

# The NHS New Medicine Service may now be available at your local pharmacy

## What is the New Medicine Service?

The New Medicine Service involves an intervention in which the pharmacist will provide advice, information and reassurance to address patients' concerns during the first month of a new treatment. This intervention has been shown to improve adherence to medication. The consultation takes place typically 7-14 days after the medicine is first prescribed, and there is also a follow-up at 28 days. The New Medicine Service starts on 1<sup>st</sup> October 2011.

## Who is eligible for the service?

Patients starting an eligible medicine from one of the following groups can generally access the service:

- A medicine for one of the following conditions:
  - Asthma/COPD
  - Type 2 diabetes
  - Hypertension
- Or an anticoagulant or antiplatelet drug

The list of BNF categories for eligible drugs is at the end of this document.

## How will it benefit my patients?

Research shows that non-adherence to medications for long-term conditions develops rapidly, with 30% of patients being non-adherent at 10 days. Studies have also shown that patients who receive support from a pharmacist when starting a new medicine, to complement advice given by the prescriber, are more likely to be taking it as prescribed at 28 days.<sup>1,2</sup> The research also demonstrated that the number of patients with medicine-related problems also reduced significantly. Better adherence to medication is associated with better clinical outcomes.

## What benefits are there to this practice?

It is estimated that 30%-50% of prescriptions are not taken as the prescriber intended, resulting in hundreds of millions of pounds of NHS money being wasted every year. Improving adherence will mean that the practice will get more value from its spend on medicines and could reduce spending on acute admissions. Improving outcomes can help meet QOF targets. Tackling waste and ensuring that patients get the maximum benefit from the medicines is in line with the NHS QIPP programme. There is no cost to either the practice or the commissioning group for this service as the NMS is funded from a central ring-fenced budget.

## Can I refer into the service?

Yes, practices can refer patients into this service. Patients can also self-refer.

## Will we receive referrals and/or more paperwork from pharmacies?

The practice will not receive paperwork every time a patient enrolls in the New Medicine Service. Pharmacists will only refer patients to the practice when it is clear to them that a prescriber review is required.

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## Will all pharmacies provide the service?

All community pharmacies in England with consultation rooms will be able to provide the service. Pharmacists delivering this service will have completed additional training to ensure they have the necessary skills and knowledge.

## What's the difference between the New Medicines Service, a Medicines Use Review and a Medication Review?

For patients starting an eligible new medicine, the NMS is designed to promote patient understanding and adherence. The Medicines Use Review (MUR) has the same goal, but it should only be performed on patients with established medication. Neither of these services constitutes a clinical review of the medication regime. The Medication Review, usually undertaken within a practice by a prescriber, evaluates the clinical appropriateness of the medication that a patient is taking.

### References:

1. Haynes R, McDonald H, Garg A, Montague P (2002). Interventions for helping patients to follow prescriptions for medications. The Cochrane Database of Systemic Reviews, 2.
2. Clifford S, Barber N, Elliott R, Hartley E, Horne R. (2006) Patient-centred advice is effective in improving adherence to medicines. *Pharmacy World and Science*, Sep; 28(3), p.165-170.

## Asthma and COPD

BNF Reference	BNF subsection descriptor
3.1.1	Adrenoceptor agonists
3.1.2	Antimuscarinic bronchodilators
3.1.3	Theophylline
3.1.4	Compound bronchodilator preparations
3.2	Corticosteroids
3.3	Cromoglicate and related therapy, leukotriene receptor antagonists and phosphodiesterase type-4 inhibitors

## Type 2 Diabetes

BNF Reference	BNF subsection descriptor
6.1.1.1	Short acting insulins (where the community pharmacist can determine that the medicine has been newly prescribed for a patient with Type 2 diabetes)
6.1.1.2	Intermediate and long acting insulins (where the community pharmacist can determine that the medicine has been newly prescribed for a patient with Type 2 diabetes)
6.1.2	Antidiabetic drugs

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## *Antiplatelet/Anticoagulant therapy*

<b>BNF Reference</b>	<b>BNF subsection descriptor</b>
2.8.2	Oral anticoagulants
2.9	Antiplatelet drugs

## *Hypertension*

<b>BNF Reference</b>	<b>BNF subsection descriptor</b>
2.2.1	Thiazides and related diuretics
2.4	Beta-adrenoceptor blocking drugs (where the community pharmacist can determine that the medicine has been newly prescribed for a patient with hypertension)
2.5.1	Vasodilator antihypertensive drugs
2.5.2	Centrally acting antihypertensive drugs
2.5.4	Alpha-adrenoceptor blocking drugs (where the community pharmacist can determine that the medicine has been newly prescribed for a patient with hypertension)
2.5.5	Drugs affecting the renin-angiotensin system (where the community pharmacist can determine that the medicine has been newly prescribed for a patient with hypertension)
2.6.2	Calcium-channel blockers (where the community pharmacist can determine that the medicine has been newly prescribed for a patient with hypertension)