

Targeted Medicines Use Review Service specification

1. Service Description

The Medicines Use Review (MUR) aims to help patients use their medicines more effectively. Following the review, recommendations made to prescribers may also relate to the clinical or cost effectiveness of the treatment.

2. Aims of the Service

To improve patient knowledge, adherence and use of their medicines by:

- establishing the patient's actual use, understanding and experience of taking their medicines
- identifying, discussing and resolving poor or ineffective use of their medicines
- identifying side effects and drug interactions that may affect adherence
- improving the clinical and cost effectiveness of prescribed medicines and reducing medicine wastage.

3. Service Specification

- 3.1 The pharmacist will perform an MUR to help assess any problems patients have with their medicines and to help develop the patient's knowledge of their medicines.
- 3.2 There will be a limit to the number of MURs that may be provided at each community pharmacy in any year (1 April to 31 March). This will be confirmed by the HSCB annually.
- 3.3 Within this specification a MUR can be carried out for all respiratory or diabetic patients who are taking multiple medicines including one or more of the following medicines included in the following BNF subsections:

BNF Reference	BNF subsection descriptor
3.1.1 3.1.2 3.1.3 3.1.4	Adrenoceptor agonists Antimuscarinic bronchodilators Theophylline Compound bronchodilator preparations Corticosteroids
3.2 3.3	Cromoglicate and related therapy, leukotriene receptor antagonists and phosphodiesterase type-4 inhibitors
6.1.1 6.1.2	Insulins Antidiabetic drugs

- 3.4 The MUR will normally be carried out face to face with the patient in the community pharmacy. The part of the pharmacy used for the provision of MURs must meet the following requirements for consultation areas:
- the consultation area should be where both the patient and the pharmacist can sit down together
 - the patient and pharmacist should be able to talk at normal speaking volumes without being overheard by any other person (including pharmacy staff)
 - the consultation area should be clearly designated as an area for confidential consultations, distinct from the general public areas of the pharmacy.
- 3.5 All patients receiving the MUR service must sign a consent from which allows the pharmacy contractor to share information from the MUR with:
- the patient's GP, as necessary
 - the Regional Board as part of a clinical audit
 - Regional Board, the Business Services Organisation (BSO), the Department of Health, Social Services and Public Safety (DHSSPS), healthcare practitioners and other health and social care bodies for the purposes of administering and managing health and social care services and to verify that the service has been delivered by the pharmacy as part of post-payment verification
- 3.6 MUR can only be conducted with patients on multiple medicines. MURs should only be provided for patients for whom a full prescription history is available. The next MUR should normally be conducted 12 months after the last MUR unless in the reasonable opinion of the pharmacist the patient's circumstances have changed sufficiently to justify one or more further consultations during this period.
- 3.7 Pharmacists may initiate MURs accept referrals for MURs from other healthcare professionals, and pharmacists can accept requests from patients for an MUR to be conducted as long as the criteria laid out in 3.6 are met.
- 3.8 The pharmacist should capture and retain a clinical record including the MUR dataset for every MUR consultation undertaken. The data collected from each MUR should be kept for eight years from the date the service is completed for an adult and may be stored electronically. For children and young people, the record should be maintained until the patient's 25th birthday or 26th if the young person was 17 at the time that the service was provided. The information to be collected during the MUR is outlined below:

1. Patient demographic details	<ul style="list-style-type: none"> ➤ name ➤ address ➤ gender ➤ date of birth ➤ HSC number (where available) ➤
2. Registered GP practice	
3. Target group	<ul style="list-style-type: none"> ➤ Respiratory ➤ Diabetes
4. Total number of	<ul style="list-style-type: none"> ➤ prescribed

medicines being used by patient:	<ul style="list-style-type: none"> ➤ over the counter and complementary therapies
5. Healthy living advice provided at MUR (using the following options):	<ul style="list-style-type: none"> ➤ diet and nutrition ➤ smoking ➤ physical activity ➤ alcohol ➤ sexual health ➤ weight management ➤ other ➤ healthy living advice not applicable at this consultation
6. Matters identified during the MUR (using the following options):	<ul style="list-style-type: none"> ➤ patient not using a medicine as prescribed (non-adherence) ➤ problem with pharmaceutical form of a medicine or use of a device ➤ patient reports need for more information about a medicine or condition ➤ patient reports side effects or other concern about a medicine ➤ other
7. No matters identified during MUR	
8. Action taken/to be taken (using the following options):	<ul style="list-style-type: none"> ➤ information/advice provided ➤ yellow card report submitted to MHRA ➤ referral – patient's issues raised with the medicine need to be considered by the GP practice or another primary health care provider ➤ arrange follow-up MUR consultation ➤ other
9. As a result of the MUR the pharmacist believes there will be an improvement in the patient's adherence to the medicines as a result of the following (more than one may apply):	<ul style="list-style-type: none"> ➤ better understanding/reinforcement of why they are using the medicine/ what it is for ➤ better understanding/reinforcement of when/how to take the medicines ➤ better understanding/reinforcement of side effects and how to manage them ➤ better understanding/reinforcement of the condition being treated.
10. Follow –up consultation	<ul style="list-style-type: none"> ➤ Reason for follow-up ➤ Issues identified ➤ Action taken

3.9 Pharmacists may wish to keep additional clinical records over and above the MUR dataset to support their ongoing care of the patient.

3.10 Pharmacists providing the service will have achieved the agreed competencies for the service.

3.11 Interventions made as part of an MUR may include:

- Advice on medicines usage (prescribed and OTC), aiming to develop improved adherence
- Effective use of 'when required' medication
- Ensuring appropriate use of different medicine dosage forms, e.g. inhaler type, soluble tablets
- Advice on tolerability and side effects
- Dealing with practical problems in ordering, obtaining, taking and using medicines
- Identification of items without adequate dosage instructions
- Identification of unwanted medicines (where the patient is no longer taking the medicines)
- Identification of the need for a change of dosage form to facilitate effective use
- Proposals on changing branded medicines to generics (exclusions will apply)
- Proposals on changing generic to branded where appropriate to ensure consistent supply or when clinically appropriate
- Proposals for dose optimisation (higher strength substitution where multiple doses of lower strength products are prescribed, provided it does not interfere with the patient's clinical management)
- Suggestions to improve clinical effectiveness. These interventions could be agreed at a local level between the HSCB, pharmacist and prescribers.

3.12 Where interventions have been made by the pharmacist, patients may be offered a follow-up consultation at 4 weeks after the MUR takes place to give the patient the opportunity for further discussion to provide feedback on their condition and for the pharmacist to reinforce issues identified within the MUR if appropriate (guidance to provide further information).

3.13 Periodically, pharmacies may be asked to distribute equality monitoring forms along with prepaid envelopes to patients availing of Medicines Use Review services.

Reporting

3.14 In order to provide the HSCB with a summary of information on MURs conducted, pharmacies should complete the approved HSCB reporting template by collating the necessary data from pharmacy records for the MURs conducted. Completed templates should be provided to the HSCB electronically monthly.

3.15 The data to be provided to the HSCB on request is set out below:

1. Total number of MURs delivered to patients	
2. Target group	<ul style="list-style-type: none">➤ Respiratory➤ Diabetes

3. Total number of medicines being used by patients who received an MUR during the quarter, sub-divided between	<ul style="list-style-type: none"> ➤ prescribed ➤ over the counter and complementary therapies
4. Number of patients where a medication issue was identified by the registered pharmacist and action was taken.	
5. Number of patients referred back to the GP practice or another primary health care provider.	
6. Number of patients where, as a result of the MUR, the registered pharmacist believes there will be an improvement in the patient's adherence to the medicines and type of benefit (more than one may apply):	<ul style="list-style-type: none"> ➤ better understanding of why they are using the medicine/what it is for ➤ better understanding of when/how to take the medicines ➤ better understanding of side effects and how to manage them ➤ better understanding of the condition being treated.
7. Total number of patients given brief advice about a healthier lifestyle and type of advice:	<ul style="list-style-type: none"> ➤ diet and nutrition ➤ smoking ➤ physical activity ➤ alcohol ➤ sexual health ➤ weight management ➤ other
8. Total number of patients receiving follow-up consultation	
9. Issues identified at follow-up	<ul style="list-style-type: none"> ➤ change in way patients take their medicines ➤ better understanding of why they are using the medicine/what it is for ➤ better understanding of when/how to take the medicines ➤ better understanding of side effects and how to manage them ➤ better understanding of the condition being treated ➤ additional issues identified ➤ patient feed-back on MUR service

