

MEDICINES USE REVIEWS

FREQUENTLY ASKED QUESTIONS

WHAT IS A MEDICINES USE REVIEW?

- ☑ Identifies if patients understand how medicines should be used
- ☑ Discusses how patients should correctly use their medicines
- ☑ Identifies if patients know how to use their medicines
- ☑ Explains the conditions for which each medicine is used
- ☑ Establishes whether patients use their medicines as prescribed
- ☑ Identifies any issues affecting correct use of medicines
- ☑ Identifies side effects that may be experienced from medicine use
- ☑ Identifies any medicines no longer used

WHAT IT IS NOT:

- ☒ Discussion about changes to drug treatment
- ☒ Discussion about the medical condition beyond the drug treatment
- ☒ Discussion on the effectiveness of treatment based on test results
- ☒ Full clinical medication review

What training does the pharmacist need to complete?

- Pharmacists in Northern Ireland do not need to have formal accreditation to provide MURs. It is the responsibility of the Contractor to ensure that pharmacists providing the service have achieved the agreed competencies for the service and maintain competence on a continuous basis through commitment to CPD.

Do I need a consultation room to provide an MUR?

- The area of the pharmacy used for the provision of MURs must meet the following requirements:
- The consultation area should be where both the patient and the pharmacist can sit together.
- The patient and pharmacist should be able to talk at normal speaking volumes without being overheard by any other person (including pharmacy staff).
- The consultation area should be clearly designated as an area for confidential consultations, distinct from general public areas of the pharmacy.
- The service specification requires that an MUR will normally be carried out face-to-face with the patient in the community pharmacy. However, in exception an MUR can be provided at another location such as the patient's home or residential home. Any variation from the agreed MUR consultation process is at the pharmacist's discretion and must be documented in the clinical record as to the reason for providing the service in this way.

How do I identify patients suitable for an MUR?

- The medicines in the target group will identify if a patient is eligible for an MUR.
- **Pharmacists need to consider all the medicines a patient is taking during an MUR, including those that aren't prescribed, and not just those that fall within the target group.**

Can I conduct more than one MUR on a patient annually?

- No.
- The next MUR should normally be conducted 12 months after the last MUR unless in the reasonable opinion of the pharmacist the patient's circumstances have changed sufficiently to justify one or more further consultations during this period. E.g. hospital discharge resulting in changes to medication.

Is it mandatory for written consent to be obtained before carrying out an MUR?

- Yes.
- It is mandatory for patients to provide written consent to participate in the MUR service. Consent must be obtained **PRIOR** to provision of the service.
- Written consent is **not** required each time the patient receives the MUR service e.g. a follow-up MUR or an MUR in 12 months time. On each subsequent occasion the pharmacist might wish to remind the patient of their initial discussion around the benefits offered by the service.
- The consent obtained will allow their information to be shared with the GP, HSCB and BSO.
- The patient consent form should be retained along with the clinical record.

Is there a patient age limit for an MUR?

- Currently there is no minimum age for provision of an MUR for a **respiratory** patient and a child can consent if deemed competent to fully engage in a discussion about their prescribed medicines. In other circumstances where a child could benefit from an MUR for a respiratory medicines, consent should be obtained from the parent or guardian; this must be recorded on the clinical record.
- **Children (<18 years old) are excluded from the MUR service for diabetic patients.**

Which groups are excluded from the MUR service for diabetic patients?

- **Children (<18 years old)** and **patients with current gestational diabetes** are **excluded** from the service as specialist services exist for these patients within secondary care.

What records do I need to complete during the MUR?

- Record written consent from the patient to complete the MUR.
- HSCB has produced an MUR form that comes in three parts,
 - a **communications page**
 - a **consultation record page**
 - a **summary page**
- Assign a patient identification (ID) number to each MUR and record on each section.
- The communications page contains basic information such as patient, pharmacist and GP details, and an action plan summarising suggested actions for consideration. There is no requirement to communicate the outcomes of a MUR to GPs unless there are recommendations being made to the GP or issues have been identified and the pharmacist considers it appropriate to share information with the GP.
- The consultation record page records the issues identified for all prescribed and (OTC) medicines. There is room for six medicines but you can add additional copies as required.
- The summary page summarises the matters identified from the MUR, the action taken, any health advice provided and the pharmacist's assessment of the benefit of the MUR.
- The service also allows for a follow up MUR, for example, to reassess inhaler technique. Use the same documentation for the follow up MUR and record the reason for the follow up. Record only the information that relates to the aspects of the initial MUR requiring follow up, and on the summary page only the follow up sections of the MUR need to be completed. The patient ID number used should be the same as that used for the patient's initial MUR.

How long do completed MUR written record forms have to be retained for?

- A completed MUR written record form for an adult must be kept for a minimum of eight years after the date on which the MUR is conducted. For children and young people the record should be maintained until the patient's 25th birthday or 26th if the young person was 17 at the time the MUR service was provided.

What information do I need to send the patient's GP?

- A copy of the **communication page** outlining recommendations should be sent to patient's GP.
- There is no requirement to communicate the outcomes of a MUR to GPs unless there are recommendations being made to the GP or issues have been identified and the pharmacist considers it appropriate to share information with the GP.
- Agree with the GP practice to whom these forms should be sent to for example, the individual GP, practice manager or the practice pharmacist.

What paperwork do I need to submit?

- You need to submit the following **two** forms to your local HSCB office monthly:
 - **MUR monthly monitoring form**
 - **MUR claim form**
- Claims will not be processed for payment unless accompanied by monitoring form.

What funding can I expect for delivering an MUR?

- You will receive £28 for an initial MUR and £9 for a follow up MUR, where this is deemed necessary. Each pharmacy may undertake MURs for no more than 120 patients per financial year.
- This is based on the assumption that approximately 50% patients may require a follow up.
- The HSCB expects the service to be available to patients over the course of the full 12 months and that service delivery is not sporadic in nature.

FURTHER RESOURCES

(Ctrl and click to follow the link)

Resources for respiratory:

[HSCB supporting tool for COPD](#)
[HSCB supporting tool for asthma](#)

[NI Medicines Management Newsletter Supplement](#)
[Self-management plans](#)

[Asthma UK Inhaler Demos](#)
[British Lung Foundation - NI](#)
[Key Recommendations from the National Review of Asthma Deaths](#)
[PSNC Response to NRAD 2014](#)

Resources for diabetes:

[Diabetes UK](#)

[N. Ireland Diabetes UK homepage](#)

[A Guide to Blood Glucose Monitoring for People with Type 2 Diabetes](#)

[NICE guidance: Diabetes Pathway](#)

[Diabetes UK self-management resource](#)

[Safe Use of Insulin patient information leaflet](#)

[Insulin passport](#)

Copies of the forms required to provide the MUR service can be found at the following:

[HSC Business Website](#)

This site contains:

- Service specification
- Guidance for conducting an MUR
- MUR contract
- Patient consent form
- MUR clinical record
- MUR claim form
- MUR monthly monitoring form

MUR – Suggested Questions

- **How are you getting on with your medicines?**

This is an open question to get the patient talking and bringing out any issues which are important to them. These can be dealt with here rather than waiting until the appropriate question below. It is also a good opportunity to find out if they are taking any OTC medicines.

- **What medicines do you take and how often?**
- **What reminds you to take your medicines? Is it part of your daily routine?**
- **Do you sometimes forget to take your medicines?**
- **How do you take or use each of these medicines?**
- **Do you think your medicines are working?**
- **Are you having any problems with your medicines, or concerns about taking or using them?**
- **Do you think you are getting any side effects or unexpected effects?**

FOR PATIENTS WITH ASTHMA

- **Can you show me how you use your inhaler?**

This is an opportunity to get users of inhalers to demonstrate their usage and for any technique issues to be explored.

- **Would you ever miss taking your inhalers?**

Use the PMR to check % adherence

- **Do you feel that your asthma is well controlled?**

Ask the patient the three Royal College of Physicians (RCP) questions - In the last month:

- Have you had difficulty sleeping because of your asthma symptoms (includes coughing)?
- Have you had your usual asthma symptoms during the day (cough, wheeze, tight chest or breathless)?
- Has your asthma interfered with your usual activities (e.g. housework, work, school etc.)?

If the answer to any of these is 'yes', the patient's asthma is not well controlled.

Discuss this with the patient and encourage them to arrange an asthma review with their doctor/asthma nurse or offer to send a written referral using the MUR communication page.

- **How many times did you use your reliever inhaler in the last week?**

Good asthma control is associated with little or no need to use reliever inhalers. Frequent use of reliever inhalers suggests poor control.

- **If you could make one thing better for your asthma what would it be?**

- **Do you have an asthma self-management plan?**

Written personalised action plans as part of self-management education have been shown to improve health outcomes for patients. This is an opportunity to promote self-management and identify patients who are willing and able to self-manage.

FOR PATIENTS WITH COPD

- **If patients with COPD have supplies of steroids and/ or antibiotics to use in case of an exacerbation: Do you know when you should start using your antibiotics / steroids?**

Patients should know when it is appropriate to start their “at home” course of steroids or antibiotics. This is also a good opportunity to check the expiry date of these medicines.

FOR PATIENTS WHO USE A SPACER

- **How often is it cleaned?**
- **When was the spacer last replaced?**

FOR PATIENTS WITH DIABETES

- **Have you received any formal structured diabetes education programme, including self-management training?**
- **Do you have an insulin passport? (if applicable)**
- **Do you test your blood glucose levels?** (Not every patient needs to do this).
- **Do you know why you test your blood glucose levels? If you are testing, do you know what to do with the results?**
- **Are you aware of the symptoms of a ‘hypo’?**
- **If you had a hypo, would you know how to treat it?**
- **Are you aware of the long-term effects of not managing your diabetes correctly, and how to reduce the risk of these effects?**
- **Are you aware that some types of medication can have an impact on driving?**