NMS SOP Guidance Notes

BACKGROUND

Sub-optimal medicine use can lead to inadequate management of long-term conditions (LTCs) and a cost to the patient, the NHS and society. The New Medicine Service (NMS) is an Advanced service designed to provide support and empower patients in the management of their LTC by helping improve their adherence to their newly prescribed medicine(s). This coupled with advice on lifestyle changes and other non-drug interventions, can promote patient well-being and healthy living. Participation in this service will not only offer benefits to patients but also local primary care services and the NHS by savings through a reduction in medicines wastage and drug-related hospital admissions.

There are three main stages involved in the NMS: patient engagement; initial intervention; and follow-up. After identifying and inviting an eligible patient for the NMS (engagement), the pharmacist will hold a discussion with the patient within a short period after the new medicine has been started (initial intervention), with a repeated discussion (follow-up) held soon after, in an attempt to encourage effective medicine-taking. See **Appendix 1** for a flow chart (adapted from CPPE) representing these processes.

It is critical to the success of the service that all pharmacy support staff receive training to understand how NMS will benefit patients and the pharmacy. This will help pharmacy staff utilise their skills to engage and actively promote the benefits of the service to potential patients. It may be worth considering appointing a NMS champion to help drive the service in your pharmacy.

Contractors should also ensure that all GP practice staff and members of the wider healthcare team (such as practice nurses, community matrons and non medical prescribers) are aware of the benefits of the NMS and are able to identify and refer eligible patients to the pharmacy for the service.

1. WHO IS ELIGIBLE FOR THE NMS?

1.1 Patient groups and medicines covered under the NMS

- Currently only patients prescribed a **new medicine** (ie prescribed for the first time to that patient) for one of the following **conditions/therapies** stated below can be recruited to the NMS:
  - Asthma or chronic obstructive pulmonary disease (COPD)
  - Diabetes (type 2)
  - Antiplatelet / anticoagulant therapy
  - Hypertension.

- Patient's taking a qualifying medicine related to a list of specified British National Formulary (*BNF*) categories, as agreed by PSNC and NHS Employers, may be eligible to receive the service. The new medicine can be prescribed for a newly diagnosed or existing long-term condition (from the eligible conditions/therapies specified above). **Appendix 2** alphabetically lists the generic names of specified medicines corresponding to their *BNF* sub-sections that are eligible for NMS provision. If the newly prescribed medicine is listed in more than one sub-section of the *BNF* or if it is used for more than one indication check with the patient the reason why their new medicine has been prescribed.

- It should be the first time the patient is obtaining a supply of the new medicine from a community pharmacy. If a patient has not been not enrolled for the NMS on the first occasion the new medicine is supplied by a community pharmacy, the patient will be unable to sign up for the service later if a subsequent supply of the same medicine is made by a participating pharmacy. Note that the patient is eligible to join the NMS if they are referred into the service, having had their first prescription dispensed by a hospital.

- Children can also be recruited to this service if they are capable of giving consent. Please note parents/carers cannot give consent on behalf of their children because the service is patient focused and not carer focused.

1.2 Patient groups and medicines NOT covered under the NMS

- Patients who present a prescription for a new medicine which is NOT for any of the conditions/therapies specified in **Section 1.1** above.

- Patients presenting a prescription for a new medicine **NOT** covered under the specified list of *BNF* categories **(see Appendix 2)** for their condition.

- Use of a medicine on the specified list of *BNF* categories **(see Appendix 2)** for conditions other than those stated in **Section 1.1** above. For example, the patient would be ineligible for the NMS if they use metformin (commonly used as an antidiabetic drug) for the management of polycystic ovary syndrome (PCOS).

- Patients who have a **dose** or **formulation** change of a previously prescribed qualifying medicine for any of the specified conditions/therapies stated in **Section 1.1** above.

- Patients who have previously had their new medicine dispensed for the first time at another community pharmacy. When a patient presents in the pharmacy with a prescription for a qualifying new medicine, check that this medicine has not been dispensed for them by the pharmacy on a previous occasion.

- Children incapable of giving consent.

Patients ineligible for the NMS may qualify for an MUR, if deemed appropriate by the pharmacist.

2. NMS PROVISION REQUIREMENTS

As the NMS is an Advanced service under the NHS community pharmacy contract, pharmacies can decide whether or not to provide this service.

Pharmacy contractors offering the NMS are required to ensure that the pharmacy premises have a private consultation area which is at least at the level required for provision of the MUR service. For further information, refer to the NPA resource, '*Making the best use of consultation areas',* available to download from the members section of the NPA website.

Pharmacy contractors will also need to ensure that all of the pharmacists have the necessary knowledge and skills to provide the NMS. In order to provide evidence of this, pharmacists will be required to complete and sign a **'NMS – self assessment of readiness form'**. The self assessment form can be downloaded as a PDF or Microsoft Word version from the NHS Employers or PSNC websites. If there is more than one pharmacist providing the service in a pharmacy, each pharmacist is required to complete a separate self assessment form. A copy of the completed form should be given to the pharmacy contractor/employer (if applicable).

To be eligible to provide the NMS, the self assessment of readiness form requires a pharmacist to declare that they:

- are accredited to provide MURs
- understand the purpose and background of the NMS
- understand the aims and intended outcomes of the NMS
- understand the service specification of the NMS and how to deliver it effectively
- are competent in the clinical areas covered by the NMS
- consider the necessary communications that are required with pharmacy staff, patients and other local healthcare providers in order to provide the NMS.

Pharmacy technicians and other pharmacy support staff can assist with various elements of the NMS. However, the initial intervention and follow-up discussions with the patient can only be held by an eligible pharmacist.

To aid completion of the **'NMS – self assessment of readiness form'**, pharmacists are recommended to complete the **CPPE Open learning programme** '**New Medicine Service – Delivering a Quality Service'**. This, along with associated learning programmes, can be accessed from the following link www.cppe.ac.uk.

The pharmacy should obtain written patient consent for sharing information with the prescriber, PCT/successor organisation and NHS BSA (NHS Business Services Authority) using a form that utilises the nationally agreed consent wording for the service.

3. PATIENT ENGAGEMENT STAGE

3.1 Identifying suitable patients for the NMS

Qualifying patients can be recruited to the NMS by one of 2 ways:

A. Referral to the service by the prescriber. Any prescriber who manages patients with one of the specified long-term conditions can refer into the service, not just GPs (this includes secondary care prescribers who may have already supplied the new medicine as part of the discharge process). The prescriber can verbally direct the patient to a participating pharmacy.

OR

B. The patient/carer may present opportunistically into a pharmacy with a prescription for a new medicine. Pharmacy support staff (ie pharmacy technicians, dispensing assistants and medicine counter assistants) are ideally placed to identify eligible patients and actively promote the benefits of the service. Pharmacy support staff can mark/annotate the patient's new medicine prescription with the letters 'NMS' to indicate patient eligibility for the service (a 'NMS' stamp can also be used for this purpose). The NMS mark on the prescription will help alert the pharmacy staff to engage and sign up eligible patients to the service when the patient presents to collect their new medication.

When you receive a prescription, assess the patient's eligibility for the NMS service (refer to **Sections 1.1** ***'Patient groups and medicines covered under the SOP'*** and **1.2** **'*Patient groups and medicines NOT covered under the SOP*'**. The PMR may also assist dispensing staff identify patients eligible for the NMS.

3.2 Dispensing the new medicine prescription

- After identifying an eligible patient, dispense their new medicine prescription as per your current dispensing SOPs. At the point of dispensing, pharmacy support staff can also highlight the patient's dispensed items bag with a coloured NMS sticker (included in your NPA NMS support pack) to indicate patient eligibility for the service. The NMS bag sticker along with the NMS sign on the prescription can help alert the pharmacy staff to engage and sign up eligible patients to the service when they presents to collect their new medication.

- When the patient presents their prescription at the pharmacy, check if it is the first time they will be using the newly prescribed medicine(s) and confirm that the new medicine(s) has **NOT** been previously dispensed by another community pharmacy. If the new medicine has been dispensed at another community pharmacy previously, the patient is not eligible to receive the NMS.

- Explain the various aspects of the service to the patient so they understand the benefits of coming back to discuss their new medicine(s) with the pharmacist. This can be done verbally either when the patient hands over their prescription for dispensing or when the patient presents to collect their new medicine(s). Leaflets or bag stuffers with information relating to the NMS can be added to their dispensed prescription items especially if the new medicine is delivered out to the patient or collected by a representative/carer.

- Counsel the patient on the safe and effective use of their new medication (as per existing pharmacy SOPs). *Part of the Essential services in the pharmacy contract require pharmacy staff to provide initial information and advice to patients regarding their dispensed medication.*

- If appropriate, offer the patient opportunistic healthy living / public health advice in line with 'Promotion of healthy lifestyles (public health) Essential service'.

3.3 Invitation to the service and obtaining patient consent

- After explaining the benefits of the NMS, invite eligible patients to the service.

- Notify the patient that the information discussed as part of the service may be shared with their prescriber as necessary and with the PCT /successor organisation as part of clinical audit. The details would also be shared with the PCT/successor organisation and the NHS BSA for post payment verification purposes.

- Patients who wish to participate in the NMS must be provided with a consent form to complete and sign before the service can be started. The consent relates to the sharing of information with the prescriber, PCT/successor organisation and the NHS BSA as mentioned above. The consent should be obtained when the patient is first approached, (ie at the engagement stage). This will help ensure that a consent form is already completed for those patient's who opt for a telephone discussion. A template consent form is available to download from the PSNC website. The service cannot proceed if written consent is not provided by the patient.

- A representative/carer cannot provide consent to receive the service on behalf of the patient; only the patient can agree to this. Written consent can be obtained when the patient next presents in the pharmacy.

4. THE INITIAL INTERVENTION STAGE

4.1 Making an appointment

If you decide not to use an appointments system, ensure you include in the SOP the process by which you will keep track of patients who are due or are overdue for the intervention or follow-up stages of the service.

Arranging and recording of appointments can be delegated to a trained member of the pharmacy support staff.

- The initial intervention appointment should ideally take place within **7 to 14 days** of dispensing the new medicine(s).

- The patient can later attend a follow-up appointment (if applicable), which would typically take place between **14 to 21 days** after completion of the initial intervention stage (**see later Section 6: '*Follow-up stage*'**).

- Where possible, try and arrange for the appointment to be conducted during less busy periods in the pharmacy or on days where the pharmacist has extra dispensary support staff available.

- Create an appointment log/diary (paper or electronic) to record appointment details for both initial intervention and follow-up stages of the NMS. You may also wish to include a separate note relating to the appointment on the patient's PMR.

- Agree a suitable time and method for carrying out the initial intervention stage of the NMS with the patient. It is normally expected that the initial intervention will be a face-to-face conversation but it may be conducted over the telephone if the patient prefers this method instead. Record their preference on to the appointment log/diary.

- Ask the patient whether they would like a reminder for their appointment. Suggest a reminder for usually one or two days before the appointment or as requested by the patient (but not for the same day of the appointment). If they would like a reminder, agree how this should be provided, eg telephone call, SMS, e-mail. Make a note of the reminder request in the log/diary.

- Request and record the patient's personal contact details (such as landline, mobile and e-mail). These will be required if the patient prefers a telephone discussion, to provide appointment reminders, or to reschedule an appointment. When contacting a patient for telephone discussions, to safeguard confidentiality, it is advisable to agree on a personal password for the patient to use to allow the pharmacist to verify their identify. These details can be recorded in the appointment log/diary against the patient's appointment record.

- Provide the patient with an appointment card (included in your NPA NMS support pack) to remind them of the agreed date and time for the discussion. Contact the NPA Sales department for further supplies of NMS appointment cards. Supply the patient with an accompanying NMS patient information leaflet explaining the service and consent requirements.

- Recommend that the patient brings their new medicine(s) with them to the pharmacy for the face-to-face discussion. If the discussion is to be held over the telephone, suggest the patient has their new medicine(s) close at hand during the conversation, if practicable.

- When making the appointment, consider whether the patient has any special requirements, for example, whether they have any hearing or visual impairments or any other disabilities that may need to be catered for.

- Ask whether the patient wishes to have a member of the family, friend or carer present during the discussion and, where appropriate, whether a chaperone is needed.

4.2 Preparing for the initial intervention stage

- Where a patient has asked for an appointment reminder, contact the patient using their preferred method (telephone, SMS or e-mail) usually one or two days before the appointment or as requested by the patient. A trained member of pharmacy support staff can be delegated this task. For patients having a face-to-face discussion remind them to bring along their new medicine(s) to the discussion.

- Before the discussion takes place, try fill out as much information as possible on to the NMS patient record worksheet (the worksheet and NMS data requirements are available from the PSNC) using the details from the patient's PMR. Pharmacists can also use a module on the PSNC's web-based PharmaBase system to maintain NMS patient records. The PMR will also help identify the new eligible medicine(s) that would form part of the discussion.

- If necessary, check the latest edition of the *BNF* and other relevant reference sources to ensure familiarity with the indication, usual doses, side effects, and interactions etc, of the new medicine(s). You may undertake training and/or refer to relevant local and national guidelines to keep up to date in your knowledge of medicine(s) use for the patient's particular disease state(s). The NMS condition/therapy mini guides (included in your NPA NMS support pack) have been designed to serve as a quick reminder of the eligible conditions/therapies. Please note that the NMS is not a clinical review of the patient's condition but an intervention to support a patient with their new medicine, generally leading to an improvement in adherence to their new medication.

4.3 Face-to-face discussion

4.3.1 Preparation

At the start of the day check the appointment log for any scheduled discussions due to take place. This can help you plan the daily pharmacy tasks better so as to allow time to be freed up for any scheduled NMS appointments. Allow for approximately **10 to 15 minutes** for each appointment but this may vary with each patient and the number of new medicines they have been prescribed. The way this is done will depend on the individual set up of each pharmacy. Make sure that pharmacy staff understand that any interruptions must be minimised during the appointments as far as possible.

4.3.2 Did not attends (DNAs)

If the patient fails to meet their agreed appointment time, at least one attempt to follow-up with the patient should be made. If contacted, encourage the patient to rearrange the appointment to another suitable time if still required. If a patient is hesitant to visit the pharmacy you may offer the option of having a telephone discussion instead. The process of following-up patients who DNA can be conducted by a trained member of staff.

If patient does not attend at all, or if they voluntarily opt out of the service, or they withdraw consent to receive the service, the patient would at this stage exit the NMS. Record this information on the appointment log/NMS patient record worksheet. If the patient does not participate in the intervention stage of the NMS, it will not count towards the pharmacy's NMS activity for that month.

4.3.3 Starting the initial intervention

- Allow approximately **10 to 15 minutes** to speak to the patient about their new medicine(s), including completion of any paperwork. You will find that you become faster as you gain experience.
- Introduce yourself by name and welcome the patient when they present to the pharmacy for their scheduled appointment. Check appointment against the log/diary and confirm the patient's identity if necessary.
- Retrieve the patient's specific NMS patient record worksheet if one has already been created. To verify that the right patient's worksheet has been selected, check details on the worksheet against the patient's actual PMR record.

- Check that the patient has a signed consent form to share information with the prescriber, PCT/successor organisation and the NHS BSA. If not, provide the patient with a consent form to read and sign.

- The initial intervention stage cannot proceed if the patient refuses to provide consent or withdraws their previously agreed consent. Record this information on the NMS patient record worksheet. If the patient does not participate in the intervention stage of the NMS, it will not count towards the pharmacy's NMS activity for that month.

- Lead patient into the private consultation area and make him/her feel at ease.

- If patient consent is confirmed, clarify that the patient understands what will happen during the discussion, the aims of the service and how long it is likely to take.

- Before the discussion starts, make the patient aware that you will be jotting down information throughout the discussion.

- While introducing the service, fill out any other remaining patient details on to the NMS patient record worksheet if this has not been possible to complete in advance. If such a worksheet has not been created at the engagement stage, fill out a new one by asking the patient for the required information if necessary.

- Inform the patient that you will now ask a series of questions to ascertain how they are managing with their new medicine(s) and that you will seek to address any concerns they may have relating to their condition(s) or treatment(s).

- Next refer to **Section 4.5 '*The initial intervention discussion*'**.

4.4 Telephone discussion

4.4.1 Preparation

At the start of the day check the appointment log/diary for any scheduled discussions due to take place. This can help you plan the daily pharmacy tasks better so as to allow time to be freed up for any scheduled NMS appointments and also help minimise any interruptions. The way this is done will depend on the individual set up of each pharmacy. Allow for approximately **10 to 15 minutes** for each appointment but this may vary with each patient and the number of new medicines they have been prescribed.

Check that the patient has a signed consent form to share information with the prescriber, PCT/successor organisation and the NHS BSA. If not, contact the patient and request them to visit the pharmacy to sign the consent form as the service cannot proceed without this. (Ideally, the process of obtaining consent should have been done at the engagement stage.)

Confidentiality issues are of even greater importance when conducting a telephone discussion with the patient. The pharmacist can only make the telephone calls to the patient from the pharmacy premises. The discussion should take place in circumstances where the pharmacist can talk at normal speaking volumes without being overheard by customers. Where possible, the pharmacist should use the consultation room to make the telephone call as this will help maintain privacy and minimise any interruptions.

Contact the patient using the telephone details provided at the patient engagement stage. This task can be delegated to support staff that can contact the patient and pass the telephone over to the pharmacist once the patient answers. Document the date and time of calls (including any unanswered ones) on the NMS patient record worksheet.

4.4.2 Did not attends (DNAs)

If the telephone is unanswered, a message can be left on the patient's telephone if they have a voice-mail facility available. Be sure not to leave any sensitive or confidential messages on the voice-mail. You can simply leave your name, the pharmacy contact details and a message asking the patient to call you or another member of the pharmacy staff. Avoid stating the reason for your call on the message. The process of following-up patient's who DNA can be conducted by a trained member of staff.

If the patient fails to contact the pharmacy back on the same day, at least one attempt to follow-up with the patient should be made. If contacted, encourage the patient to rearrange the appointment to another suitable time if still required. If you have been unable to contact the patient, or if they voluntarily opt out of the service, or they withdraw consent to receive the service, the patient would at this stage exit the NMS and the initial intervention stage cannot

proceed any further. Make a note of this in the appointment log/NMS patient record worksheet. If the patient does not participate in the initial intervention stage of NMS, it will not count towards the pharmacy's NMS activity for that month.

4.4.3 Starting the telephone discussion

- Allow approximately **10 - 15 minutes** to speak to the patient about their new medicine(s), including completion of any paperwork. You will find that you become faster as you gain experience.

- Retrieve the patient's specific NMS patient record worksheet if one has already been started. To verify that the right patient's worksheet has been selected, check details of the worksheet against the patient's actual PMR record.

- Call the patient from a quiet area of the pharmacy (preferably the consultation area), using their preferred contact number(s) provided by the patient at the engagement stage.

- When the telephone is answered, introduce yourself clearly by name as the pharmacist from _______________ pharmacy and ask to speak to the patient by name. If the patient is not available at the time of the call and you have the option of leaving a message, offer to contact the patient at a more convenient time or suggest the patient contacts the pharmacy to rearrange the appointment to another suitable time if still required.

- If the patient is available to discuss their new medicines, after introducing yourself, confirm that you are actually speaking to the patient. You can confirm this by asking a few simple questions such as date of birth, residential address, name of a regular medicine, or GP's name. A personal password can also be agreed at the patient engagement stage to help safeguard confidentiality. Cross-reference the patient's answers to the information documented on the NMS patient record worksheet to authenticate the patient's identity.

- If the patient is concerned about disclosing sensitive personal information over the telephone and cannot be satisfied that the caller is ringing from the pharmacy, he/she may contact the pharmacy directly instead.

- Once the patient's identity has been confirmed, reiterate what will happen during the discussion, the aims of the service and how long the conversation is likely to take.

- Check if the patient is happy to continue with the discussion. If you have caught the patient at a busy time, rearrange the appointment to another suitable time.

- If the patient withdraws their previously agreed consent, the initial intervention stage cannot proceed. Record this information on the NMS patient record worksheet. If the patient does not participate in the initial intervention stage of the NMS, it will not count towards the pharmacy's NMS activity for that month.

- If patient is happy to continue, inform the patient that you will now ask a series of questions to ascertain how they are managing with their new medicine(s) and that you will seek to address any concerns they have relating to their condition(s) or treatment(s).

- While introducing the service, fill out any other remaining patient details on to the NMS patient record worksheet if this has not been possible to complete in advance. If such a worksheet has not been created at the engagement stage, fill out a new one by entering all the required patient details by asking the patient for the required information if necessary.

- Next refer to **Section 4.5 '*The initial intervention discussion*'**.

4.5 The initial intervention discussion

- The NMS interview schedule for the initial intervention stage (contained within the NPA NMS pack or downloadable from the PSNC website) contains **seven** standard questions to work through with the patient during the face-to-face or telephone discussion. To allow the conversation to flow better, it is advisable to get familiar with the questions beforehand so that it is not perceived to be a checklist. **Table 1** lists these seven questions with supporting notes to consider with each question.

- The format of the discussion should feel as natural as possible and the seven questions do not have to be asked in the particular sequence suggested. You can be flexible and tailor the questions based on the patient's responses as long as you ensure that all the required information is obtained from the patient.

- The aim of the initial discussion at the initial intervention stage is to assess how the patient is getting on with their adherence to the new medicine. It will also help identify any problems the patient may be having with their new medicine(s) and allow an exploration of possible solutions. The outcomes of the discussion are documented on the patient's NMS patient record worksheet. The discussion is also an ideal opportunity to provide additional information aimed at improving the patient's understanding of their condition/therapies. Where appropriate, opportunistic health lifestyle advice should also be offered to the patient.

- Check if the patient has brought along their new medicine(s) with them at the face-to-face discussion. For telephone discussions, ask whether the patient has their new medicine(s) close at hand and if not, would it practical for them to obtain their new medicine(s) for the purposes of the discussion.

- If the patient has been prescribed more than one new medicine for their LTC(s), discuss each medicine in turn and ask the relevant questions to elicit sufficient information to enable you to give advice on their use. A patient only qualifies for one NMS episode if more than one new medicine prescribed at the same time.

- Make the patient feel relaxed and at ease by asking questions in a natural and non-judgemental way. This will make the patient feel comfortable to answer openly and honestly.

- For face-to-face discussions, use appropriate body language to engage with the patient and show that you care. Acknowledge the patients concerns by showing empathy.

- Avoid making it appear to look like a paper exercise when filling out the NMS patient record worksheet during the face-to-face discussion. Direct your focus entirely on the patient by engaging, listening and remaining attentive at all times.

- Avoid patronising the patient or using medical terminology or jargon they may not be familiar with. Check the patient understands by asking them to repeat back any key points of advice or information you have offered during the discussion.

- Telephone conversations require a different set of communication skills when compared to face-to-face discussions. Communicate clearly using a calm, polite and relaxed tone of voice. Speak slowly and build rapport with the patient. Do not rush through the call. Talk at the patient's pace and pause after providing advice or offering solutions to a problem to allow the patient to air their views about this.

- Listening skills are especially important during telephone conversations as it can help you pick out signs to gauge the patient's understanding or any concerns they may have. To reassure the patient that you are listening, reflect back on the main issues they have highlighted.

Table 1: Interview schedule for the initial intervention

Q1. Have you had the chance to start taking your new medicine yet?
If the patient has not started taking the medicine then investigate the reasons for this by moving to the non adherence issues below (see Question 6 below). The pharmacist can then go back and address other reasons/concerns/need for information at the end of the interview.

Explore whether reasons for non adherence are intentional (due to patient's beliefs, concerns or problems such as side effects) or unintentional (related to lack of understanding, poor memory, or practical issues such as difficulty opening the medicine container).

If the patient has already started taking their new medicine(s) you may check the following:

- Ask the patient whether they have had a chance to read the Patient Information Leaflet (PIL) supplied with their new medicine.
- Assess the patients understanding of the directions for use of their new medicine.
- Confirm if the patient follows the prescribed dosage, timing and frequency of their new medicine. (If the patient is present for a face-to-face discussion, where possible you may request to check their medicine container/blister pack to confirm adherence by counting number of doses the patient has taken since date of dispensing).

Q2. How are you getting on with your new medicine?
This is an open question to allow the patient to talk about their new medicine and/or LTC and highlight any issues which are important to them. Any problems or concerns raised by the patient can be dealt with here rather than waiting until the appropriate question(s) below.

Q3. Are you having any problems with your new medicine, or concerns about taking it?
If this has already been covered in Q2 above then move on to Q4. If not yet discussed, the pharmacist can tailor their questioning to ascertain this information. Ask the patient if there is any form of support they would prefer to aid adherence with their medicine?

Q4. Do you think your new medicine is working? (Prompt: is this different from what you were expecting?
This gives a chance to discuss that some patients will not feel any different if some of these drugs are working.

Does the patient feel that their new medicine is working? If the answer is no, or the patient is unsure if their new medicine is working for them, explain that the beneficial effects of the medicine may not always be apparent or noticeable. A difference may not always be seen or felt and in some cases it may take some time before any changes are observed

Does the patient know what their new medicine is prescribed for? Is the new medicine for a newly diagnosed LTC or for a pre-existing LTC? It would be useful to provide the patient some background about how the drug works to improve their condition. Patients generally feel happier and content to take a medicine when they have a rational explanation of how it helps their condition.

Table 1 continued

Q5. Do you think you are getting any side-effects or unexpected effects from the new 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.

A Yellow Card report form should be completed where a drug-related adverse effect is suspected. This is particularly important if the drug involved has a black triangle symbol next to the preparation name in the BNF. The Yellow Card report forms are located at the reverse section of your BNF copy or you can be report online at www.yellowcard.gov.uk.

Check whether any side-effects are as a result of their new medicine(s), existing medicine(s) or any purchased OTC preparations or alternative therapies. The pharmacist can also use this opportunity to discuss with the patient any other usual/common side-effects they are likely to experience with their new medicine

This is an opportunity to discuss whether side-effects are likely to be transitory and what can be done to minimise them. If the side-effects highlighted by the patient are considered to be troublesome or severe, the pharmacist should take immediate action and may suggest a referral back to the prescriber and possibly cessation of the offending medicine. In this circumstance you may decide to phone the prescriber to alert them to the issue in a timely manner.

If the side-effects appear to be unrelated to the medication, could the patient be suffering from symptoms of their LTC or other medical conditions? This may make the patient feel different leading to a change in their behaviour which may not necessarily be a side-effect of the new medicine. Refer the patient to their prescriber if there are any signs of worsening symptoms or poor control of current medical condition(s).

Could the side-effect(s) have occurred as a consequence of a drug-drug interaction or herb-drug interaction?

Q6. People often miss taking doses of their medicines, for a wide range of reasons. Have you missed any doses of your new medicine, or changed how to take it? (Prompt: when did you last miss a dose?)
The question may be a bit challenging so is further down the interview schedule – however on the other hand it may not need to be asked as the issues may already have emerged. It is necessary to explore the reason(s) why this has happened. Was it intentional or not? Was it appropriate (eg missing a morning dose of a diuretic because they had a long bus journey)?

Does the patient understand why the medicine is necessary?

The pharmacist will work to solve the issue if there is one to be solved.

Table 1 continued

Q6 cont.

If the patient appears to have missed any doses, identify why this has happened and whether it was intentional or not. Some possible reasons for non-adherence to their newly prescribed medicine(s) could be:

- Patients personal or religious beliefs about their prescribed medicine(s) and/or LTC may result in reduced adherence.
- Patient not accepting of their LTC or not well informed about the importance of managing their LTC. If it is a recently diagnosed LTC, how much does the patient know about their new condition? Use this opportunity to discuss/clarify any information the patient seeks about their LTC. This could be printed information or perhaps referral to a dedicated self help group or a patient-friendly health information website or advice tool.
- Unclear on directions for use of new medicine(s). **Q3** should present an opportunity to clarify patients understanding of their treatment including directions for use.
- Unwanted or troublesome side effects. **Q5** should have covered the issue of non-adherence related to medication side-effects.
- Unpalatable taste - does the taste of the oral medicine hinder the patient from taking it? If so, can other brands/generics be considered? Or is there any other way to facilitate administration so as to make the medicine more palatable. An example may include mixing the medicine with food or drink (note that although this option may be possible it would often be treated as an unlicensed method of administration).
- Intentionally omitted – for example missing a morning dose of a diuretic because of a long bus journey. Can the timing of dose be adjusted to suit the patient's lifestyle better?
- Forgetfulness – difficulty in remembering due to lifestyle or disability (eg dementia). If the patient appears confused about their treatment directions reiterate the information on the medicine label and check their understanding. If the patient appears to have further difficulty in remembering to take their medication enquire whether a member of the family, friend or carer can aid with administration. Under the Equality Act 2010 (formerly Disability Discrimination Act 1995), pharmacy contractors have a responsibility to make reasonable adjustments to the services they offer which may include supplying auxiliary aids to disabled persons where appropriate. The pharmacist can also carry out a disability assessment to identify ways to help patients who have difficulty in taking their prescribed medicines. In some cases auxiliary aids such as reminder charts, alarms or multi-compartment medicines systems may be suggested to help aid adherence.

Table 1 continued

Q6 cont.

- Difficulty in taking - due to route of administration, frequency of use, poor technique (for example with inhalers), polypharmacy or any other problems such as difficulty in swallowing or difficulty opening medicine container etc. Strategies that may help include simplifying the dosing regimen or it may be necessary to refer back to the prescriber to consider adjusting the dosage, or switching to an alternative medicine or formulation, or supplying a medicine in a container with a non child-resistant closure.

- Other difficulties – partially sighted or blind patients. Consider printing labels with larger font or supply Braille packaging where applicable.

Q7. Do you have anything else you would like to know about your new medicine or is there anything you would like me to go over again?

The final question will allow the patient to clarify any issues or concerns they may have.

Based on the outcomes of the questions asked at the initial intervention stage, the pharmacist and patient should agree on one of the following steps:

a. **Patient adhering to regimen and not experiencing any problems** – encourage and motivate the patient to continue with adherence. Make next appointment for follow-up in **14 to 21 days**.

b. **Patient not taking the new medicine as prescribed –** pharmacist and patient discuss the reasons behind this and agree solution and/or method to aid adherence. Check that the patient understands the solution. Encourage and motivate the patient to work with the solution. Make next appointment for follow-up in **14 to 21 days**.

c. **Patient not taking the new medicine as prescribed and refer back to prescriber** – solutions and/or methods to aid adherence cannot be found. Explain potential clinical risk of non-adherence. Patient to exit from the NMS and **CANNOT** proceed to the follow-up stage. Refer the patient back to their prescriber (**see Section 5. '*Referral/providing feedback to the prescriber*'**). At this point the service will have been completed.

There may be occasions on which a patient who has been prescribed two or more new medicines has trouble with one medicine and requires early referral back to their prescriber while they are able to continue to the follow-up discussion for the other new medicine(s). In this case the pharmacy will be able to claim for one completed NMS once the patient has completed the follow-up appointment.

Advise the patient of the benefits of having a follow-up review if relevant (as per points '***a.***' and '***b.***' in **Section 4.6 '*Post intervention discussion*'** above). The follow-up appointment should typically take place **14 to 21 days** after the initial intervention. The follow-up can only take place from the same pharmacy where the patient had their initial intervention discussion for the same newly prescribed medicines.

Agree on a suitable time and method for carrying out the follow-up stage of the NMS with the patient. The follow-up appointment could be linked to the pick up date for the patient's next supply of the medicine. It is expected that the follow-up will normally be a face-to-face conversation but it may be conducted over the telephone if the patient prefers this method instead. Update the patient's appointment card to remind them of the agreed date and time for the follow-up. If patient does not have their appointment card supply a new one. Record details of follow-up into the appointment log and onto the NMS patient record worksheet. **(Follow the process suggested in Section 4.1 '*Making an Appointment*'.)**

4.7 Ending the discussion

- Bring the discussion to a close by asking whether the patient has any further questions. Sometimes it may be difficult to bring the initial intervention/follow-up discussion to a close so you may consider having a clock or watch visible, or arrange for a member of staff to alert you at the appropriate time.

- Thank the patient and explain clearly what will happen next. For face-to-face discussions, lead the patient out of the consultation room after the patient has had a chance to clarify any issues they may have. For telephone discussions, allow the patient to disconnect first so they can clarify any last minute concerns they may have.

- Fill out the remaining sections of the NMS patient record worksheet. You can also record the date of discussion and any issues or recommendations made onto the patient's PMR.

5. REFERRAL/PROVIDING FEEDBACK TO THE PRESCRIBER

After the initial intervention or follow-up stage some patients may require referral back to their prescriber (**see point '*c.*' in Section 4.5 and Section 6.3 '*Post intervention discussion*'**). Provide the patient with an explanation of any potential clinical risks and refer the patient to their prescriber. A standard feedback form is available to download from the PSNC website to send to the patient's prescriber. It is good practice to give the patient a copy of this form.

For urgent referrals contact the prescriber straight away and support your conversation by sending over a copy of the feedback form. For less urgent referrals explain to the patient that you will be sending a feedback form to the original prescriber so that they can decide how to deal with the issue that has been identified. Explain to the patient that the prescriber will be in contact them to deal with the issue and to only contact the prescriber directly if they have not heard from them within an appropriate timeframe. Complete the prescriber feedback forms and send to relevant practice(s).

6. FOLLOW-UP STAGE

The follow-up stage involves processes similar to the initial intervention stage, although the discussion to be held is based on a different set of questions.

6.1 Preparing for the follow-up stage

- Where a patient has asked for an appointment reminder, contact the patient using their preferred method (telephone, SMS or e-mail) usually one or two days before the appointment or as requested by the patient. A trained member of pharmacy support staff can be delegated this task. For patients having a face-to-face discussion remind them to bring along their new medicine(s) or to have them close at hand if the follow-up is to be done over the telephone.

- Allow approximately **10 to 15 minutes** to speak to the patient at the follow-up, including completion of any paperwork. You will find that you become faster as you gain experience.

- Follow steps under **Section 4.3 '*Face-to-face discussion*' or 4.4 '*Telephone discussion*'**, as appropriate **–** note that checking for consent again at this stage is not required.

- Retrieve the original patient-specific NMS record worksheet and familiarise yourself with any issues that were discussed with the patient at the initial intervention stage.

- As pharmacies are required to keep records about the service each patient receives, it is possible for a different pharmacist to be involved at each of the initial intervention and follow-up stages of the NMS for a patient. Although, where possible, the same pharmacist should endeavour to undertake both the initial intervention and follow-up stages of the NMS for a patient.

6.2 The follow-up discussion

- The aim of the follow-up discussion is to check how the patient is getting on with their new medicine since the initial intervention stage. The discussion will also help assess and determine whether any suggested methods to improve adherence have been successful.

- The interview schedule for the NMS follow-up stage (contained within the NPA NMS pack or downloadable from the PSNC website) comprises of **eight** standard questions to ask the patient during the face-to-face or telephone discussion **(see Table 2)**. Depending on the discussion between the pharmacist and the patient at the initial intervention stage, not all of the questions will be necessary to ask at the follow-up discussion.

- If the patient has been prescribed more than one new medicine for their LTC(s), discuss each medicine in turn and ask any relevant questions to elicit sufficient information to enable you to give advice on their use. Where appropriate, opportunistic health lifestyle advice should also be offered to the patient.

6.3 Post intervention discussion

Based on the outcomes of the discussion at the follow-up stage, the pharmacist and patient would agree on one of the following steps:

a. **Patient adhering to regimen and not experiencing any problems** – encourage the patient to continue with their new medicine(s). You may invite the patient for a MUR **at least 6 months after** they complete the NMS unless in the pharmacists reasonable opinion the patient would benefit from a MUR earlier. The service will have been completed at this stage.

b. **Patient not taking the new medicine as prescribed –** pharmacist and patient discuss the reasons behind this and agree solution and/or method to aid adherence. You may invite the patient for a MUR **at least 6 months after** they complete the NMS unless in the pharmacists reasonable opinion the patient would benefit from a MUR earlier. The service will have been completed at this stage.

c. **Problems identified and refer patient back to prescriber** – solutions and/or methods to aid adherence cannot be found. Explain potential clinical risk of non-adherence. Refer the patient back to their prescriber (**see Section 5. *'Referral/providing feedback to the prescriber'***). The service will have been completed at this stage.

Next refer to Section 4.7 '*Ending the discussion*'

Table 2: Interview schedule for the NMS follow-up

Q1. How have you been getting on with your new medicine since we last spoke? (Prompt: are you still taking it?)
This is a general question to open up a natural dialogue and to see whether patients are still taking the new medicine.

Q2. Last time we spoke, you mentioned a few issues you'd been having with your new medicine. Shall we go through each of these and see how you're getting on?
Use the pharmacy records to refer to each of the issues that were highlighted at the initial intervention stage. Issues may have arisen from any questions at the initial contact (eg problems/concerns, information needs, side effects, adherence issues).

If no issues were highlighted previously, check if the patient is still taking their medicine as directed and whether they are experiencing any problems with it.

Q3.

A. **The first issue you mentioned was –** *...refer to specific issue...* **– is that correct?**

Use the pharmacy records to refer back to the advice or solution recommended to the patient.

B. **Did you try** *[the advice/solution recommended at the previous contact]* **to help with this issue?**

Phrase this question according to the specific advice, information or solution offered to the patient at the initial intervention stage.

Q4. Did you try anything else?
This allows you to check if the patient has received help or advice from elsewhere.

Q5. Did this help? (Prompt: how did it help?)
If the answer is no, try to investigate the reasons why the solution failed. Document the outcome of this issue.

Q6. Is this still a problem or concern?
The question above may give you the answer to this already but if not, it allows you to clearly establish whether or not the problem/concern is still an issue. If the problem/concern is still there then the patient will need to be referred appropriately before exiting the service

REPEAT QUESTIONS 3 – 6 FOR EACH ISSUE THAT THE PATIENT DISCUSSED AT THE INTERVENTION STAGE

Q7. Have there been any other problems/concerns with your new medicines since we last spoke?
If new problems exist then the patient will need to be referred appropriately, as mentioned above.

Q8. People often miss taking doses of their medicines, for a wide range of reasons. Since we last spoke, have you missed any doses of your new medicine, or changed when you take it? (Prompt: when did you last miss a dose?)
Refer to **Table 1 Q6.** for guidance.

7. DATA RECORDING AND RECORD-KEEPING

Pharmacy records for the NMS are required to support delivery of the service and for audit purposes. Accurate records relating to the number of NMS discussions completed, for both the initial intervention and follow-up stages, need to be kept. This is to ensure you are meeting the requirements of the service and conducting the minimum number of consultations each month in order to qualify for payment.

Electronic or paper-based recording system can be used to capture data. Pharmacists also have the option of using a web-based platform called PharmaBase (developed by the PSNC) to support them in collecting and documenting the required data. The specific data sets can then be submitted to your local PCT upon request using PharmaBase.

Regardless of which data collection method is used, information governance issues will require consideration. For example if a paper-based system is used you will need to have organised and secure filing systems in place that comply with data protection requirements. The information in the forms is confidential and you must ensure that unauthorised access to the forms is prevented.

The following records need to be kept as part of the NMS:

- **'NMS – self assessment of readiness form'** – a completed copy of this form should be kept securely in the pharmacy for each pharmacist that provides the service.
- **Signed patient consent forms** for the service. These forms need to be retained in the pharmacy for a period of ___ years?
- The **NMS patient record worksheet** to capture information from the initial intervention and follow-up stages; this may be a paper-based or electronic, eg PharmaBase. A separate record is required for each new medicine taken by a patient who receives the NMS. However, the patient only qualifies for one NMS episode if they are prescribed more than one new qualifying medicine at the same time. A copy of the completed worksheet should be kept securely in the pharmacy for ___ years after the patient exits from the NMS (or as long as advised by PCT). The data to be recorded on the NMS patient record worksheet can be found on the PSNC website.

8. REPORTING TO PCTs

Each participating pharmacy must complete the reporting template (available to download from the PSNC website) using the data collated from the patient NMS records. The template is to be completed within 10 working days from the last day of June, September, December and March. The completed templates must be provided to the PCT/successor organisation, upon request.

9. UNDERSTANDING PAYMENT STRUCTURE AND CLAIMING FOR PAYMENT

At present the NMS will run for a limited period until March 2013, after which it may continue only if it is of demonstrable value to the NHS.

The payment for the NMS has been split into two elements, year one and year two:

9.1 Year one (1st October 2011 – 31st March 2012)

The funding structure for year one includes a conditional **implementation payment** and monthly **'target payments'** which are based on the expected number of eligible prescriptions per pharmacy.

9.1.1 Implementation payment

A one-off conditional implementation payment of £750 will be paid to **all** participating pharmacies to help cover set-up costs involving training, publicity and data collection.

The implementation payment can be claimed only in year one (before 31st March 2012) and will be made by the NHS BSA. Details of how this payment can be claimed are available on the PSNC website. To claim this payment, the pharmacy must confirm they have provided the NMS service a minimum of 6 times between 1st October and 31st March 2012.

The one-off implementation payment can only be claimed after the pharmacy has certified that:

a. the service will be delivered by pharmacists that have completed and signed the **NMS – self assessment of readiness form**.

b. the premises are of at least the same standards required for provision of MURs ie an approved private consultation area.

c. a SOP is in place.

d. all dispensing staff understand the aims and objectives of the service, are aware of the eligible conditions/therapies, understand the SOP, and understand their role, if any, in delivering the service.

e. they or their representatives have been in communication with local GP practices about the service.

9.1.2 Monthly target payments

From 1st October 2011, participating pharmacies will also be eligible to receive monthly payments. Each pharmacy's individual monthly prescription volume will determine the number of NMS completions required for each level of payment. The expected number (ie target) of eligible prescriptions per pharmacy is 0.5% and the payments are calculated on the basis that pharmacies manage to conduct the NMS with 20%, 40%, 60% or 80% of that target. A table, detailing the volume of prescriptions per month, together with the number of completed NMS required to achieve each of the four percentage payments is reproduced below:

Table 3: Year one target payments

Volume of prescription items per month	Number of NMS completions per month necessary to achieve:			
	20% target payment	40% target payment	60% target payment	80% target payment
0 – 1500	1 (£25)	2 (£50)	3 (£75)	4 (£100)
1501 – 2500	2 (£50)	4 (£100)	6 (£150)	8 (£200)
2501 – 3500	3 (£75)	6 (£150)	9 (£225)	12 (£300)
3501 – 4500	4 (£100)	8 (£200)	12 (£300)	16 (£400)
4501 – 5500	5 (£125)	10 (£250)	15 (£375)	20 (£500)
5501 – 6500	6 (£150)	12 (£300)	18 (£450)	24 (£600)
6501 – 7500	7 (£175)	14 (£350)	21 (£525)	28 (£700)
7501 – 8500	8 (£200)	16 (£400)	24 (£600)	32 (£800)
8501 – 9500	9 (£225)	18 (£450)	27 (£675)	36 (£900)
9501 – 10500	10 (£250)	20 (£500)	30 (£750)	40 (£1000)
+1000	(+1) (+£25)	(+2) (+£50)	(+3) (£75)	(+4) (+£100)

To help identify the relevant target payment for a given month, first determine in which volume band the pharmacy falls (linked to prescription item volume in that month). Check the range of target completions for that band and how the actual number of NMS completions compares. A target has been achieved where the actual number of NMS completions equals or exceeds the number of completions determined by the calculation set out above. Proper planning together with the full support of the pharmacy team will help the pharmacy maximise potential payments.

Pharmacies will be paid each month for the highest band they achieve. Each month is considered separately and NMS completions for one month cannot be carried forward to improve performance in later months.

NB: For pharmacies which dispense over 10,500 items per month, the volume bandings will continue to increase in increments of 1000 items per month. In that case, each target band (20% – 80%) has a corresponding increase in number of interventions required for that month to qualify for an additional payment.

The monthly payments can be claimed from the NHS BSA using the FP34C form.

9.2 Year two (1st April 2012 – 31st March 2013)

The funding structure for year two will include just the monthly target payments.

9.2.1 Target payments

Similar to year one, monthly payments will depend on the number of completed NMS episodes (linked to monthly prescription volume). However, for year two, the 20% band will be removed leaving only the 40%, 60% and 80% target thresholds. This will help further incentivise pharmacies to build up the service into their core service delivery.

NMS RESOURCES

NPA

The NPA has published various NMS resources available to download directly from the website.

A NPA NMS support pack is also available to order separately and will include the following:

- Appointment cards - Further supplies can be obtained from NPA Sales on 01727 800401
- NMS bag stickers - Further supplies can be obtained from NPA Sales on 01727 800401
- NMS patient information leaflets
- Condition/therapy mini guides
- NMS GP communication material
- Interview schedules for initial intervention and follow-up stages of the NMS

The NMS section on the NPA website also has a signposting document to various self-help groups, healthy living advice tools and other useful websites for clinical and pharmacy guidelines.

CPPE

The following training materials on NMS are available on the Centre for Pharmacy Postgraduate Education (CPPE website)

- Open learning programme 'New Medicine Service – Delivering a Quality Service.' Hard copies of this programme will be circulated to all pharmacists in England in September
- CPPE e-learning video wall

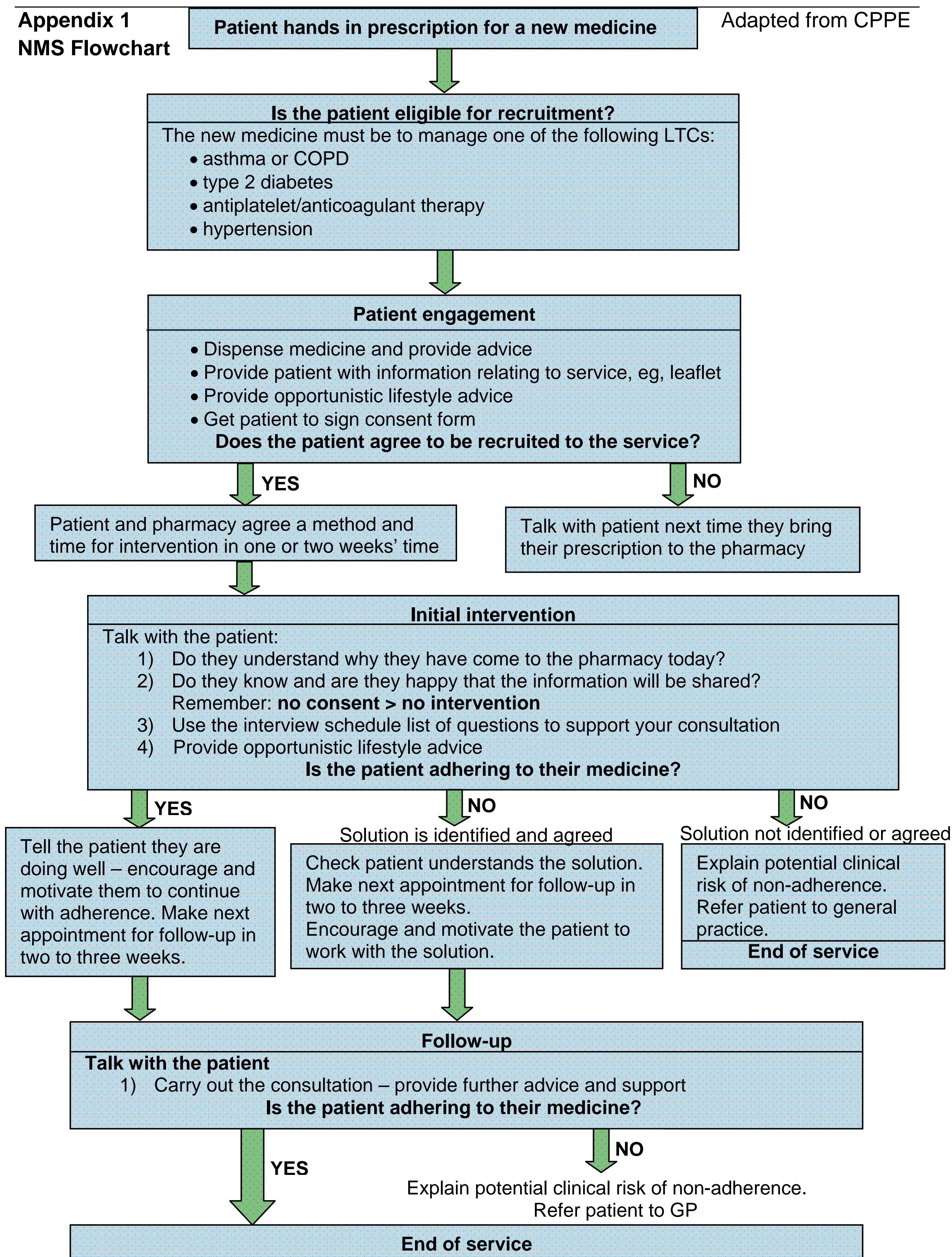
It is also recommended that pharmacists attend the CPPE NMS local solutions workshop where this is being run in your area

PSNC

Full details on the service, including the service specification and guidance documents issued by PSNC and NHS Employers (NHSE).

Appendix 1
NMS Flowchart

Adapted from CPPE



Appendix 2 – Specified medicines for the NMS corresponding to their *BNF* sub-sections

Drug	BNF category	Drug	BNF category
acarbose	6.1.2.3	glimepiride	6.1.2.1
acebutolol	2.4	glipizide	6.1.2.1
acenocoumarol	2.8.2	hydralazine hydrochloride	2.5.1
aliskiren	2.5.5.3	iloprost	2.5.1
ambrisentan	2.5.1	imidapril hydrochloride	2.5.5.1
aminophylline	3.1.3	indacaterol	3.1.1.1
amlodipine	2.6.2	indapamide	2.2.1
aspirin	2.9	indoramin	2.5.4
atenolol	2.4	insulins (short acting, intermediate and long-acting)	6.1.1.1 and 6.1.1.2
bambuterol hydrochloride	3.1.1.1	ipratropium bromide	3.1.2
beclometasone dipropionate	3.2	irbesartan	2.5.5.2
bendroflumethiazide	2.2.1	isradipine	2.6.2
bisoprolol fumarate	2.4	labetalol hydrochloride	2.4
bosentan	2.5.1	lacidipine	2.6.2
budesonide	3.2	lercanidipine hydrochloride	2.6.2
candesartan cilexetil	2.5.5.2	liraglutide	6.1.2.3
captopril	2.5.5.1	lisinopril	2.5.5.1
carvedilol	2.4	losartan potassium	2.5.5.2
celiprolol hydrochloride	2.4	metformin hydrochloride	6.1.2.2
chlortalidone	2.2.1	methyldopa	2.5.2
ciclesonide	3.2	metolazone	2.2.1
cilazapril	2.5.5.1	metoprolol tartrate	2.4
clonidine hydrochloride	2.5.2	minoxidil	2.5.1
clopidogrel	2.9	moexipril hydrochloride	2.5.5.1
cyclopenthiazide	2.2.1	mometasone furoate	3.2
dabigatran etexilate	2.8.2	montelukast	3.3.2
diltiazem hydrochloride	2.6.2	moxonidine	2.5.2
dipyridamole	2.9	nadolol	2.4
doxazosin	2.5.4	nateglinide	6.1.2.3
enalapril maleate	2.5.5.1	nebivolol	2.4
ephedrine hydrochloride	3.1.1.2	nedocromil sodium	3.3.1
eprosartan	2.5.5.2	nicardipine hydrochloride	2.6.2
exenatide	6.1.2.3	nifedipine	2.6.2
felodipine	2.6.2	nimodipine	2.6.2
fenoterol hydrobromide	3.1.1.1	olmesartan medoxomil	2.5.5.2
fluticasone propionate	3.2	oxprenolol hydrochloride	2.4
formoterol fumarate	3.1.1.1	perindopril arginine/erbumine	2.5.5.1
fosinopril sodium	2.5.5.1	phenindione	2.8.2
glibenclamide	6.1.2.1	phenoxybenzamine hydrochloride	2.5.4
gliclazide	6.1.2.1	pindolol	2.4

Appendix 2 continued

Drug	BNF category	Drug	BNF category
pioglitazone	6.1.2.3	sotalol hydrochloride	2.4
prasugrel	2.9	tadalafil	2.5.1
prazosin	2.5.4	telmisartan	2.5.5.2
propranolol hydrochloride	2.4	terazosin	2.5.4
quinapril	2.5.5.1	terbutaline sulphate	3.1.1.1
ramipril	2.5.5.1	theophylline	3.1.3
repaglinide	6.1.2.3	timolol maleate	2.4
rivaroxaban	2.8.2	tiotropium	3.1.2
roflumilast	3.3.3	tolbutamide	6.1.2.1
salbutamol	3.1.1.1	trandolapril	2.5.5.1
salmeterol	3.1.1.1	valsartan	2.5.5.2
saxagliptin	6.1.2.3	verapamil hydrochloride	2.6.2
sildenafil	2.5.1	vildagliptin	6.1.2.3
sitagliptin	6.1.2.3	warfarin sodium	2.8.2
sitaxentan sodium	2.5.1	xipamide	2.2.1
sodium cromoglicate	3.3.1	zafirlukast	3.3.2

Reference BNF 61 (March 2011) www.bnf.org