with practical aspects of taking the medication: 7%

The evidence for NMS

The cost effectiveness of a telephone-based pharmacy advisory service to improve adherence to newly prescribed medicines (2008)

- Aimed to assess the cost effectiveness of pharmacists giving advice via telephone, to patients receiving a new medicine for a chronic condition in England
- At 4-week follow up, non-adherence was significantly lower in the intervention groups compared to control (9% vs 16% respectively)
- Number of patients reporting medicine-related problems was significantly lower in the intervention group compared to the control (23% vs 35% respectively)
- Intervention group patients also had more positive beliefs about their new medicine

Understanding and Appraising the New Medicines Service in the NHS in England (2014)

- A randomized controlled trial and economic evaluation with qualitative appraisal published comparing the effectiveness and cost-effectiveness of the NMS in community pharmacies in England
- The NMS launched in 2011 was effective at improving patients’ adherence to their new medicine at 10 weeks follow up, by about 10%
- There was no overall increased cost to the NHS of providing NMS as intervention costs were absorbed by reduced subsequent NHS contact costs
- NMS increased health gain at a cost per QALY well below most accepted thresholds for technology implementation, usually about £20,000 to £30,000 in the UK

• The cost effectiveness of a telephone-based pharmacy advisory service to improve adherence to newly prescribed medicines
• Understanding and Appraising the New Medicines Service in the NHS in England (2014)
New Medicine Service

- Provides early support to patients to maximise the benefits of prescribed medication
- Proof of concept research shows that an intervention by a pharmacist can help to improve patients’ adherence
- In the research, patients who used the service experienced fewer medicines problems and made less use of other NHS services, saving money and GP time
- The cost of the service is offset by savings created by community pharmacy medicines procurement
Potential benefits of NMS

- Improve patient adherence
- Increase patient engagement with their condition and medicines
- Reduce medicines wastage
- Reduce hospital admissions due to adverse events from medicines
- Lead to increased Yellow Card reporting
- Receive positive assessment from patients
- Support the development of outcome and/or quality measures for community pharmacy
NMS – outline service spec

• Three stage process
  1. Patient engagement (day 0)
  2. Intervention (approx. day 14)
  3. Follow up (approx. day 28)

• Opportunity to provide healthy living advice at each stage
NMS – Patient engagement

• Follows the prescribing of a new medicine for:
  - asthma or COPD
  - diabetes (type 2)
  - antiplatelet / anticoagulant therapy
  - hypertension

• Recruitment by pharmacy or via referral
NMS – Intervention

• Intervention typically day 7 – 14
  – Face to face in a consultation area or over the phone
  – Semi-structured interview technique to:
    • assess adherence
    • identify problems
    • identify the patient’s need for further information and support
  – Pharmacist provides advice and support
    • agrees follow up
    • agrees solution(s)
    • refers to GP (only where absolutely necessary)
NMS – Follow up

• Follow up typically between 14 and 21 days after the Intervention stage
  – Face to face in a consultation area or over the phone
  – Semi-structured interview technique to:
    • assess adherence
    • identify problems
    • identify the patient’s need for further information and support
  – Pharmacist provides advice and support
    • Patient adherent
    • Patient non-adherent
      • Provide more advice and support or
      • Refer to GP (using nationally agreed NMS Feedback form)
Premises requirements

Pharmacies must have a consultation area that meets the requirements for the MUR service in order to provide the NMS.
Communicating with GP practices

• Pharmacy contractors or their representative must communicate with local GP Practices before providing NMS
• National NMS Feedback Form designed by GPC/PSNC/NHS Employers
• Referrals will only be made when absolutely necessary
Communicating with GP practices

- GPC advised that pharmacists should refer to the practice, rather than suggesting patients make an appointment with their GP.
- This approach allows the practice to determine how they want to deal with the issue raised in the Feedback Form.
Laurence Buckman, Former Chairman of the GPC

“If both professions can form stronger links it will benefit both them and their patients. LMCs and LPCs are ideally placed to make this happen.”
The RCGP viewpoint

Dr Clare Gerada, Former Chair of the Royal College of General Practitioners

“Patients do sometimes experience problems with their medicines and, through the New Medicine Service, GPs and pharmacists will work in partnership to ensure those that need support receive it. This will result in improving the care we provide to our patients, and in turn our patients’ health.”
Flu Vaccination Service
Flu Vaccination Service

- Pharmacists have been administering flu jabs for a number of years – private services and through locally commissioned services
- In 2105/16, NHS England included community pharmacists in the national flu immunisation programme and offered all community pharmacies the opportunity to offer this service
Who can have a flu jab in a community pharmacy?

• People aged 65 years and over
• Pregnant women aged 18 years or over
• Carers aged 18 years or over
• Household contacts aged 18 years or over of immunocompromised individuals
• People living in long-stay residential care homes or other long-stay care facilities
At-risk groups

People aged from 18 to less than 65 years of age in an at-risk group

- Chronic respiratory disease such as asthma or COPD
- Chronic heart disease such as heart failure
- Chronic kidney disease at stage 3, 4 or 5
- Chronic liver disease
At-risk groups

• Chronic neurological disease such as Parkinson’s disease, motor neurone disease or learning difficulty
• Diabetes
• Weakened immune system due to disease such as HIV/AIDS or treatment such as cancer treatment
• Asplenia or splenic dysfunction
• Morbid obesity
Those not eligible for a flu jab in a community pharmacy

• Currently, pharmacists cannot administer flu jabs to those under 18 years of age, these patients should speak to their GP practice

• If patients are not eligible for a free NHS flu jab then many pharmacies also offer a private flu service where the patient can pay for a vaccination
Communicating with GPs

- Pharmacists have to send a notification to GP practices of patients who have been vaccinated in the pharmacy so medical records can be updated.
- This is sent on the same day as vaccination or on the following working day.
- A national GP Practice Notification Form has been agreed by PSNC, NHS England, Public Health England and the Department of Health and this is to be used in hard copy, by fax or electronically to notify the patient’s GP practice.
NHS Urgent Medicine Supply Advanced Service (NUMSAS)
NUMSAS

• In October 2016, the Department of Health and NHS England announced a national pilot
• Will run from 1st December 2016 to 31st March 2018
• Available to patients who contact NHS 111 to advise that they have run out of their NHS prescription medicines
NUMSAS

• NHS 111 will refer patients to the nearest pharmacy who is signed up to deliver the service who will then interview the patient to decide if it is appropriate for an ‘emergency supply’ of their medicines or appliances to be supplied
• If it not appropriate the patient may be referred to another pharmacy or the GP out-of-hours service
Community pharmacy teams are not permitted to actively promote NUMSAS to patients as NHS England’s intention is that the service is only used by patients for urgent cases and not as a replacement for the normal repeat prescription ordering and repeat dispensing processes. It is therefore unlikely that GP practice teams will see this service being advertised by community pharmacies.
NUMSAS

- If a community pharmacist does make a supply of a medicine or appliance through NUMSAS they are required to notify the patient’s GP on the day the supply is made or on the following working day.
Appliance Use Reviews (AURs)
AURs

- AURs aim to improve the patient’s knowledge and use of any specified appliance* by:
  - establishing the way the patient uses the appliance and the patient’s experience of such use;
  - identifying, discussing and assisting in the resolution of poor or ineffective use of the appliance by the patient;
  - advising the patient on the safe and appropriate storage of the appliance; and
  - advising the patient on the safe and proper disposal of the appliances that are used or unwanted

* Specified appliances are listed in Part IXC of the Drug Tariff
AURs

• Any information which the pharmacist or specialist nurse considers necessary for the GP to be aware of, must be forwarded to the patient’s GP (if they are registered with one)

• Any information sent to a patient’s GP must also be copied to any nurse who is practising with the GP and providing relevant primary medical services to the patient, if it is known that there is such a nurse
Stoma Appliance Customisation (SAC)
SAC

- Involves the customisation of a quantity of more than one stoma appliance*, based on the patient’s measurements or a template.
- The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste.

* Stoma appliances suitable for this service are listed in Part IXC of the Drug Tariff.
Working together...

Questions, comments and next steps
Further information

- psnc.org.uk/nms
- psnc.org.uk/mur
- psnc.org.uk/flu
- psnc.org.uk/numsas
- psnc.org.uk/aur
- psnc.org.uk/sac