

September 2011

Changes to the Community Pharmacy Contractual Framework from 1 October 2011

Why good hospital and community pharmacy engagement will be key to delivering improved patient outcomes

Why do we need to engage?

From 1 October 2011 patients who have had a change to their medicines while they were in hospital or have been prescribed a new medicine (see Annex A) are eligible for a post discharge Medicines Use Review (MUR) or the New Medicine Service (NMS). It is important that hospital pharmacy teams and community pharmacists work together so that patients who are eligible for an MUR or the NMS are identified and referred as smoothly as possible.

Annex A provides more information about the NMS and MURs.

What are the benefits?

When patients move care settings there is a risk that their medicines may be unintentionally altered and hospital and community pharmacists, along with other healthcare professionals, already play a key role in minimising this risk. Getting hospital and community pharmacists to work together on MURs and the NMS will help to ensure that patients are getting the maximum benefit from their medicines when they are in hospital and when they return home. It would also be beneficial for hospital physicians and nurses to know about the services and refer as appropriate.

Proof of concept research¹² was used in the development of the NMS which showed that an intervention by a pharmacist can help to improve patients' adherence to their medicine. The research³ showed that the intervention can reduce medicine related hospital admissions and patients who used the service experienced fewer medicines problems and made less use of other NHS services.

Next steps

NHS Employers and PSNC convened a hospital and community pharmacy reference group, chaired by Martin Stephens, National Clinical Director for Hospital Pharmacy at the Department of Health. To aid engagement between hospital and community pharmacists the reference group will:

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](#)

- produce a standardised national referral form. The form is for hospital pharmacy colleagues to complete when a patient is discharged and they can either give this to the patient to present at their community pharmacy or send the form to the community pharmacy on the patient's behalf. The form can be amended to suit local needs
- produce a leaflet for the patient when they leave hospital outlining the services that community pharmacy has to offer. The leaflet can be amended to suit local needs
- produce a feedback form for community pharmacists to send to hospital pharmacy colleagues when they have referred a patient for an MUR or NMS and have asked for feedback.

As we progress these actions we encourage local discussions to take place between community pharmacists and hospital pharmacists. This could be facilitated by Local Pharmaceutical Committees, the Royal Pharmaceutical Society's Local Practice Forums and PCTs.

Annex A - key information about the NMS and MURs

NMS

The NMS is designed to provide early support to patients to maximise the benefits of the medication they have been prescribed. 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 below.

Asthma and COPD

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

Type 2 diabetes

| BNF Reference | BNF subsection descriptor |
|---------------|---|
| 6.1.1.1 | Short acting insulins (where the community pharmacist can determine that the medicine has been newly prescribed for a patient with Type 2 diabetes) |

| | |
|---------|---|
| 6.1.1.2 | Intermediate and long acting insulins (where the community pharmacist can determine that the medicine has been newly prescribed for a patient with Type 2 diabetes) |
| 6.1.2 | Antidiabetic drugs |

Antiplatelet/anticoagulant therapy

| BNF Reference | BNF subsection descriptor |
|---------------|---------------------------|
| 2.8.2 | Oral anticoagulants |
| 2.9 | Antiplatelet drugs |

Hypertension

| BNF Reference | BNF subsection descriptor |
|---------------|---|
| 2.2.1 | Thiazides and related diuretics |
| 2.4 | Beta-adrenoceptor blocking drugs (where the community pharmacist can determine that the medicine has been newly prescribed for a patient with hypertension) |
| 2.5.1 | Vasodilator antihypertensive drugs |
| 2.5.2 | Centrally acting antihypertensive drugs |
| 2.5.4 | Alpha-adrenoceptor blocking drugs (where the community pharmacist can determine that the medicine has been newly prescribed for a patient with hypertension) |
| 2.5.5 | Drugs affecting the renin-angiotensin system (where the community pharmacist can determine that the medicine has been newly prescribed for a patient with hypertension) |
| 2.6.2 | Calcium-channel blockers (where the community pharmacist can determine that the medicine has been newly prescribed for a patient with hypertension) |

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.

Targeted MURs

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% of the MURs they provide are targeted on patients who:

- are taking a “high risk medicine” in the list below

| BNF reference | BNF subsection descriptor |
|---------------------|---|
| BNF 10.1.1 | NSAIDs |
| BNF 2.8.2 and 2.8.1 | Anticoagulants (including low molecular weight heparin) |
| BNF 2.9 | Antiplatelets |
| BNF 2.2 | Diuretics |

- 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 . In order for patients to be eligible for a respiratory MUR they must be taking a medicine that is on the asthma and COPD list for the NMS

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