

NIMS

NEW MEDICINE SERVICE



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This pack also includes:

Telephone communication
Tips for effective telephone interventions
Hypertension
Diabetes type 2
Healthy Living adults
Anticoagulant / Antiplatelet medicines
NMS communications grid
Free NHS Medicines Advice services at your local pharmacy
Asthma
COPD Chronic Obstructive Pulmonary Disease
Additional resources

Foreword

From 1 October 2011 community pharmacists can begin to deliver the New Medicine Service. The task may initially seem daunting – but start up and delivery uses existing skills and infrastructure and is simpler than it may at first appear. In fact by using conversational interviewing techniques, community pharmacists will be able ensure that patients with long-term conditions understand the rationale for their new medicines. This should mean the attainment of treatment goals resulting in fewer hospital admissions, helping the NHS to find new efficiencies while meeting the challenge of caring for an ageing population.

5-8% of hospital admissions are attributed to preventable adverse effects of medicines and 30-50% of admissions are related to poor adherence with treatment. Reducing medicines waste, which is now estimated at around £150m a year; this is unacceptable and we are well placed to have a significant impact on this.

This is also a wonderful opportunity for us to collaborate even more closely with other healthcare professionals and further highlight our role in caring for patients in the community.

It is important for you and the profession that we hit the ground running with this service so to help members prepare for and deliver the service, the NPA has been working with the other national organisations and this pack is one of a number of resource materials available.

Our Information Department is always available for members to contact via **information@npa.co.uk**, or by calling **01727 891 800**, and more information is available online **www.npa.co.uk**.



Michael Holden FRPharmS
NPA Chief Executive

NMS in a nutshell

Get familiar with the service

1. Read the NPA NMS support pack, Pharmaceutical Services Negotiating Committee (PSNC) and NHS Employers briefings and service specification and download the SOP (www.npa.co.uk/nms).
2. All pharmacists should complete and sign the 'NMS - self-assessment of readiness for community pharmacists' form.
3. It is recommended that the CPPE Open Learning programme 'New Medicine Service - Delivering a Quality Service' is completed ([www.cppe.ac.uk search for 'new'](http://www.cppe.ac.uk/search/for/new/)).
4. Discuss the service with your local GP practice team and members of the wider healthcare team; check to see whether your Local Pharmaceutical Committee is coordinating communications to GP practices.
5. Ensure your pharmacy team are aware of the service and the role they can play in making it a success.
6. Think about the benefits of the service to your patients and consider how these can be communicated by your team.

Check your consultation area

1. Ensure your consultation area is tidy and clear of clutter.
2. Ensure you have sufficient worksheets and materials to conduct the consultations, or a computer terminal to allow access to electronic support for provision of NMS, e.g. PharmaBase.
3. Do you have a paper or electronic diary to make appointments for patients? Allow 10-20 minutes for each appointment.

Patient engagement

1. Identify suitable patients for the service; consider how local healthcare professionals can support in referring patients to participating pharmacies.
2. Consider what marketing tools may be of use to communicate the service to patients.
3. Use the stickers available in the NPA NMS support pack to help identify suitable patients.
4. Make sure you have blank consent forms for patients to complete.
5. Use the appointment cards available in the support pack to record the agreed date and time of their appointment.
6. Ensure you request and record patient telephone numbers.

Intervention

1. Check your appointment diary at the start of the day for any scheduled appointments.
2. Before the appointment, complete as much information as possible on to the NMS patient record form (worksheet).
3. Greet the patient on arrival, check the patient's name to confirm their identity and escort them to the private consultation room / area.
4. Check the patient's understanding of the service and confirm their consent.
5. Using the NMS interview schedule as a guide carry out the consultation and record the outcomes.
6. Determine the patient's level of adherence to the medicine and agree any follow up actions.
7. Use the appointment cards available in the support pack to record the agreed date and time of the follow up; could you arrange to collect the patient's next prescription (assuming they are due for their next script)?

Follow up

1. Check your appointment diary at the start of the day for any scheduled appointments.
2. Contact the patient by their chosen method (telephone, email or SMS text) on the working day before their appointment to remind them.
3. Carry out the consultation face-to-face or by telephone (depending on the patient's preference).
4. Record the outcomes of the consultation on the NMS patient record form (worksheet) or IT system.
5. Determine the patient's level of adherence to the medicine and agree any follow up actions.

Payment and audit

1. Record the number of completed NMS episodes on the FP34C at the end of the month and send to the NHS Business Services Authority.
2. If requested, collate and send your PCT a report on NMS activity on a quarterly basis, using the nationally agreed reporting template.



Community Pharmacy Services Briefing for GP practices

This document provides new information for GP practices about the changes to the NHS Community Pharmacy Contractual Framework (CPCF) in England. NHS Employers and the Pharmaceutical Services Negotiating Committee (PSNC) are working towards the implementation of two key service developments from 1 October 2011. These are:

- the introduction of a New Medicine Service (NMS)
- the introduction of nationally targeted Medicines Use Reviews (MURs).

New Medicine Service

The NMS is designed to provide early support to patients to maximise the benefits of the medicine they have been prescribed. Proof of concept research^{1,2} was used in the development of the service which shows that an intervention by a pharmacist can help to improve patients' adherence to their medicines. In the research³, patients who used the service experienced fewer medicines problems and made less use of other NHS services, saving money and GP time.

The NMS can be provided to patients who have been newly prescribed a medicine in one of the following conditions / therapy areas:

- asthma and Chronic Obstructive Pulmonary Disease (COPD)
- type 2 diabetes
- antiplatelet / anticoagulant therapy
- hypertension

For each condition / therapy area, a list of medicines has been agreed. If a patient is newly prescribed one of these medicines then they will be eligible to receive the service.

The medicines are listed below:

Asthma and COPD

Adrenoceptor agonists; Antimuscarinic bronchodilators; Theophylline; Compound bronchodilator preparations; Inhaled corticosteroids; Cromoglicic acid and related therapy, leukotriene receptor antagonists and phosphodiesterase type-4 inhibitors

Type 2 Diabetes

Short acting insulins; Intermediate and long acting insulins*; Antidiabetic drugs

Antiplatelet / anticoagulant therapy

Oral anticoagulants; Antiplatelet drugs

Hypertension

Thiazides and related diuretics; Beta-adrenoceptor blocking drugs; Vasodilator antihypertensive drugs; Centrally acting antihypertensive drugs; Alpha-adrenoceptor blocking drugs; Drugs affecting the renin-angiotensin system; Calcium-channel blockers

* where the community pharmacist can determine that the medicine has been newly prescribed for the specified condition.

References

¹ Barber N, Parsons J, Clifford S, Darracott R, Horne R. (2003): 'Patients' problems with new medication for chronic conditions'. *Qual Saf Health Care* (2004) 13: 172-175

² Clifford S, Barber N, Elliott R, Hartley E, Horne R. (2006). Patient-centred advice is effective in improving adherence to medicines. *Pharm World Sci* (2006) 28: 165-170 – access to the article is not free.

³ Elliott R A, Barber N, Clifford S, Horne R, Hartley E. (2008). The cost effectiveness of a telephone-based pharmacy advisory service to improve adherence to newly prescribed medicines. *Pharm World Sci* 30: 17-23

The service is split into three stages:

1. **Patient engagement** – following the prescribing of a new medicine covered by the service, patients may be recruited to the service by prescriber referral or opportunistically by the community pharmacy. The patient will be asked to consent for information to be shared with their GP as necessary.

The pharmacy will dispense the prescription and provide initial advice as it normally would.

2. **Intervention** – the intervention will take place between seven and 14 days after patient engagement at an agreed time and through a method agreed with the patient (this could be face to face or by telephone).

The pharmacist will use an interview schedule to assess the patient's adherence, identify problems and the patient's need for further information and support that the pharmacist will provide.

3. **Follow up** – the pharmacist will follow up with the patient 14 to 21 days after the intervention (again face to face or by telephone) to discuss how the patient is getting on with their medicine. They will also provide advice if required.

At both the intervention and follow up stages, the pharmacist may identify a problem which requires the prescriber to review the prescription. Where this is required, the pharmacist will complete an NMS feedback form to provide the GP with the details they require. The feedback form was designed by the Professional Relationships Working Group which is made up of NHS Employers, PSNC and the General Practitioners Committee (GPC) of the BMA.

Targeted Medicines Use Reviews

MURs aim to improve a patient's knowledge, understanding and use of their medicines. Unlike the NMS where patients have been newly prescribed a medicine, patients who have an MUR are likely to have been taking the medicine for a period of time.

From 1 October 2011 pharmacies must ensure that at least 50% of the MURs they provide are targeted on patients who:

- are taking "high risk medicines" (diuretics, NSAIDs, antiplatelets and anticoagulants)
- have been recently discharged from hospital with an amended medicines regimen. Ideally patients who are discharged from hospital will receive an MUR within four weeks of discharge but in certain circumstances the MUR can take place within eight weeks of discharge
- have respiratory disease

As now, MURs will cover all the patient's medicines not just those that fall within a target group. Pharmacists will still be able to provide MURs to patients who fall outside of the target groups who they think would benefit from the intervention.

To gain maximum value and benefit from the services, it is important that effective communication and reporting processes are agreed between GP practices and community pharmacies.

Further information about the changes to the Community Pharmacy Contractual Framework can be found on the NHS Employers (www.nhsemployers.org/CPCF2011-12) and PSNC (www.psn.org.uk/contract) websites.



NMS Intervention Interview Schedule

1. Have you had the chance to start taking your new medicine yet?

If the patient has not started taking the medicine then explore the reasons for this by moving to the non-adherence issues below. The pharmacist can then go back and address other reasons / concerns / need for information at the end of the interview.

2. How are you getting on with it?

This is an open question to get the patient talking and disclosing any issues which are important to them. These can be dealt with here rather than waiting until the appropriate question below.

3. Are you having any problems with your new medicine, or concerns about taking it?

4. Do you think it 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.

Do they know what it is for?

It would be useful to say a little about how the drug works. Some patients may feel happier and more content to take the medicine if they have a rational explanation of how the drug helps their condition.

5. Do you think you are getting any side effects or unexpected effects?

If the patient feels different it may lead them to change their behaviour, even though it is not a side effect of the drug. This may also be an opportunity to fill in a Yellow Card.

This is 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 drug.

This could also alert to serious side effects that may occur and would involve an immediate need to take action.

6. 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 when you take it? (Prompt: when did you last miss a dose?)

This question may be a bit challenging so is further down the interview schedule – 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 (e.g. 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.

7. 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?

NMS Follow Up Interview Schedule

Depending on the conversation between the pharmacist and the patient at the intervention, not all the questions in the interview schedule for the NMS follow up may be necessary.

1. 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.

2. 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 arose from the initial contact with the patient at the intervention stage. Issues may have arisen from any of the questions at the initial contact (e.g. problems/concerns, information needs, side effects, adherence issues).

3. A) The first issue you mentioned was [refer to specific issue] – is that correct?

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

Use the pharmacy records to refer back to the advice or solution recommended to the patient. This question should be phrased according to the specific advice, information or solution offered to the patient at the intervention stage.

4. Did you try anything else?

This allows you to check whether patients received help or advice from elsewhere.

5. Did this help? (Prompt: how did it help?)

Document the outcome from the issue.

6. 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.

7. Have there been any other problems/ concerns with your new medicine since we last spoke?

If new problems exist then the patient will need to be referred appropriately, as mentioned above.

8. 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?)

Although the questions for use during the intervention and follow up are in a structured format, the style of delivery will be key in making sure the patient feels relaxed and that they will not be judged by their responses.

It may be that a patient gives a response that prompts the pharmacist to ask a question which is further down the list. Pharmacists should use these questions to shape their conversation with the patient. There is not an absolute requirement to use the questions in a rigid manner, as this may prevent the patient from obtaining the maximum benefit from the discussion.

Additional resources

www.npa.co.uk/NMS

the NMS SOP can be found here

Pharmacist sites

BTS/Sign asthma guideline

www.brit-thoracic.org.uk

CPPE www.cppe.ac.uk

DH www.dh.gov.uk

NPC www.npc.co.uk

NICE guidelines www.nice.org.uk

PSNC www.psn.org.uk/nms

RPS www.rpharms.com

SIGN guidelines www.sign.ac.uk

Healthy living advice

Alcohol unit calculator

www.nhs.uk/Tools/Pages/Alcohol-unit-calculator.aspx

BMI calculator

www.nhs.uk/Tools/Pages/Healthyweightcalculator.aspx

Change4Life www.nhs.uk/change4life

NHS Choices www.nhs.uk

NHS Lifecheck

www.nhs.uk/lifecheck/Pages/Start.aspx

Patient.co.uk www.patient.co.uk

Self help groups

Asthma UK www.asthma.org.uk

Blood Pressure Association www.bpassoc.org.uk

British Heart Foundation www.bhf.org.uk

British Hypertension Society www.bhsoc.org

British Lung Foundation www.lunguk.org

British Thoracic Society www.brit-thoracic.org.uk

Circulation Foundation

www.circulationfoundation.org.uk

Diabetes UK www.diabetes.org.uk

Lifeblood: The Thrombosis Charity

www.thrombosis-charity.org.uk

Stroke Association www.stroke.org.uk

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