

Medicines Use Review (MUR) data requirements

23 September 2011

1. Introduction

In order to demonstrate the value of the MUR service it is essential that data are 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 and NHS Employers and PSNC have therefore agreed a two-phased approach, with some changes being introduced in October 2011 and the remainder being introduced in April 2012.

This two-phased process will allow the opportunity to review the MUR recording and reporting requirements prior to the second phase. The requirements set out in the paper will be collected as a minimum from April 2012 but there may be additions made following the review. An expert group will be established which will include a range of stakeholders and academic input to review the data requirement. In order for the necessary arrangements and processes to be put in place, the review will take place by the end of 2011.

2. Changes from October 2011

From October 2011, the requirements for all MURs are:

Data to be retained by pharmacies

The MUR form (referenced as the "MUR record of each consultation" in the Directions) will continue to be used until April 2012.

Outcome measures and PCT data

Each participating pharmacy must complete a reporting template (the MUR reporting template agreed by NHS Employers and PSNC) by collating the necessary data from pharmacy records for the MURs conducted in that quarter and ensuring that it is 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 on request (which may be an ongoing request).

Quarterly data to be entered into the reporting template:

1. Total number of MURs delivered to patients in each group:

Respiratory / High risk medicine / Post-discharge / Non target group

For MURs that fall into more than one target group, the 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 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 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

Feedback to GPs

The current arrangements for providing feedback to GPs will remain in place until April 2012.

3. April 2012 onwards

From April 2012, the requirements for all MURs are set out below. These requirements are a minimum and may be supplemented with additional items based on the recommendations of the expert group.

The expert group will:

- consider the appropriateness of use of an interview schedule in the MUR service; assuming this approach is agreed, develop an appropriate interview schedule, building on the work already undertaken for the New Medicine Service (NMS)
- assess the appropriateness of the NMS dataset for application to MURs and advise on additions, amendments and deletions
- review the current MUR form record keeping arrangements in light of the above and agree good practice guidance on professional records which may need to be maintained by the pharmacy
- review the approach taken to communicating with GPs about issues arising in an MUR, building on the work undertaken by the Professional Relations Working Group on NMS feedback.

Dataset to be retained by pharmacies

A dataset has been agreed between NHS Employers and PSNC which will be captured for every MUR (including non-targeted MURs) that takes place from April 2012. This is to be retained by the pharmacy. The agreed dataset is set out in Annex A. When this dataset is introduced, the requirement to complete and retain the current MUR form will be removed from the Directions.

Outcome measures and PCT Data

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In addition to the outcome measures set out in above, the following measure will also be collected and reported on the reporting template:

5. Total number of patients given brief advice about a healthier lifestyle and type of advice:
diet and nutrition / smoking / physical activity / alcohol / sexual health /weight management

From April 2012, each of the outcome measures must be reported by target group.

Feedback to GPs

The expert group will review the approach taken to communicating to GPs. As part of this work is it expected that they will develop a feedback form to be sent to GPs (where appropriate). This will replace the use of the current MUR form as a referral document.

Annex A - minimum dataset (for use from April 2012)

- a. target group (if applicable)
 - Respiratory
 - High risk medicine
 - Post-discharge
- b. healthy living advice provided at MUR. This data may be collated using the following standard descriptors:
 - a. diet and nutrition
 - b. smoking
 - c. physical activity
 - d. alcohol
 - e. sexual health
 - f. weight management
- c. matters identified during the MUR. This data should be captured using the following standard descriptors:
 - a. patient reports not using the medicine as prescribed
 - i. patient has not started using the medicine
 - ii. patient is not using the medicine in line with the directions of the prescriber
 - iii. patient reports missing a dose in the past 7 days
 - b. patient reports difficulty using the medicine due to its pharmaceutical form
 - c. pharmacist assesses patient as not using their device appropriately
 - i. pharmacist assesses patient as not using their inhaler appropriately (for respiratory MUR)
 - d. patient reports need for more information about the medicine (information needs will be addressed by the pharmacist and this will be captured in the data set out below)
 - e. patient reports side effects
 - f. patient reports negative feeling about the medicine
 - g. patient reports uncertainty on whether the medicine is working
 - h. patient reports concern about remembering to take the medicine
 - i. other - free text option
- d. outcome of the discussion with the patient at the MUR. This data should be captured using the following standard descriptors:
 - a. action taken / to be taken by pharmacist:
 - i. information provided - interactions with other medicines
 - ii. information provided - why am I using the medicine / what is it for
 - iii. information provided - how to use the medicine
 - iv. information provided - correct use of device
 - v. information provided - correct dose of the medicine
 - vi. information provided - effects of the medicine on the body / how it works
 - vii. information provided - why should I take the medicine
 - viii. information provided - timing of the dose
 - ix. information provided - interpretation of side effect information
 - x. advice provided - reminder strategies to support use of medicine
 - xi. advice provided - change to timing of doses to support adherence
 - xii. advice provided - how to manage or minimise side effects
 - xiii. Yellow card report submitted to MHRA
 - xiv. reminder chart / MAR chart provided
 - xv. referral - patient's issues raised with the medicine need to be considered by the prescriber. The reason(s) for the referral should be captured using the following standard descriptors:
 1. drug interaction(s)
 2. potential side effect(s) / adverse drug reaction preventing use of medicine
 3. patient reports not using medicine any more
 4. patient reports never having started using medicine
 5. patient reports difficulty using the medicine
 - a. issue with device
 - b. issue with formulation
 6. patient reports lack of efficacy
 7. patient reports problem with dosage regimen
 8. patient reports unresolved concern about the use of the medicine
 9. other - free text option
 - xvi. other action - free text option
 - b. action for patient to take:
 - i. carry on using medicine as prescribed
 - ii. use medicine as agreed during the MUR
 - iii. submit Yellow card to MHRA
 - iv. other action - free text option