

Documents to support the delivery of Medicines Reviews

Appendix I

Background

Medicines Use Reviews (MURs) have been part of the pharmacy contract in England and Wales for a number of years. The purpose of the MUR service is to improve patient knowledge and use of their medicines. A MUR gives the patient time with the pharmacist to ask questions and ensures they are informed about their medicines. It allows the pharmacist to use their skills effectively and potentially reduces the workload for the GP by providing medicines management.

As a result of the success of these reviews in England and Wales which support the direction of travel within Prescription for Excellence in Scotland, NHS Borders has decided to commission a service based on the principles of the MUR service.

It is important to identify patients who may benefit most from the service. NHS Borders has chosen to prioritise the medicines review service to those patients currently receiving 4 or more dispensed medicines at least one of which is listed on the NHS Scotland “sick day rules” card. This group has been chosen as a priority for a number of reasons:

- Failure to stop these medicines when patients become at risk of dehydration can lead to acute kidney injury.
- Failure to restart these medicines after stopping can result in the patient accumulating fluid and developing heart failure.

Medicine Sick Day Rules cards: a patient safety initiative

Do you advise patients on medicines that should be stopped temporarily during a dehydrating illness?

NHS Scotland and the Scottish Patient Safety Programme have launched “medicine sick day rules” cards. NHS Borders have distributed a box of these cards to each GP practice and community pharmacy. They are also being given to patients in hospital where appropriate.



The aim of the cards is to increase patient awareness about stopping certain long-term medicines during dehydrating illnesses such as vomiting, diarrhoea and fever. The list of medicines has been shared with health professionals in the latest NHS Scotland Polypharmacy [guidance](#) March 2015, so this initiative is about increasing awareness of that advice.

The list of medicines on the card is not exhaustive but they are highlighted because:

- Diuretics: can cause dehydration or make dehydration more likely in an ill patient.
- ACE inhibitors, ARBs and NSAIDs: in a dehydrated patient, these medicines may impair kidney function which could lead to kidney failure.

- Metformin: dehydration increases the risk of lactic acidosis, a serious and potentially life-threatening side effect of metformin.

To ensure patients understand the information on the card, it is suggested that patients should be offered the following explanation at the time they are given a card:

- Some medicines shouldn't be taken when you have an illness that makes you dehydrated. This is because they can either increase the risk of dehydration or because dehydration can lead to potentially serious side effects of the medicine.
- The medicine you are taking that falls into this category is [tell patient which medicine and tick the medicine on the card].
- Illnesses that cause dehydration are: vomiting, diarrhoea and fever. This advice does not apply to minor sickness and diarrhoea, which means a single episode.

Explaining the card to patients or their carers is an important way in which community pharmacists can contribute to improving medicines safety. The medicine sick day rules cards were successfully piloted in NHS Highland. An evaluation showed the cards were effective, safe and well received. Comments received during the evaluation included:

“The cards are a great resource to explain the rules. We have had two or three patients who have had acute medical admissions with acute kidney injury with diarrhoea and vomiting who were on ACE inhibitors.” [GP]

“It is absolutely drummed into heart failure patients that we should never stop taking our medicines. So I would not have had the confidence to temporarily stop taking any of my medicines without having the medicine sick day rules card to refer to. I'm convinced that following the advice on the card meant that I avoided a hospital admission when I was ill.” [Patient]

Further copies of the medicine sick day rules cards and a patient information leaflet explaining the rules in more detail are available from:

<http://www.scottishpatientsafetyprogramme.scot.nhs.uk/programmes/primary-care/medicine-sick-day-rules-card>

Supporting web resources and references

Listed below is a selection of web resources that will help you with the training requirements you must undertake to provide this service. Individuals have different learning needs and styles and you can use the resources that best suit your style.

Following completion of your self-directed learning, you will be expected to:

- Describe the sick day rules initiative and understand why there is a need for it
- Explain and guide patients through the information provided on the “sick day rules” cards
- Be able to complete a patient-centred consultation

We ask you to complete a self-assessment of your competency by considering the following:

Consultation skills – introduction to the patient, conducting a patient-centred consultation, exploring the medical/surgical condition with the patient, considering the patient’s own health beliefs, being aware of personal limitations and making appropriate referrals

Gathering information – accessing and summarising the information required and ensuring the information used is up to date

Analysing information – demonstrating the ability to evaluate information gathered, correctly identifying the problems, appraising options, making appropriate decisions and demonstrating a logical approach

Medicines information – provision of medicines and health advice to patients, carers and other health care professionals

Professionalism – identification and prioritisation of medicines management issues, time management, patient confidentiality, appropriate application of guidelines

Your self-directed learning should be completed prior to the training session.

Medicine Sick Day Rules cards

The Medicine Sick Day Rules card is a useful resource for patients, carers, and health professionals, as it promotes better management of long-term conditions through the safer, more effective and person-centred use of medicines. It helps to raise awareness of potential harms if patients continue to take certain widely prescribed medicines whilst suffering from a dehydrating illness.

The following links provide information about the use of these cards and the evaluation process

<http://www.scottishpatientsafetyprogramme.scot.nhs.uk/programmes/primary-care/medicine-sick-day-rules-card> (accessed 9 November 2015)

<http://www.knowledge.scot.nhs.uk/media/CLT/ResourceUploads/4055542/NHSH%20interim%20evaluation%20medicine%20sick%20day%20rules.pdf> (accessed 9 November 2015)

<http://www.knowledge.scot.nhs.uk/media/CLT/ResourceUploads/4061736/NHSH%20updated%20evaluation%20medicine%20sick%20day%20rules%20April%202015.pdf> (accessed 9 November 2015)

Consultation skills

Consultation Skills for Pharmacy Practice website - This website has been developed to support the pharmacist and pharmacy technician when speaking and consulting with patients and people about their medicines and lifestyle choices. <http://www.consultationskillsforpharmacy.com> (accessed 9 November 2015)

National Institute for Clinical Excellence (NICE) - Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes. March 2015 - This website offers best practice advice on the care of all people who are using medicines and also those who are receiving suboptimal benefit from medicines. It updates and replaces recommendation 1.4.2. NICE guideline on medicines adherence. Available from: <http://www.nice.org.uk/guidance/ng5> (accessed 9 November 2015)

A humorous cartoon video on consultation skills (perhaps not for everyone!)
<http://www.youtube.com/watch?v=Jb71-kSFsdw> (accessed 9 November 2015)

NMS and MURs – top tips from community pharmacies. PSNC and NHS Employers January 2014.
<http://psnc.org.uk/wp-content/uploads/2014/01/NMS-and-MUR-top-tips-Jan-2014.pdf> (accessed 9 November 2015)

Guidance on the Medicine Use Review service. PSNC and NHS Employers. October 2013.
<http://www.nhsemployers.org/~media/Employers/Documents/Primary%20care%20contracts/Pharmacy/MUR%20Guidance> (accessed 9 November 2015)

Health Care Improvement Scotland website – This section on their website that provides information on their person-centred care programme, which seeks to improve healthcare services so that they focus on the needs and wishes of people, their families and their carers.
http://www.healthcareimprovementscotland.org/our_work/person-centred_care.aspx (accessed 9 November 2015)

Person-centred Care Resource centre - This website is designed to help healthcare professionals implement a more person-centred healthcare service, where people are supported to more effectively manage and make informed decisions about their own health care.
<http://personcentredcare.health.org.uk/person-centred-care> (accessed 9 November 2015)

Person-centred tools and approaches -A series of short videos on person-centred tools and approaches. Available from: https://www.youtube.com/watch?v=T-SkAb52f58&list=PLzuTYNEZWHB7fT7_mgUKFRV_ZCbKpJsqs&index=1 (accessed 9 November 2015)

These resources are for additional background reading.

Polypharmacy

Scottish Government Model of Care Polypharmacy Working Group. Polypharmacy Guidance (2nd edition), March 2015, Scottish Government http://www.sign.ac.uk/pdf/polypharmacy_guidance.pdf (accessed 9 November 2015)

Seven steps to managing polypharmacy, Specialist Pharmacy Service, Medicine Use and Safety, January 2015 <http://www.medicinesresources.nhs.uk/en/Communities/NHS/SPS-E-and-SE-England/Meds-use-and-safety/Service-deliv-and-devel/Older-people-care-homes/Polypharmacy-oligopharmacy--deprescribing-resources-to-support-local-delivery/?query=polypharmacy&rank=100> (accessed 9 November 2015)

Polypharmacy, oligopharmacy and deprescribing: resources to support local delivery, East and South East England Specialist Pharmacy Services, January 2015 (web resource as above)

Polypharmacy: guidance for prescribing in frail adults, Wales Health Board, May 2013

<http://www.awmsg.org/docs/awmsg/medman/Polypharmacy%20-%20Guidance%20for%20Prescribing%20in%20Frail%20Adults.pdf> (accessed 9 November 2015)

Working together

Improving patient care through better general practice and community pharmacy integration. A consultation document August, 2015. Royal Pharmaceutical Society/NAPC.

Breaking down the Barriers.

<https://www.rpharms.com/scottish-pharmacy-board-pdfs/breaking-down-the-barriers-final-200120926.pdf> (accessed 9 November 2015)

Yellow card scheme

<http://www.communitypharmacyscotland.org.uk/nhs-care-services/services/yellow-card-reporting/> (accessed 9 November 2015)

Multi-compartment compliance aids (MCAs)

Improving patient outcomes – the better use of multi-compartment compliance aids (MCAs). Royal Pharmaceutical Society. February 2013. <http://www.rpharms.com/support-pdfs/rps-mca-july-2013.pdf> (accessed 24 November 2015)

Standard Operating Procedure Template

Action	Responsibility
<p><u>Planning:</u> Allocate days and times in the pharmacy diary, when reviews may be carried out on the premises (this could also include staff training, e.g. Review process, filling out forms, consent, etc).</p>	
<p><u>Patient Selection must follow the specified criteria</u> Patients are being dispensed a medicines on the NHS Scotland “Sick day rules” cards. Reviews should only be provided for patients for whom a full prescription history is available The next regular review can be conducted no less than 12 months after the last review.</p>	
<p><u>Arrange appointment time with patient</u> Put patient’s name and telephone number in the pharmacy diary against the appointment time Give the patient an appointment letter with the day and time completed Give patient an option for carer to be present if they agree to consent to this Tell the patient that the appointment will last about 20 minutes, it is important to bring all the medicines they are taking, including any complementary medicines, vitamins or any medicines they regularly take which they have purchased themselves. This should include bringing OLD medicines as some might need disposal or could point to lack of synchronisation. A form (Medicines Review clinical record) will be completed at the “review” and a copy of the form will be shared with their GP as necessary A copy of the form can be shared with the patient if considered beneficial or if requested by the patient</p>	
<p><u>Prior to the Review</u> The working day before the review, telephone the patient to remind them of their appointment Fill out the Medicines review clinical record form as far as possible to save time. Assign a Patient ID number to each patient and complete on all sections of the Medicines review clinical record The pharmacist should be fully aware of the appropriate use/dose/administration time/side effects and major drug interactions of each medicine the patient takes. The pharmacist may need to refer to local guidelines</p>	
<p><u>The Medicines Review</u> Welcome patient and settle them in the consultation area Explain the aims of the review Explain the consent process Explain that the information may be shared with their GP and a record</p>	

<p>kept in pharmacy Obtain written consent from the patient</p> <p>Confirm and complete patient details on the Medicines review clinical record Consider the list of suggested questions to aid the discussion with the patient during the consultation What the patients thinks each medicine is for, when and how they take it, how and when they take any medication labelled “as required” or “as directed” Identifying medicines with inadequate or incomplete instructions Advice on tolerability and perceived side effects Discussion around medicines that may not be working effectively Ensuring appropriate use of different dosage forms e.g. inhaler technique Identifying the need for a change of dosage form to facilitate effective usage Identifying unwanted medicines and if the patient no longer takes their medicines Identifying irregular ordering or over ordering of items Possibility of changing from a branded medicine to a generic medicine Proposals for dose optimisation such as higher strength substitution where multiple lower strength products are prescribed Discussing the action plan with the patient, providing a copy when requested by the patient and allowing the opportunity to ask questions Inviting patients to attend for follow-up where this is appropriate</p> <p>Complete the consultation record section of the Medicines Review clinical record</p>	
<p><u>Complete the Medicines Review Clinical record and other documentation</u> Complete the Action Plan section of the communication page Discuss these action points with the patient Ask the patient if there is any more information they require Discuss and agree with the patient any information that will be followed up Arrange follow-up with the patient if this is considered necessary Give the patient a copy of the communication page if beneficial or if requested by the patient Thank the patient for attending and see them out Send a copy of the communication page to the patient’s GP if necessary Mark the patient’s medication record with the date of their review plus any other appropriate information Complete the summary page of the Medicines Review clinical record File all pharmacy paperwork securely Collate the monitoring form ready for monthly submission for payment</p>	



Pharmaceutical Services (Scotland) – Additional Services

Community Pharmacy Stamp or Address

Contractor code

Medicines Reviews for patients receiving medicines on the NHS Scotland “sick day rules” cards

Please tick

I confirm that I will provide support to patients as described within the service description

I confirm that I have completed the recommended training.

I am claiming the £100 engagement fee.

Pharmacist name (please print)

Pharmacist signature

Medicines Reviews for patients receiving medicines on the NHS Scotland “sick day rules” cards

Patient Consent Form

<p>Community Pharmacy Stamp or Address</p>
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NHS Borders Medicines Review Service

<p>Patient name and address</p>	<p>Bag label</p>
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I agree that the information obtained during the service can be shared with:

My doctor (GP) to help them provide care to me

NHS Borders (the NHS body that manages pharmacy and other health services) to allow them to make sure the service is being provided properly by the pharmacy

NHS Scotland and National Services Scotland (NSS) to make sure the pharmacy is being correctly paid by the NHS for the service they give me.

<p>Signature</p>	
<p>Date</p>	

Medicines Review patient documentation



Sample review form -
NHS Borders.doc



MR Form.pdf

Funded Medicines Reviews for Financial Year 2016/17

Contractor Code	Pharmacy Name	Number of funded reviews 2016/17	Number of funded reviews 2015/16
8005	EILDON PHARMACY LTD	33	6
8006	BOOTS UK LTD	66	11
8007	BOOTS UK LTD	49	8
8008	BOOTS UK LTD	39	7
8009	BOOTS UK LTD	52	9
8013	ANNE R MACKIE	49	8
8019	LLOYDS PHARMACY LTD	60	10
8020	LLOYDS PHARMACY LTD	24	4
8034	G L M ROMANES LTD	56	9
8035	G L M ROMANES LTD	16	3
8039	H H C C (PHARMACY) LTD	55	9
8044	MR R ROBERTSON	36	6
8045	THE RED BAND CHEMICAL COMPANY LTD	24	4
8048	THE RED BAND CHEMICAL CO LTD	31	5
8050	TESCO STORES LTD	45	8
8051	G ROMANES	50	8
8052	M FARREN LTD	23	4
8053	LLOYDS PHARMACY LIMITED	41	7
8054	BOOTS UK LTD	39	7
8055	BOOTS UK LTD	28	5
8056	LAUDER PHARMACY LTD	21	4
8057	WILLOW HEALTH CARE	32	5
8058	A G & S J GRAY	22	4
8059	WEST LINTON PHARMACY LTD	20	3
8060	ELIXIR HEALTHCARE LTD	6	2
8061	ELIXIR HEALTHCARE LTD	6	2
8062	G. L. M. ROMANES LTD	41	7
8063	M FARREN LTD	19	3
8064	EARLSTON PHARMACY	19	3
		1002	171