NHS Lincolnshire

Prescribing and Clinical Effectiveness Bulletin

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NEW COMMUNITY PHARMACY SERVICES: NEW MEDICINE SERVICE AND TARGETED MEDICINES USE REVIEWS

Changes have been made to the NHS Community Pharmacy Contractual Framework in England that will result in the implementation of two key service developments from October 1st 2011. These new services are:

(1) The New Medicine Service (NMS)
(2) Nationally targeted Medicines Use Reviews (MURs)

It is the purpose of this *PACE Bulletin* to further define these service developments and to suggest ways in which Lincolnshire GPs and community pharmacists can work together to ensure that Lincolnshire patients gain the most benefit these services.

(1) The New Medicine Service (NMS)

The NMS is designed to provide early support to patients newly prescribed medicines from a defined range of conditions and therapy areas. These areas are:

- Asthma and COPD
- Type 2 diabetes
- Antiplatelet/ Anticoagulant therapy
- Hypertension

A list of the medicines covered by these areas appears later in the *Bulletin.*

Following the new prescribing of one of these pre-defined medicines the patient may be recruited to the NMS either by prescriber referral or opportunistically by the community pharmacy. The patient will be asked to consent to information arising from the NMS being shared with their GP as necessary. The pharmacy will dispense the prescription and provide initial advice as normal, but will agree with the patient a time and method through which further interventions can be arranged. The first intervention will be an interview conducted by the pharmacist either face-to-face or by telephone 7 to 14 days after initial patient engagement. The interview will follow a pre-defined schedule and is designed to:

- assess adherence to therapy.
- identify any early problems (i.e. poor tolerability, patient concerns etc).
- address any need for further information and support.

A further follow-up contact with the patient will take place either face-to-face or by phone 14 to 21 days after the initial intervention to discuss how the patient is getting on with their medicine now it has become a more established part of their therapy.

At both the intervention and follow-up stages, the pharmacist may identify a problem that needs to be referred back the prescriber for review. A specific NMS feedback form has been developed to provide the GP with the necessary feedback (included at the end of this *Bulletin*). Specifically, the pharmacist may feedback on:

- Potential drug interactions
- Potential or actual adverse drug reactions that are preventing the patient from adhering to therapy.
- Concerns that the patient has reported stopping the medicine or never having started it.
- Difficulties experienced by the patient in using the medicine (i.e. due to the delivery device, formulation etc).
- Concerns that the patient is reporting lack of efficacy, problems with the dosage regime or unresolved concerns about the medicine itself.

PACEF Comment:
In order to maximise the impact and patient benefits of the NMS it is important for practices and community pharmacists to work together to optimise this service. In the early stages of the NMS it is recommended that practices meet with their local community pharmacist to discuss how the new service will run locally and how their patients can gain the most benefit. Such a meeting would also present an opportunity to avoid any future misunderstandings or communication difficulties. Specific approaches relating to individual medicines on the NMS list could also be agreed at this stage (see list).

(2) Targeted Medicines Use Reviews (MURs)

MURs have been available as part of the Community Pharmacy Contractual Framework for a number of years. They are designed to improve the patient's knowledge, understanding and use of their medicines and can help to identify and rectify adherence problems. Unlike the NMS, which focuses on new medicines, MURS are likely to be focused on patients already established on therapy.

From October 1st 2011, pharmacies must ensure that 50% of their MURs are targeted at patients who:

- are taking 'high risk medicines' (defined as Non-Steroidal Anti-Inflammatory Drugs, anticoagulants, antiplatelet agents, diuretics)
- have been recently discharged from hospital with an amended medicines regimen. Ideally patients discharged from hospital will receive an MUR within four weeks of discharge, although in certain circumstances with eight weeks is acceptable.
- have respiratory disease (i.e. asthma or COPD)

These MURs will focus on all of the medicines currently taken by the patient, not just those defined in the target groups. The remaining 50% of the MURs provided by the pharmacy can still focus on patients who fall outside of the target groups.

High risk medicines have been defined as those associated with preventable harm (e.g. avoidable hospital admissions) or high risk of harm resulting from omission, overuse or incorrect use.

PACEF Comment:
Some pharmacies and practices already have effective systems in place to manage communication and reporting around the existing MUR service. The launch of targeted MURs provides an opportunity to review these systems and for new approaches to be agreed. Those practices that have not actively engaged with their local community pharmacy or pharmacies previously are urged to do so in relation to both the NMS and the targeted MURs. Pre-agreed approaches to patients on 'high risk medicines' or those with asthma/ COPD to ensure that practice and pharmacy messages to patients are aligned will help to reduce confusion and miscommunication in the future. GP referral of patients recently discharged from hospital (i.e. within the last four to eight weeks) for a targeted MUR would help to identify such patients to the pharmacy and ensure treatment optimisation in this potentially vulnerable group. The potential overlap between NMS and MUR can also be negotiated between practices and pharmacies to prevent confusion and misunderstanding.

Stephen Gibson
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List of Medicines Included in the New Medicine Scheme

BNF Section	Drug Names #	Comments
2.2.1 Thiazides and related diuretics	Bendroflumethiazide Chlortalidone Cyclopenthiazide Indapamide Metolazone Xipamide	New indapamide initiations are likely to become much more common in response to the new NICE CG on Hypertension See NICE CG 127: *Hypertension – Clinical management of primary hypertension in adults* (August 2011).
2.4 Beta-blockers	Acebutolol Atenolol Bisoprolol Carvedilol Celiprolol Esmolol Labetalol Metoprolol Nadolol Nebivolol Oxprenolol Pindolol Propranolol Sotalol	Where the community pharmacist can determine that the medicine has been newly prescribed for *hypertension.* See NICE CG 127: *Hypertension – Clinical management of primary hypertension in adults* (August 2011).

	Timolol	
2.5.1 Vasodilator antihypertensive drugs	Ambrisentan Bosentan Hydralazine Iloprost Minoxidil (Loniten) Sildenafil (Revatio) Sitaxentan Tadalafil (Adcirca)	See NICE CG 127: *Hypertension – Clinical management of primary hypertension in adults* (August 2011).
2.5.2 Centrally acting hypertensive drugs	Clonidine (Catapres) Methyldopa Moxonidine	See NICE CG 127: *Hypertension – Clinical management of primary hypertension in adults* (August 2011).
2.5.4 Alpha adrenoceptor blocking drugs	Doxazosin Indoramin Prazosin Terazosin Phenoxybenzamine	Where the community pharmacist can determine that the medicine has been newly prescribed for *hypertension.* See NICE CG 127: *Hypertension – Clinical management of primary hypertension in adults* (August 2011).
2.5.5 Drugs affecting the renin angiotensin system	Captopril Cilazapril Enalapril Fosinopril Imidapril Lisinopril Moexipril Perindopril erbumine Peridopril arginine Quinapril Ramipril Trandolapril Candesartan Eprosartan Irbesartan Losartan Olmesartan Telmisartan Valsartan Aliskiren	Where the community pharmacist can determine that the medicine has been newly prescribed for *hypertension.* See NICE CG 127: *Hypertension – Clinical management of primary hypertension in adults* (August 2011). See *PACE Bulletin*, Vol 4 No 10 (July 2010). See *PACE Bulletin*, Vol 5 No 9 (May 2011)
2.6.2 Calcium channel blockers	Amlodipine Diltiazem Felodipine Isradipine Lacidipine Lercanidipine Nicardipine	Where the community pharmacist can determine that the medicine has been newly prescribed for *hypertension.* See NICE CG 127:

	Nifedipine Nimodipine Verapamil	*Hypertension – Clinical management of primary hypertension in adults* (August 2011).
2.8.2 Oral anticoagulants	Warfarin sodium Acenocoumarol Phenindione Dabigatran Rivaroxaban	
2.9 Antiplatelet drugs	Aspirin Clopidogrel Dipyridamole Prasugrel Ticagrelor	See *PACE Bulletin* Vol 3 No 13 (December 2009)
3.1.1 Adrenoceptor agonists	Bambuterol Fenoterol Formoterol Indacaterol Salbutamol Salmeterol Terbutaline	
3.1.2 Antimuscarinic bronchodilators	Ipratropium bromide Tiotropium	See *PACE Bulletin* Vol 5 No 1 (January 2011)
3.1.3 Theophylline	Aminophylline Theophylline	
3.1.4 Compound bronchodilator preparations	Ipratropium bromide/salbutamol Combivent (ipratropium bromide/salbutamol) Duovent (fenoterol/ipratropium bromide)	
3.2 Corticosteroids	Beclometasone dipropionate Budesonide Ciclesonide Fluticason propionate Mometasone	
3.3 Cromoglicate and related therapy, leukotriene receptor antagonists and phosphodiesterase type-4 inhibitors	Sodium cromoglicate Nedocromil sodium Montelukast Zafirlukast Roflumilast	
6.1.1.1 Short acting insulins	Insulin (soluble) Insulin aspart Insulin glulisine Insulin lispro	Where the community pharmacist can determine that the medicine has been newly prescribed for *type 2 diabetes* See *PACE Bulletin* Vol 3 No 9 (August 2009)

6.1.1.2 Intermediate and long acting insulins	Insulin determir Insulin glargine Insulin zinc suspension Isophane insulin Protamine zinc insulin Biphasic insulin aspart Bisphasic insulin lispro Bisphasic isophane insulin	Where the community pharmacist can determine that the medicine has been newly prescribed for *type 2 diabetes* See *PACE Bulletin* Vol 3 No 9 (August 2009)
6.1.2 Antidiabetic drugs	Glibenclamide Gliclazide Glimepiride Glipizide Tolbutamide Metformin Acarbose Exenatide Liraglutide Nateglinide Pioglitazone Repaglinide Saxagliptin Sitagliptin Vildagliptin	See *PACE Bulletin* Vol 3 No 9 (August 2009)

Combination products including one or more of the drugs listed are also part of the NMS.

List of Medicines Included in Targeted MURs

BNF Section	**Medicines**	**Comments**
2.2. Diuretics	Bendroflumethiazide Chlortalidone Cyclopenthiazide Indapamide Metolazone Xipamide Furosemide Bumetanide Torasemide Amiloride Triamterene Eplerenone Spironolactone	See NICE CG 127: *Hypertension – Clinical management of primary hypertension in adults* (August 2011).
2.8.1 Parenteral anticoagulants	Heparin Bemiparin Dalteparin Enoxaparin Tinzaparin	
2.8.2 Oral anticoagulants	Warfarin sodium Acenocoumarol	

	Phenindione Dabigatran Rivaroxaban	
2.9 Antiplatelet drugs	Aspirin Clopidogrel Dipyridamole Prasugrel Ticagrelor	See *PACE Bulletin* Vol 3 No 13 (December 2009)
3.1.1 Adrenoceptor agonists	Bambuterol Fenoterol Formoterol Indacaterol Salbutamol Salmeterol Terbutaline	
3.1.2 Antimuscarinic bronchodilators	Ipratropium bromide Tiotropium	See *PACE Bulletin* Vol 5 No 1 (January 2011)
3.1.3 Theophylline	Aminophylline Theophylline	
3.1.4 Compound bronchodilator preparations	Ipratropium bromide/salbutamol Combivent (ipratropium bromide/salbutamol) Duovent (fenoterol/ipratropium bromide)	
3.2 Corticosteroids	Beclometasone dipropionate Budesonide Ciclesonide Fluticason propionate Mometasone	
3.3 Cromoglicate and related therapy, leukotriene receptor antagonists and phosphodiesterase type-4 inhibitors	Sodium cromoglicate Nedocromil sodium Montelukast Zafirlukast Roflumilast	
10.1.1 Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)	Aceclofenac Acemetacin Celecoxib Dexibuprofen Dexketoprofen Diclofenac potassium Diclofenac sodium Etodolac Etoricoxib Fenbufen Fenoprofen Flurbiprofen Ibuprofen Indomethacin Ketoprofen	See *PACE Bulletin*, Vol 2 No 7 (May 2008)

	Mefenamic acid Meloxicam Nabumetone Naproxen Piroxicam Sulindac Tenoxicam Tiaprofenic acid	

Combination products including one or more of the drugs listed are also part of targeted MURs.

This *Bulletin* has been created specifically to convey details of decisions taken at the Prescribing and Clinical Effectiveness Forum (PACEF) to all stakeholders across the Lincolnshire Healthcare Community in both primary and secondary care. Back issues of the *PACE Bulletin* and other PACEF publications are available through the NHS Lincolnshire website (www.lincolnshire.nhs.uk). Click on 'Commissioning' and follow the links to PACEF.

NHS New Medicine Service: Pharmacist Feedback Form

The following text is included to give GPs an idea of the format and content of feedback that is likely to be provided by community pharmacists providing the NMS service.

Date:
To: GP Practice name
Patient name; DOB; NHS number:
Patient address

This patient was recently enrolled on the NHS New Medicine Service following the prescribing of: **[name of medicine]**

I am writing to inform you of a matter that has arisen during provision of the service which requires your consideration **[possible problems that could be identified by the NMS are listed below]:**

- Potential drug interaction(s)
- Potential side effects/adverse drug reaction preventing use of medicine
- Patient reports not using medicine any more
- Patient reports never having started using medicine
- Patient reports difficulty using the medicine – issue with device
- Patient reports difficulty using the medicine – issue with formulation
- Patient reports lack of efficacy
- Patient reports problem with dosage regimen
- Patient reports unresolved concern about the use of the medicine
- Other (see comments below)

Further information/comments/possible action:

I have advised the patient that, where appropriate, the practice will contact them regarding this matter after considering the above information. Please provide any necessary feedback to me on the outcome.

Pharmacist name
Telephone:
Pharmacy name and address including postcode