

Evaluation of Community Pharmacy Medicine Use Review (MUR) Service in Northern Ireland

July 2021

Introduction

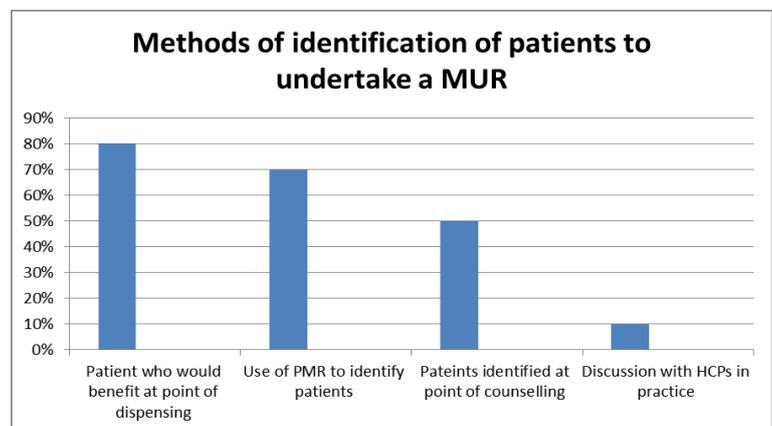
The Medicines Use Review (MUR) Service was introduced in 2013, as a structured patient-centred service, for improving patient understanding, adherence and use of medicines in the treatment of long term respiratory conditions and diabetes. Almost all pharmacies (96%) were contracted to provide the service with approximately 70% of pharmacies actively providing the service.

An evaluation of the service has been carried out by the School of Pharmacy and Pharmaceutical Sciences, Ulster University, Coleraine. Information was obtained from Community Pharmacists (CPs), GPs, Health Care Professionals (HCPs) and members of public who had been involved in the service. A summary of the evaluation is detailed in this briefing. The full evaluation report is available [here](#).

Patient Identification

Data analysed from MUR consultations showed that 54% were carried in males and 46% in females, with the majority (51%) being completed for patients aged 60-79 years. There were more MURs (initial and follow up) noted for respiratory patients than those with diabetes.

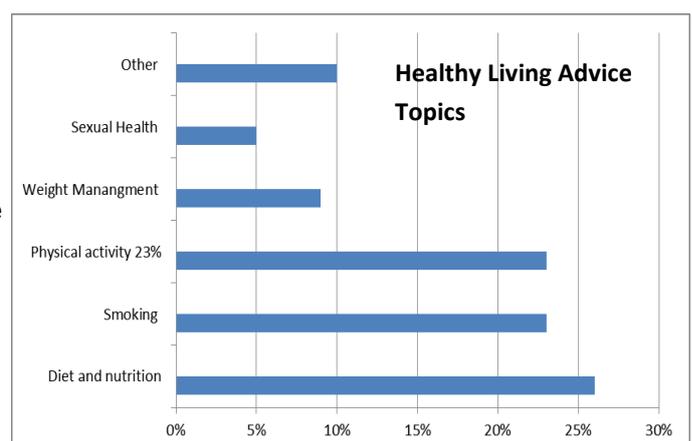
Various methods were used to identify patients who would benefit from a medicines use review. The majority of patients were identified by the community pharmacist at the point of dispensing (83%). Referral from other health care professionals in GP practice was very low, only 10%



Community pharmacist (CP) perceptions of the benefits of MUR service

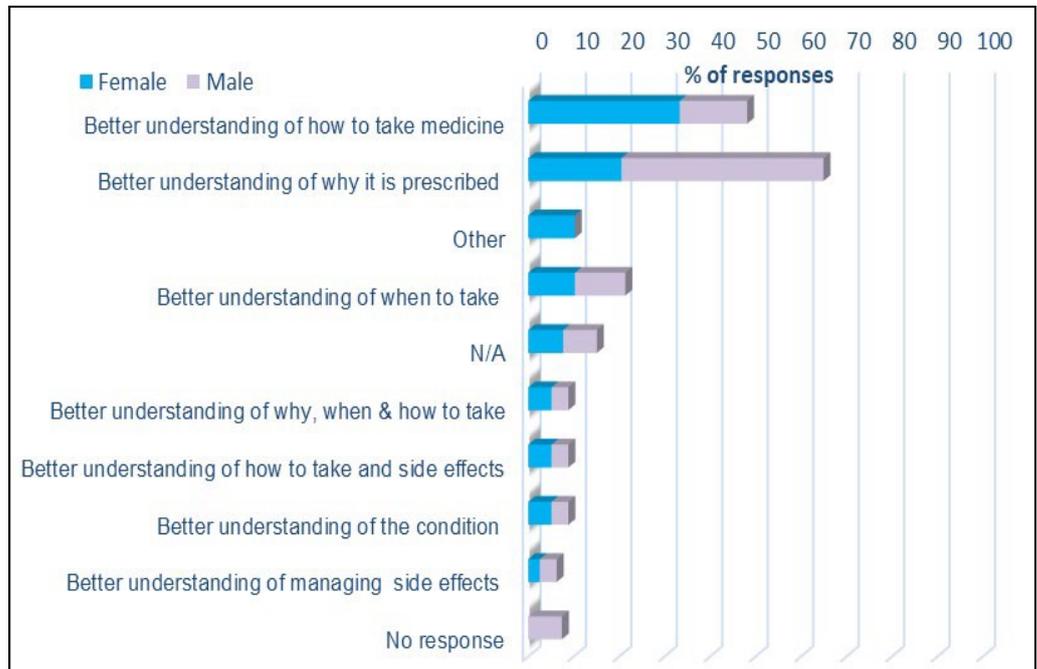
CPs noted that the most significant impact of MUR for patients was to ensure that patients are informed about their medicines (90%). This was important as the review showed that non adherence to medications occurred in 21% of patients, with those in the older age groups being less likely to follow their medicines regime. 86% of the CPs felt that the MUR helped to form relationships with patients. While the reduction of drug expenditure and wastage was considered less of an impact (52%).

In 30% of the MUR consultations the pharmacist gave healthy living advice to the patient. The advice given covered a wide range of topics including stop smoking, weight management.



Patient Outcomes

An assessment of the views of the patients on the provision of the MUR service was sought to gain an understanding of the patients experience. The aim of the service is to empower patients to achieve optimal effects from their medication which will in turn reduce wastage and costs for the healthcare system. The majority of patient indicated that they had a better understanding of why their medication was prescribed and how to take it.



GP referrals

As part of the MUR the community pharmacists were required to inform the patients GP of any issues that required action. Of the referrals to GP the most common disease group was asthma (52%) followed by type 2 diabetes (26%) and COPD (22%). The most common referral was to review patient technique when using a device while suggestions to de prescribe potentially inappropriate medicines and recommendation to undertake a clinical review were the least common referral. Half of the recommendations (50%) were actioned by the HCP in the general practice. The remaining recommendations were partially actioned (28%) or not actioned (22%). The reasons for not actioning the recommendations within the practice included not receiving the MUR documentation at time of review and that the recommendations would be actioned in secondary care.

Conclusions from the evaluation

The evaluation showed the beneficial impact of community pharmacy-based MUR for patients with long term medical conditions. Community pharmacists (CPs) positively recognised the value of MURs in building relationships with patients and ensuring that patients are informed about their medicines

There is a high level of acceptability by patients but although it is freely available to all patients, CPs were mostly generating the invitation for the MUR to be undertaken. This may be partly due to the fact that patients generally were not aware of the service. Patients believed that their CP is a trusted healthcare professional however they are generally unaware of the full range of services that community pharmacy can provide.

The service was well received by patients. They reported that both their adherence and knowledge of their prescribed medicines had improved. Many stated that they would recommend the service to family and friends.

GPs were generally not aware of the service. Enhancing communication between the CP and all healthcare professionals is important as it will influence better use and integration of community pharmacy services within the primary care pathway for patients.