

## **NHS Community Pharmacy Contractual Framework Enhanced Service – Medication Review (Full Clinical Review)**

### **1. Service description**

- 1.1 A structured, critical examination of a patient's medicines with the objective of reaching an agreement with the patient about the continued appropriateness and effectiveness of the treatment, optimising the impact of medicines, minimising the number of medication related problems and reducing waste [Level 3 medication review - Room for Review 2002 <http://www.medicines-partnership.org/medication-review/welcome>]. The pharmacist will provide further advice and support regarding the patient's use of medicines and, where appropriate will refer the patient to another health care professional.
- 1.2 The pharmacy contractor may provide this service within the pharmacy, GP practice, domiciliary setting or other location, but will need access to the patient's medical notes in order to maximise impact, for example by assessing the ongoing requirement for a medicine and consideration of relevant test results.
- 1.3 This service will support people who may be experiencing problems with taking their medicines, particularly those with complex regimens. This service will also support the recommendations outlined within the NSF for Older People [*All people >75 should have a medication review every 12 months OR if they are prescribed 4 or more regular items the review should be carried out every 6 months*].

### **2. Aims and intended service outcomes**

- 2.1 To ensure patients are on optimum therapy by reviewing and making recommendations to improve therapy to the prescriber:
  - ◆ effectiveness of treatment;
  - ◆ appropriateness of treatment based on latest evidence;
  - ◆ adverse drug effects;
  - ◆ test results, interpreting them and acting on them where required; and
  - ◆ whether the recommendations of previous reviews have been acted upon;
  - ◆ recommend new treatments, e.g. aspirin or statins in CHD patients; and
  - ◆ if the pharmacist is a prescriber they would be able to make changes to the patient's treatment as agreed with the doctor.
- 2.2 To improve patient compliance with therapy by:
  - ◆ providing an opportunity for the patient to discuss concerns and ask questions about their medicines;
  - ◆ improving the patient's understanding of their medicines;
  - ◆ simplifying the medication regimen and drug ordering process where appropriate;
  - ◆ identifying practical problems in medicine taking and referring the patient for assessment of support required if necessary;
  - ◆ providing advice and support to the patient and carer, including referral to specialist centres or other health and social care professionals where appropriate; and
  - ◆ ensuring that there is active participation of the patient, with shared decision making and agreement about any changes.

### **3. Service outline**

- 3.1 The part of the pharmacy used for provision of the service provides a sufficient level of privacy and safety and meets other locally agreed criteria.
- 3.2 The pharmacy contractor has a duty to ensure that pharmacists involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service.

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- 3.3 The pharmacy contractor has a duty to ensure that pharmacists involved in the provision of the service are aware of and operate within local protocols.
- 3.4 The pharmacy should maintain appropriate records to ensure effective ongoing service delivery and audit.
- 3.5 The pharmacist has access to the patient's medical notes.
- 3.6 The PCO, local prescribers, pharmacist and other stakeholders will agree patient eligibility and referral criteria for this service.
- 3.7 The review will include patient assessment, full medication review and recommendations to the patient's GP as appropriate.
- 3.8 The frequency of review will be agreed by the PCO with local clinicians; however pharmacists may need to carry out a further review when in an individual case it is clinically justified.
- 3.9 Pharmacists will share relevant information with other health care professionals and agencies, in line with locally determined confidentiality arrangements.
- 3.10 At least one meeting per year may be arranged by PCOs to promote service development and update knowledge.
- 3.11 The PCO will need to provide a framework for the recording of relevant service information for the purposes of audit and the claiming of payment.
- 3.12 The PCO will need to provide details of relevant referral points which pharmacy staff can use to signpost service users who require further assistance.
- 3.13 The PCO should consider obtaining or producing health promotion material relevant to the service users.

#### **4. Suggested Quality Indicators**

- 4.1 The pharmacy has appropriate PCO provided health promotion material available for the user group and promotes its uptake.
- 4.2 The pharmacy reviews its standard operating procedures and the referral pathways for the service on an annual basis.
- 4.3 The pharmacy can demonstrate that pharmacists involved in the provision of the service have undertaken CPD relevant to this service.
- 4.4 The pharmacy can demonstrate from its monitoring which recommendations from the review are acted upon by the patient's GP and also where no feedback is provided by the GP.
- 4.5 The pharmacy participates in an annual PCO organised audit of service provision.
- 4.6 The pharmacy co-operates with any locally agreed PCO-led assessment of service user experience.

#### **Background information – not part of the service specification**

Medicines Partnership Medication Review website  
<http://www.medicines-partnership.org/medication-review/welcome>

#### **CPPE training which may support this service:**

Concordance open learning and workshop  
 Medicines management workshop series  
 Prescribing support open learning series.