



**Community Pharmacy Medicines Use Review (MUR) Service
Guidance for Conducting MURs**

April 2014

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Guidance for Conducting MURs

Introduction

Medicines Use Reviews (MURs) have been part of the pharmacy contract in England and Wales for eight years and the experience gained there has informed the commissioning of this service in Northern Ireland. There are some distinctive differences between the service commissioned in Northern Ireland (NI) and it is important that this guidance is studied in detail and that the training and support provided is accessed such that this service is effective and improved patient outcomes are delivered.

It is recognised that a new pharmacy contract has not been agreed in NI. Therefore, this guidance relates to an interim arrangement while work is completed on other aspects of the contract. One important requirement of the MUR service in England and Wales is compliance with the agreed clinical governance framework. It will be the intention to build in similar requirements in NI as part of new contract requirements. While a final contract and overarching governance arrangements are still to be agreed, specific service related clinical governance requirements for the provision of the MUR service are included in the service specification and this guidance.

Given the experience in other parts of the UK, it has been decided to target this service into a number of clinical areas. The service was first targeted towards patients with respiratory disease and subsequently patients with diabetes. It is intended that through time, further clinical areas will be added.

Aims of MUR

The underlying purpose of the MUR service is:

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.

The Basics

What is a Medicines USE Review?

- Identifies if patients understand how medicines should be **used**
- Discusses how patients should correctly **use** their medicines
- Identifies if patients know how to **use** their medicines
- Explains the conditions for which each medicine is **used**
- Establishes whether patients **use** their medicines as prescribed
- Identifies any issues affecting correct **use** of medicines
- Identifies side effects that may be experienced from medicine **use**
- Identifies any medicines no longer **used**

What it is not

- Discussion about changes to drug treatment
- Discussion about the medical condition beyond the drug treatment
- Discussion on the effectiveness of treatment based on test results
- Full clinical medication review

Benefits of MUR

Patient

Time with pharmacist
Enhanced treatment outcomes
Ensures patient informed about medicines
Opportunity for patient to ask questions about their medicines

Pharmacist

Uses skills effectively
Raises profile of community pharmacy
Enables further integration with the healthcare team
Builds professional relationships with patients

GPs

Reduces workload by providing medicines management
Improves health of local population
Highlights where patients are having difficulties with their medicines

HSC

Helps to ensure patients use their medication effectively
May reduce drug expenditure and wastage
May improve patient compliance

Getting started

Service delivery cannot commence until a signed contract is in place and this has been confirmed by HSCB.

Standard Operating Procedure

A standard operating procedure (SOP) will be required. To assist the development of the SOP a list of issues to be considered are included as Appendix 1.

Competency

Unlike in England and Wales, where certification is required to undertake MURs, in Northern Ireland, accreditation by certification is not required. Although accreditation is not required, it is the responsibility of the contractor to ensure that pharmacists providing the service have achieved the agreed competencies for the service and maintain competence on a continuous basis through commitment to CPD. The competency framework is included as Appendix 2.

Contractors should ensure that all necessary training is in place to ensure compliance with the service specification at all times when the service is provided and are strongly

recommended to participate in the various programmes of training provided by NICPLD in respect of MURs and the competencies included in the framework.

Details of other resources which may be useful are included as Appendix 8.

Premises

The service specification requires that 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 where both the patient and the 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.

The presence of other persons is not prevented where the patient requests, or consents. For example, where the registered 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.

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. Any computer used during a face to face MUR should be sufficiently secured, and not left unattended. If the pharmacist needs to leave the consultation area for any reason they must ensure that the screen is locked.

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.

Provision of the service at other locations

As the service specification requires that the MUR will normally be carried out face to face with the patient in the community pharmacy, provision of the service at another location **should only be done by exception.**

Where a pharmacist determines, using clinical judgement, that a MUR for an individual patient cannot be facilitated as a face to face consultation at the pharmacy, an alternative location such as the patient's home or at a care home may be appropriate. Any variation from the agreed MUR consultation process is at the pharmacist's discretion. In such cases, **the reason for providing the service in this way must be documented in the clinical record.**

Any MUR which is conducted outside the requirement of the service specifications for a face to face consultation in the pharmacy should be delivered in accordance with all other requirements of the specification.

Provision of the service over the telephone

As the service specification requires that the MUR will normally be carried out face to face with the patient in the community pharmacy provision of the service over the telephone **should only be done by exception**. As respiratory MURs will involve an assessment of inhaler technique a MUR done over the telephone is unlikely to be beneficial.

Where a pharmacist determines using clinical judgement that a MUR for an individual patient cannot be facilitated as a face to face consultation at the pharmacy, a telephone consultation may be appropriate. In such cases, **the reason for providing the service in this way must be documented in the clinical record**.

If a MUR is 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.

Communication

The contractor should publicise the availability of the MUR service to patients, members of the public and other health and social care providers. The publicity should be done in a manner that makes it clear that the service is funded by the health service (HSC).

Communication to GPs

A critical element to the success of MURs is effective communication between GP and pharmacist. Pharmacists are strongly recommended to contact GP practices to discuss MURs and in particular the protocols for referral and administration.

Some issues to consider with the practice include:

- Are there specific patients within the specified groups that the GP would wish to be targeted?
e.g. patients who do not regularly attend clinic for review
patients commenced on a new device e.g. inhaler, insulin pen
patients whose condition is poorly controlled
newly diagnosed patients
patients commenced on a new medication
patients with issues relating to polypharmacy.
- What level of detail is needed on the communication documentation?
- Who should the pharmacist send the communication documentation to at the GP practice?
- How will the GP practice use the communication documentation?
- On-going review of the MUR service

Patient eligibility

The medicines in the target groups will identify if a patient is eligible for a MUR. In a 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 the target groups.

MUR can only be conducted with patients on multiple medicines. MURs should only be provided for patients for whom a full prescription history is available. The next MUR should

normally 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.

A change in clinical circumstances to warrant a further MUR for a patient within the 12 month period could include;

- Hospital discharge resulting in changes to medication
- Addition of new medicines from the BNF sub-sections described in the table below

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.

A MUR can be carried out for all patients who are taking multiple medicines including one or more of the following medicines 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
6.1.1	Insulins
6.1.2	Antidiabetic drugs

Pharmacists may initiate MURs, accept referrals for MURs from other healthcare professionals, where the patient has consented, and pharmacists can accept requests from patients for a MUR to be conducted as long as the criteria laid out in the specification are met.

Patient selection

Although the service may be offered to any patient who meets the eligibility criteria outlined above it will be important to identify patients who may benefit most from the service.

For respiratory patients:

Example	Why a review may be beneficial
A patient with asthma who is prescribed a large number of "reliever" inhalers	Good asthma control is associated with little or no need to use reliever inhalers. Frequent use of reliever inhalers suggests poor control. The patient may not be using their "preventer" inhaler regularly
A patient with asthma or COPD who has been prescribed a new inhaler device	Important that the patient understands their new medicines and knows how to use the device correctly
A patient with asthma using excessive quantities of combination inhalers used	This regime is suitable for selected patients only who have received appropriate education. Overuse

for both prevention and as a reliever	could lead to a higher than intended dose of inhaled steroid.
A patient with asthma or COPD using a number of different inhaler devices	The use of multiple inhaler types can lead to confusion and errors resulting in poor inhaler technique
A patient with asthma prescribed a combination inhaler infrequently	This suggests that the compliance with the combination inhaler is poor
A patient with COPD receiving frequent courses of rescue oral steroids	Patient may benefit from education about the appropriate use of rescue steroids
A patient with COPD receiving frequent courses of antibiotics	Patient may require further monitoring and follow-up by their GP or practice nurse

For patients with diabetes:

Children (<18 years old) and patients with current gestational diabetes are excluded – signpost these patients back to secondary care

Example	Why a review may be beneficial
Adult patients with type 2 diabetes	These patients are likely to have the greatest medicine management needs that the pharmacist will be able to address during the MUR
A patient with newly or recently diagnosed diabetes	This could be a good opportunity to engage the patient at an early stage, providing a good foundation of education. It is also an opportunity to signpost the patient to key educational resources e.g. the Diabetes UK online training
A patient reporting side-effects with medicines	These patients should be supported with appropriate information and advice. This may, for some patients, negate the need to move to more complex medication regimens.
A patient prescribed a new medicine for their diabetes or related co-morbidity (e.g. statin, antihypertensive)	The patient may benefit from a review to ensure optimal adherence with, and therapeutic benefit from, the new medicine.
A patient with diabetes who has frequent hypoglycaemic episodes	The patient may benefit from a review of the causes of hypoglycaemia – can be caused by medication, lifestyle or a complication of their diabetes
A patient whose diabetic control causes concern	The patient may benefit from an assessment of their understanding of how to manage their diabetes.

Patient Consent

In order for patients to access the service they must give signed consent for their information to be shared with the GP, HSCB and Business Services Organisation. If a patient refuses to give their consent then the pharmacy contractor may not provide the MUR service to them. This requirement will help to support the development of a MUR evidence base for the value of MURs and will enable commissioners to better quality assure MURs through the capturing of data.

For consent to be valid, the patient must:

- Be capable of understanding what it is they are consenting to;

- Have received sufficient information to make an informed decision; and
- Not be acting under duress

Written consent is not required each time the patient receives the MUR service e.g. a follow-up MUR or a MUR in 12 months time. On each subsequent occasion the pharmacist might wish to remind the patient of their initial discussion around the benefits offered by the service. The patient can at any point withdraw consent and this should be respected and recorded on the consent form. The patient consent form should be retained along with the clinical record.

In circumstances where for example a child could benefit from a MUR and it is felt that consent should be obtained from the parent or guardian, this must be recorded on the clinical record.

In the event that an adult is, in the opinion of the pharmacist and/or their appointed representative, either permanently or temporarily incapable of providing valid consent, then how consent has been captured should be recorded on the consent form. In these circumstances, the pharmacist may rely on the consent of the patient's next of kin, carer or appointed representative. If the impairment is temporary, the pharmacist should make every reasonable effort to inform the patient at a later point of the benefits offered by the service and to seek their explicit consent.

Approved patient consent wording

The wording of section 2 of the consent form must be used in any consent form developed by the contractor for use in their pharmacy. Pharmacy contractors should note that they are not allowed to adapt or change section 2 in any way when they produce their own consent forms. A sample patient consent form is included as Appendix 3.

Where a pharmacist believes that it is necessary to share information about the intervention with other prescribers or healthcare providers not covered above, they should consider seeking further consent from the patient to share this information.

Pharmacists should refer to the Pharmaceutical Society's [Professional Standards and Guidance on Patient Consent](#).

Preparing for a MUR

A MUR is a planned service and it will be necessary to offer appointments to patients. Some tips for preparing for a review are listed below.

- Take the phone number of the patient or alternatively an e-mail address
- Give them an appointment card with the time and date of the appointment
- Remind them to bring in all their medication, including OTC medicines, when they come for the review
- Call patients the day before to remind them of their appointment. Ask them to give notice if they have to cancel
- Ensure that you have the necessary MUR documentation, a means of photocopying your records and safe storage for the records

- Complete as much patient information as possible and have a copy of the patient's PMR available
- Anticipate the questions that a patient may ask you
- It is not possible to have the answer to every question you will face and patients will not expect you to. However, make sure you are aware of the most common problems associated with a patient's medication
- Gather together any relevant information sources such as leaflets, useful contact addresses etc.
- Allow sufficient time and remember every MUR will be different
- Consider using support staff to help recruit and prepare for the MUR

Conducting MURs

Conducting a review should help to improve a patient's concordance with their treatment. The MUR should also improve a patient's health outcomes and potentially reduce unnecessary contact with GPs and secondary care admissions due to medicines related problems. A MUR is also an excellent opportunity to give appropriate lifestyle advice and to reinforce healthy living advice given by other healthcare professionals.

Areas to be covered in a MUR include:

- What the patient thinks each medicine is for, when and how they take it
- How compliant they are with prescribed instructions
- 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 a follow-up MUR where this is appropriate
- Recording in the patient's PMR

Some suggested questions are included in Appendix 4.

Follow-up MURs

The service being commissioned in NI is unique from that commissioned in England and Wales and the potential for a follow-up has been recognised in certain circumstances e.g.

- When inhaler technique has been examined and there is clear evidence of poor technique and after initial training, it has improved – in such circumstances, it would be reasonable for a follow up appointment
- When there was significant knowledge/compliance issues with respect to use of medicines such that the patient was not benefitting in any way from the medicine, again a follow-up may well be appropriate.

- When a patient's understanding of their condition was limited and as a result of education, it has improved – it would be reasonable to follow this up to check understanding and progress

In some cases, a follow up will not be required and in particular where there is no intervention to correct a significant medicines use issue. A follow-up MUR is not for a general progress catch-up or to check if the GP has actioned recommendations in the communication documentation.

The reason for the follow-up MUR should be recorded in the MUR clinical record

Documentation

The service specification details the MUR dataset which must be retained for every MUR undertaken. For an adult the data collected from each MUR should be kept for a minimum of 8 years from the date the service is completed and may be stored electronically. For children and young people the record should be maintained until the patient's 25th birthday or 26th if the young person was 17 at the time the MUR service was provided.

The MUR clinical record (Appendix 5) consists of 3 parts, all of which need to be completed to meet the dataset requirement of the specification. For each MUR undertaken the pharmacist should assign a Patient ID number and ensure that this is completed on the top of each page of the clinical record.

Communication page

This contains the Action Plan which is the summary of issues identified.

- There is no requirement to communicate the outcomes of a MUR to GPs unless there are recommendations being made to the GP or issues have been identified and the pharmacist considers it appropriate to share information with the GP.
- A copy of the communication page outlining recommendations should be sent to patient's GP by secure method
- Forms can be completed electronically but should not be sent via e-mail to GP practices until NHSnet becomes available
- Use of the communication page does not preclude the pharmacist from contacting the patient's GP by telephone or face to face if an urgent issue is identified with the patient during the MUR consultation. This should be followed up in writing using the communication page
- There is no requirement to provide the patient with a copy of the communication page unless the pharmacist considers it to be beneficial or it is requested by the patient

Consultation record

This should be used during the MUR to record the issues identified for all prescribed and OTC medicines.

Summary page

This summarises the matters identified from the MUR, the action taken, any healthy living advice provided and the pharmacist's assessment of the benefit of the MUR.

Documentation for follow-up MURs

The same documentation should be used for follow-up MURs but the level of detail will generally be less than for the initial MUR. The patient ID number used should be the same as that used for the patient's initial MUR. The record only needs to relate to the aspects of the initial MUR requiring follow-up. On the summary page only the MUR follow-up section needs to be completed.

Number of Medicines Use Reviews

Funding for MURs has been secured from the pharmacy financial envelope. There are two fee levels:

- £28 for an initial MUR
- £9 for a follow-up MUR where this is deemed necessary

The funding available means that a limited number of MURs can be commissioned from each community pharmacy in any HSC financial year, which runs from 1 April to 31 March. For the year 1st April 2014 – 31st March 2015 each pharmacy may undertake MURs for no more than 120 patients. This is based on the assumption that approximately 50% of patients may require a follow-up.

120 initial MURs @ £28
60 follow up MURs @ £9

A further exception to this is during the first financial year that the pharmacy contractor starts to provide the service. In this instance, where the HSCB makes arrangements with a pharmacy contractor to provide the service on or after 1 October, the pharmacy contractor may only provide 60 initial MURs and 30 follow-up MURs in that first financial year. In subsequent years the pharmacy contractor may provide up to 120 MURs plus 60 follow-up MURs. It is therefore important that the HSCB and pharmacy contractors are aware of when the arrangements are entered into.

The HSCB will monitor activity in line with available budget and will work with CPNI in this regard. The HSCB will work with pharmacies throughout the year to monitor the number of MURs that each pharmacy has delivered to ensure that they are on track to meet the indicative number of MURs. In cases where it is apparent to the HSCB that, for a particular pharmacy, the indicative number of MURs will not be met, the HSCB will wish to consider further options in consultation with CPNI. The HSCB expects the service to be available to patients over the course of the full 12 months and that service delivery is not sporadic in nature.

Payments

MUR Monthly monitoring form (Appendix 6)

In order to provide the HSCB with a summary of the information on MURs conducted, pharmacies should complete the HSCB monthly monitoring form by collating the necessary data from the MUR clinical records. For follow-up MURs, only the “Patient ID” and “follow-up MUR” columns need to be completed. Totals should be added for each form submitted. The completed monthly monitoring form(s) must be submitted to the local Integrated Care Office on a monthly basis along with the MUR claim form. Incomplete forms will not be considered for payment and will be returned to the contractor.

MUR Claim form (Appendix 7)

The completed claim form should be submitted to the local Integrated Care Office on a monthly basis. Claims will not be processed for payment unless the monthly monitoring form is also received. Incomplete forms will not be considered for payment and will be returned to the contractor.

Equality monitoring

The HSCB is required to consider the likely equality implications of the MUR service. Periodically contractors may be asked to distribute equality monitoring forms along with prepaid envelopes to patients availing of the MUR service. Further information will be provided to contractors as and when this is required.

Discontinuation of MUR Service

The HSCB may discontinue the contract if the contractor is no longer satisfactorily providing the service in accordance with the requirements of the service specification.

Standard Operating Procedure Template

Actions	Responsibility
<p>Planning:</p> <p>Allocate days and times, in the pharmacy diary, when MURs may be carried out on the premises (this could also include staff training, e.g. MUR process, filling out forms, consent, etc).</p>	
<p>Patient Selection must follow the specified criteria</p> <ul style="list-style-type: none"> • A MUR can be conducted with patients on multiple medicines including one or more respiratory or diabetic medicine as defined in the service specification • MURs should only be provided for patients for whom a full prescription history is available • The next regular MUR can be conducted 12 months after the last MUR. • Self referral by patients • Referral by local GP practice • Referral by other healthcare professionals, e.g. district and practice nurses • Identified by the pharmacy as fulfilling HSCB preferred criteria for patient selection • Identified by the pharmacy as having problems with medicine e.g. poor compliance, problems with administration 	

Actions	Responsibility
<p>Arrange appointment time with patient</p> <ul style="list-style-type: none"> • 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 (MUR 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>Prior to the Review</p> <ul style="list-style-type: none"> • The working day before the review telephone the patient to remind them of their appointment • Fill out the MUR 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 MUR 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 for treatment therapies as needed. 	
<p>The Interview for MUR</p> <ul style="list-style-type: none"> • 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 kept in pharmacy • Obtain written consent from the patient 	

Actions	Responsibility
<ul style="list-style-type: none"> • Confirm and complete patient details on the MUR clinical record • Consider using the list of suggested questions to aid the discussion with the patient during the consultation <p>The pharmacist should include the following:</p> <ul style="list-style-type: none"> – What the patients thinks each medicine is for, when and how they take it – How compliant they are with prescribed instructions – 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 a follow-up MUR where this is appropriate <ul style="list-style-type: none"> • Complete the consultation record section of the MUR clinical record. 	

Actions	Responsibility
<p>Complete the MUR Clinical record and other documentation</p> <ul style="list-style-type: none"> • Complete the Action Plan section of the communication page <ul style="list-style-type: none"> – 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 a follow-up MUR 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 MUR clinical record • File all pharmacy paperwork securely • Collate the monitoring form ready for monthly submission to HSCB with the claim form for payment. 	

Competency framework for pharmacists providing the Medicines Use Review (MUR) Service.

Clinical and Pharmaceutical Knowledge

1. Demonstrate relevant clinical and pharmaceutical knowledge to deliver MUR, taking into account the patient's individual needs.

Behavioural statements

- 1.1 Demonstrates knowledge of the scope of the MUR service and its effective delivery, including patient consent, data protection and confidentiality.
- 1.2 Applies current evidence base and relevant local and national guidelines.
- 1.3 Takes into account the patient's individual circumstances and preferences.
- 1.4 Ensures appropriate dose, dosage regimen and formulation based on information available.
- 1.5 Identifies and makes appropriate recommendations to address medicines management issues, including those related to ordering, obtaining and taking/using their medicines.

2. Demonstrate the ability to identify and make recommendations around therapeutic issues relating to patient safety, and clinical and cost- effectiveness.

Behavioural statements

- 2.1 Identifies, prioritises and acts upon clinically significant drug-drug, drug-patient and drug-disease interactions.
- 2.2 Identifies and addresses the need for ongoing monitoring of efficacy and adverse effects.
- 2.3 Ensures therapeutic recommendations take into account clinical and cost effectiveness.

Accessing and Applying Information

3. Demonstrate the ability to identify, access, evaluate and use available written sources of information.

Behavioural statements

- 3.1 Accesses written information from appropriate and up-to-date sources.
- 3.2 Demonstrates the ability to evaluate written information.
- 3.3 Summarises and prioritises key issues that need to be addressed as part of the MUR process.

4. Demonstrate the ability to reach a shared agreement with patients.

Behavioural statements

- 4.1 Uses appropriate techniques to obtain relevant information directly from the patient, including a history of medicines usage (prescribed, OTC and complementary) and the patient's understanding and view of their medicines.
- 4.2 Consolidates information from all sources, including that obtained directly from the patient, into key issues.
- 4.3 Based on key issues, reaches a shared agreement with the patient on the actions required following the MUR and prioritised recommendations to be made to the GP.

4.4 Identifies and addresses patient's need for information about their medicines and other sources of support in an appropriate way.

Documentation and Referral

5. Ensure recommendations agreed with the patient are documented and appropriately communicated in a timely manner.

Behavioural statements

5.1 Documents the MUR process and resulting recommendations in a succinct manner using the nationally agreed templates.

5.2 Demonstrates knowledge of the role of other health and social care professionals and uses appropriate channels of referral.

5.3 In making recommendations, demonstrates insight into the limitations of the MUR process and, in particular, the incomplete nature of information available.

**Community Pharmacy Medicines Use Review Service
Consent Form**

Section 1: Information about the service

A **medicines use review** is an appointment with a pharmacist to focus on how you are getting on with your medicines. The meeting is to:

- **Help you to find out more about the medicines you are taking.**
- **Pick up any problems you are having with your medicines.**
- **Improve the effectiveness of your medicines.**
There may be easier ways to take them, or you may find you need fewer medicines than before.
- **Get better value for the health service** - making sure that your medicines are right for you prevents unnecessary waste.

In order to receive this service, you will be asked to give your consent for your pharmacist to share information from your medicines use review. If you do not give your consent you will not be able to use the service. However, when you receive your medicines your pharmacist will still give you advice about them.

Pharmacy name and address	
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Section 2: Consent to participate in the *Medicines Use Review Service*

Patient name and address	bag label
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I agree that the information obtained during the service can be shared, where in the opinion of my pharmacist it is appropriate to do so, with:

- My doctor (GP) to help them provide care for me
- the Regional Board as part of a clinical audit
- Regional Board, the Business Services Organisation (BSO), the Department of Health, Social Services and Public Safety (DHSSPS), healthcare practitioners and other health and social care bodies for the purposes of administering and managing health and social care services and to verify that the service has been delivered by the pharmacy as part of post-payment verification

Signature*	
Print name	
Date	

* If consent is being obtained from a person other than the patient then please tick one of the following:

- Parent Guardian Appointed representative Next of kin

Appendix 4

MUR Suggested Questions

Listed below are some suggested questions which you may wish to consider using during the MUR consultation. Remember a MUR is also an excellent opportunity to give appropriate lifestyle advice and to reinforce healthy living advice given by other healthcare professionals. Enquiring about current smoking status and providing brief intervention advice will be of particular importance to these patients with long-term conditions.

General questions

How are you getting on with your medicines?

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

What medicines do you take and how often?

Do you know why you are taking each of these medicines?

Enables discussion around what each medication is for – if patients understand what each medication does, they are more likely to take them.

Do you ever miss taking your medicines?

Most people will forget sometimes - it's normal to forget every now and then.
Use the PMR to check % adherence

What reminds you to take it? Is it part of your daily routine?

Use lifestyle to direct questions, e.g. sports, work, hobbies. Does poor asthma control affect ability to take part? – use to encourage adherence. Routine is important as an aide memoire.

Can you show me how you use your inhaler/insulin device?

This can prompt discussion around ensuring rotation of injection sites; differences in absorption from different sites. Any issues around poor technique can also be addressed.

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

Are you having any side effects or unexpected effects which you think might be due to your medicine?

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. The provision of

reassurance that certain side effects are normal can provide an opportunity to talk about side effects that the patient was uncomfortable bringing up.

This could also be an opportunity to alert the patient to serious side effects to watch out for that would require immediate action to be taken.

Do you have a self-management plan?

Written personalised action plans as part of self-management education have been shown to improve health outcomes for patients. This is an opportunity to promote self-management and identify patients who are willing and able to self-manage.

For patients with asthma

Do you think your medicines are working?

Do you feel that your asthma is well controlled?

Ask the patient the three Royal College of Physicians (RCP) questions.

In the last month:

- Have you had difficulty sleeping because of your asthma symptoms (includes coughing)?
- Have you had your usual asthma symptoms during the day (cough, wheeze, tight chest or breathless)?
- Has your asthma interfered with your usual activities (e.g. housework, work, school etc.)?

If the answer to any of these is 'yes', the patient's asthma is not well controlled. Discuss this with the patient and encourage them to arrange an asthma review with their doctor/asthma nurse or offer to send a written referral using the MUR communication page.

How many times did you use your reliever inhaler in the last week?

Good asthma control is associated with little or no need to use reliever inhalers. Frequent use of reliever inhalers suggests poor control.

If you could make one thing better for your asthma what would it be?

For patients with COPD

If patients with COPD have supplies of steroids and/ or antibiotics to use in case of an exacerbation:

Do you know when you should start using your antibiotics / steroids?

Patients should know when it is appropriate to start their "at home" course of steroids or antibiotics. This is also a good opportunity to check the expiry date of these medicines. For further information please refer to the [HSCB supporting tool for COPD](#).

If the patient uses a spacer device:

How often is it cleaned?

When was it last replaced?

For patients with Diabetes

Have you received any formal structured diabetes education programme, including self-management training? e.g. DESMOND, DAFNE, DAY?

Do you have an insulin passport? (if applicable)

Do you test your blood glucose levels? (not every patient needs to do this). Do you know why you test your blood glucose levels? If you are testing, do you know what to do with the results? If not – signpost the patient back to whoever asked them to test their blood glucose in the first place.

Are you aware of the symptoms of a 'hypo'?

If you had a hypo, would you know how to treat it?

Are you aware of the long-term effects of not managing your diabetes correctly, and how to reduce the risk of these effects?

Are you aware that some types of medication can have an impact on driving?

Appendix 5



Patient ID No.

Sheet of

To the GP:				
This patient recently received a Medicines Use Review (MUR) which identified the issues outlined below. Please consider the proposed recommendations.				
Patient details		GP details		
<i>Title:</i>	<i>First Name:</i>	<i>Surname:</i>		<i>GP Name:</i>
<i>HSC Number:</i>	<i>Tel:</i>	<i>Date of Birth:</i>	<i>Practice Name:</i>	
<i>Address:</i>			<i>Address:</i>	
<i>Name of other people present</i>		<i>Written consent for MUR obtained:</i> Yes <input type="checkbox"/> No <input type="checkbox"/>		<i>Date of review:</i>
<i>Review type:</i> MUR <input type="checkbox"/> follow-up MUR <input type="checkbox"/>		<i>Review identified or requested by:</i> Pharmacist <input type="checkbox"/> Patient <input type="checkbox"/> Other:		<i>Review carried out in the pharmacy?</i> Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please state reason and provide details of location
<i>Review carried out face-to-face with patient?</i> Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please state reason:				
Action plan				
Issue		Recommendation		
Pharmacy details				
<i>Pharmacist Name:</i>	<i>Pharmacist registration no.:</i>	<i>Pharmacy Name:</i>	<i>Pharmacy Contractor No.:</i>	<i>Email address:</i>
<i>Address:</i>			<i>Tel. No.</i>	

Communication 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



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/Dosage form/Strength:	<input type="checkbox"/> Yes If no, specify:	Yes No <input type="checkbox"/> <input type="checkbox"/>				
	Dose:						
2	Name/Dosage form/Strength:	<input type="checkbox"/> Yes If no, specify:	Yes No <input type="checkbox"/> <input type="checkbox"/>				
	Dose:						
3	Name/Dosage form/Strength:	<input type="checkbox"/> Yes If no, specify:	Yes No <input type="checkbox"/> <input type="checkbox"/>				
	Dose:						
4	Name/Dosage form/Strength:	<input type="checkbox"/> Yes If no, specify:	Yes No <input type="checkbox"/> <input type="checkbox"/>				
	Dose:						
5	Name/Dosage form/Strength:	<input type="checkbox"/> Yes If no, specify:	Yes No <input type="checkbox"/> <input type="checkbox"/>				
	Dose:						
6	Name/Dosage form/Strength:	<input type="checkbox"/> Yes If no, specify:	Yes No <input type="checkbox"/> <input type="checkbox"/>				
	Dose:						

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



Target group:	<input type="checkbox"/> Respiratory		
Total number of medicines being used by patient:	Prescribed		OTC & complementary therapies
Matters identified during the MUR:	or <input type="checkbox"/> No matters identified during the MUR		
<input type="checkbox"/> Patient not using a medicine as prescribed (non-adherence)	<input type="checkbox"/> Problem with pharmaceutical form of a medicine or use of a device		
<input type="checkbox"/> Patient reports need for more information about a medicine or condition	<input type="checkbox"/> Patient reports side effects or other concern about a medicine		
<input type="checkbox"/> Other matter and / or notes on above			
Action taken / to be taken by pharmacist: (Where appropriate more than one may apply)			
<input type="checkbox"/> Information /advice provided	<input type="checkbox"/> Yellow card report submitted to MHRA	<input type="checkbox"/> Patient referred to GP or other healthcare professional	
<input type="checkbox"/> follow-up MUR consultation arranged (please include rationale for follow-up MUR in space below)			
<input type="checkbox"/> Other action and / or notes on above			
Post-MUR the pharmacist believes there will be an improvement in the patient's adherence as a result of the following: (Where appropriate more than one may apply)			
<input type="checkbox"/> Better understanding/reinforcement of why they are using the medicine/what it is for		<input type="checkbox"/> Better understanding/reinforcement of side effects and how to manage them	
<input type="checkbox"/> Better understanding/reinforcement of when/how to take the medicines		<input type="checkbox"/> Better understanding/reinforcement of the condition being treated	
Healthy living advice provided: (More than one may apply)			
<input type="checkbox"/> Diet & nutrition	<input type="checkbox"/> Smoking	<input type="checkbox"/> Physical activity	<input type="checkbox"/> Alcohol <input type="checkbox"/> Sexual health <input type="checkbox"/> Weight management
<input type="checkbox"/> Other:		or <input type="checkbox"/> Healthy living advice not applicable	
Follow-up MUR: summary of action taken			

MEDICINE USE REVIEW CLAIM FORM

Contractor Number:.....

Contractor Name/Address:.....

.....

.....

MONTH..... YEAR.....

Claim

MURs completed this month

Number

Initial MURs

[Empty box for Initial MURs]

Follow-up MURs

[Empty box for Follow-up MURs]

To: Pharmaceutical Directorate

[Empty box for address]

I/we declare to the best of my/our belief the information on this form is correct. I/we claim the appropriate payment for the Medicines Use Review Scheme. An audit trail is available at the Pharmacy for inspection by the HSCB's authorised officers or officers acting on its behalf by BSO.

Pharmacist Signature _____

Please PRINT NAME _____

For Board Use Only
Signature for authorisation of
payment

Further resources

Resources for respiratory:

BTS/SIGN asthma guidance 2014

[Click here](#)

NICE Clinical Guideline CG101 (2010) COPD in over 16s

[Click here](#)

GOLD COPD Guidelines 2016

[Click here](#)

HSCB supporting tool for asthma

[Click here](#)

HSCB supporting tool for COPD

[Click here](#)

NI Medicines Management Newsletter Supplement; Asthma – November 2012

[Click here](#)

Medicines Management Newsletter Supplement “Why Asthma Kills”- January 2015

[Click here](#)

Inhaler Compliance Ready Reckoner.

[Click here](#)

N.I. Formulary:

[Click here](#)

Training for respiratory disease:

Online courses are available from NICPLD in the following areas:

- Asthma
- COPD
- Inhaler devices
- Nebulisers
- Oxygen

[Click here](#)

Patient education/resources:

Asthma UK: using your inhalers

[Click here](#)

Inhaler technique demonstrations

[Click here](#)

Asthma in children – NHS Choices video showing inhaler technique

[Click here](#)

Asthma Device Technique Reminder Cards

[Click here](#)

Inhaler devices: Patient Information Leaflets

[Click here](#)

Asthma Control Test

[Click here](#)

Air alert service – air pollution alerts text service

[Click here](#)

Self-management plans (Asthma)

[Click here for Public Health Agency](#)

[Click here for Asthma.org](#)

Self-management plans (COPD)

[Click here](#)

Resources for diabetes:

Diabetes UK:

<https://www.diabetes.org.uk/>

N.Ireland Diabetes UK homepage:

[Click here](#)

Diabetes and general driving advice from Diabetes UK:

[Click here](#)

Information leaflets for patients re Driving & Diabetes in N.Ireland:

[Click here and scroll down to 19th October 2015](#)

A Guide to Blood Glucose Monitoring for People with Type 2 Diabetes:

[Click here](#)

NICE Pathway: Diabetes Overview:

[Click here](#)

NICE Bites October 2015 (No.80) Type 1 Diabetes:

[Click here](#)

NICE Bites January 2016 (No.83) Type 2 Diabetes:

[Click here](#)

N.I. Formulary:

[Click here](#)

NPA members Diabetes Guide:

[Click here](#)

Training for diabetes:

NICPLD 'Evidence based management of Diabetes':

[Click here](#)

Diabetes UK Guide to diabetes treatments:

[Click here](#)

Medicines Safety Matters – Focus on Insulin, Vol 2 Issue 4, 2012:

[Click here](#)

Northern Ireland Implementation of HSC (SQSD) 3/11 Adult Passport to Safer Use of Insulin May 2013:

[Click here](#)

Patient education/resources:

Safe Use of Insulin patient information leaflet:

[Click here](#)

Insulin passport:

[Click here](#)

Women with Diabetes:

[Click here](#)

Diabetes and Me (training aimed at children & young people, but relevant to all type 1 diabetics):

[Click here](#)

Diabetes UK self-management resource for Type 2 diabetes:

[Click here](#)

NICE Patient decision aid - Type 2 diabetes in adults: controlling your blood glucose by taking a second medicine - what are your options?

[Click here](#)

Diabetes UK information prescriptions – one page information sheet on a variety of topics, including BP, lipids and blood glucose

[Click here](#)