

YOUR HOPES, FEARS, AND IDEAS

Top Hopes For New Medicines Service

1. The New Medicine Service (NMS) makes a difference for patients
2. NMS builds a stronger relationship between the patient and pharmacy
3. Improves patients adherence to their medicines, and therefore improves patient outcomes
4. Integrates community pharmacy services into primary care
5. The interventions reduces medicine wastage
6. Proves the value of community pharmacy to the Department of Health
7. Improves working relationships with GPs
8. That the service is remunerated fairly
9. The service is extended for longer and new conditions/drugs are added such as high risk drugs, antidepressants and PPIs
10. Pharmacists to be seen as the medicines expert by patients

Fears and Challenges

Operating The Service

1. **Increased workload**; NMS and MURs have a potential time impact on the pharmacist of approximately 1.5 hours per day (average pharmacy)

Ideas For Solutions

- Optimal use of skill base in pharmacy teams, and promote up skilling of staff where necessary
- Delegate parts of service that does not need to be done by the pharmacist to other members of the team; e.g. identifying patients, signing of consent form, booking of appointments, upkeep of diary, write up of consultation notes

Fears and Challenges

2. **Identification of patients**; making sure you target the service to all eligible patients

3. **Time to complete**; the pharmacist will be away from dispensary as the consultation will need to be carried out in the consultation room

4. **NMS opportunities** e.g. Practice located pharmacy versus high street, and the effect of reduced NMS opportunities for the number of scripts dispensed.

Ideas For Solutions

- Identify your quieter periods to complete consultations (avoid busy dispensing times, mid-morning and mid-afternoon)
- Arrange telephone consultations for the follow up interventions (if appropriate), and provide a time window for the consultation e.g. 12.00 -12.30 pm (to allow for delays)
- Support positive changes in the supervision regulations when consulted on in 2012, to free up pharmacist from dispensing process

- Nominate a member of staff or team members to be responsible for patient sign up
- Use PMR IT applications to identify the patients, or ask your dispensers to use the Devon LPCs top 40 NMS medicines identification tool (on website)

- Carefully structure consultation using the key questions and move the conversation along to keep intervention to time
- Allow time between consultations for the prescription clinical checks

- The NMS target of 0.4% (80% band) is taken from the average of 0.5% of NMS opportunities recorded in pharmacies. However, the range was quite wide and you could be at the lower end or higher end
- Promote the service to all your regular patients, and communicate the benefits of using their regular pharmacy

Fears and Challenges	Ideas For Solutions
<p>5. Locum run pharmacy (continuity of service)</p> <p>6. Complexity of service (no. of interventions, fixed timing of interventions)</p> <p>7. The paperwork and record keeping</p>	<ul style="list-style-type: none"> • Ensure locums are self-accredited to complete NMS • Careful diary planning, member of staff nominated to inform locum of appointments booked • Patient notes will need to clearly define patient issues and pharmacist recommendations made, so locum completing the second intervention will understand patients problems • Train staff to focus on good diary keeping, use of IT calendars e.g. PharmaBase/ MS Outlook, use reminders • Utilise PharmaBase or PMR application 'dashboard', to find current status of NMS interventions • Training staff members to support all the parts of the NMS service that do not need the pharmacist (consultations), such as write up of consultation, data input into PharmaBase, filing of patient consent
<p>Stakeholder Buy In</p> <p>1. Patient engagement (Sign ups/DNAs/Drop outs)</p> <p>2. GP referrals and GP engagement</p>	<ul style="list-style-type: none"> • Raise patient awareness of service through posters, leaflets (PSNC, NPA) • Provide staff with simple messages to highlight the benefits for patients, 'the service allows our pharmacist to support you with the new medicine', 'most patients when they start a new medicine need more information' • Meet your main surgery to highlight the benefits of NMS to them, e.g. reduction in medicine waste and the decrease in hospital admissions caused by ADRs and ADEs

Fears and Challenges	Ideas For Solutions
<p>3. GP perception of NMS overlap on their service provision</p>	<ul style="list-style-type: none"> • Highlight the benefits to patients (Devon LPC GP briefing) • If there are two local pharmacies serving a practice, co-ordinate a joint meeting • Ask the GPs for input on the patients they feel would really benefit from NMS (e.g. referrals housebound/living on own) • Get input on how the GPs would like the patients to be referred back to them, agree what you will say to the patients when referring them to GP • Know the answers provided in Devon LPCs Doctor FAQs contained in the Devon LPC's Pharmacist Briefing, this will ensure you know the key questions asked and have ideas for answers
<p>Service Outcomes</p> <p>1. Target banding of remuneration payments</p> <p>2. Delivering positive outcomes with the service (and ensuring service extension)</p>	<ul style="list-style-type: none"> • It is probably be best not to try to target specific bandings as there will be a drop out of patients signed up but not contactable for first intervention (≈10%) • Ensure that your team identify all NMS opportunities to reach the 0.4% NMS episodes • Important outcomes to deliver for the evaluation are; NMS activity, the beneficial impact on adherence through addressing patient needs (concerns/difficulties), and the value placed on the service by stakeholders .g. by patients • Promote staff and pharmacist training on NMS, utilise the CPPE Consultation skills course, Devon LPC – Threshold NMS training, NPA support materials (on NPA website)

