

Community Pharmacy Services – briefing for GP practices

This document provides new information for GP practices about the changes to the NHS Community Pharmacy Contractual Framework (CPCF) in England. NHS Employers and the Pharmaceutical Services Negotiating Committee (PSNC) are working towards the implementation of two key service developments from 1 October 2011. These are:

- the introduction of a New Medicine Service (NMS)
- the introduction of nationally targeted Medicines Use Reviews (MURs).

New Medicine Service

The NMS is designed to provide early support to patients to maximise the benefits of the medication they have been prescribed. Proof of concept research^{1,2} was used in the development of the service which shows that an intervention by a pharmacist can help to improve patients' adherence to their medicine. In the research³ patients who used the service experienced fewer medicines problems and made less use of other NHS services, saving money and GP time.

The NMS can be provided to patients who have been newly prescribed a medicine in one of the following conditions/therapy areas:

- asthma and COPD
- type 2 diabetes

- antiplatelet/anticoagulant therapy
- hypertension.

For each condition/therapy area, a list of medicines has been agreed. If a patient is newly prescribed one of these medicines then they will be eligible to receive the service. The medicines are listed overleaf.

The service is split into three stages:

1. Patient engagement – following the prescribing of a new medicine covered by the service, patients may be recruited to the service by prescriber referral or opportunistically by the community pharmacy. The patient will be asked to consent for information to be shared with their GP as necessary.

The pharmacy will dispense the prescription and provide initial advice as it normally would.

2. Intervention – the intervention will take place between seven and 14 days after patient engagement at an agreed time and through a method agreed with the patient (this could be face to face or by telephone).

The pharmacist will use an interview schedule to assess the patient's adherence, identify problems and the patient's need for further information and support which the pharmacist will provide.

3. Follow up – the pharmacist will follow up with the patient 14 to 21 days after the intervention (again face to face or by telephone) to discuss how the patient is getting on with their medicine. They will also provide advice if required.

At both the intervention and follow up stages, the pharmacist



Asthma and COPD – Adrenoceptor agonists; Antimuscarinic bronchodilators; Theophylline; Compound bronchodilator preparations; Inhaled corticosteroids; Cromoglicate and related therapy, leukotriene receptor antagonists and phosphodiesterase type-4 inhibitors.

Type 2 Diabetes – Short acting insulins*; Intermediate and long acting insulins*; Antidiabetic drugs.

Antiplatelet/anticoagulant therapy – Oral anticoagulants; Antiplatelet drugs.

Hypertension – Thiazides and related diuretics; Beta-adrenoceptor blocking drugs*; Vasodilator antihypertensive drugs; Centrally acting antihypertensive drugs; Alpha-adrenoceptor blocking drugs*; Drugs affecting the renin-angiotensin system*; Calcium-channel blockers*.

* where the community pharmacist can determine that the medicine has been newly prescribed for the specified condition.

may identify a problem which requires the prescriber to review the prescription. Where this is required, the pharmacist will complete an NMS feedback form to provide the GP with the details they require. This form is included at **Annex A**. The feedback form was designed by the Professional Relationships Working Group which is made up of NHS Employers, PSNC and the GPC.

Targeted Medicines Use Reviews

MURs aim to improve a patient's knowledge, understanding and use of their medicines. Unlike the NMS where patients have been newly prescribed a medicine, patients who have an MUR are likely to have been taking the medicine for a period of time.

From 1 October 2011, pharmacies must ensure that

at least 50 per cent of the MURs they provide are targeted on patients who:

- are taking "high risk medicines" (diuretics, NSAIDs, antiplatelets and anticoagulants)

- have been recently discharged from hospital with an amended medicines regimen. Ideally, patients who are discharged from hospital will receive an MUR within four weeks of discharge but in certain circumstances the MUR can take place within eight weeks of discharge
- have respiratory disease.

As now, MURs will cover all the patient's medicines not just those that fall within a target group. Pharmacists will still be able to provide MURs to patients who fall outside of the target groups who they think would benefit from the intervention.

To gain maximum value and benefits from the services, it is important that effective communication and reporting processes are agreed between GP practices and community pharmacies.

References

¹ Barber N, Parsons J, Clifford S, Darracott R, Horne R. (2003): 'Patients' problems with new medication for chronic conditions'. *Qual Saf Health Care* (2004) 13: 172–175

² Clifford S, Barber N, Elliott R, Hartley E, Horne R. (2006): 'Patient-centred advice is effective in improving adherence to medicines'. *Pharm World Sci* (2006) 28: 165–170

³ Elliott R A, Barber N, Clifford S, Horne R, Hartley E. (2007): 'The cost effectiveness of a telephone-based pharmacy advisory service to improve adherence to newly prescribed medicines'. *Pharm World Sci* (2008) 30: 17–23

Further information about the changes to the Community Pharmacy Contractual Framework can be found on the NHS Employers (www.nhsemployers.org/CPCF2011-12) and PSNC (www.psn.org.uk/contract) websites.

Annex A

NHS New Medicine Service Feedback form



Date

To: **GP Practice name**

Re: **Patient name**

DOB:

NHS number:

Patient address:

This patient was recently enrolled on the NHS New Medicine Service following the prescribing of:

Medicine name

I am writing to inform you of a matter that has arisen during provision of the service which requires your consideration:

- Potential drug interaction(s)
- Potential side effects/adverse drug reaction preventing use of medicine
- Patient reports not using medicine any more
- Patient reports never having started using medicine
- Patient reports difficulty using the medicine – issue with device
- Patient reports difficulty using the medicine – issue with formulation
- Patient reports lack of efficacy
- Patient reports problem with dosage regimen
- Patient reports unresolved concern about the use of the medicine
- Other (see comments below)

Further information/comments/possible action:

I have advised the patient that, where appropriate, the practice will contact them regarding this matter after considering the above information. Please provide any necessary feedback to me on the outcome.

Pharmacist name

Telephone:

Pharmacist

Pharmacy name

Address 1

Address 2

Address 3

Postcode

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