NHS Circular:
PCA(P)(2012)19

Finance, eHealth & Pharmaceuticals Directorate
Pharmacy & Medicines Division

The Scottish Government

Dear Colleague

27 November 2012

ADDITIONAL PHARMACEUTICAL SERVICES:
CHRONIC MEDICATION SERVICE:
HIGH RISK AND NEW MEDICINE INTERVENTION SUPPORT TOOLS FOR THE PHARMACY CARE RECORD

Purpose

1. This Circular outlines the purpose of the High Risk and New Medicine Intervention assessment tools which have been included in the Pharmacy Care Record (PCR) to support the Chronic Medication Service (CMS).

Background

2. The Chronic Medication Service (CMS) is one of four elements of the NHS community pharmacy contract in Scotland. It is based on the framework contained in the report *Establishing Effective Therapeutic Partnerships*[1] from a Scottish Government working group chaired by Professor Lewis Ritchie.

3. Three assessment support tools have been developed to support community pharmacists in delivering CMS. The first two tools target medicines with a narrow therapeutic index (methotrexate and lithium) and the third tool aims to increase patient adherence to new medicines prescribed to treat long term conditions. These tools also assist in underpinning community pharmacists' contribution to the Patient Safety in Primary Care Programme. It is envisaged that, where appropriate, further assessment tools will be added to PCR over time.

4. Annexes A and B provide guidance on how to use the new tools. In addition, the PCR User Guide has been updated to include screen shots and advice on how to complete the tools in PCR.

Addresses

For action
Chief Executives, NHS Boards

For information
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[1] *Establishing Effective Therapeutic Partnerships: a generic framework to underpin the Chronic Medication Service element of the community pharmacy contract*. Scottish Government. Edinburgh. December 2009.

5. The updated PCR User Guide can be found at: www.communitypharmacy.scot.nhs.uk/documents/ePharmacy/cms/PCR_User_Guide_for_Version_6.pdf.

6. This Circular has been copied to GP practices to provide information on the new assessment support tools being used as part of CMS and to offer some context to any actions that may arise as a result of any pharmaceutical care issues that are identified going forward.

7. Community Pharmacy Scotland has been consulted on the contents of this circular.

Action

8. NHS Boards are asked to:

- **note the contents of this Circular; and**
- **copy it to all community pharmacy contractors and local pharmaceutical committees.**

Yours sincerely

Bill Scott
Chief Pharmaceutical Officer and
Deputy Director, Pharmacy & Medicines Division

Annex A

GUIDANCE ON THE NEW MEDICINE INTERVENTION SUPPORT TOOL

1. Background

1.1 It has been identified that between 30% and 50% of medicines are not taken as prescribed by patients with long term medical conditions[2]. Research has also demonstrated that pharmacists can successfully intervene when a medicine is newly prescribed, with repeated follow-up in the short term, to increase adherence[3].

1.2 The New Medicine Intervention support tool (NMIST) is a quality initiative within the Chronic Medication Service (CMS) aimed at increasing patient adherence to new medicines prescribed to treat long term conditions.

2. Aim and Objectives

2.1 The aim of NMIST is to increase patient adherence to new medicines prescribed to treat long term conditions.

2.2 It is based on a series of structured interventions and support with a pharmacist working with a patient in order to improve their understanding of a new medicine and to maximise the clinical outcomes from their therapy.

2.3 The core objectives of NMIST are to:

- improve patient adherence with newly prescribed medicines to treat long term conditions through a series of structured interventions and support;
- improve patient understanding of new medicines;
- enhance self-care and well being;
- reduce wastage of new medicines;
- underpin the pharmacist's role in improving the management of long term conditions;
- document pharmaceutical care practice; and
- facilitate effective therapeutic partnerships.

3. Overview

3.1 The NMIST comprises a series of structured pharmaceutical interventions tailored to an individual patient, including advice on the new medicine and any associated advice at the time the new medicine is prescribed (the **initial intervention**). A pharmacist and patient agree a method and time for a **follow-up intervention** (usually **seven days**) after the initial intervention. Time intervals should be determined by professional judgement and the pharmacology of the medicine. A

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[2] Sacket DL, Snow JC. 1979. *The magnitude of compliance and non-compliance*. In Haynes RB, Taylor WD, Sacket DL eds. *Compliance in health care*. The Johns Hopkins University Press, Baltimore & London, pages 11 – 22.

[3] Clifford S, Barber N, Elliott R, Hartley E, Horne R. 2006. *Patient-centred advice is effective in improving adherence to medicines*. Pharm World Sci (2006) 28:165-170

pharmacist can provide any number of follow-up interventions until they decide to complete the intervention. A new medicine intervention is completed by confirming a patient is adhering to the medicine, is not adhering to the medicine or is lost to follow-up. In summary:

- **Initial intervention**: when the medicine is provided to the patient.
- **Follow-up intervention**: usually **seven** days after the **initial intervention** and then as deemed necessary.
- **Intervention completion**: after the final **follow-up** intervention.

3.2 A pharmacist undertakes the initial and follow-up intervention/s with a patient and provides any further support and advice required, including a referral back to the GP if necessary. All interventions are recorded in the Pharmacy Care Record (PCR).

3.3 A pharmacist can choose to provide additional follow-up interventions when, in their professional opinion, a patient would benefit from further support.

3.4 It is assumed that the patient is known to the pharmacist and that they are already registered for CMS. However, if they are not CMS registered the pharmacist should register the patient for CMS at the time of the initial pharmaceutical intervention.

3.5 During the early stages of implementation a pharmacist should opportunistically identify patients who will benefit from the support tool, however, other healthcare professionals such as a patient's GP may also recommend it to the patient.

3.6 If, on completion of the intervention, a patient is referred back to their GP as non-adherent and is prescribed a new medicine then another new medicine intervention is started.

4. Outline Description

Patient identification

4.1 A patient must have been prescribed a new medicine to treat a long term condition(s). This includes a new formulation of an existing medicine.

4.2 If a patient presenting with a prescription for a new medicine is not already CMS registered a pharmacist should register them prior to the initial pharmaceutical intervention.

4.3 A patient may be opportunistically identified by their pharmacist or be referred by another healthcare professional such as their GP.

4.4 A patient representative can act on behalf of a patient.

Stage One: Initial intervention

4.5 The initial intervention is undertaken at the time when the medicine is provided to a patient (or their representative).

4.6 The initial intervention comprises detailed advice about the new medicine and its use, including any associated counselling. A pharmacist uses open and closed questions to illicit the patient's understanding of why they had been prescribed the medicine and what they would like to know about the medicine.

4.7 A pharmacist explains in detail the directions for use including any specific additional advice such as inhaler technique, any common possible side effects, what to do if a dose is missed and any storage requirements. The pharmacist and patient agree a method and time for the follow-up intervention usually seven days after the initial intervention.

4.8 A follow-up intervention should be verbal and ideally be face-to-face however this may not always be convenient for a patient in which case a telephone follow-up may also be offered.

4.9 A pharmacist uses PCR to record the medication details, the date and the responses to the initial intervention questions. Any associated care issues are pre-populated in a pharmaceutical care plan. There is also the option to record additional care issues as identified during discussion with a patient.

4.10 A pharmacist then schedules and records a follow-up intervention, including the agreed method and timeslot.

Stage Two: Follow-up intervention

4.11 A pharmacist undertakes the follow-up intervention at the agreed time, usually seven days after the initial intervention, and according to the agreed method; for example face-to-face or by telephone. If a patient is unavailable at the agreed time then a pharmacist should make at least two attempts to follow-up with the patient.

4.12 The follow-up intervention provides further reassurance, support and advice, including a referral back to the GP if necessary.

4.13 A pharmacist uses a short, structured intervention to assess a patient's adherence and to identify any possible problems.

4.14 A pharmacist, in partnership with the patient, determines the requirement for any further follow-up interventions. If no additional follow-up intervention is required then a pharmacist completes the new medicine intervention. Otherwise they set a method and time for the next follow-up.

4.15 A pharmacist uses PCR to record the responses to the follow-up intervention and agreed method and time for the final intervention. Any associated care issues are pre-populated in a pharmaceutical care plan. There is also the option to record additional care issues as identified during discussion with a patient.

Stage Three: Intervention completion

4.16 A new medicine intervention is completed when a pharmacist confirms a patient is adhering to the medicine, or confirms a patient is not adhering to the medicine and requires referral back to their GP for review or if a patient is lost to follow-up.

4.17 If a patient has been referred back to their GP and is prescribed another new medicine then a pharmacist starts over again completion of the intervention, a patient is referred back to their GP as non-adherent and is prescribed a new medicine then another new medicine intervention is started.

4.18 In the event that a pharmacist has been unable to contact a patient for any scheduled follow-up interventions then they should record the patient as lost to follow-up.

5. Purpose of the structured interventions

5.1 Initial intervention

- Establish if a patient knows why they have been prescribed the medicine and their expectations of the effect of the medicine;
- Engage with a patient to address any fears or concerns they may have;
- Ask a patient what they would like to know about the medicine and how it should work to help you tailor any information to their requirements;
- Explain how to take the medication and what to do about missed doses;
- Outline any specific usage, monitoring and / or storage requirements;
- Discuss any common side effects and the likelihood of them occurring;
- Check a patient's understanding by asking the patient to explain in their own words what you have discussed with them;
- Agree and record the appropriate information in PCR.

5.2 Follow-up intervention/s

- Check that a patient has started taking the medicine
- Check that a patient is taking the medicine as intended;
- Establish if they have experienced any problems (including side effects) using the medicine in the first week;
- Engage with them to address any fears or concerns they may have;
- Reinforce any key information;
- Check a patient's understanding by asking them to explain in their own words what you have discussed with them;
- Agree and record the appropriate information in PCR.

5.3 Intervention completion

- Agree and record the NMIST is complete and the reason for completion.

6. Specific Intervention Questions

6.1 Initial intervention

A pharmacist should record answers to the following questions to assist them in explaining how to take the medicine:

- Does the patient know why they have been prescribed the medicine?
- Is there anything that the patient would like to know about the medicine and how it should work?
- Is there anything else that the patient would like to know about the medicine?

6.2 Follow-up intervention

A pharmacist should record answers to the following questions to assist them in establishing if the patient is still taking the medicine as intended:

- Has the patient started to take the medicine?
- Is the patient still taking the medicines according to the instructions?
- Has the patient missed any doses of the medicine?
- Is the patient having any problems with the medicine?
- Is there anything else that the patient would like to know about the medicine?
- Does the patient require a follow-up intervention or can the new medicine intervention be completed?

7. Administration

7.1 Patient identification can be undertaken by a pharmacist or any other appropriate member of pharmacy support staff. Stages one, two and three of NMIST must be undertaken by a pharmacist

7.2 The consent for any data sharing is provided via the CMS registration process.

7.3 Ideally all face-to-face interventions should take place in the consultation room / area.

7.4 PCR is used to record the outcomes of each intervention.

7.5 Actual or suspected adverse drug reactions should be reported to the Medicines and Healthcare products Regulatory Body (MHRA) through the Yellow Card reporting mechanism. There is a link on PCR to support this.

Pharmacy & Medicines Division
November 2012

Annex B

GUIDANCE ON THE PCR HIGH RISK MEDICINE TOOLS

1. Background

1.1 There is a growing body of evidence that unintended errors related to high risk medicines compromise patient safety.

1.2 The High Risk Medicine assessment tools are a patient safety initiative within the Chronic Medication Service (CMS) and outline a series of structured interventions based on the National Patient Safety Agency (NPSA) alerts and which link to the Scottish Patient Safety in Primary Care Programme.

2. Aim and Objectives

2.1 The aim of each High Risk Medicine assessment tool is to reduce harm from high risk medicines.

2.2 They are based on a series of structured interventions and support with a pharmacist working with a patient in order to reduce harm, improve patient safety and maximise the clinical outcomes associated with high risk medicines.

2.3 The core objectives of the High Risk Medicine tools are to:

- reduce the risk of harm;
- improve patient adherence with their therapy;
- improve patients' understanding of their therapy including awareness of interactions, precautions, side effects, toxicity and monitoring requirements;
- enhance self-care and well being;
- reduce wastage;
- underpin the pharmacist's role in improving the management of long term conditions;
- document pharmaceutical care practice; and
- facilitate effective therapeutic partnerships.

3. Overview

3.1 A high risk medicine is a medicine that is likely to cause harm to a patient, even when used as intended.

3.2 The High Risk Medicine assessment tools comprise a series of structured pharmaceutical interventions tailored to an individual patient which target concordance, interactions and precautions, adverse reactions and monitoring.

3.3 A pharmacist undertakes the intervention with a patient and provides any further support and advice required, including a referral back to the GP if necessary. All interventions are recorded in the Pharmacy Care Record (PCR).

3.4 A patient can have multiple assessments taken over time and a pharmacist should undertake an additional assessment when, in their professional opinion, a patient would benefit from reassessment or further support.

3.5 It is assumed that the patient is known to the pharmacist and that they are already registered for CMS. However, if they are not CMS registered the pharmacist should register the patient for CMS at the time of the initial intervention.

3.6 During the early stages of implementation a pharmacist should opportunistically identify patients who will benefit from the support tool, however, other healthcare professionals such as a patient's GP may also recommend it to the patient.

4. Outline description

Patient identification

4.1 A patient must be prescribed a high risk medicine (currently either methotrexate or lithium).

4.2 If a patient presenting with a prescription for a high risk medicine is not already CMS registered a pharmacist should register them for CMS and undertake the initial assessment, including prioritising them for a care plan. The High Risk Medicine tools should form part of the assessment process.

4.3 A patient may be opportunistically identified by their pharmacist or be referred by another healthcare professional such as their GP.

4.4 A patient representative can act on behalf of a patient.

4.5 A pharmacist uses open and closed questions to identify the necessary information.

4.6 A pharmacist records the responses to the questions and any associated care issues in PCR and ensures any associated actions are undertaken.

4.7 Where appropriate a pharmacist refers a patient to their GP.

Stage One: Concordance

4.8 The concordance questions ensure a patient is taking their medicine as prescribed, knows what to do about missed doses and where to access associate advice and support.

4.9 A pharmacist should check the patient's understanding of how and when to take their medicine, improve their understanding of the medicine, clarify any discrepancies and improve adherence.

Stage Two: Interactions and precautions

4.10 The interactions and precaution questions ensure a patient is aware of the risk of drug interactions, including prescribed and over-the-counter medicines.

4.11 A pharmacist should advise a patient that they should always check with their GP and pharmacist if they are prescribed or are purchasing any new medicines that they are safe to take with their medicine.

Stage Three: Adverse reactions

4.12 The adverse reactions questions ensure a patient is aware of any common side effects and signs of toxicity and that they know what to do if they ever suffer from a reaction to their medicine.

4.13 A pharmacist should discuss common side effects and signs of toxicity with a patient. If a patient is reporting experiencing any side effects or signs of toxicity a pharmacist should refer them to their GP.

Stage Four: Monitoring

4.14 The monitoring questions ensure a patient is aware of how frequently they should be monitored, that appropriate monitoring is in place and that a patient is aware of where / how to access their results, including, if appropriate, recording the results in their monitoring booklet.

4.15 A pharmacist should establish if a patient is receiving regular monitoring and where this is not the case refer them to their GP. A pharmacist should also encourage a patient to be regularly check, and if appropriate record, their results.

5. Outline description

5.1 A pharmacist should complete a high risk medicine assessment tool in addition to the initial assessment, including prioritising them for a care plan. They can choose to undertake additional assessments when, in their professional opinion, a patient would benefit from further re-assessment / support.

5.2 A pharmacist can answer each of the question sections in the assessment tool in sequence or complete them individually and review and update them from the review screen. A pharmacist does not need to complete all four sections at the same time. Again individual sections can be completed, saved and returned to at a later stage.

5.3 The review screen on PCR summarises all the responses to the questions. From this screen a pharmacist can pre-populate care issues and outcomes into a pharmaceutical care plan.

5.4 A pharmacist can also add associated care issues manually without using the pre-populated care issues and outcomes.

5.5 Once the assessment has been undertaken and no further changes are planned to the assessment questions the assessment can be completed. Once completed the assessment can only be viewed; not changed. A pharmacist must start a new assessment if they wish to re-assess a patient.

6. Administration

6.1 Patient identification can be undertaken by a pharmacist or any other appropriate member of pharmacy support staff. Stages one, two and three of NMIST must be undertaken by a pharmacist

6.2 The consent for any data sharing is provided via the CMS registration process.

6.3 PCR is used to record the outcomes of each intervention.

6.4 A pharmacist uses the PCR to record the medication details, the date and the responses to the initial intervention questions. Any associated care issues are pre-populated in a pharmaceutical care plan. There is also the option to manually record care issues identified during discussion with a patient.

6.5 Actual or suspected adverse drug reactions should be reported to the Medicines and Healthcare products Regulatory Body (MHRA) through the Yellow Card reporting mechanism. There is a link on PCR to support this.

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