

Guidance for GP practices

Achieving best value from the
community pharmacy
medicines use review service

January 2009



Contents

What is the medicines use review service?	3
Next steps for achieving best value and benefits	5
National MUR forms	6
Appendix 1: MUR reporting form v2	7
Appendix 2: Monthly reporting schedule	10

What is the medicines use review service?

The medicines use review (MUR) service is a structured review that is undertaken by an accredited pharmacist, in premises that have been accredited, to help patients to manage their medicines more effectively and provide patients with appropriate information and advice about their medicines.

The purpose of carrying out a MUR is to improve the person's knowledge, understanding and use of the medicines that they have been prescribed.

The MUR involves the pharmacist conducting an in-depth review of the patient's *use* of their medicines, ensuring they understand how their medicines should be used and why they should take them, identifying any problems they may be experiencing with their medicines and where necessary, providing appropriate and structured feedback to the prescriber using the nationally agreed MUR form. The patient will also receive a copy of the completed MUR form and any relevant written information to help them.

A MUR can be a targeted review based on patient selection criteria agreed with the primary care trust (PCT), local practices, practiced based commissioning (PbC) groups or other members of the healthcare team. It can also be triggered by the pharmacist's professional judgment, including in response to a concern about medicines adherence resulting from a prescription intervention.

This MUR guidance has been developed jointly by NHS Employers, the General Practitioners Committee and the Pharmaceutical Services Negotiating Committee (PSNC).

A MUR:

- identifies patients' knowledge and understanding of how the medicines they are taking should be used
- discusses (and demonstrates if appropriate) how patients should use their medicines correctly and safely
- explains the condition for which each medicine is used (where they know) and provides relevant supportive information and/or signposting
- identifies any issues affecting the correct use of the medicines such as manual dexterity or other circumstances specific to the patient
- identifies safety or therapeutic issues resulting from the use of over-the-counter (OTC) medicines
- identifies side effects that may be resulting from medicines use
- identifies any medicines no longer used or required by the patient.

A MUR is *not*:

- a discussion on the effectiveness of treatment based on test results
- a full clinical medication review.

How does the MUR service differ from the GP clinical medication review?

MURs are not intended to replace the GP's clinical medication review but are intended to support patients, practices and commissioners by helping to ensure medicines are taken safely and effectively.

What are the potential benefits of MURs?

Potential benefits to GPs

- seeking to reduce the number of patients who do not take their medicines as intended or prescribed, for example 'Three out of four people over 75 are prescribed medicines and 36 per cent of older people are prescribed four or more medicines. Yet some estimates suggest that up to 50 per cent of people do not take them as intended.'¹
- provide further medicines-related information to GPs that can be discussed with the patient at their next GP appointment
- recommendations from the MUR for the prescriber can be helpful to support repeat prescribing management
- supporting the practice in raising patient awareness of timing and the importance of the clinical review with the GP
- supports long-term condition management reviews
- helps with the reduction of waste from unnecessary reordering and dispensing of medicines.

Potential benefits to patients

Improving a patient's understanding of their condition and treatment can support:

- improved use of their medicines as part of their therapeutic treatment
- improved confidence with use of prescribed and OTC treatment
- improved health outcomes
- improved confidence to discuss medicines-related matters with their prescriber
- improved knowledge, empowerment and confidence to self-care.

¹Pharmacy in England: building on strengths – delivering the future. Department of Health, 2008.

Next steps for achieving best value and benefits

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

GP practices and other members of the healthcare team, working with the PCT and community pharmacies, may wish to consider the following top tips for successful and beneficial MURs:

- agree patient selection criteria based on local population profiles, case management activities and practice targets
- agree referral pathways from GPs, practice nurses and case managers with corresponding reporting and follow up procedures with community pharmacies
- coordinate MUR timing with GP practice reviews to maximise the beneficial outcomes where possible
- enter a READ code in the clinical system to indicate that a MUR has been completed for that patient
- consider developing effective feedback processes to the pharmacist to ensure the pharmacy record is updated with relevant information, and that the pharmacist benefits from the constructive evaluation of the recommendations.

Below is a short list of examples of areas that could be reviewed using a MUR:

- priority clinical areas identified by the practice
- priority clinical areas identified by PbC groups
- key objectives stated in the PCT commissioning strategic plan, for example, chronic obstructive pulmonary disease, cardiovascular and diabetes
- patients on high risk medicines, such as anticoagulants and methotrexate
- patients taking anti-inflammatory medicines
- patients with certain conditions that appear to be underutilising their maintenance/preventative treatment (based on repeat prescription request data)
- patients possibly using excessive quantities of medicines or devices that would benefit from additional education and support from a pharmacist
- specific patients identified either by a member of the practice or during a GP consultation as being confused or having concerns about their medicines
- patients on more than 'x' medicines as indicated by the PCT to fit with local guidance
- where community pharmacists pick up adherence problems.

National MUR forms

The national MUR form is used by pharmacists when providing MURs and reporting back to GP practices. When there are no recommendations within the action plan of the MUR form that need to be considered by the GP, then a copy of the form need not be sent to the GP. In this circumstance the pharmacy contractor will notify the patient's GP that a MUR has been undertaken within a month of the MUR form having been completed.

[Appendix 1](#) – MUR reporting form v2 (page 1 only, page 2 retained in pharmacy).

[Appendix 2](#) – a template notification letter that is frequently used by pharmacies to indicate that the GP can request copies of the completed MUR form(s) from the pharmacy.

Appendix 1– MUR reporting form v2

The table overleaf has been produced by the PSNC for the community pharmacy MUR and prescription intervention service. The form is intended to be completed by the pharmacy carrying out the MUR and then returned to the patient's GP practice.

Patient:				GP:			
<input type="checkbox"/> For information only – no action required <input type="checkbox"/> Follow your actions agreed below <input type="checkbox"/> Please note the recommendations made to your GP This is your copy of the form. You may wish to show it to other health care professionals.				<input type="checkbox"/> For information only – no action required <input type="checkbox"/> Please consider the recommendations proposed below A copy of the consultation record sheet can be obtained from the pharmacy if required. Clinical codes: Medicines Use Review done by community pharmacist: 4byte:8BMF Version 2:8BMF. Clinical Terms Version 3:XaKuo SNOMED CT:198391000000102			
Patient details				GP details			
<i>Title:</i>		<i>First Name:</i>		<i>Surname:</i>		<i>GP Name:</i>	
<i>NHS Number:</i>			<i>Tel:</i>	<i>Date of Birth:</i>		<i>Practice Name:</i>	
<i>Address:</i>				<i>Address:</i>			
<i>Name of other people present</i>			<i>Consent for MUR obtained:</i> Oral <input type="checkbox"/> Written <input type="checkbox"/>		<i>Date of review:</i>		
<i>Review type:</i> Annual MUR <input type="checkbox"/> Intervention MUR <input type="checkbox"/>		<i>Review identified or requested by:</i> Pharmacist <input type="checkbox"/> Patient <input type="checkbox"/> Other:		<i>Location of review if not in pharmacy:</i>		<i>PCO permission granted for off-site MUR:</i> Yes <input type="checkbox"/>	
Action plan							
Issue		Recommendation				For consideration by:	
						<input type="checkbox"/> Patient <input type="checkbox"/> Pharmacist <input type="checkbox"/> GP <input type="checkbox"/> Other:	
						<input type="checkbox"/> Patient <input type="checkbox"/> Pharmacist <input type="checkbox"/> GP <input type="checkbox"/> Other:	
						<input type="checkbox"/> Patient <input type="checkbox"/> Pharmacist <input type="checkbox"/> GP <input type="checkbox"/> Other:	
						<input type="checkbox"/> Patient <input type="checkbox"/> Pharmacist <input type="checkbox"/> GP <input type="checkbox"/> Other:	
Pharmacy details							
<i>Pharmacist Name:</i>		<i>Pharmacist registration no.:</i>		<i>Pharmacy Name:</i>		<i>Tel:</i>	<i>Email address:</i>
<i>Address:</i>							

Title:		First name:		Surname:		NHS Number:		Date of birth:		Date of review:	
Current Medicines (including over the counter & complementary therapies)		Does the patient use the medicine as prescribed?	Does the patient know why they are using the medicine?		More info provided on use of medicine		Is the formulation appropriate?		Are side effects reported by the patient?		General comments relating to advice, side effects and other issues
1	Name/Dosage form/Strength:	<input type="checkbox"/> Yes If no, specify:	Yes	No	Yes	No	Yes	No	Yes	No	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Dose:										
2	Name/Dosage form/Strength:	<input type="checkbox"/> Yes If no, specify:	Yes	No	Yes	No	Yes	No	Yes	No	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Dose:										
3	Name/Dosage form/Strength:	<input type="checkbox"/> Yes If no, specify:	Yes	No	Yes	No	Yes	No	Yes	No	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Dose:										
4	Name/Dosage form/Strength:	<input type="checkbox"/> Yes If no, specify:	Yes	No	Yes	No	Yes	No	Yes	No	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Dose:										
5	Name/Dosage form/Strength:	<input type="checkbox"/> Yes If no, specify:	Yes	No	Yes	No	Yes	No	Yes	No	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Dose:										
6	Name/Dosage form/Strength:	<input type="checkbox"/> Yes If no, specify:	Yes	No	Yes	No	Yes	No	Yes	No	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Dose:										

Appendix 2 – Monthly reporting schedule

Pharmacy name and address:

GP/Practice name and address:

Date:

Dear Doctor

I am writing to inform you that the following patients have received a Medicines Use Review (MUR) during the month of _____ at this pharmacy. No issues were raised during the MUR that required your consideration (other matters may have arisen that the patient or pharmacy has dealt with).

Patient name	DOB	NHS number	Date of review	For GP/practice – tick if you require a copy of the MUR form
				<input type="checkbox"/>

Clinical codes: Medicines Use Review done by community pharmacist:

4byte:8BMF

Version 2:8BMF.

Clinical Terms Version 3:XaKuo

SNOMED CT:198391000000102

If you would like me to send you a copy of the completed MUR form for any of the patients listed above, please tick the appropriate box and return a copy of this letter to the pharmacy.

Yours sincerely

Pharmacist
Pharmacy Name

[back to contents](#)

NHS Employers

supporting • promoting • representing

NHS Employers represents trusts in England on workforce issues and helps employers to ensure the NHS is a place where people want to work. The NHS workforce is at the heart of quality patient care and we believe that employers must drive the workforce agenda. We work with employers to reflect their views and act on their behalf in four priority areas:

- pay and negotiations
- recruitment and planning the workforce
- healthy and productive workplaces
- employment policy and practice.

NHS Employers is part of the NHS Confederation.

Contact us

For more information on how to become involved in our work, email getinvolved@nhsemployers.org

www.nhsemployers.org

NHS Employers
29 Bressenden Place
London SW1E 5DD

2 Brewery Wharf
Kendell Street
Leeds LS10 1JR

The document is available in pdf format at **www.nhsemployers.org/publications**

Published January 2009. © NHS Employers 2009.

This document may not be reproduced in whole or in part without permission.

The NHS Confederation (Employers) Company Ltd

Registered in England. Company limited by guarantee: number 5252407

Ref: EGUI05201