PHARMACY MAGAZINE CPD MODULE
REFLECT
PLAN
ACT
EVALUATE

module 247

pharmacymagazine.co.uk

Welcome to the two hundred and forty seventh module in the *Pharmacy Magazine* Continuing Professional Development Programme, which looks at MURs and the NMS when a patient is discharged from hospital.

Journal-based educational programmes are an important means of keeping up to date with your clinical and professional knowledge. Completion of this module will contribute to the nine pieces of CPD that must be recorded each year.

Before reading this module, test your existing understanding of the subject by completing the pre-test at **www.pharmacymagazine.co.uk**. Then, after studying the module in the magazine or online, work through the post-test on the website to check your answers. Record your learning using your personal *Pharmacy Magazine* online log.

The RPS Faculty and advancing your professional development

Pharmacy Magazine's CPD programme can form part of your professional development, providing you with essential knowledge and skills. It can also be considered alongside other activities for inclusion in your RPS Faculty portfolio.

The RPS Faculty is a professional recognition programme for all pharmacists in all sectors at all stages of their career and involves assessment of a practice-based portfolio that recognises their professional development.

This allows you to demonstrate to others your level of attainment and stage of advanced practice. It also helps you to identify what you need to know at different stages of your career. Start your Faculty journey by accessing the portfolio and tools at **www.rpharms.com/Faculty**.

forthismodule

GOAL

To describe how community pharmacists can support the discharge process using the New Medicine Service and medicines use reviews.

training excellence NPA National Pharmacy Association Quality Seal 2016 in association with CIG

OBJECTIVES:

After completing this module you should be able to:

- Identify common medicine-related problems that result after a patient's discharge from hospital
- Produce an action plan for conducting post-discharge MURs and NMS consultations.

First in professional development pharmacy magazine

the continuing professional development programme

CPD

Working in association with ROYAL PHARMACEUTICAL SOCIETY FACULTY

This module is suitable for use by community pharmacists as part of their continuing professional development. After reading this module in the magazine or online, complete the scenarios and post-test at **www.pharmacymagazine.co.uk** and include in your personal learning log. CPD is one aspect of professional development and can be considered alongside other activities for inclusion in your **RPS Faculty portfolio.**

MURs and the NMS at discharge

Contributing author: Nina Barnett, consultant pharmacist & visiting professor at King's College London

Introduction

During a stay in hospital a patient's medicines may be changed. Studies suggest that almost half of all patients may experience an error with their medicines after they have been discharged from hospital. Community pharmacists can now use both medicines use reviews (MURs) and the New Medicine Service (NMS), as well as information from hospital colleagues, to improve patient care.

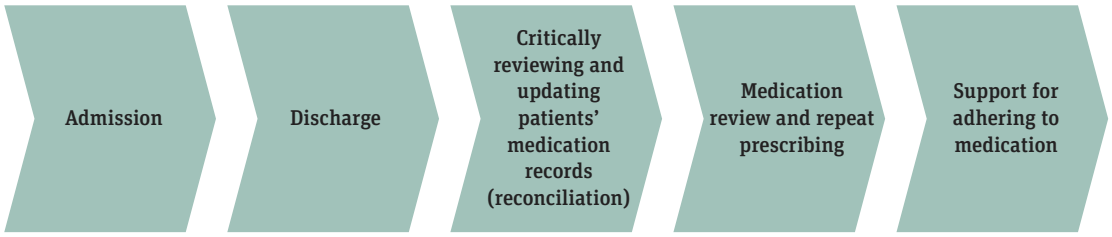
The transfer of patients and their medicines from secondary to primary care, and *vice versa,* can lead to:

- The incorrect transmission of information
- Unintended changes in medication
- Intended changes in medication not being followed through (e.g. changes in medicine, dose or formulation)
- Continuation of medication that should have been discontinued.

Figure 1 (overleaf) outlines the steps that need to be in place to ensure that medicines are obtained and used by patients as intended after discharge from hospital.

The standard contract for NHS hospitals has, since April 2010, required them to share discharge summaries with a patient's GP within 24 hours of leaving hospital. The information provided should include a summary of diagnosis and details of any

Figure 1: The medicine pathway across admission and discharge



Source: Care Quality Commission (2009). Managing patients' medicines after discharge from hospital

medication prescribed at the time of the patient's discharge. The contract (and the NHS Constitution) also requires hospitals to give patients a copy of their discharge letter. However, the Care Quality Commission (CQC) has found that this happens in only seven of the 12 areas it studied.

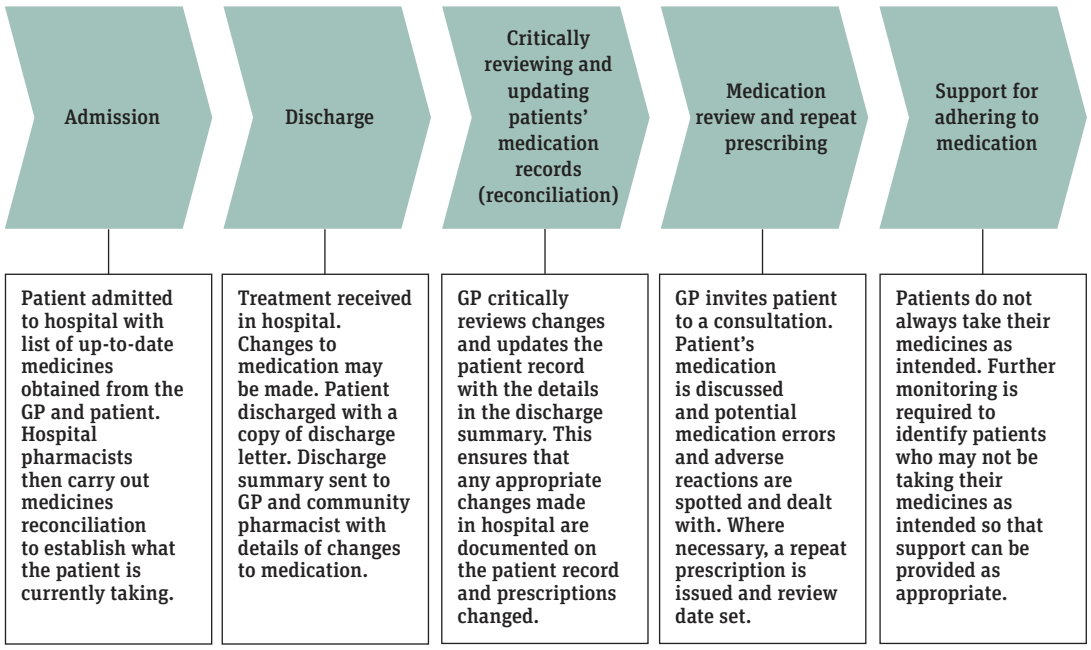
All hospitals are expected to have a policy on discharge medicines and, increasingly, the aim of this is to reduce preventable problems (including unplanned readmissions) due to medicines issues after discharge.

The hospital's pre-discharge assessment attempts to take into account:

- The patient's previous care needs
- Changing medication needs (including compliance aids)
- Likely changes as a result of admission
- Transport needs and social needs (e.g. patient living alone)
- Possible vulnerabilities (e.g. frail elderly, terminally ill, learning disability, mental health problems)
- Eligibility for NHS continuing care (sometimes referred to as continuing healthcare).

Patients may be discharged to their own home or transferred to a community hospital or care home. Hospitals sometimes categorise discharges as 'simple' or 'complex', although there is no standardisation in this terminology.

Figure 2: The ideal patient pathway



A 'simple' discharge can be defined here as one that:

a. Will involve minimal disturbance to the patient's activities of daily living
b. Does not prevent or hamper a return to their usual place of residence
c. Will not require a significant change in support offered to the patient and his/her carer in the community.

A 'complex' discharge is where one or more of these criteria do not apply.

Patients may sometimes have a 'rapid discharge' with specific staff (part of a rapid discharge team) designated to facilitate this in order to release a hospital bed. Patients may be discharged home or to a less intensive care setting, such as intermediate or transitional care.

In addition, complex patients may be identified as having issues around polypharmacy. Whereas this previously referred to the number of medicines prescribed, it has recently been classified as 'appropriate' (where best evidence has been used to prescribe and medicines use has been optimised) or 'problematic' (where the intended benefit of medicines does not occur or multiple medications are used inappropriately). (See: **kingsfund.org.uk/sites/files/kf/field/field_publication_file/polypharmacy-and-medicines-optimisation-kingsfund-nov13.pdf**)

Purpose of MURs

An update to Direction 4(2) of The Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013 outlined the purpose of a MUR as follows: "… 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 healthcare professional for the taking of drugs
d. Improving clinical and cost-effectiveness of drugs prescribed to patients, thereby reducing the wastage of such drugs."

In Wales, services are provided as part of the Discharge Medicines Review (DMR) service

introduced in November 2011. Through supporting patients recently transferred between care settings, it aims to ensure that changes to medicines are followed up in the community. It differs from MURs in England in that the first part of the DMR service is to ensure discharge medicines reconciliation is undertaken (e.g. between hospital and home within four weeks of discharge) and the patient's GP is alerted to any discrepancies.

Support for using and taking medication, including medicines adherence, is also part of the DMR service through a discussion with the patient. Any discrepancies identified at discharge are followed up with the patient to ensure that all issues have been resolved. A recent evaluation suggested that the DMR service was cost-effective and provides health benefits to patients from avoided adverse events. An electronic DMR service has recently been introduced in Wales.

In Scotland, the Chronic Medication Service, underpinned by a framework, provides support for patients with long-term conditions. Patients register with a pharmacy of their choice. Pharmacists identify patients' pharmaceutical needs and develop a medicines care plan. Serial prescriptions are enabled, working with the GP practice through electronic communication and recording. The service focuses on developing therapeutic partnerships between GPs, community pharmacists and patients to improve care.

In Northern Ireland, the 'Managing your medicines' service is available to patients considered at risk of medication-related problems. This may be through taking many medicines or high-risk medicines and for those who have compliance issues, poor medicines support or a recent hospital discharge with major medication changes. MURs can also be undertaken in community pharmacies. Initially targeted for patients with respiratory conditions, this has recently been extended to support patients with diabetes.

Description of the NMS

The NMS is a pharmacist consultation service, which provides an initial interview and follow-up review to support patients newly started on medicines for the following long-term conditions/therapy areas:

Table 1: Medicine-related factors leading to poor outcomes from treatment for inclusion in post-discharge MURs or the NMS

Problem	Causes	General points	Medicine-specific points
'High risk' medicines associated with hospital admissions and readmissions	NSAIDs	These four medicines account for half to two-thirds of medicine-related hospital admissions	Including OTC
	Aspirin		Including OTC
	Diuretics		
	Warfarin		Refer to current guidance on INR test results and the 'currency' of a patient's anticoagulation book. NMS includes antiplatelets and anticoagulants. Other NMS medicines focus on optimising management of long-term conditions
Adherence	Not able to obtain medicines/ ordering medicines Not taking a medicine either due to unintentional causes, which may be physical or cognitive (e.g. unable to access or swallow medicine; forgetting), or intentional, which may be due to patient beliefs and/or concerns about medicines Taking wrong medicines (e.g. continuing to take after discontinued; inadvertent duplication of treatment) Taking too little Taking too much Taking OTC or herbal medicines that interact or are contraindicated Taking other people's medicines	These issues relate to how the patient is obtaining and using his/her medicines and fall directly within the remit of a MUR NMS interview schedule includes identification of adherence issues	Follow-up NMS allows identification of adverse effects, lack of efficacy (in some cases) and adherence issues for the specified condition/therapy group
Concordant conversations	Patient not given sufficient or appropriate information about the condition being treated or the risk or benefit of treatment relevant to his/her specific situation Has not been asked or involved in discussions about treatment and treatment options leading to a lack of engagement due to unaddressed concerns about medicine or not thinking it is needed. As a result, patient does not feel part of the decision-making process	Exploring the patient's health beliefs and wishes is essential if he/she is to accept what has been prescribed The CQC has stated: "It is important that patients are given clear information about their medicine and possible side-effects, and then have an opportunity to discuss how the regimen is working out. At a national level, however, between 11 and 34 per cent of people say they are not given enough information on leaving hospital"	This is particularly an issue for medicines where there is no immediate apparent patient benefit (e.g. antihypertensives)

You can complete this module online at **pharmacymagazine.co.uk** and record your learning outcomes and the impact on your practice in your **personal learning log**

- Asthma and COPD
- Type 2 diabetes
- Antiplatelet/anticoagulant therapy
- Hypertension.

The Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013 state that if a patient is started on a course of treatment in hospital that is to continue after discharge, a community pharmacist may undertake a NMS consultation following referral from a hospital-based healthcare professional involved in the patient's care. No specific method of referral is mandated but there is a national template available at **psnc.org.uk**.

Hospital teams may use this referral form to facilitate communication around discharge medicines and some hospitals have included elements of the form in their standard electronic discharge letter, a copy of which is given to the patient on leaving hospital.

Table 2: NMS interview schedule standard and alternative questions

NMS question	Alternative question	Possible discussion
Have you had the chance to start taking your new medicine yet?	How much of your new medicine have you felt able to take so far, if any?	If the patient has not started taking the medicine, then explore the reasons for this by moving to the non-adherence issues below. The pharmacist can then go back and address other reasons/concerns/need for information at the end of the interview
How are you getting on with it?		This is an open question to get the patient talking and to bring out any issues that are important to him/her. These can be dealt with here rather than waiting until the appropriate question below
Are you having any problems with your new medicine or concerns about taking it?	What changes have you noticed since starting your medicine? **Or** What problems or concerns, if any, do you have about your medicine?	This helps the patient consider both the benefits of the medicine and any untoward effects, which they may not directly attribute to a medicine (e.g. cough linked to ACE inhibitor use). It also acknowledges that it is not unusual to have problems taking a new medicine and encourages discussion of any issues
Do you think it is working? (Prompt: is this different from what you were expecting?)	How well do you think it is working for you? (Prompt: how different is this from what you were expecting?)	This gives a chance to mention that some patients will not feel any different if some of these drugs are working. What do they know about what it is for? What do they want to know? (e.g. how the drug works?) Some patients may be more confident in taking the medicine if they have a rational explanation of how the drug helps their condition
Do you think you are getting any side-effects or unexpected effects?	What unexpected effects or side-effects, if any, have you noticed from the medicine?	If the patient feels different, it may lead them to change their behaviour, even though it is not a side-effect of the drug. This may also be an opportunity to fill in a Yellow Card. This is a chance 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 stopping the drug. This could also be an alert to serious side-effects that may occur and would involve an immediate need to take action
People often change the time they take their medicines or miss taking doses for a wide range of reasons. When do you take your medicine? How does that fit into your day? How many doses have you missed in the last week?	How many doses of your medicine have you missed in the last week?	This type of question is well accepted as it recognises that missing doses of medication is common and demonstrates a non-judgmental approach. It is necessary to explore the patient's perception of their adherence challenges and their understanding of their need for the medicine. The pharmacist can then support the patient considering how they want to manage their adherence. Both practical and perceptual reasons for non-adherence should be considered and these are often combined. In addition, consideration of appropriateness is important (e.g. missing a morning dose of a diuretic because the patient has a long bus journey). The pharmacist can then help the patient work out the best solution for him/her
Do you have anything else you would like to know about your new medicine? Is there anything you would like me to go over again?	What else would you like to discuss or revisit?	Use this to give the patient the chance to raise any issues that you have not covered, some of which may be unrelated to the NMS medicine in question. This allows you to refer and signpost appropriately, as well as address any other issues arising from the consultation

(Adapted from psnc.org.uk/wp-content/uploads/2013/07/NMS_interview_schedule_without_notes.pdf)

Some hospitals contact community pharmacists by telephone to provide a verbal referral and may offer to fax or email a copy of the discharge letter through secure routes.

More recently, hospital-to-community electronic referral systems have been established. Examples are described within a recently produced RPS toolkit including the 'Refer to pharmacy' system used in East Lancashire Hospitals NHS Trust, which is fully integrated into hospital and community systems, and the PharmOutcomes system, used in Newcastle hospitals.

It is important to establish how the referral will be communicated within the relevant pharmacy to ensure effective follow-up.

In outpatient services, it is common for hospital prescribers to recommend initiation of medication to the patient's GP and this can include a medication suitable for the NMS. There is an opportunity to work with hospital outpatient services to encourage use of the NMS, linking with community pharmacists, through recommendation to GPs and during outpatient consultations with patients.

The CQC concluded that improvements were needed to improve the quality and safety of patient care in relation to medicines management after discharge from hospital. The 'ideal' patient pathway in relation to medicines is described in Figure 2.

Community pharmacists can contribute to Step 5: "Support for adhering to medication" through MURs and the NMS.

How post-discharge MURs and the NMS can help

The overall aim of the MUR service is to improve patient knowledge of medication via a concordant consultation, resulting in more effective use of medicines. In the context of discharge MURs, the aims of the MUR service may be outlined as follows:

Establishing the patient's actual use of medicines, including their understanding and experience of the medicine

The patient may have changes in medication, dose, strength, frequency and formulation, as well as being on high-risk drugs (e.g. anti-platelets, diuretics, NSAIDs and anticoagulants). The MUR will establish the patient's perception,

Reflection exercise 1

Read 'Community pharmacy services – guidance for hospitals' (nhsemployers.org/case-studies-and-resources/2012/01/community-pharmacy-services---guidance-for-hospitals) and the more recent Royal Pharmaceutical Society 'Hospital referral to community pharmacy' toolkit (rpharms.com/support-pdfs/3649---rps---hospital-toolkit-brochure-web.pdf).

- **How does your local hospital communicate information about medicines with primary care?**
- **What are the governance arrangements around this?**

knowledge and experience of their medication, including any changes that have been made.

Identifying, discussing in a concordant manner and working towards solutions in situations where there is deemed to be poor or ineffective use of medicines
Ascertaining the actual use of medicines rather than their prescribed use from a patient's perspective is important, as is looking at intentional and unintentional changes in medication, dosing route, timing and whether the drug is to be taken with, before or after food.

Identifying medication side-effects and potential interactions
Side-effects may affect patient compliance. A MUR also allows OTC medication and herbal remedies to be discussed in terms of possible interactions.

Improving the cost-effective use of medicines with a view to reducing waste
This involves improving adherence, explaining the repeat prescription process and encouraging the return of unwanted medicines to the pharmacy for safe disposal. This is especially important where medication has been discontinued.

As community pharmacists will be aware, the NMS aims to provide benefits for patients and the NHS by:

- Improving health outcomes for patients through improved adherence and, therefore, the efficacy of medicines
- Identifying adverse effects in order to optimise management
- Encouraging cross-sector and multi-disciplinary working to provide seamless care
- Promoting and supporting self-care of long-term conditions
- Reducing medicines waste
- Reducing avoidable healthcare utilisation including medicines-related hospital admissions
- Providing an opportunity for both the patient and pharmacist to share decision-making regarding ways forward and to agree levels of self-care appropriate to the individual's situation.

A number of issues that contribute to poor outcomes are highlighted in Table 1.

MURs and the NMS can significantly improve patient care after discharge from hospital

Note: a MUR is *not* a clinical medication review. The types of interventions intended during a MUR are described in the national service specification:

Possible interventions during a MUR

Advice on medicines usage
Aim: To develop compliance via concordance.

Advice on 'when required' medication
Aim: To clarify and document 'when required' medication use to avoid accidental under- and overdose.

Appropriate use of different dosage forms
Aim: To counsel on best use (e.g. inhaler technique, soluble, sublingual use, patches).

Advice on tolerability of medicines
Aim: To recognise side-effects and counsel on predicted side-effects, management and the reporting of ADRs via the Yellow Card scheme.

Dealing with practical problems preventing adherence
Aim: To address issues on obtaining medication, especially ordering and avoiding running out, and synchronisation of quantities.

Advice on medication 'as directed by prescriber'
Aim: To provide detailed instructions on how and when to take the medication.

Identify medicines no longer to be taken
Aim: To avoid unintentional consumption of discontinued medication.

Identify a dose or strength change
Aim: To advise on pharmaceutical optimisation (e.g. one 40mg tablet instead of two 20mg tablets).

Identify generic v. branded prescribing
Aim: To facilitate cost-effective prescribing where there are no restrictions.

Identify branded v. generic prescribing
Aim: To facilitate the prescribing of branded products where the formulation or medicine requires continuity of brand.

Supporting adherence

When considering a MUR after a patient has been discharged from hospital, the emphasis should be on supporting adherence with the aim of trying to improve treatment outcomes by reducing both

medication errors and adverse drug incidents. Community pharmacists do not have access to medical notes, have limited information on diagnosis and condition management (including rationale for choice of medicines and any tests done and their results) and may have difficulty influencing, instigating and following up changes in medication.

These are issues that would be covered in a clinical medication review rather than a MUR.

Interventions through the NMS

The NMS is an evidence-based service that allows pharmacists to provide continuity of care for patients on new medication. Evidence has been published recently to support the continuation of the service (see References & information sources). Through the initial interview and mandatory follow-up, the patient continues to be supported. The service is accessible to house-bound patients (and others who choose to use it remotely) as it may be provided by telephone.

In any pharmacist-led consultation, it is important to give patients the opportunity to raise questions at the beginning as they will be more receptive to a pharmacist's advice if they have their questions addressed first.

The NMS, as a structured consultation around specific questions, can lead to a variety of interventions. There are a number of suggested questions, which may be asked in a closed or open way. Many practitioners find that open (alternative) questions lead to a greater understanding of patient needs around medicines support (see Table 2).

Providing post-discharge MURs

There is plenty of scope to improve the support that patients get after discharge from hospital. Views differ as to the 'ideal' time to conduct a MUR after discharge. Factors to consider are:

- How many days' supply of medicines the patient is likely to have when discharged from hospital
- Whether the patient has been using his/her own medicines while in hospital.

Reflection exercise 2

Read the updated guidance on the MUR service (October 2013). It is recommended pharmacists participate in peer reviews to improve their practice and to assure the quality of the MURs they provide.

- **How could you integrate peer-review into your practice with appropriate regard for patient confidentiality?**

Having the right information

Community pharmacies do not generally receive any information about patients admitted to or discharged from hospital. This is particularly relevant in light of the CQC report, which made specific mention of the provision of medicines discharge information to community pharmacists and indicates that patient confidentiality need not be a barrier to information sharing under the NHS Confidentiality Code of Practice.

The Summary Care Record, previously only available to hospital-based pharmacists, is now being rolled out to community pharmacists. This, together with integrated electronic referral systems, now means that community pharmacists can receive updated patient medication lists from both hospital and GP practices. It should be noted that the SCR may reflect the recent, rather than most up-to-date record.

There are a small number of community pharmacies linked with GP practices electronically using 'hybrid' systems, with direct access to clinical information and discharge summaries.

Planning post-discharge MURs

Talk to your local GPs about supporting patients after discharge from hospital and suggest that you trial the provision of post-discharge MURs with a small number of patients initially. Include the following points in your discussion:

- Potential benefits of MURs, scope of service, examples of issues that may be discussed
- Ask the GPs which patients they feel could benefit, how they might refer to you and how they would like information shared with them after a MUR
- Explain how your pharmacy meets NHS information governance requirements and what information the GP could provide to support you (e.g. discharge letters).

Discussions with the patient may include:

- Medicines reconciliation (hospital and post-discharge)
- The patient's perception of the need for and use of medicines, including identifying any medicines stopped
- Patient adherence, tolerability, side-effects
- Problem-solving regarding ordering, obtaining, taking and using medicines.

Under the service specification for MURs, there are two criteria for reporting the findings of a MUR to the patient's GP:

Reflection exercise 3

What can you do, working with your local hospital trusts, to implement the recommendations in the Royal Pharmaceutical Society's 'Getting the medicines right' document? (rpharms.com/medicines-safety/getting-the-medicines-right.asp)

- **Items within the MUR action plan that need to be considered by the GP or practice**

Within seven days of conducting a MUR, the pharmacist is required to forward the overview action plan page to the GP and a professional judgement is required as to whether the consultation page is also required. The GP is able to request all paperwork of the completed MUR as required.

- **No items within the action plan that need to be considered by the GP/ practice**

A completed form need not be sent to the GP/practice, but they should be notified that a MUR has been completed within a month of it being carried out.

Information governance arrangements

Post-discharge MURs need to be considered in light of information governance (IG) requirements:

Electronic discharge form

Where a discharge summary is faxed to a community pharmacy, the fax machine must be secure as there is patient identifiable information that can be seen. The IG lead should identify the risks associated with this.

Consideration also needs to be given to the storage of faxes, the visibility of the fax machine to members of staff and other patients, and the storage and disposal of faxes in a secure manner. This is relevant to both discharge MURs and hospital referrals for the NMS.

Computer MUR forms

Computer forms may be used to conduct a MUR and will require password protection, back-up and secure printing facilities, and consideration given to their secure transport.

Hospital referral form

Key information

- **Patient details:** name, NHS number, address, contact telephone number, discharge date
- **Patient allergies:** including details of reactions if known
- **Details of primary healthcare team:** community pharmacist, GP and any other relevant information
- **Medicines list:** including new, stopped or changed medicines, and hospital recommendations and follow-up
- **Referrer details:** name, title, organisation, contact phone, fax and email, request for contact after the NMS.

While it is possible within NHS IT systems to email these forms, some pharmacies still do not have NHS accounts. New systems are being devised to allow other secure web-based access, such as electronic referral pathways. These must be encrypted and comply with NHS information governance requirements.

Paper-based MUR forms

Storage of completed MURs, and partially and fully completed NMS forms (and their safe disposal), should be in line with IG arrangements. This should include the transfer of forms in a secure manner to the GP practice. Where hospital referrers are contacted after a NMS consultation, IG arrangements are required for any transfer of information.

Improving transfer of care and promoting the NMS

In July 2011, the Royal Pharmaceutical Society launched 'Keeping patients safe when they transfer between care providers – getting the medicines right', a campaign to improve information at transfer of care. Both discharge NMS and MURs can support this.

There is a national template that healthcare professionals in secondary care can use to refer patients for discharge MURs or the NMS but a number of hospitals are looking at modifying their discharge letters to incorporate information relevant to NMS and discharge MURs, such as mandatory fields for medicines changes and new medicines prescribed. These changes are likely to be integrated with other developments such as electronic medicines reconciliation and electronic prescribing. Modifications to discharge letters have promoted referrals for the NMS and are detailed on page 7 of the RPS guidance.

At London North West Hospitals Trust, a local initiative to support patients at risk of preventable medicines-related readmission has been extended to promote referrals for discharge MURs and the NMS in advance of electronic systems being in place.

Patients started on a NMS medicine, or those who were considered to potentially benefit from a discharge MUR, were given a personalised referral letter and a verbal recommendation to access the services, following counselling on their medicines. However, feedback from community pharmacists and patients showed that this did not promote uptake of the services.

Community pharmacists were keen to contact patients soon after discharge but were generally unaware that admission or discharge had taken place and often did not have patient contact numbers. The referral pathway has now been modified to include:

- Consenting patients agree to relevant information, including their phone number, being given to their nominated pharmacy to allow telephone follow-up. The patient is also given a copy of the patient leaflet from 'Community pharmacy services – guidance for hospitals'
- Consent is documented on the medication chart
- Community pharmacists are alerted to the opportunity of a discharge MUR or NMS by telephone when the patient is being discharged

Reflection exercise 4

- **Which hospitals/wards might you need to develop a relationship with in order to receive more referrals for patients with long-term conditions appropriate for a post-discharge NMS consultation?**
- **What do you need to know about a patient's admission and hospital stay to undertake a discharge MUR?**
- **What channels of communication are available to you and how could you document referrals securely?**

- Contact between community pharmacist and patient is promoted (e.g. by telephone soon after discharge) enabling the pharmacist to offer the appropriate service
- The referral is documented on the PMR system to alert the pharmacist to the potential for a NMS consultation or a MUR when the patient next attends.

The future and next steps

There is general agreement that post-discharge MURs and the NMS have the potential to benefit patients. Local work is needed to continue to find ways of raising patient awareness and develop information sharing with community pharmacists. However, pharmacists can also develop local post-discharge MUR policies in collaboration with GPs and hospital colleagues.

In light of the continuing climate of austerity in the NHS, services such as MURs and NMS post-discharge must be evaluated in terms of reduction of waste through improving adherence and the reduction in medicines errors after discharge.

NHS operating frameworks have consistently said that significant gains in quality and productivity are possible by encouraging co-operation at the interface. This includes health and social care, as well as primary and secondary care. They even go as far as suggesting that the integration of these services is the key to seamless care. There is recognition that emergency admissions could be reduced or even prevented by implementing fully integrated services.

Conclusion

Post-discharge NMS consultations and MURs offer community pharmacy the opportunity to become an integral part of a patient's pathway between secondary and primary care. They can aid medication adherence, reduce waste and encourage patient participation in their own care, and will continue to have an important role in supporting medicines optimisation.

References & information sources

- Holland R *et al.* Does home-based medication review keep older people out of hospital? The HOMER randomised controlled trial. *BMJ* 2005; 330:293
- Forster *et al.* Adverse drug events occurring following hospital discharge. *J Gen Intern Med* 2005; 20:317-323
- Petty D. Can medicines management services reduce hospital admissions? *PJ* 2008; 280:123-125
- PSNC MUR service specification. psnc.org.uk/wp-content/uploads/2013/06/MUR-service-spec-Aug-2013-changes_FINAL.pdf
- Royal Pharmaceutical Society (2013). Medicines optimisation: helping patients to make the most of medicines. Good practice guidance for healthcare professionals in England. rpharms.com/promoting-pharmacy-pdfs/helping-patients-make-the-most-of-their-medicines.pdf
- Royal Pharmaceutical Society (2014). Hospital referral to community pharmacy: an innovators' toolkit to support the NHS in England. rpharms.com/support-pdfs/3649---rps---hospital-toolkit-brochure-web.pdf
- NICE (2015). Medicines optimisation guidance. NICE guideline (NG5)
- NHS Quality, innovation, productivity and prevention challenge: an introduction for clinicians dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_113806
- Clifford S *et al.* Patient-centred advice is effective in improving adherence to medicines. *Pharm World Sci* 2006; 28:165-170
- Elliott RA, Barber N, Clifford S, Horne R, Hartley E. The cost-effectiveness of a telephone-based pharmacy advisory service to improve adherence to newly prescribed medicines. *Pharm World Sci* 2008 Jan 30(1):17-23
- Gray A. Refer-to-pharmacy: pharmacy for the next generation now! A short communication for pharmacy. Pharmacy 2015, 3, 364-371. mdpi.com/2226-4787/3/4/364

MURS AND THE NMS AT DISCHARGE

assessment questions

1. Which statement is TRUE? The NMS:
a. Optimises medicines use through provision of information, education and adherence support for patients with long-term conditions on specific groups of medicines
b. Is the same as a MUR but focuses on one newly prescribed medicine at a time
c. May not be provided post-discharge for patients who have not attended a local hospital
d. Can only be provided for a new medicine prescribed by a GP

2. The Summary Care Record can be used as part of the NMS or a MUR to:
a. Provide up-to-date hospital discharge information including diagnosis, treatment and prescribed medicines to allow discharge MURs or the NMS to occur
b. Give the patient a copy of their latest medications post-hospital discharge
c. Support accurate medication history with a patient's own records, PMR and hospital discharge referral
d. Link the community pharmacy with the GP practice

3. When should the full MUR form be sent to the relevant GP following a post-discharge review?
a. Every time
b. Only if the GP requests it
c. When there are no recommended changes
d. Only at the end of the month

4. MURs are available in:
a. England and N. Ireland
b. All four countries of the UK
c. Scotland as a specified part of the CMS
d. Wales, where they are called Discharge Medication Review

5. A referral into the NMS when dispensing the first script for an item covered in the service specification is required from:
a. Any primary healthcare practitioner
b. The patient's GP or hospital doctor only
c. No referral is needed
d. The patient or carer

6. What percentage of MURs each year are required to be targeted?
a. 70 per cent
b. 50 per cent
c. 33 per cent
d. 25 per cent

7. A post-discharge MUR is used to identify:
a. Long-term medication initiated by GPs
b. Adherence to national clinical guidelines (e.g. NICE)
c. Clinical choice of medicines
d. Formulations that are unsuitable

8. Electronic referral for the NMS requires:
a. Information governance approval
b. The patient to attend the pharmacy for a review
c. A nhs.net account in the community pharmacy
d. The patient to have an urgent need for a NMS

CPD record

Pharmacy Magazine CPD May 2016

Use this form to record your learning and action points from this module on MURs and the NMS at Discharge or record on your personal learning log at pharmacymagazine.co.uk. You must be registered on the site to do this. Any training, learning or development activities that you undertake for CPD can also be recorded as evidence as part of your RPS Faculty practice-based portfolio when preparing for Faculty membership. So start your RPS Faculty journey today by accessing the portfolio and tools at www.rpharms.com/Faculty.

Activity completed. (Describe what you did to increase your learning. Be specific)
(ACT)

Date: Time taken to complete activity:

What did I learn that was new in terms of developing my skills, knowledge and behaviours? Have my learning objectives been met?*
(EVALUATE)

How have I put this into practice? (Give an example of how you applied your learning). Why did it benefit my practice? (How did your learning affect outcomes?)
(EVALUATE)

Do I need to learn anything else in this area? (List your learning action points. How do you intend to meet these action points?)
(REFLECT & PLAN)

You can also record in your personal learning log at pharmacymagazine.co.uk

* If as a result of completing your evaluation you have identified another new learning objective, start a new cycle. This will enable you to start at Reflect and then go on to Plan, Act and Evaluate. This form can be photocopied to avoid having to cut this page out of the module. You can also complete the module at **www.pharmacymagazine.co.uk** and record on your personal learning log