CURRENT THINKING ON... MUR AND NMS AT DISCHARGE

Welcome to our CPD module series for community pharmacy technicians. Written in conjunction with the ***Pharmacy Magazine*** CPD series, it will mirror the magazine's programme throughout the year. The series has been designed for you to use as part of your continuing professional development. Reflection exercises have been included to help start you off in the CPD learning cycle.

Contributing author: Nina Barnett, consultant pharmacist, older people.

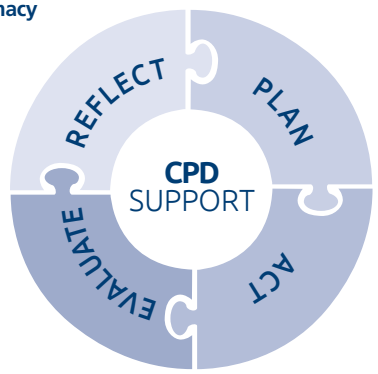
This module considers the transfer of patients and their medication from secondary care to primary care and how this can be supported with the provision of medicines use reviews (MURs) and the new medicine service (NMS) as part of medicines optimisation.

MODULE NUMBER: 67

AIM: To describe how community pharmacy can support the discharge process using the new medicine service (NMS) and medicines use reviews (MURs).

OBJECTIVES: After completing this module, pharmacy technicians will:

- Be aware of the problems that can occur with patient medication after discharge from hospital
- Understand how the NMS can help to improve patient care
- Understand how MURs can also be of benefit after hospital discharge.



Introduction

After discharge from hospital, problems with medicines include the risk of unintended medicine changes, unintended non-adherence and the possibility of adverse drug reactions, which may result in poorer outcomes including readmission to hospital.

During a stay in hospital, a patient's medicines may be changed, and a report by the Care Quality Commission (CQC) in 2009 highlighted that almost half of all patients may experience an error with their medicines after they have been discharged. The transfer of patients and their medicines from secondary care to primary care and vice versa can lead to:

- Incorrect transmission of information
- Unintended changes in medication
- Intended changes in medication not being followed through (e.g. changes in medicine, dose or formulation)
- Continuation of medication that should have been discontinued.

Community pharmacists can use both MURs and the NMS, as well as information from hospital colleagues, to improve patient care. Figure 1 from the CQC's 2009 report shows the steps that need to be in place to ensure that medicines are obtained and used by patients as intended after discharge from hospital, and the ideal patient pathway in relation to this. Community pharmacy can contribute to the final stage of this pathway ('support for adhering to medication') through MURs.

Aims of the MUR service

The overall aim of the MUR service is to improve patient knowledge of medication via a consultation, resulting in more effective use of medicines. Some 50 per cent of MURs are required to fall into certain categories, as specified in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2011. These categories now include patients:

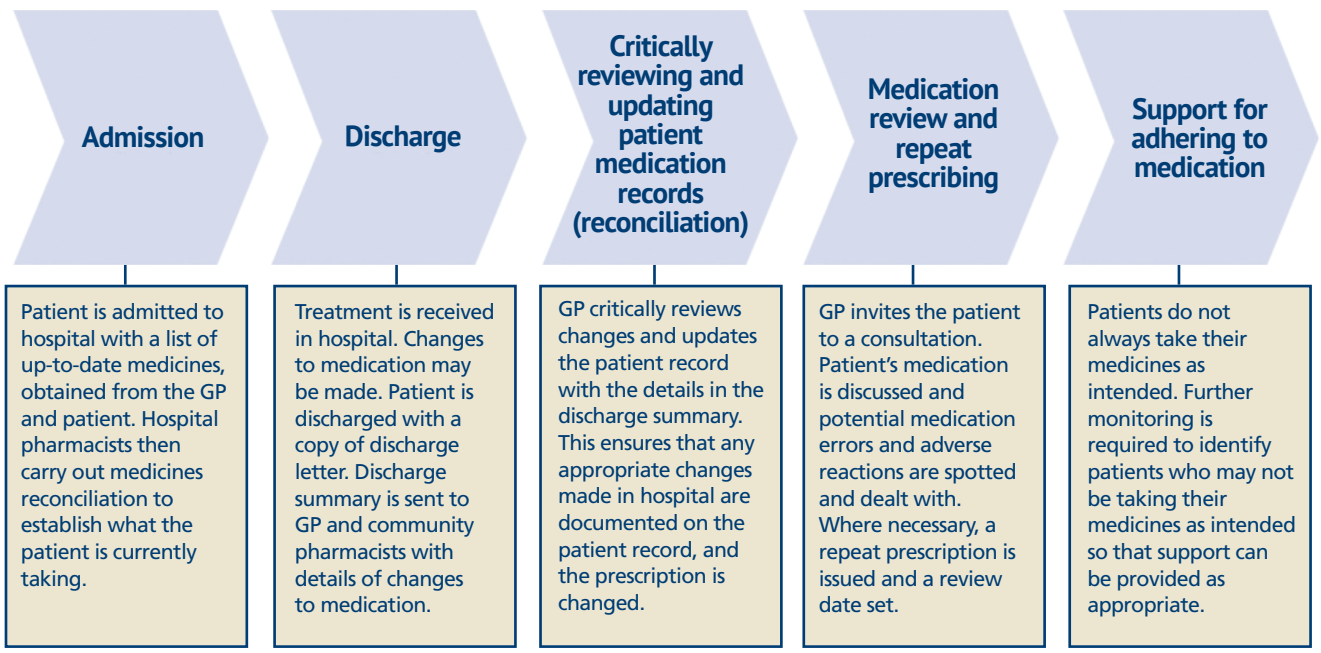
- Taking a high risk medicine (NSAIDs, anticoagulants, antiplatelets, respiratory medicines)
- Recently discharged from hospital who had changes made to the drugs they were taking while they were in hospital
- Prescribed certain respiratory drugs
- Diagnosed with or at risk of cardiovascular disease and regularly being prescribed at least four medicines.

In the context of discharge MURs, the aims of the MUR service are as follows:

- Establishing patients' actual use of medicines, including their understanding and experience of the medicines
- Identifying, discussing in a concordant manner and working towards medicines solutions in situations where there is deemed to be poor or ineffective use of medicines
- Identifying side effects and potential interactions
- Improving the cost effective use of medicines, with a view to reducing waste.

The MUR is not a clinical medication review. In the primary care environment,

Figure 1



community pharmacists are allowed access to patients' summary care records, but very few have this set up yet. Therefore, most will have limited information on diagnosis, condition management (including rationale for choice of medicines and any tests done and their results) and may have difficulty influencing, instigating and following up changes in medication. These are issues that would be covered in a clinical medication review rather than a MUR.

Aims of the NMS

The NMS is an evidence-based service that allows pharmacists to provide continuity of care for patients. Through an initial interview and a mandatory follow up, the patient is supported. The service is accessible to housebound patients and others who choose to use it remotely, as it can be provided by telephone. In any consultation, it is important to share the agenda with the patient and give them the opportunity to ask

> "Almost half of all patients may experience an error with their medicines after they have been discharged"

questions. They will be more receptive to the pharmacist's agenda if they have their questions addressed first.

As a structured consultation around specific questions, the NMS can lead to a variety of interventions. There are a number of suggested questions, which may be asked in a closed or open way. Many practitioners find that the open questions (i.e. those beginning with words like 'how', 'what' and 'when') lead to better discovery of patient needs.

In relation to hospital discharge, the NMS aims to provide benefits for patients and the NHS by:

- Improving health outcomes for patients through improved adherence and therefore efficacy of medicines
- Identifying adverse effects in order to optimise management
- Encouraging cross-sector and multidisciplinary working to provide seamless care
- Promoting and supporting self-care of long-term conditions, including supporting healthy lifestyles
- Reducing medicines waste
- Reducing avoidable healthcare utilisation, including medicines-related hospital admissions
- Providing an opportunity for the patient and pharmacist to share the medicines-related agenda around the NMS, share decision-making regarding ways forward and agree levels of self care appropriate to the individual situation.

Providing post-discharge MURs

There is plenty of scope to improve the support that patients get after discharge from hospital. Views differ as to the 'ideal' time to conduct an MUR after discharge, but factors to consider are:

- The number of days' supply of medicines the patient is likely to have when they are discharged from hospital
- Whether the patient will have been using their own medicines in hospital.

Talk to your local GPs about supporting patients after discharge from hospital and suggest that you trial the provision of post-discharge MURs with a small number of patients initially. Include the following in your discussion:

- Potential benefits of MUR, scope of service, examples of issues that may be discussed
- Ask the GP which patients they feel could benefit, how they might refer to you and how they would like the information to be shared with them after an MUR
- Explain how the pharmacy meets NHS Information Governance requirements and what information the GP could provide to support you (e.g. discharge letter).

Discussions with the patient may include:

- Medicines reconciliation (hospital and post-discharge)
- Patient perception of their need for and use of medicines, including identifying any medicines stopped
- Patient adherence, tolerability, side effects

- Solving problems with ordering, obtaining, taking and using medicines.

Improving transfer of care

In July 2011, the Royal Pharmaceutical Society (RPS) launched a campaign to improve information at transfer of care, known as 'Keeping patients safe when they transfer between care providers – getting the medicines right'. Both the discharge NMS and MURs can support this.

There is a national template that healthcare professionals in secondary care can use to refer patients for a discharge MUR or NMS, within appropriate governance arrangements. However, a number of hospitals are looking at modifying their discharge letters to incorporate information relevant to NMS and discharge MURs, such as mandatory fields for medicines changes and new medicines prescribed.

At London North West Hospitals Trust, a local initiative to support patients at risk of preventable medicines-related readmission was extended to promote referrals for discharge MURs and NMS. Patients started on an NMS medicine, or those who were considered to potentially benefit from a discharge MUR, were given a personalised referral letter and a verbal recommendation to access the services, following verbal counselling on medicines. However, feedback from community pharmacists and from patients showed that this did not promote uptake of the services. Community pharmacists were keen to contact patients soon after discharge, but were generally unaware that admission or discharge had taken place and often did not have patient contact numbers.

Using PDSA (plan, do, study, act) cycles and working with community pharmacists, the referral pathway has been modified to include:

- Gaining verbal consent from patients during counselling for communication of relevant information for referral to their nominated pharmacy, including giving their phone number to the community pharmacist to allow telephone follow up
- Documenting consent on the medication chart
- Alerting community pharmacists to the opportunity of discharge MUR or NMS by telephoning them when the patient is being discharged
- Promoting contact between the community pharmacist and patient (e.g. by telephone soon after discharge) for the community pharmacist to offer the appropriate service
- Community pharmacists documenting the referral on patient medication record systems to alert the pharmacist of the potential for NMS or MUR when the patient next attends.

More recently, hospital-to-community electronic referral systems have been established. Examples are described within an RPS toolkit, including the 'Refer to Pharmacy' system used in East Lancashire Hospitals NHS Trust, which is fully integrated into hospital and community systems. See page 17 for more information.

Conclusion

Post-discharge NMS and MURs offer community pharmacy the opportunity to become an integral part of the patient's pathway between secondary and primary care. If they can improve adherence, reduce waste and encourage patient participation in their own care, they will continue to have an important role in supporting medicines optimisation.

reflective exercise

• Which hospitals/wards might you need to develop a relationship with in order to receive more referrals for patients with long-term conditions appropriate for a post-discharge NMS consultation?
• What does the pharmacy need to know about a patient's admission and hospital stay to undertake a discharge MUR?
• What channels of communication are available to you and how could you document referrals securely?

Go to www.tmmagazine.co.uk to answer the CPD questions. When you pass, you'll be able to download a certificate to showcase your learning. You can also add this to your online, personalised learning log.

Next month: We focus on antibiotic resistance.