

the medicines they require.

An MUR is not:

- a full clinical review;
- an agreement about changes to medication;
- a discussion about the medical condition beyond that which is needed to achieve the above objectives; or
- a discussion on the effectiveness of treatment based on test results.



What does it involve?

As this is an adherence focussed review, the pharmacist may ask the patient to bring their medication (including purchased medicines) with them to the review.

Discussions with the patient may include:

- what the patient thinks each medicine is for and when and how they take it;
- how compliant they are with the prescriber's instructions;
- how and when they take medication labelled 'as required' or 'as directed';
- advice on tolerability and perceived side effects;
- dealing with practical problems in ordering, obtaining, taking and using medicines;
- identification of unwanted medicines, i.e. patient is no longer taking the medicine;
- identification of a potential change of dosage form to facilitate effective use with due regard to formularies and cost implications (the final decision lies with the patient's GP); and
- proposals for dose or strength optimisation, provided it does not impact on the patient's clinical management.

The review will be recorded on the NHS MUR form. A copy will be retained in the pharmacy, a copy given to the patient and a copy sent to the GP in certain circumstances (see above). There may be action points for all parties dependent on the outcomes of the review, but the majority will be patient orientated.

Where can I get more information?

www.psncc.org.uk/mur

The new NHS MUR form: a briefing for community pharmacists

THE NEW NHS MUR FORM

During 2006/07 PSNC and the Department of Health conducted a review of the NHS MUR form. The aim of the review was to streamline the MUR form in order to make it more user friendly for pharmacists, GPs and patients. The review was informed by feedback from pharmacists, GPs, LPCs, PCTs and other stakeholders. A stakeholder engagement event was held, followed by a consultation on the proposed new form and then a period of testing by practising pharmacists.



The new NHS MUR form (version 2) has now been approved and pharmacy contractors can start to use the form from 14th December 2007. The original version 1 form can continue to be used by pharmacy contractors until 30th September 2008.

What changes have been made?

The version 2 form has been reduced down to two A4 sheets and the key details, including the Action Plan, required by the patient's GP/Practice are all present on the first page - the *Overview page*. Further details of the changes made to the form are detailed at www.psncc.org.uk/mur.

Communicating with the patient

The pharmacy contractor will always provide a copy of the full MUR form to the patient, i.e. both pages of the version 2 form.

Communicating with the GP/Practice

Pharmacy contractors are required by the Secretary of State Directions to communicate with the patient's GP following an MUR. The amendments to the Secretary of State Directions provide new flexibilities in relation to communicating with GPs **when using the new version 2 form:**

a) When there are items within the Action Plan that need to be considered by the GP/Practice pharmacy contractors are required to send the *Overview page* of the form to the patient's GP.

The pharmacist should make a professional judgement as to whether it is necessary to provide the GP/Practice with the *Consultation record* page of the form. If the *Consultation record* page is not sent to the patient's GP at the time of sending the *Overview page*, then the GP will be able to request a copy of it, from the pharmacy should they require this.

b) When there are no items within the Action Plan that need to be considered by the GP/Practice then a completed copy of the version 2 MUR form need not be sent to the GP. In this circumstance the pharmacy contractor should notify the patient's GP that an MUR has been undertaken, without any matters for consideration by the GP, within a month of the MUR being conducted. The notification should indicate that the GP can request copies of the

completed MUR form(s) from the pharmacy. A template notification form can be found at www.psn.org.uk/mur.

N.B. When copies of the old form (version 1) are being used, the original requirement to send a copy of the full form (i.e. all 4 pages) to the GP on all occasions still applies.

Format of triplicate MUR form pads

Feedback on the MUR form triplicate pads used by some pharmacists suggests that certain colours of paper prevent the forms being scanned into GP systems.

Additionally the use of different colours for the 'GP copy' by different providers of the triplicate pads reduces the ability of GP Practice staff to recognise the forms; there have been instances of the forms being mixed up with MAR chart re-order sheets.

Feedback suggests that a white copy of the form sent to GP Practices reduces scanning difficulties, as would the use of black ink when pharmacists complete the forms.

Where can I get the new version of the NHS MUR form?

The new version of the MUR form can be downloaded from the PSNC website: www.psn.org.uk/mur. A photocopy template was printed in the January 2008 edition of PSNC Community Pharmacy News. Organisations that have previously provided pads of triplicate MUR forms are in the process of updating their supplies.

Will the pharmacy system suppliers update their integrated MUR forms within PMR systems?

The pharmacy software suppliers have indicated their intention to update their PMR systems to include the new form as quickly as possible.



NHS Community Pharmacy Medicines Use Review & Prescription Intervention Service							Sheet of	CONFIDENTIAL
Name	Age/Gender	Address	GP Name	GP Address	GP Telephone	GP Practice	Date of review	
Current Medicines (including over-the-counter & complementary therapies)	Does the patient use the medicine as prescribed?	Does the patient know why they are using the medicine?	More info provided on use of medicine?	Is the formulation appropriate?	Are side effects reported by the patient?	General comments relating to advice, side effects and other issues		
1. Name/Strength/Length: Dose: Date:	<input type="checkbox"/> Yes If no, specify:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
2. Name/Strength/Length: Dose: Date:	<input type="checkbox"/> Yes If no, specify:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. Name/Strength/Length: Dose: Date:	<input type="checkbox"/> Yes If no, specify:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
4. Name/Strength/Length: Dose: Date:	<input type="checkbox"/> Yes If no, specify:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
5. Name/Strength/Length: Dose: Date:	<input type="checkbox"/> Yes If no, specify:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
6. Name/Strength/Length: Dose: Date:	<input type="checkbox"/> Yes If no, specify:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			

Consultation record This review is based on information available to the Pharmacist held on the pharmacy Patient Medication Record system and from information provided by the patient.

Consultation record page

DON'T FORGET THE MUR BASICS...

What is the Medicines Use Review & Prescription Intervention Service?

The Medicines Use Review (MUR) and Prescription Intervention Service is the first service in the Advanced level of the NHS Community Pharmacy contract. It is a structured review that is undertaken by a pharmacist to help patients to manage their medicines more effectively.

The MUR involves the pharmacist reviewing the patient's USE of their medication, ensuring they understand how their medicines should be used and why they have to take them, identifying any problems and then providing feedback to the prescriber, as appropriate, via the NHS MUR form. The patient also receives a copy of this form. An MUR is not usually conducted more than once a year.



The Prescription Intervention Service is actually an MUR which is triggered by a significant problem with a patient's prescription, which would be over and above the basic interventions, relating to safety, which a pharmacist makes as part of the dispensing service.

It is very important that pharmacists remember that the MUR focuses on the USE of medicines; it is not a clinical medication review.

An MUR is a way to:

- improve patients' understanding of their medicines;
- highlight problematic side effects & propose solutions where appropriate;
- improve patients' adherence to therapy; and
- reduce medicines wastage, usually by encouraging the patient to only order

NHS Community Pharmacy Medicines Use Review & Prescription Intervention Service							Sheet of	CONFIDENTIAL
Patient:			GP:					
<input type="checkbox"/> For information only - no action required <input type="checkbox"/> Follow your actions agreed below <input type="checkbox"/> Please note the recommendations made to your GP This is your copy of the form. You may wish to show it to other health care professionals.			<input type="checkbox"/> For information only - no action required <input type="checkbox"/> Please consider the recommendations proposed below A copy of the consultation record sheet can be obtained from the pharmacy if required. Clinical codes: Medicines Use Review done by community pharmacist: 4514 (SB1F) Version 2:SB1F. Clinical Terms Version 3:KARUC-SND:MSB-CP:19:8391000001:02					
Patient details			GP details					
Name	Age/Gender	Address	GP Name	GP Address	GP Telephone	GP Practice		
Home address	Work address	GP address	GP address	GP address	GP address	GP address		
Name of other people present			Consent for MUR recorded: Oral <input type="checkbox"/> Written <input type="checkbox"/>				Date of review	
Review type: Medication PRU <input type="checkbox"/> Prescription PRU <input type="checkbox"/> Other <input type="checkbox"/>	Review conducted or requested by: Pharmacist <input type="checkbox"/> Patient <input type="checkbox"/> Other <input type="checkbox"/>	Consent of other people present: Patient <input type="checkbox"/> Pharmacist <input type="checkbox"/> GP <input type="checkbox"/> Other <input type="checkbox"/>				Date of review		Has permission granted for MUR? Yes <input type="checkbox"/>
Action plan		Recommendation			For consideration on by:			
Date					<input type="checkbox"/> patient			
					<input type="checkbox"/> Pharmacist			
					<input type="checkbox"/> GP			
					<input type="checkbox"/> Other			
					<input type="checkbox"/> patient			
					<input type="checkbox"/> Pharmacist			
					<input type="checkbox"/> GP			
					<input type="checkbox"/> Other			
					<input type="checkbox"/> patient			
					<input type="checkbox"/> Pharmacist			
					<input type="checkbox"/> GP			
					<input type="checkbox"/> Other			
Pharmacy details								
Address	Postcode	Phone number	GP Name	GP Address	GP Telephone	GP Practice		

Overview page This review is based on information available to the Pharmacist held on the pharmacy Patient Medication Record system and from information provided by the patient.

Overview page