

Guidance on the Medicines Use Review service

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1. Introduction

The Medicines Use Review (MUR) service was introduced in April 2005 as the first advanced service for community pharmacy. Changes to the MUR service came into effect on 1 October 2011 and are designed to help community pharmacy demonstrate the benefits of the service to commissioners and provide assurance that it is a high quality, value for money service that can yield positive health outcomes for patients.

This guidance provides details of the changes to the MUR service and is aimed at commissioners of community pharmacy, as well as pharmacy contractors and individual pharmacists who deliver the service.

The underlying purpose of the MUR service is:

“...with the patient’s agreement, to improve the patient’s knowledge and use of drugs by in particular –

- (a) establishing the patient’s actual use, understanding and experience of taking drugs*
- (b) identifying, discussing and assisting in the resolution of poor or ineffective use of drugs by the patient*
- (c) identifying side effects and drug interactions that may affect the patient’s compliance with instructions given to them by a health care professional for the taking of drugs*
- (d) improving clinical and cost effectiveness of drugs prescribed to patients, thereby reducing the wastage of such drugs.”¹ (Direction 4(2)).*

The new requirements of the MUR service are:

- the introduction of three national target groups
- at least 50 per cent of all MURs are undertaken on patients who fall within one or more of the national target groups
- for patients to give their signed consent to receive the MUR service and for their information to be shared with the GP, PCT, NHS Business Services Authority and the Secretary of State for Health
- for the pharmacy to provide information to the PCT from the records of MURs undertaken.

¹ The Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2011.

The medicines in the target group will identify if a patient is eligible for an MUR. As is the case now, in an MUR pharmacists need to consider **all** the medicines a patient is taking, including those that aren't prescribed, and not just those that fall within a target group. This also applies to patients who receive an MUR who are not in a target group.

Appendix 1 provides some helpful information on what an MUR is and what it is not.

The MUR service specification agreed by NHS Employers and the Pharmaceutical Services Negotiating Committee (PSNC) is available on the [NHS Employers](#) and [PSNC](#) websites and at appendix 2.

A list of suggested questions has been developed by an expert panel to help shape the discussion pharmacists have with patients during the MUR consultation. The questions are not compulsory, but pharmacists may find them useful to obtain the maximum amount of information from the patient's perspective as is possible. The suggested questions can be found at appendix 3.

2. The regulatory framework

The [Pharmaceutical Services \(Advanced and Enhanced Services\) \(England\) Directions 2011](#) (the 2011 Directions) set out the regulatory framework for the provision of the MUR service. The 2011 Directions replace all earlier Directions setting out the requirements for pharmaceutical advanced and enhanced services. PCTs and pharmacy contractors should familiarise themselves with the 2011 Directions and any subsequent amendments.

The 2011 Directions place an obligation on a PCT to 'make arrangements for the provision of MURs' with any pharmacy contractor on its pharmaceutical list (Direction 4(1)). However, pharmacy contractors must first meet certain conditions and be willing to provide the service. Those contractors which secured inclusion in the pharmaceutical list through the control of entry exemptions (other than the distance selling pharmacies) may be required to provide the service by virtue of Regulation 13(3) or 14 of the 2005 Regulations (Direction 4(1)). Such pharmacies are:

- out of town retail area pharmacies
- 100 hour pharmacies
- pharmacies within a new one-stop primary care centre.

Where, in the Directions, the PCT is required to 'make arrangements with' a pharmacy contractor to provide one of the advanced services, there is no special requirement on the PCT to actually do anything before the services are provided. The pharmacy contractor must notify the PCT that it wishes to begin providing the service, and provide the copies of the MUR certificates required under the Directions, then it may provide the service. However, once the pharmacy has begun to provide the advanced service, the PCT will have an obligation to ensure that it is providing the service in compliance with the Directions and any approved particulars.

The NHS Primary Care Commissioning (NHS PCC) Community Pharmacy Assurance Framework (CPAF) is being updated to include all the amendments arising from the 2011 Directions. This document will explain not only the new requirements that came into effect on 1 October 2011, but also the existing requirements.

3. Conditions to be met by pharmacy contractors

3.1 Condition 1 – compliance with essential services and clinical governance

As with all advanced services, pharmacy contractors must be satisfactorily complying with the essential services set out in Part 2, Schedule 1 of the 2005 Regulations and the clinical governance system set out in paragraph 26, Schedule 1 of the 2005 Regulations (Direction 4(3)). PCTs and contractors will note that the clinical governance system has been amended from 1 October 2011.

Where a pharmacy contractor is not meeting this requirement they will be unable to provide the service.

3.2 Condition 2 – requirement for MUR certificates

MURs can only be provided by registered pharmacists who have an MUR certificate and the pharmacy contractor is required to provide a copy of such certificates to the PCT prior to entering into an arrangement to provide MURs (Direction 4(4)). Contractors will wish to ensure they are able to check that the registered pharmacist has an MUR certificate before employing or engaging them to provide MURs. PCTs should ensure that they advise contractors who to send copies of the MUR certificates to.

The MUR certificate is defined within the 2011 Directions as:

“a statement of satisfactory performance certificate awarded or endorsed by a higher education institute being evidence that a person has satisfactorily completed an assessment relating to the competency framework for registered pharmacists providing MUR services approved by the Secretary of State”.

The approved competency framework can be found in annex C of [Implementing the new community pharmacy contractual framework](#). The PSNC has produced further information on the [accreditation requirements](#) for pharmacists.

Where a pharmacy contractor provides services from more than one set of premises they will need to consider where the MUR certificates are stored. They could be stored at the premises where the registered pharmacist works, or it may be easier to keep them at head office, particularly where registered pharmacists work at more than one of their pharmacies. Such contractors will need to ensure that copies of certificates are available, if for example, the PCT identifies discrepancies during the course of any monitoring or audit. In such circumstances, the PCT will make a request for a copy of the certificate and the copy should be sent by the contractor as soon as possible. The individual pharmacist may also want to retain a copy for their Continuing Professional Development (CPD) record.

PCTs will wish to ensure they have access to accurate and up-to-date records showing which of their community pharmacies are providing the MUR service, and also which registered pharmacists at those pharmacies have submitted evidence of their MUR certificate.

3.3 Condition 3 – acceptable locations

The MUR service can only be provided at an ‘acceptable location’ which is defined within Direction 4(5) of the 2011 Directions.

At the pharmacy premises

Where a pharmacy contractor wishes to provide the MUR service at their premises they must have an area for confidential consultations which is:

- clearly designated as an area for confidential consultations
- distinct from the general public areas of the pharmacy
- an area where both the patient and the pharmacist are able to sit down together and talk at normal speaking volumes without being overheard by any other person, which includes staff working at the pharmacy. (Direction 4(5)(a)).

The Directions are not intended to prevent the presence of other persons where the patient requests, or consents. For example, where the pharmacist uses a chaperone, or wishes to include a pre-registration trainee in the consultation as part of their training, this would be allowed if the patient consents. Similarly, the patient may prefer that they are accompanied by another person during the consultation.

If the service is provided when the pharmacy is closed to other members of the public then the first two bullet points do not apply, but the third does. When assessing their compliance with the third bullet point pharmacy contractors will wish to consider the needs of patients with hearing difficulties.

Contractors may find it helpful for the consultation area to include a table or workbench. Contractors may also wish to include space for a computer terminal to be installed in the consultation area. Pharmacy contractors will want to give consideration to possible future uses of consultation areas when they are being installed. For example, if the pharmacy is commissioned to provide diagnostic testing services in the future, it may need hand washing facilities in the consultation area. The National Pharmacy Association (NPA) has produced [guidance](#) (available to NPA members) on the best use of consultation areas.

In an area for confidential consultations at premises other than the pharmacy

Where a pharmacy contractor wishes to provide the service at premises other than the pharmacy, for example at a GP practice, then the same standards apply, i.e. the area for confidential consultations is:

- clearly designated as an area for confidential consultations
- distinct from the general public areas of the premises
- an area where both the patient and the pharmacist are able to sit down together and talk at normal speaking volumes without being overheard by any other person, which includes staff working at the pharmacy. (Direction 4(5)(b)). Again, other persons may be present where the patient requests this or consents.

The PCT must have approved the premises at which the pharmacy contractor will provide those services, and that approval must not have been withdrawn by the PCT. The PCT has no authority to specify the conditions that must apply to such premises. The purpose of requiring PCT approval is to ensure that the setting is appropriate.

At a patient's home or at a care home

To provide the MUR service to a particular patient on a particular occasion at premises other than those covered above (for example at the particular patient's home), the pharmacy contractor must obtain the PCT's approval (Direction 4(5)(c)(i)).

To provide the MUR service to a particular category of patients at premises other than those covered above (for example to a number of patients who live in a specific care home or to a number of patients who live in different nursing homes), the pharmacy contractor must obtain the PCT's approval and the PCT may place conditions on its approval or specify particular circumstances as to when the service may be provided (for example the PCT may wish to ensure there are adequate levels of confidentiality for the consultation) (Direction 4(5)(c)(ii)).

If a pharmacy contractor wishes to provide the MUR service at premises other than their own, then they may be required by the PCT to provide an enhanced Criminal Records Bureau (CRB) certificate for the pharmacist or pharmacists who will be providing the service. This is not required by the 2011 Directions.

Over the telephone

MURs may be provided over the telephone to a particular patient on a particular occasion. This may only be done:

- in circumstances where the telephone conversation cannot be overheard, except by someone whom the patient wants to hear the conversation, for example a carer
- with the PCT's approval for the pharmacist to do so on that particular occasion. (Direction 4(6)).

Pharmacy contractors are therefore not routinely expected to provide this service over the telephone and are required to seek the PCT's approval each and every time they wish to do so.

Distance selling pharmacies

There has been some confusion as to whether distance selling pharmacies are able to provide advanced services at their premises. Regulation 13(4) of the 2005 Regulations states that such pharmacies may not provide or offer to provide pharmaceutical services from their premises. The definition of the term pharmaceutical services in this regulation only includes the provision of essential services. They may therefore provide advanced services from their premises but must ensure that when doing so they do not provide any element of essential services.

4. Ongoing conditions for pharmacy contractors

Where the PCT enters into arrangements with a pharmacy contractor to provide the MUR service, Direction 5 sets out the requirements for those arrangements. Arrangements with a community pharmacy to provide the MUR service at or from a particular location are to be treated as taking effect once the PCT has received:

- notice from the community pharmacy of their intention to start providing the MUR service (if they are not already doing so)
- copies of the MUR certificates for those pharmacists who will provide the service. (Direction 5(3))

PCTs and contractors are advised to ensure they are aware of these ongoing requirements. PCTs are advised to write and confirm receipt of the notice from the community pharmacy of their intention to start providing the MUR service and copy MUR certificates.

As above, PCTs will wish to ensure their community pharmacies are aware to whom they should send the notice of their intention to start providing the MUR service and copies of the MUR certificates. PCTs should ensure they maintain accurate records of the information they receive.

The PSNC has developed a [form](#) that contractors may choose to use when notifying their PCT of their intention to start providing the MUR service.

5. Patient consent

One of the changes implemented from October 2011 is the requirement for patients to give their signed consent to receive the MUR service. If a patient refuses to give their consent then the pharmacy contractor may not provide the MUR service to them (Direction 5(1)(o)).

The patient consent arrangements for MURs are the same as those for the New Medicine Service (NMS) and in order for patients to access the service they must give signed consent for their information to be shared with the GP, PCT, NHS Business Services Authority and the Secretary of State for Health.

The Secretary of State has approved the following wording that is to be used on MUR patient consent forms.

Approved patient consent wording

Consent to participate in the NHS Medicines Use Review service

I agree that the information obtained during the service can be shared with:

- my doctor (GP) to help them provide care to me
- the primary care trust (PCT – the local health authority) or successor organisation to allow them to make sure the service is being provided properly by the pharmacy
- the primary care trust (PCT) or successor organisation, the NHS Business Services Authority (NHSBSA) and the Secretary of State for Health to make sure the pharmacy is being correctly paid by the NHS for the service they give me.

Pharmacy contractors should note that they are not allowed to adapt or change the approved wording in any way, although they may add their own logo to a consent form if they wish.

This requirement will help to support the development of an MUR evidence base for the value of MURs and will enable commissioners to better quality assure MURs.

Where a pharmacist believes that it is necessary to share information about the intervention with other prescribers or healthcare providers not covered above, they will be able to seek consent from the patient to share this information. For example, the pharmacist will need to seek the patient's consent to share information with a hospital colleague who has referred the patient to the MUR service and has asked for feedback about the MUR.

The MUR patient information leaflet text has been amended to reflect this change. You can download the leaflet text from the [NHS Employers](#) and the [PSNC](#) websites. Contractors may use the nationally agreed text in any patient information leaflets they produce for the service but are also free to use their own wording.

6. Patient eligibility

Unless a pharmacist has concerns regarding a patient's adherence to their medication regimen (in which case a prescription intervention MUR may be offered), MURs may only be offered to patients who have received pharmaceutical services from the community pharmacy for a period of at least three consecutive months (Direction 5(1)(e)).

Similarly, a patient must not have more than one MUR consultation in any 12-month period unless it is the registered pharmacist's reasonable opinion that the patient's circumstances have changed sufficiently to justify one or more further consultations during that period (Direction 5(1)(f)(i)). Pharmacists are advised to ensure they document their reasons as to why they are providing a further MUR within 12 months of a previous one.

If a patient has received a consultation as part of the New Medicine Service (NMS) then they may not normally have an MUR within six months (Direction 5(1)(f)(ii)). However, if it is the registered pharmacist's reasonable opinion that there are significant potential benefits to the patient then they may offer an MUR. Pharmacists are advised to ensure they document their reasons as to why they are providing an MUR within six months of an NMS consultation.

One of the main changes to the service from 1 October 2011 is the introduction of eligibility criteria for patients to whom the MUR service may be offered.

The MUR service is only to be provided to patients who are being prescribed more than one drug, unless the only drug they are being prescribed is a 'high risk medicine' (i.e. those listed in paragraph 1 of Schedule 1 to the Directions). Pharmacists should ensure they have a list of those. (Direction 5(1)(n)).

Additionally, at least 50 per cent of all MURs must be carried out with patients who are in one or more of the national target groups, which are set out in Schedule 1 of the 2011 Directions (Direction 5(1)(g)). Pharmacy contractors will wish to ensure they review the patient recruitment section of their SOP for the MUR service to ensure it reflects these changes.

Schedule 1 of the 2011 Directions confirms the three national target groups as patients who are:

- taking a high risk medicine
- recently discharged from hospital who had changes made to their drugs they are taking while they were in hospital
- prescribed certain respiratory drugs.

It is expected that pharmacists will select patients who will benefit most from the MUR service. All patients who receive an MUR should experience the same level of service regardless of their condition.

6.1 Patients taking high risk medicines

'High risk medicines' are defined within paragraph 1, Schedule 1 of the 2011 Directions as those that are listed in the following [British National Formulary](#) (BNF) sub-sections:

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

A reference group² was established to identify the most appropriate medicines for inclusion within this target group and the following principles were used to determine the list:

- The medicines should be associated with preventable harm, for example avoidable hospital admissions.
- Medicines where harm can be caused to the patient by omission, overuse or incorrect use and where the benefits of not taking the medicine are foregone.
- The type of harm caused by the medicines could be prevented by an MUR and the pharmacist will have the skills, knowledge and information to deliver it.

There were a number of other high-risk medicines discussed by the group, however it was agreed that the focus should be on medicines where an MUR could improve patient safety and that the purpose of an MUR was not to address problems associated with dosage but with medicines use. The group considered the evidence from recent data and a literature review on medicines that cause admissions to hospital to help inform their choice of medicines for the list.

As healthcare professionals it is appropriate to call these 'high-risk' medicines, however pharmacists should be mindful of using this term when communicating with patients taking these medicines in order not to raise concerns or cause patients to stop taking their medicines. Instead, it is recommended that the terms 'medicines requiring special attention' or 'safer use of key medicines' are used.

NHS Employers and the PSNC will work with the Department of Health to develop a process to ensure that this list is kept up-to-date.

6.2 Patients recently discharged from hospital

These are patients recently discharged from hospital who had changes made to their medicines while they were in hospital. 'Recently' is defined within paragraph 2, Schedule 1 of the 2011 Directions as meaning 'within the previous eight weeks'.

Ideally patients discharged from hospital will receive an MUR within four weeks of discharge but it is recognised that this might not always be practical so the MUR can take place up to eight weeks after discharge. A registered pharmacist should use their professional judgement to determine where a patient will benefit from such an MUR more than four weeks after discharge from hospital.

² The high risk medicines reference group included representatives from NHS Employers, PSNC, the Department of Health, the National Patient Safety Agency, the National Prescribing Centre, the Royal College of Physicians, Medway School of Pharmacy, the Royal Pharmaceutical Society, East and South East England Specialist Pharmacy Services and UK National Medicines Information.

Example: Identification of an eligible patient

Whilst in hospital a woman's medication is changed. After being discharged she goes to stay with her daughter for a few weeks. On returning home she orders her repeat prescription and visits her normal pharmacy to have it dispensed. Whilst she waits she chats to the counter assistant about her stay in hospital. The counter assistant mentions this to the pharmacist who identifies that the woman is eligible for a targeted MUR and offers the service to her.

This target group is for patients who have had a change to their medicine while they were in hospital. It does not include patients who have been discharged from outpatient clinics or intermediate care services (short-term help provided for patients following discharge from hospital).

NHS Employers and the PSNC convened a hospital and community pharmacy reference group³. The group has produced:

- a standardised national referral form. The form is for hospital staff to complete when a patient is discharged and they can either give this to the patient to present at their usual community pharmacy or send the form to the community pharmacy on the patient's behalf. The form can be amended to suit local needs
- a leaflet for patients when leaving hospital outlining the services that community pharmacy has to offer. The leaflet can be amended to suit local needs
- guidance for people working in hospitals about the benefits of linking with community pharmacies
- guidance for community pharmacists about working with hospital colleagues.

These documents are available on the [NHS Employers](#) and the [PSNC](#) websites.

6.3 Patients prescribed certain respiratory medicines

The final national target group set out in Schedule 1 of the 2011 Directions is patients taking a respiratory medicine included in the following BNF subsections:

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

Where a PCT instigates prescription switching they will wish to ensure they advise their community pharmacies so that they can identify patients who would then become eligible for the service.

³ The hospital and community pharmacy reference group includes representatives from NHS Employers, PSNC, the Department of Health, the Royal Pharmaceutical Society, Guild of Healthcare Pharmacists, Centre for Postgraduate Pharmacy Education, Royal College of Physicians, Pharmaceutical Advisors Group, East and South East England Specialist Pharmacy Services and NHS Milton Keynes.

7. Number of MURs that may be provided each year

No more than 400 MURs may be provided at each community pharmacy in any NHS financial year, which runs from 1 April to 31 March (Direction 5(1)(d)). This includes MURs offered at all acceptable locations, including those which the PCT has approved to be provided over the telephone.

The only exception to this is during the first financial year that the pharmacy contractor starts to provide the service. In this instance, where the PCT makes arrangements with a pharmacy contractor to provide the service on or after 1 October, the pharmacy contractor may only provide 200 MURs in that first financial year (Direction 5(2)). In subsequent years the pharmacy contractor may provide up to 400 MURs. It is therefore important that PCTs and pharmacy contractors are aware of when the arrangements are entered into. The arrangements will have been made as soon as the pharmacy has notified the PCT of its intention to provide the service and submitted copies of MUR certificates.

Each financial year, at least 50 per cent of all MURs must be undertaken on patients who fall within one or more of the national target groups (Direction 5(1)(g)). However, as regards the financial year ending 31 March 2012, only 50 per cent of the MURs undertaken from 1 October 2011 to 31 March 2012 need to be on such patients.

Numbers of MURs that may be provided 1 October 2011 – 31 March 2012

- **Pharmacy 1**

Pharmacy 1 submitted copies of its pharmacists' MUR certificates and the notice of their intention to start providing the MUR service to the PCT in April 2006. It has provided 150 MURs up to the end of September 2011. It may therefore provide up to 250 MURs between 1 October 2011 and 31 March 2012, of which at least 50 per cent (125 if the maximum number of MURs is provided) must be on patients who fall within one or more of the national target groups.

- **Pharmacy 2**

This pharmacy opened in November 2011 and submitted copies of its pharmacists' MUR certificates and the notice of their intention to start providing the MUR service to the PCT in the same month. It may therefore provide up to 200 MURs up to and including 31 March 2012, at least 50 per cent (100 if the maximum number of MURs is provided) of which must be on patients who fall within one or more of the national target groups.

The failure of a pharmacy to deliver at least 50 per cent of MURs to patients in the target groups constitutes a breach of the terms of service. PCTs should work with pharmacies throughout the year to monitor the number of targeted MURs that each pharmacy has delivered to ensure that they are on track to meet or exceed the 50 per cent target. PCTs can request contractors to complete the quarterly report on MUR activity (see below) to undertake this monitoring. In cases where a pharmacy does not meet the 50 per cent target, the PCT may decide to carry out due process. However, in deciding to do so, they would take into account any mitigating factors.

8. Record of the MUR service consultation

The 2011 Directions contain specific requirements as to the information that is to be recorded by community pharmacies regarding the MUR consultation and to whom it is to be provided.

8.1 Records of MUR consultations

The registered pharmacist who carries out the MUR must prepare a written record of the consultation (Direction 5(1)(h)). Currently an [approved form](#) is available on the Department of Health website for this purpose. Many patient medication record (PMR) systems contain MUR modules that can be used to record the details of MURs and print off the completed nationally specified form.

Written records (currently the approved forms) must be kept for at least two years after the MUR is carried out (Direction 5(1)(l)). Completed forms may be stored electronically (Direction 5(4)).

When storing copies of the completed form, community pharmacies should bear in mind the requirements of the information governance programme contained within the acceptable clinical governance system that they are required to have in place by virtue of paragraph 26, Schedule 1 of the NHS (Pharmaceutical Services) Regulations 2005, as amended (the 2005 Regulations).

A copy of the completed national form must be provided to the patient (Direction 5(1)(i)). Where changes are recommended, the pharmacist who has undertaken the MUR may like to advise the patient to take the completed MUR record with them the next time they see their GP.

8.2 Providing copies of the record to GPs

The community pharmacy is required to provide information to the patient's GP in certain circumstances. The Department of Health issued [guidance](#) which builds on the provisions set out in Direction 5(1)(k) on 14 December 2007 (Gateway reference 8612). This is summarised in the box below.

Provision of copies of the MUR service consultation record

- Where as a result of the MUR service consultation, a recommendation is to be made to the patient's GP (or their equivalent) the pharmacist shall provide to them within seven days of the MUR a copy of the overview page of the MUR form or if more appropriate a copy of the whole MUR form.
- Where as a result of the MUR consultation, no recommendation is to be made to a patient's GP (or their equivalent), the pharmacist must notify them within one month of the date of the MUR consultation, that the patient has received an MUR consultation. There is no need to send a copy of the overview page or whole MUR form unless it is thought appropriate.
- Where a patient's GP (or their equivalent) requests a copy of the overview page or complete MUR form, a copy of it must be given to them within a reasonable time. This applies even where a recommendation has not been made.

9. Provision of data to the PCT

To demonstrate the value of the MUR service it is essential that data is collected to show the benefits to patients. There are a number of changes that will be required to MUR systems and paperwork to facilitate the data collection. NHS Employers and the PSNC have agreed a two-phased approach. Some changes were introduced in October 2011 and the remainder will, subject to ministerial approval, be introduced in April 2012.

9.1 Requirements from 1 October 2011

Direction 5(1)(j) requires the pharmacy contractor to provide to the PCT, on request, information from the records of MURs undertaken. If requested to do so, each participating pharmacy contractor must complete the [reporting template](#) approved by the Secretary of State (a standard electronic spreadsheet) by collating the necessary data from pharmacy records for the MURs conducted at the pharmacy.

The data is to be collated on a quarterly basis, within ten working days of the last day of December 2011 and March 2012. Completed templates must be provided electronically to the PCT on request (which may be an ongoing request). PCTs are advised to tell their pharmacy contractors that they will or will not require this data to be submitted and, where it is to be submitted, provide the relevant contact details.

Data to be provided to the PCT

1. Total number of MURs delivered to patients in each group:
 - patients taking high-risk medicines
 - patients who have been recently discharged from hospital
 - patients prescribed a respiratory medicine within the relevant BNF subsection
 - patients who do not fall within one of the national target groups.

For MURs that fall into more than one national target group, the registered pharmacist should make a determination as to which group the MUR should be allocated.

2. Number of patients where a medication issue was identified by the registered pharmacist and action was taken.
3. Number of patients referred back to the GP practice or another primary health care provider.
4. 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):
 - better understanding of why they are using the medicine/what is it 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.

PCTs may wish to use this data in conjunction with the monthly management information system (MIS) report they receive from the NHS Business Service Authority's Prescription Services, to monitor both the uptake of MURs and the percentage undertaken on patients who fall within one of the target groups.

9.2 Requirements from April 2012 onwards

NHS Employers and the PSNC have convened an expert group to consider the data requirements for MURs from April 2012. The recommendations of this group will be subject to ministerial approval and it is expected that the outputs of the group will be available early in 2012.

10. Payments

A payment of £28 will be made for each completed MUR. Pharmacy contractors claim via the FP34C they submit each month to the NHS Business Services Authority's Prescription Services.

Payments are recharged back to PCTs using the fair shares methodology.

11. Monitoring numbers of MURs

It is important that both pharmacy contractors and PCTs monitor the number of MURs that are provided and the number that are undertaken on patients who fall within each of the national target groups.

Pharmacy contractors have a duty to ensure they only claim for a maximum of 200 or 400 MURs per financial year (see section 7 for further information), and that they complete the required percentage on patients within the national target groups.

Where the PCT identifies that a pharmacy contractor has claimed more than the requisite number in any one year, this should initially be raised with the contractor. Where the contractor agrees, the overpayment should be recovered via the NHS Business Services Authority's Prescription Services. Where the contractor does not agree that they have over claimed, the PCT will need to refer the matter under the NHS (Service Committees and Tribunal) Regulations 1992, as amended, to another PCT's Discipline Committee. If the overpayment is proven via this route then the PCT may recover it via the NHS Business Services Authority's Prescription Services.

See section 7 above for details about pharmacies not achieving the percentage of target group MURs.

12. Discontinuation of service provision

The 2011 Directions make provision for the termination of the MUR service by the PCT (Direction 5(1)(m)):

“the Primary Care Trust must terminate the arrangements if it is on notice that P is not, or no longer, satisfactorily complying with [the pharmacy’s] obligations under Schedule 1 to the Pharmaceutical Services Regulations in respect of the provision of essential services and an acceptable system of clinical governance;”

Where a pharmacy contractor is on notice that it is not satisfactorily complying with these requirements, or is no longer satisfactorily complying with them, then the PCT must terminate the arrangements for the provision of MURs (Direction 7(1)(m)).

PCTs do not currently have the ability to issue breach or remedial notices. Neither can they simply terminate the arrangements for the provision of the service where the pharmacy contractor is no longer satisfactorily complying with their terms of service. Due process must be followed.

Primary Care Commissioning (PCC) has issued [guidance](#) for PCTs on the action they can take where they have evidence that a pharmacy contractor may not be satisfactorily complying with its terms of service. Although not specifically written for MURs it is still relevant. Please note that this document is only available to PCC subscribers. Non-subscribers will find the Department of Health’s [guidance](#) on non-compliance useful.

From 1 October 2011 changes were made to the clinical governance system and transitional arrangements were agreed for those community pharmacies on a PCT’s pharmaceutical list as of 30 September 2011. Such pharmacies will have six months to become compliant with the new and amended requirements for the system.

13. Peer review

We recommend that pharmacists participate in peer reviews to improve their practice and to assure the quality of the MURs they provide. The collection of data on key information about the MUR will help to aid the peer review.

14. Additional resources

The Centre for Pharmacy Postgraduate Education (CPPE) has produced a guide entitled *Targeting your MURs more effectively*, which is available from their [website](#).

Appendix 1

What an MUR is and what it is not

What is an MUR?

In the NHS there are a number of different types of medication reviews carried out by pharmacists and other clinicians. An MUR is just one type that focuses on the patient's understanding and use of their medicines.

An MUR:

- identifies whether or not patients understand how their medicines should be used and whether or not they use their medicines as prescribed
- identifies how patients should correctly use their medicines and any issues affecting correct use, for example timing
- identifies if patients know why they have to use their medicines and explains the condition for which each medicine is prescribed
- identifies potential side effects
- identifies medicines no longer used by the patient.

Whilst each of the points above do not in themselves constitute an MUR, an MUR may include discussion about one or more of these areas during the consultation.

There are two types of MUR.

- **Planned MURs** – this occurs when the patient is invited for a consultation. It can be conducted for patients on multiple medicines and those with long-term conditions.
- **Intervention MURs** (or prescription intervention MURs) – this is an MUR conducted around dispensing in response to a significant problem with a patient's adherence to a medicine, for example when a patient needs to develop their understanding of their medicines in order to improve use. The pharmacist will need to decide whether or not the intervention is clinically significant and requires more than brief advice. Dose optimisation and synchronisation of prescribed items alone do not warrant an intervention MUR.

What is not an MUR?

An MUR is not:

- brief advice about dispensed items that would otherwise be an integral part of the essential dispensing service
- any review of medication for which a pharmacy is contracted under another service contract (enhanced service)
- a full clinical medication review
- a discussion about changes to drug treatment
- a discussion about a medical condition beyond its drug treatment
- a discussion on the effectiveness of treatment based on test results
- a discussion solely for the purpose of dose synchronisation of any one or more items on a prescription
- a discussion solely for the purpose of dose optimisation of any one or more items on a prescription
- a catch up on progress made from a previous MUR unless the required 12-month period has elapsed or there has been a significant clinical change to the patient's circumstances.

Appendix 2

MUR 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 treatment. The service includes Medicines Use Reviews undertaken periodically or when there is a need to make an adherence focussed intervention due to a problem that is identified while providing the dispensing service (a prescription intervention MUR).

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 No more than 400 MURs may be provided at each community pharmacy in any year (1 April to 31 March). The only exception to this is during the first financial year that the pharmacy contractor starts to provide the service. In this instance, where the PCT makes arrangements with a pharmacy contractor to provide the service on or after 1 October, the pharmacy contractor may only provide 200 MURs in that first financial year. In subsequent years the pharmacy contractor may provide up to 400 MURs.
- 3.3 At least 50% of all MURs undertaken in a year (1 April to 31 March) must be on patients who fall within one of the national target groups. There are three national target groups which are:

Patients taking high risk medicines

High risk medicines are those listed in the following [British National Formulary](#) (BNF) sub-sections:

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

Patients recently discharged from hospital

This group covers patients recently discharged from hospital who had changes made to their medicines while they were in hospital. Ideally patients discharged from hospital will receive an MUR within four weeks of discharge but it is recognised that this might not always be practical so the MUR can take place up to eight weeks after discharge. A registered pharmacist should use their professional judgement to determine where a patient will benefit from such an MUR more than four weeks after discharge from hospital.

Patients prescribed certain respiratory medicines

This group covers patients taking a respiratory medicine included in the following BNF subsections:

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

- 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 a designated area where both the patient and 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.

When a pharmacy is closed to members of the public, MURs can be carried out in a public area of the pharmacy, as long as the conversation between the pharmacist and the patient cannot be overheard by any other person (including pharmacy staff).

- 3.5 If a pharmacy wishes to provide MURs in another location then they must seek the prior approval of the PCT. Carrying out the MUR service away from the pharmacy could include in an area for confidential consultations at premises other than the pharmacy (e.g. at a GP practice), at premises to provide the service to a particular patient on a particular occasion (e.g. in a patient's home) or at premises to provide the service to a particularly category of patients (e.g. at a care home).
- 3.6 Where a pharmacy wishes to provide an MUR via telephone to a particular patient on a particular occasion, they must seek the prior approval of the PCT. Only when it is not practical for the patient to get to the pharmacy should an MUR be conducted by telephone. The MUR must be conducted in such a way as to ensure that the telephone conversation can only be overheard by someone whom the patient wants to hear the conversation, for example a carer.

- 3.7 All patients receiving the MUR service must sign a consent form which allows the pharmacy contractor to share information from the MUR with:
- the patient's GP, as necessary
 - the PCT or its successor organisation as part of clinical audit
 - the PCT, the NHS Business Services Authority (NHSBSA) and the Secretary of State for Health to verify that the service has been delivered by the pharmacy as part of post-payment verification.

If patients do not consent to share their information then they will not be able to access the service.

- 3.8 MURs can only be conducted with patients on multiple medicines, except where the patient is taking one of the high risk medicines (see paragraph 3.3). In this circumstance an MUR can be provided for a patient taking only one medicine.
- 3.9 Periodically provided MURs must only be provided for patients who have been using the pharmacy for the provision of pharmaceutical services for at least the previous three months (the three month rule). The next regular MUR can 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.
- 3.10 An MUR should not be undertaken on a patient who has, within the previous six months, received the New Medicine Service (NMS), unless in the reasonable opinion of the pharmacist, there are significant potential benefits to the patient which justify providing MUR services to them during this period.
- 3.11 Prescription intervention MURs are provided where there is a need to make an adherence focussed intervention due to a significant problem that is identified while providing the dispensing service. This prescription intervention MUR would be over and above the basic interventions, relating to safety, which a pharmacist would make as part of the Essential level dispensing service and would highlight the need for a more detailed examination of the patient's medication regimen. The three month rule does not apply to this type of MUR.
- 3.12 In addition to the 50 per cent target detailed above, PCTs, working with their community pharmacies, may identify specific patient groups who would be appropriate for targeting, based on the needs of the local health economy. MURs undertaken on local target groups will not count towards the 50 per cent target.
- 3.13 Pharmacists may 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 above are met.
- 3.14 A written record of the consultation must be prepared by the pharmacist using the approved form. A copy of the completed form must be provided to the patient. Where issues arising during an MUR require consideration by the patient's GP (or their equivalent), the pharmacist shall provide them, within seven days of the MUR, a copy of the overview page of the MUR form or if more appropriate, a copy of the whole MUR form. Where as a result of the MUR consultation, no recommendation is to be made to a patient's GP (or their equivalent), the pharmacist must notify them within one month of the date of the MUR consultation, that the patient has received a MUR consultation. There is no need to send a copy of the overview page or whole MUR form unless it is thought appropriate.

- 3.15 The written record of the MUR (the approved form) must be kept for at least two years after the MUR is carried out. Completed forms may be stored electronically.
- 3.16 Pharmacists providing the service must have successfully completed an assessment undertaken by a higher education institution based on the nationally agreed MUR competencies. A copy of the 'MUR certificate' for each pharmacist providing the MUR service must be supplied to the PCT.
- 3.17 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 PCT, pharmacist and prescribers. Example: highlighting patients who are on a treatment dose of a Proton Pump Inhibitor, rather than a maintenance dose.
- 3.18 In order to provide a summary of information on MURs conducted to the PCT, pharmacies must complete the approved PCT reporting template (a standard electronic spreadsheet) by collating the necessary data from pharmacy records for the MURs conducted in that quarter. This must be available to be requested after the end of 10 working days from the last day of that quarter (last day of June, September, December and March). Completed templates must be provided to the PCT or successor organisation electronically on request (which may be an ongoing request).

Appendix 3

MUR suggested questions

1. How are you getting on with your medicines?

This is an open question to get the patient talking and bringing out any issues which are important to them. These can be dealt with here rather than waiting until the appropriate question below. It is also a good opportunity to find out if they are taking any OTC medicines.

2. How do you take or use each of these medicines?

This is an opportunity to get users of inhalation devices to demonstrate their usage and for any technique issues to be explored.

3. Are you having any problems with your medicines, or concerns about taking or using them?

GROUP BY THERAPEUTIC AREAS

4. Do you think they are working? (Prompt: is this different from what you were expecting?)

This gives a chance to discuss that some patients will not feel any different if some of their medicines are working.

Do they know what it is for? It would be useful to say a little about how the medicines work. Some patients may feel happier and more content to take the medicine if they have a rational explanation of how it helps their condition.

5. Do you think you are getting any side effects or unexpected effects?

If the patient feels different it may lead them to change their behaviour, even though it is not a side effect of the medicine. This may also be an opportunity for you or the patient to fill in a Yellow Card.

This is an opportunity to discuss whether side effects are likely to be transitory and what can be done to minimise them. If severe, the pharmacist could suggest a return to the prescriber and possibly cessation of the medicine.

This could also alert to serious side effects that may occur and would involve an immediate need to take action.

6. People often miss taking doses of their medicines, for a wide range of reasons. Have you missed any doses of your medicine, or changed when you take it? (Prompt: when did you last miss a dose?)

This question may be a bit challenging so is further down the interview schedule – however on the other hand it may not need to be asked as the issues may already have emerged. It is necessary to explore the reason(s) why this has happened. Was it intentional or not? Was it appropriate (e.g. missing a morning dose of a diuretic because they had a long bus journey)?

Does the patient understand why the medicine is necessary?

7. Do you have anything else you would like to know about your medicines or is there anything you would like me to go over again? (Prompt: Are you happy with the information you have on your medicines?)

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- employment policy and practice.

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