

DEVON LOCAL PHARMACEUTICAL COMMITTEE

Top Tips for MURs

As you'll be aware, on 1st October 2006 the annual limit for MURs has been increased from 250 to 400. With the level of payment also being increased from £23 to £25 per MUR this means that the potential income from the advanced service is substantially higher.

As pharmacists, we need to take full opportunity of this increase so that we can produce a significant and good quality MUR service. Therefore I have collated a list of hints and tips in conducting MURs which you may find useful.

Many thanks to the community pharmacies who have shared these with us:

Preparation

- Arrange an appointment with the practice manager or GP(s) of your local surgery to discuss and agree target patient groups and MUR outcome plan.
- A good key contact at the surgery is the practice pharmacist
- Keep an ear open for the numerous MUR accreditation and practice workshops that are happening around Devon. We've had four already and there are more planned. See our website and newsletter for dates.

Recruiting

- In Exeter, pharmacy presentations have been given to the social workers so they are aware of the system and could potentially refer their clients for an MUR. In other parts of the county, similar information has been communicated to other healthcare professionals. If you have a good working relationship with for example your district/practice nurses, then you could ask them to identify/refer patients for an MUR
- One pharmacist has sent written invitations to a target patient group (e.g. statin patients) for an MUR. Patients are now ringing the pharmacy to make an appointment and no heavy selling is involved!
- Get counter staff involved - train them about the service and which patients would benefit for an MUR, add in an incentive and get the diary filled!
- Once booked, get a phone number to remind the patient.
- Record on the PMR when an MUR has been undertaken and try to make sure they are reviewed and repeated every 12 months

Target groups

- Confirm with your PCT what their priority patient groups are.
- Choose an area in which you are confident and comfortable e.g. checking inhaler technique with the in-check device, checking blood glucose testing technique, checking weekly bisphosphonates and calcium compliance
- Compliance support patients. You could do an MUR with a DDA assessment. The district nurses or health visitors could get involved in this too.

- Long term conditions patients - these patients are also good candidates for repeat dispensing, so if the surgery is involved in this you can help reach targets
- Delivery patients. Get a chance to meet these hard to reach patients face to face but don't forget to check with your PCT about doing domiciliary MURs.
- Recent Hospital Discharge patients - ironing out medication problems e.g. duplications, omissions and dose changes.

Good Outcomes

- Dose optimisation e.g. Lansoprazole 30mg to 15mg if a maintenance dose is required
- Synchronisation and amending pack sizes e.g. Adcal 100's to 56's or 112's
- Repeat Dispensing implementation. Agree with the surgery to help recruit repeat dispensing patients. Keep consent forms and information leaflets, and use this as part of the action plan
- Clarify 'as directed' instructions, change on pharmacy PMR and request that GP changes on their PMR e.g. Methotrexate dose on a specific day each week
- Amend to more specific directions e.g. Bendroflumethiazide '1 OM' instead of 'OD' or Isosorbide Mononitrate '1 OM and 1 at noon' instead of '1 BD'
- Supply Warfarin booklets/other written materials supported by verbal explanations.
- Dosage forms e.g. if swallowing problems are causing compliance issues.
- Discontinued products e.g. Ventodisks, Co-proxamol tabs
- Brand to generics and Vice versa e.g. Specifying Lithium brands, changing Fosamax to Alendronate
- Formulary products e.g. Switching statins or PPIs
- Cost effectiveness e.g. using paracetamol tablets instead of soluble tablets or capsules.
- If actions are significant or urgent, contact GPs direct and discuss making changes

Communicating outcomes

- Be sensitive about how any recommendations are fed back to the GP and the patient
- Write concise points on the action plans and explain exactly what the GP needs to do
- Avoid 'No outcome' or blank sheets. Try and put some positive/constructive outcomes and if there really are no outcomes, mention advice given or that 'patient is stable'

If you have any good ideas for MURs or you need anymore information, please contact Emma Mortimer on 01392 834022 or e-mail emma@devonlpc.org

**Document prepared October 2006 by Emma Mortimer.
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