

Medicines Use Review Standard Operating Procedure

Action	Responsibility
<p>Planning: Allocate days and times, in the pharmacy diary, when MUR may be carried out on the premises (This could also include staff training e.g. MUR process, filling out forms, consent, etc).</p>	
<p>Patient Selection must follow the specified criteria Patient Selection - national criteria</p> <ul style="list-style-type: none"> • A MUR can be conducted with patients on multiple medicines and those with long-term conditions. • These regular MURs, initiated by the pharmacist, must only be provided for patients who have been using the pharmacy for the dispensing of prescriptions for at least the previous three months. • The next regular MUR can be conducted 12 months after the last MUR. <p>Patient Selection - local Criteria (but the national criteria must still apply)</p> <ul style="list-style-type: none"> • Self referral by patients • Referral by local surgery • Referral by other health care professionals e.g. district and practice nurses, key workers and social services (there is an option for this on Devon Medication Concordance Assessment Tool). • Identified by the pharmacy as fulfilling PCT preferred criteria • Identified by the pharmacy as having problems with medicine e.g. poor compliance, problems with administration, complicated medicine regimen. 	
<p>Arrange appointment time with patient</p> <ul style="list-style-type: none"> • Put patients name and telephone number in the pharmacy diary against the appointment time • Give the patient an appointment letter with the day and time completed • Give patient an option for carer to be present if they agree to consent to this • Tell the patient that the appointment will last about 20minutes <p>It is important to bring the medicines they are taking, including any complementary medicines, vitamins or any medicines they regularly take which they have purchased themselves. This should include bringing OLD medicines as some might need disposal or could point to unsynchronisation</p> <ul style="list-style-type: none"> • A form will be completed at the interview and a copy of the form will be shared with their GP, and given to themselves (remember this is to increase concordance i.e. a <u>shared</u> decision approach) 	
<p>Prior to the Interview The working day before the interview telephone the patient to remind them of their appointment</p>	
<p>Prior to the Interview Prepare for the interview as needed (perhaps fill out the paperwork as far as possible to save time). The pharmacist should be fully aware of the appropriate use/dose/administration time/side effects and major drug interactions of each medicine the patient takes. The pharmacist may need to refer to local and guidelines for treatment therapies as needed.</p>	

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The Interview for MUR	
Welcome patient and settle them in the consultation area	
Explain the aims of the interview Explain the consent process Explain that the information will be shared with their GP and a record kept in pharmacy	
Confirm and complete patient details on the MUR form	
Record the patients consent	
Record the basic health data section of the form	
Complete the Chart of Prescribed Medicines and Dosage Regimes For each medicine the pharmacist should consider the following interventions <ul style="list-style-type: none"> • Advice on medicines usage (prescribed and OTC), aiming to develop compliance and concordance; • Effective use of 'when required' medication; • Ensuring appropriate use of different medicine dosage forms [e.g. inhaler type, soluble tablets]; • Advice on tolerability and side effects; • Identification of items without adequate or correct dosage instructions; • Identification of unwanted medicines (patient is no longer taking their medicines); • Identification of the need for a change of dosage form to facilitate effective usage; • Proposals on changing branded medicines to generics (exclusions will apply) • Proposals on changing generic to branded where appropriate when clinically appropriate; • Proposals for dose optimisation • Suggestions to improve clinical effectiveness. • Advice on the use of any vitamins, complementary medicines or self purchased OTC medicines 	

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<p>At the interview more wide-ranging problems should be discussed that affect the patients health and medicines use</p> <ul style="list-style-type: none"> • Dealing with practical problems in ordering, and obtaining their medicines • Aides to help general problems in taking and using medicines e.g. compliance charts • Health promotion advice where appropriate • Signposting to other services 	
<p>Complete the Action Plan The action plan will probably contain no more than 4 key points. Discuss these action points with the patient</p>	
<p>Ask the patient if there is any more information they require</p>	
<p>Discuss and agree with the patient any information that you will be following up and supplying</p>	
<p>Give the patient their paperwork. Thank them and see them out</p>	
<p>Send the appropriate paperwork to the patient's GP</p>	
<p>Mark the patients pharmacy patient medication record with date of review plus any other appropriate information e.g. Use non-crc lids, collection service</p>	
<p>File all pharmacy paperwork securely</p>	
<p>Follow up any actions you have agreed to do with the patient</p>	
<p>Record number or MURs performed monthly ready for transcribing on to FP34c for PPA submission.</p>	

How do you fit an MUR into working life without incurring the costs of locums?

