

## Medicines Use Reviews by Community Pharmacists.

### What is an MUR?

A Medicines Use Review (MUR) is a service that can be provided by an accredited community pharmacist under the Advanced Service component of the pharmacy contractual framework. 50% of patients do not comply with some element of their prescribed medicines; a high proportion of hospital re-admissions in the elderly are attributed to poor compliance with prescribed medication. An MUR can be provided on an annual basis to a patient on one or more medicines and/or long term conditions. It can also be provided as a Prescription Intervention as an opportunistic medicines intervention on any patient, acute or chronic, in response to an identified problem around dispensing where more than simple advice is required. Both are performed under the same conditions, using the same paperwork and are effectively part of the same service; the difference is the trigger to provide the review.

### What an MUR isn't

An MUR is not a full clinical review, because patient notes are not expected to be accessed and is not intended to review the clinical appropriateness of prescribed medication. Instead, it is a structured patient interview to support patient concordance thereby reducing waste, helping patients to understand their medication and identifying problems and possible solutions if patients are having trouble taking their medicines. Hence a medicines USE review. The report from the MUR is therefore likely to mention these aspects with the possibility of minor clinical changes rather than complex clinical interventions.

### What an MUR involves

The MUR can only be offered by accredited pharmacists from accredited premises, which means it will be conducted in an appropriate consultation room. The pharmacy receives a nationally determined fee (currently £23 at 1<sup>st</sup> September 2006) which is funded from the PCTs via the savings accrued from the reductions in the Drug Tariff prices of some drugs. Community pharmacists can undertake MURs once they are accredited under a national assessment process.

### The paperwork!

Under the service specification issued by the Department of Health, patients, pharmacist and GPs must all have a copy of the paperwork generated by an MUR. The majority of GPs will by now have received these reports and unfortunately the paper work is plentiful. Although an e-version is available, emailing from a pharmacy is not always secure. Three different reports are generated, of which the most important one for the GP will be the 'action plan'. This is where the pharmacist will document outcomes from the review and the actions required how they are prioritised and who needs to action them. Please bear in mind that only some actions will be for the GPs, others may be for the pharmacist, other healthcare professionals or the patient themselves. Sometimes the action plans may not contain any information. This would be the case if there were no outstanding concordance issues and the patient has sufficient information to comply with their medicine regime.

**Possible outcomes (not exclusive) might include the following:-**

Recommending change to formulations of drugs if patient is experiencing difficulties e.g. swallowing tablets  
Recommending a change to the time of day medicine is taken to improve effectiveness  
Changes to formulary/generic products, if appropriate  
Synchronisation of medicines if this does not impact on clinical management  
Recommending compliance support e.g. a compliance aid, repeat dispensing etc  
Requesting dose clarification, especially for 'as directed' or variable doses.

### **Communication**

Discussion between the two professions is key to helping this service work. If a GP receives an MUR report that appears to fall outside the MUR criteria (remember it's not a full clinical review) then it is important for a GP or practice to feedback any comments and suggestions to the pharmacist concerned. This would also be an ideal opportunity to jointly agree patient groups and outcomes where MURs can provide the maximum benefit. As healthcare professionals it is important to work together to make this service as effective and useful as possible. If GPs or practices have a priority group of patients target group/preferred patient, then they can be referred to their pharmacist.

### **How to deal with MURs in practice**

- Agree who, at the surgery, the pharmacist will send the reports to.
- Agree to what sort of detail you would like on the action plans to include
- Agree how the action plans will be managed

### **Which Patients to recommend**

- Compare the PCT target groups for MURs with the current services your surgery provides e.g. if you have an active respiratory interest within the surgery, MURs on asthma/COPD patients may not be beneficial. Popular target groups are currently diabetes, osteoporosis, asthma, and dermatology.
- Invite your local pharmacists to a practice meeting to discuss the above and any other elements of the service
- Agree a collaborative approach with your local pharmacies for recruitment onto Repeat Dispensing or if you think a patient may need medicines compliance support

Referrals to the MUR service can be made by any member of the primary care team who feel a patient would benefit, so share the information about the availability of the service.

Medicines Use Reviews provided by Community Pharmacists play an important role in improving patient care and in complementing the medication reviews provided by GPs.

If you need more information on the MUR service, community pharmacy input or target groups please contact the Devon Local Pharmaceutical Committee on 01392 834022, the medicines management team at your local PCT, or your local pharmacy.