

MUR gap analysis

Appendix 1

1. White Paper

One of the actions from the Pharmacy White Paper is:

The Government believes it is necessary for MUR services to be prioritised to meet health needs and has asked NHS Employers to discuss with the PSNC a mechanism for delivering this and ensuring funding rewards health outcomes.

And proposals are expected by December 2008.

The paper goes on to say that the Government wishes to see new arrangements developed to include continuous improvements in service quality via mechanisms such as peer review audit of MURs and related CPD. There also needs to be effective means for PCTs to monitor delivery and outcomes, so that PCTs are able to decommission these services from pharmacies that consistently fail to meet the minimum agreed standards.

Some key points here are around the development of minimum standards and ensuring that health outcomes are achieved and how these are then measured / defined.

2. RPSGB MUR Audit tool

The RPSGB held a stakeholder event in March 2008 to look at developing a multidisciplinary audit around MURs. The outcomes of the day have been passed to the Clinical Audit Support Centre in Leicester and they will be developing a first draft of an MUR audit. This will be shared with an audit review group and also the multidisciplinary group set up by the EPB.

We are hoping to have the final audit template available by the end of this year.

3. NPA / PCPA collaborative

The NPA and PCPA have invited expressions of interest from PCTs to participate in an MUR Support and Evaluation Programme which is available at: www.npa.co.uk/members

Background

The PCPA & NPA are running a joint initiative with the aim of increasing the quality and alignment to local health needs of Medicines Use Reviews (MURs) and disseminating and promoting best practice. We are looking to recruit 4 sites (by application only) to a national support programme. The project will involve providing project management support and a series of training sessions for community pharmacists at each of the sites. The outcomes of the project will be evaluated in a standard format across all sites to explore the benefits of MUR

Key Points

Support

Participating sites will receive the following:

- Training for local pharmacists
- Data collection materials and support
- Project tools and support e.g. communication and publicity materials
- Ongoing support and mentorship via e-mail and telephone
- Two central meetings to launch project and review progress
- High quality academic evaluation of outcomes

Evaluation

Quality of service measures

- Patient satisfaction survey
- Assessment of quality of GP referrals
- Community pharmacists' assessment of service

Process measures

- Number of MURs completed
- Number of recommendations made to patients
- Number of referrals/recommendations made to GPs

Value for money measure

- Amount of wastage/over-ordering identified

Why this is important for you

Being involved in this project would enable a structured approach to improving and measuring the quality of MURs. We anticipate there will be benefits at the organisational and individual level;

- Potential increase in the number and quality of MURs
- Improved quality of MURs leading to improved utilisation of medication
- Improved compliance and cost-effectiveness of prescribing
- Training and support for pharmacists on how to conduct MURs
- Improved communication amongst stakeholders (clinicians and managers)
- An ability to evaluate outcomes from MURs at the local level
- Structured project support and peer support from other participating sites
- Opportunity to raise the profile of MURs and pharmacy within the PCO

4. Paediatric Asthma MUR Project Overview: MURs for children and carers

Introduction

The aim of the MUR is to achieve a concordant approach to medicine taking by:

- establishing the patient's actual use, understanding and experience of taking their medicines;

- identifying, discussing and resolving poor or ineffective use of their medicines;
- identifying side effects and drug interactions that may affect patient compliance; and
- improving the clinical effectiveness and cost effectiveness of prescribed medicines and reducing medicine wastage.

Currently, MURs the national specification does not technically allow a concordant consultation with a carer as would be the case with a patient under 13 years. By targeting this non-compliant group of patients (80% of patients with asthma do not comply with some element of their prescribed treatment) and by auditing and evaluating the outcomes, community pharmacy can demonstrate the benefits of supporting this patient group and their carers. The outcomes could then be used as credible evidence to persuade the Department of Health to change the service specification to permit carer involvement in MURs for patient groups who are not in a position to grant consent.

The Pharmacy White Paper seeks to optimise the benefits of community pharmacists supporting patients with long-term conditions; this project aims to do so and evaluate the outcomes.

This project is a joint initiative between the Hampshire & IOW LPC, PSNC and the IOW NHS PCT and is supported by Merck Sharp and Dohme Ltd.

Aim

To optimise the outcomes of treatment of asthma in paediatrics through the effective delivery of Medicines Use Reviews involving the patient's carer and demonstrating the benefits through audit and evaluation.

Intended service outcomes

In addition to quantitative and qualitative outcomes derived from the audit, the following outcomes/ objectives form of the project:

- improved concordance and adherence of paediatric patients with asthma;
- improved access to support, particularly for those traditionally hard-to-reach patients;
- integration of community pharmacy services into patient care pathways;
- updated knowledge of the condition and management guidelines for community pharmacy healthcare teams;
- some demonstrable benefits of the Medicines Review Service;
- demonstrate the benefits of involving carers in the MUR service; and
- create an evidenced case for the Department of Health to change the service specification for MURs to permit the engagement and involvement of carers.

Service outline

This commissioned initiative builds the established Medicines Use Review service by providing:

- Training events that cover:

- updates on the condition, treatment options and local & national management guidelines – provided by local NHS respiratory experts;
- steps to be taken to deliver and expectations of a successful paediatric asthma MUR;
- audit and evaluation process.

Resources to support community pharmacists in the delivery of the service:

- pharmacy team information leaflets;
- patient and carer information leaflets;
- placebo and spacer devices for demonstration.

Service delivery:

- Participating pharmacists to ensure that pharmacy team briefed;
- Local GP practices will be briefed;
- Patients recruited within target group (12 years and under) by:
 - opportunistic intervention by pharmacy;
 - pro-active analysis of pharmacy patient records;
 - referral from GP practice.
- Concordant consultation conducted with patient and parent/carer consent and presence;
- Royal College of Physicians Asthma Control Questions scored;
- MUR and audit documentation completed;
- Appropriate interventions actioned;
- Appointment made for follow-up consultation made within 3-6 months;
- RCP score reassessed and any outstanding medicines related issues resolved with appropriate interventions.

Audit and evaluation:

- Anonymised audit of consultation outcomes;
- Service evaluation feedback from patients, pharmacists and other healthcare professionals;
- A full analysis and report will be compiled by an independent academic institution.

Scope

The initiative will be delivered through ten community pharmacies on the IOW with engagement criteria being based on location, MUR accreditation status and recent history of successful delivery of MURs. This process will be managed by the PCT in collaboration with the LPC.

The target for asthma patient consultations over the period is 20 per participating pharmacy.

It is important to record that there is no desire to limit a pharmacy's MUR activity to paediatric patients with asthma as this may be detrimental to the broader patient population.

Timeline

A training event will be held in September 2008 to launch the project which will then run through to June 2009.

Discussion note: IOW LPC and MSD have asked if the EPB would be supportive of this initiative and if they would add their endorsement to it. The group would be happy to present to EPB members at a future meeting.

5. Aztrazeneca 'Making the most of your medicines' initiative

AZ are working with WEbstar and others to develop an initiative which involves pharmacists carrying out brief motivational consultations with patients to help them get more out of their medicines. This is focusing on AZ products initially and they are using an electronic simulated patient technique as part of the training. Around 1000 pharmacists have expressed an interest in being involved in this programme and once up and running the pharmacist will be paid £45 to see the patient three times over a year to discuss beliefs etc with them and reinforce messages. Again, I will be meeting with AZ to discuss this further.

6. NPA documents / toolkits

The NPA have produced an MUR toolkit – we have requested a pack from them. They have also produced a document called 'Improving communication: Between community pharmacy and general practice' which was in collaboration with the BMA.