Background

Two key service developments for community pharmacy were implemented on the 1st October 2011. These were:

- The introduction of a New Medicine Service
- The introduction of nationally targeted Medicine Use Reviews (MURs).

Patients may be referred into either of these services by healthcare professionals working in secondary care. This can be done using the Community Pharmacy Request form (Targeted Medicine Use Review and New Medicine Service) form. There may be circumstances where community pharmacies are unable to deliver these services; it is important that you contact them in advance to confirm.

The fully completed form, along with information about medicines on discharge, should be faxed to community pharmacies in line with local procedures.

New Medicine Service

To be eligible for this service the patient must have been prescribed a new medicine while in hospital for one of the therapy areas listed below in bold, the treatment must be expected to continue once the patient is discharged and a referral must be made on the Community Pharmacy Request Form or similar.

The NMS is designed to provide early support to patients to maximise the benefits of medication they have been prescribed. The NMS can be provided to patients who have been newly prescribed a medicine in one of the following therapy areas: asthma, COPD, Type 2 diabetes, antiplatelet and anticoagulation therapy and hypertension.

The service involves patients being recruited onto the service followed after seven to fourteen days by an intervention by the community pharmacist. This will assess the patient’s adherence, identify any problems and identify needs for further information or support which the pharmacist will provide. Follow up will be made after fourteen to twenty one days. Interventions can be made by telephone or in the pharmacy so is suitable for patients who may be housebound on discharge.

Medicine Use Reviews

This service is suitable for patients discharged from hospital who have had changes made to the drugs they are taking while they were in hospital. It is anticipated that an MUR should be offered within 4 weeks of discharge. The community pharmacist may have to make special arrangements to, or may not be able to, deliver the service to patients who cannot attend the pharmacy.

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.