

NMS and MURs – top tips from community pharmacies

January 2014

As part of ongoing work to help pharmacies to provide the New Medicine Service (NMS) and MURs, PSNC and NHS Employers held two best practice events last year in partnership with Nottinghamshire and Hampshire and Isle of Wight LPCs. The events brought together pharmacy teams, owners and others to discuss how they were finding the services and to share best practice, tips and experiences.

The below "tried and tested" top tips cover everything from recruiting patients to managing consultations and engaging with GP colleagues. They could be applied to a range of services, so see if they work for your pharmacy too, or send your own tips to zoe.smeaton@psnc.org.uk.

Challenge 1: My patients say they don't want these services

Patients may be reluctant to receive services for a variety of reasons, including lack of time or feeling that they don't need help beyond that given by their GP. Try some of the following:

a) Don't force it: many pharmacists reported that their patients did not have time for services, but several had success by not treating this as a problem and instead giving patients a leaflet to take away and suggesting they might like to come in another time. You can find wording for MUR and NMS patient leaflets on the [NHS Employers](#) and [PSNC](#) websites.

b) Go beyond the GP: some patients feel they can ask GPs for any advice needed, so explaining how services support GPs' work and that pharmacies look at medicines rather than diseases can help. Also stress that you work with GPs and can offer more time to ask questions about medicines.

c) Think about your terminology: many patients will be receptive to the offer of "a chat about medicines" but may be put off by words like "service" and "review". Some pharmacy staff have found that saying "the pharmacist would like a word with you about your medicines" is a useful phrase to start a conversation. Emphasising that services are NHS services can also help.

d) Use prompts: consider using patient queries or even planned GP reviews as triggers to offer services, for example asking patients to talk to you once they have seen the GP. You can also target particular patients, for example asking people with asthma how often they use reliever inhalers.

e) Sell the benefits: emphasise the potential benefits of services e.g. improved symptom control, reduced side effects, better understanding of how medicines work. Sharing your own experience to demonstrate, for example if you or other patients have been using inhalers incorrectly, can help.

Challenge 2: I'm too busy to stand at the counter looking for patients!

a) Use your team: only a pharmacist can conduct MUR and NMS consultations, but successful pharmacies use their entire team to promote services, helping identify eligible patients, recruiting them, getting consent and booking appointments. Make sure your staff are aware of the services, eligible medicines and conditions, and the tips for recruiting patients above.

b) Make the most of your PMR system: many PMR systems can flag patients who are likely to be eligible for the NMS or MURs – if staff can eliminate false positives accurately (i.e. by asking NMS patients if it is the first time they have received the medicine) only eligible patients will reach you.

c) Organise training: brief training for staff to ensure they can get consent, enter data entry onto the PMR (if appropriate) and use the appointment booking system is likely to be valuable.

Challenge 3: How can I reach patients who don't collect their own medicines?

a) Take-home materials: as with patients who collect their medicines but are too busy to stay or make an appointment, giving the patient's carer or family member a brief description of the service and then adding a letter, information leaflet and consent form to the bag can help. A template leaflet on NMS for use when the patient is not present in the pharmacy is available on [the PSNC website](#).

b) Be flexible: remember that in some cases the intervention and follow up stages of the NMS can be provided by phone if it is the patient's preference (and if it is appropriate to do so – some patients may need to be seen face to face, e.g. patients with respiratory conditions should be seen to check their inhaler technique). It may also be permissible in some circumstances to provide MURs by phone or in an alternative location (such as the patient's home, at a GP surgery or in a care home) but you must apply to your NHS England Area Team for authorisation to do so.

c) Involve the carer: it is not permissible to give the NMS or an MUR to a 'proxy' such as the patient's parent, guardian or carer, but it's worth explaining to them that they could accompany the patient to the consultation if it is the patient's wish.

Challenge 4: How can I balance unpredictable workloads with consultations?

a) Plan your days: booking calls and appointments for times when the pharmacy tends to be less busy, or more than one pharmacist will be on the premises, may well be something you do already, but it does help. Pharmacies vary but many contractors find that before 11am is the quietest, and that patients collecting prescriptions at this time are more willing to wait; others avoid booking appointments over the "lunch rush" when people collect prescriptions during their lunch break.

b) Work in time slots: if you are agreeing to call a patient, ask for convenient time slots (e.g. 5-7pm) rather than a specific time so if anything urgent happens you can deal with that and still call on time.

c) Talk to patients: if a patient insists that a specific time be booked, explain that you will do your best to call or see them on time but that occasionally you will have to deal with an urgent request from another patient which could cause a brief delay.

d) Be clear on timing: patients must not feel rushed and they need time to explore any issues they are having with their medicines, but there are steps you can take to ensure that consultations are not inappropriately long. Try managing expectations by setting out an approximate or maximum timeframe at the beginning, e.g. "This shouldn't take longer than fifteen minutes"; use "closing signals" such as standing up to indicate that the appointment is coming to an end; and make sure staff know what sort of urgent circumstances they should limit interruptions to.

e) Be flexible: while pharmacies should follow NMS guidelines on timings for the intervention and follow up stages wherever possible, the service does allow flexibility, so if a patient is going on holiday or can't complete the service within the timeframe for another valid reason you can complete the service over a longer period.

Challenge 5: My patients forget appointments and don't answer the phone!

a) Remind them: giving patients an appointment card or other written reminder of their planned consultation can be helpful, as can reading back times and details if it is being booked on the phone.

b) Embrace technology: if patients have requested a call at a certain time or booked a follow up appointment, you could remind them about this beforehand with an email or even a text message.

c) The right number: try to make sure that the number you are calling the patient from does not appear as "blocked" or similar as people may be reluctant to answer the phone. If this is not possible, you could let the patient know that the pharmacy telephone number may not appear when you call.

Remember, if you have completed the engagement and intervention stages of the NMS, but are not able to contact the patient for the follow up (having made at least two attempts to do so) you can still claim for providing the service.

Challenge 6: My local GPs just aren't interested in these services

GPs are often difficult to win over when it comes to pharmacy services, sometimes because they're under too much pressure to be interested, and sometimes because they don't see the value. Keep these facts in mind in any dealings with them and try the following.

a) Think about the team: there is more to a GP practice than just the doctors and some pharmacies have successfully promoted the NMS by talking to practice nurses, prescribing leads, practice managers and others; you could even give them leaflets to hand out about the services.

b) Work together: in many cases there will be several pharmacies seeing patients from any surgery so talk to one another – a joint approach could be far more successful and will save the GPs time.

c) Value their time: we know that GPs are busy and feel under pressure, so try to find a time that will suit them to talk about this rather than dropping it on them in the middle of surgery hours. You could ask for a short speaking slot at a practice meeting, for example.

d) Don't undersell yourself: it can feel uncomfortable telling people about how well you have done, but if you don't convince GPs about the value of services they'll never buy into them. Try telling them some of your success stories where patients have seen a significant benefit from services.

e) Be concise: appropriate feedback and referral back to GPs can help cement the benefits of services in their minds, so keep feedback concise and limit it to issues that will be of value or interest to them – you do not need to inform them of every consultation with their patients.

f) Ask their opinions: GPs are more likely to accept something if they have had some say over it, so ask your GPs how they would prefer to receive feedback – secure email, mail, telephone message etc. You could also ask them if they have any patient groups you could target to help them in their work.

g) Keep up the momentum: if referrals from a practice are low, or start to dwindle, speak to them again – sometimes occasional reinforcement is all that's needed to keep referrals routine; or you might be able to find a new and more appropriate target group of patients for services.

h) Train together: consider holding shared training with practice staff (for example on teaching correct inhaler technique) - this can improve both your relationships and patient care.