

New Medicine Service guidance

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1. Introduction

The New Medicine Service (NMS) is the fourth advanced service for community pharmacy and is designed to provide early support to patients to maximise the benefits of the medication they have been prescribed.

In England, around 15 million people have a long-term condition (LTC). LTCs are those conditions that cannot, at present, be cured, but can be controlled by medication and other therapies, for example asthma. The prescribing of a medicine is one of the most common interventions in healthcare and in England 813.3 million NHS prescriptions were dispensed by community pharmacies in 2009-10.

The optimal use of appropriately prescribed medicines is vital to the self-management of most LTCs, but reviews conducted across different disease states and different countries are consistent in estimating that between 30 per cent and 50 per cent of prescribed medicines are not taken as recommended. This represents a failure to translate the technological benefits of new medicines into health gain for individuals.

It is therefore clear that non-adherence to appropriately prescribed medicines is a global health problem of major relevance to the NHS. It has been suggested that increasing the effectiveness of adherence interventions may have a far greater impact on the health of the population than any improvement in specific medical treatments¹.

Non-adherence is often a hidden problem, undisclosed by patients and unrecognised by prescribers. People make decisions about the medicines they are prescribed and whether they are going to take them very soon after being prescribed a new medicine.

Proof of concept research² has shown that pharmacists can successfully intervene when a medicine is newly prescribed, with repeated follow-up in the short term, to increase effective medicine taking for the treatment of a LTC.

The underlying purpose of the NMS is to promote the health and well-being of patients who are prescribed new medicines for LTCs in order to:

- help reduce the symptoms and long-term complications of the LTC
- identify problems with the management of the condition and the need for further information or support.

1 Haynes R, McDonald H, Garg A, Montague P. (2002). Interventions for helping patients to follow prescriptions for medications. *The Cochrane Database of Systematic Reviews*, 2, CD000011.

2 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.

Additionally the service will help patients:

- make informed choices about their care
- self-manage their LTC
- adhere to the agreed treatment programme
- make appropriate life-style changes.

The NMS is therefore designed to help patients get the most out of their medicines, to enable pharmacists to demonstrate what they can offer the NHS and to aid two-way communications between community pharmacies and GPs for the benefit of patients.

There are links between this advanced service and the essential services that all pharmacy contractors are required to provide. The requirements for essential services are set out in Part 2, Schedule 1 of the [NHS \(Pharmaceutical Services\) Regulations 2005](#), as amended (the 2005 Regulations). This includes the promotion of healthy lifestyles (paragraphs 15 to 17, Schedule 1 of the 2005 Regulations) and support for self-care (paragraphs 20 and 21, Schedule 1 of the 2005 Regulations).

2. The regulatory framework

This document looks at the requirements of the NMS.

[The Pharmaceutical Services \(Advanced and Enhanced Services\) \(England\) Directions 2011](#) (the 2011 Directions) set out the regulatory framework for the provision of this service. The 2011 Directions replace all earlier Directions setting out the requirements for pharmaceutical advanced and enhanced services. Primary care trusts (PCTs) and pharmacy contractors will wish to ensure they have access to the 2011 Directions and any subsequent amendments. These documents are available on the [Department of Health website](#).

Pharmaceutical advanced services are:

- Medicines Use Review (MUR) and prescription intervention services
- NMS
- stoma appliance customisation
- appliance use review services.

The 2011 Directions place an obligation on all PCTs to make arrangements for the provision of the NMS with any pharmacy contractor on its pharmaceutical list (Direction 6(1)). However, pharmacy contractors must first meet certain conditions and be willing to provide the service. Those contractors which secured inclusion in the pharmaceutical list through the control of entry exemptions (other than the 'distance selling' pharmacies) may be required to provide this service, by virtue of Regulation 13(3) or 14 of the 2005 Regulations (Direction 6(1)(b)). Such pharmacies are:

- out-of-town large retail area pharmacies
- 100-hour pharmacies
- pharmacies within a new one-stop primary care centre.

It should be noted that this PCT duty only exists for pharmacies that are included in a PCT pharmaceutical list. PCTs and pharmacy contractors are reminded that pharmacy contractors with whom a PCT holds either a local pharmaceutical services (LPS) or an essential small pharmacy local pharmaceutical services (ESPLPS) contract are not included in a pharmaceutical list. PCTs will therefore need to consider whether there is a need to commission this service from such contractors. PCTs are reminded they will need to follow the process set out in the LPS or ESPLPS contract with regards to variations and may wish to seek legal advice in the writing of a variation notice where the LPS contractor agrees to the contract variation.

LPS and ESPLPS contractors therefore have no automatic right or obligation to provide this service. If they wish to do so they are advised to contact their PCT.

The use of the word 'approved' in the 2011 Directions and this document means that there are certain additional particulars that community pharmacies must comply with and these particulars are issued by, or on behalf of, the Secretary of State for Health.

An additional term that is used in the 2011 Directions and this document is 'registered pharmacist'. It means a pharmacist that is included in Part 1 of the General Pharmaceutical Council (GPhC) [register](#).

3. Contractor requirements

Within Direction 6 of the 2011 Directions there are seven conditions that pharmacy contractors must meet before they are able to provide the NMS. It should be noted that the activities of pharmacy contractors may be carried out by their staff.

Conditions for the provision of the NMS

1. Notification of intention to provide the service
2. Compliance with essential services and clinical governance
3. Registered pharmacist providing the service to have a medicines use review certificate
4. Registered pharmacist providing the service to have completed the self-assessment of readiness for community pharmacists
5. Standard operating procedure for the service
6. Communications with GP practices
7. Acceptable location

3.1 Condition 1 – notification of intention

Before pharmacy contractors can begin delivering the NMS they must inform the PCT of their intention to do so (Direction 6(3)). This notification must be made using the [form](#) approved by the Secretary of State which can be found in Appendix 1 and also on the [NHS Employers](#) and [PSNC](#) websites.

The form requires the contractor to make declarations regarding the other six conditions set out in Direction 6 which are explained in more detail below.

3.2 Condition 2 – compliance with essential services and clinical governance

As with all advanced services, pharmacy contractors must be compliant with the essential services set out in Part 2, Schedule 1 of the 2005 Regulations and have an acceptable clinical governance system as set out in paragraph 26, Schedule 1 of the 2005 Regulations (Direction 6(4)).

PCTs and pharmacy contractors will note that the clinical governance system has been amended from 1 October 2011, but contractors that are included in a pharmaceutical list on or before 30 September 2011 have a transitional period for compliance with the new requirements, and will be deemed to be compliant until 31 March 2012 provided they meet the new requirements, or the requirements that were in force on 30 September 2011. Pharmacy contractors included in a PCTs pharmaceutical list on or after 1 October 2011 are required to comply with the new clinical governance requirements straight away, in order to be eligible to provide the NMS. Further information on the transitional arrangements can be found in guidance on the acceptable system of clinical governance produced by NHS Employers and PSNC.

3.3 Condition 3 – requirement for Medicines Use Review certificates

The NMS can only be provided by registered pharmacists who have an MUR certificate. The MUR certificate is defined within the 2011 Directions as:

“a statement of satisfactory performance certificate awarded or endorsed by a higher education institute being evidence that a person has satisfactorily completed an assessment relating to the competency framework for registered pharmacists providing MUR services approved by the Secretary of State”.

The approved competency framework can be found on the [PSNC](#) or [Department of Health](#) websites.

Where a community pharmacy is run by a partnership or a body corporate, then the contractor must ensure that any registered pharmacist they employ or engage to provide the service has an MUR certificate (Direction 6(5)(b)). Such contractors will wish to ensure they are able to check this information before employing or engaging a registered pharmacist who will be required to provide this service, and will wish to ensure they maintain records to demonstrate compliance with this requirement.

Where a community pharmacy is run by a sole trader, then that registered pharmacist must have an MUR certificate if they provide the service and where they employ or engage another registered pharmacist to provide the service then, as above, that individual must also have an MUR certificate (Direction 6(5)(a)). Again such contractors will wish to ensure they are able to check this information before employing or engaging a registered pharmacist who will be required to provide this service, and will wish to ensure they maintain records to demonstrate compliance with this requirement.

Where a pharmacy contractor provides services from more than one set of premises they will wish to consider where they will store copies of the MUR certificates. They could be stored at the premises where the registered pharmacist works, or it may be easier to keep them at head office, particularly where registered pharmacists work at more than one of their pharmacies. Such contractors will, however, need to ensure copies of the certificates are available if requested.

3.4 Condition 4 – completion of self-assessment of readiness for community pharmacists

As well as having an MUR certificate, registered pharmacists must also have the necessary skills and knowledge to provide the NMS and must declare they are competent to provide the service (Direction 6(6)). This declaration is made on a [form](#) approved by the Secretary of State and a copy can be found in Appendix 2 and on the [NHS Employers](#) and [PSNC](#) websites.

Similar requirements for this form exist as for the MUR certificate mentioned above. Where a community pharmacy is run by a partnership or a body corporate, then the contractor must ensure that any registered pharmacist they employ or engage who will be required to provide the service has completed the declaration (Direction 6(6)(b)).

Where a community pharmacy is run by a sole trader, then that registered pharmacist must have completed the declaration if they provide the service and where they employ or engage another registered pharmacist who will be required to provide the service then, as above, that individual must also complete the declaration (Direction 6(6)(a)).

Where a pharmacy contractor provides services from more than one set of premises they will wish to consider where they will store copies of the completed declarations. They could be stored at the premises where the registered pharmacist works, or it may

be easier to keep them at head office, particularly where registered pharmacists work at more than one of their pharmacies. Such contractors will, however, need to ensure the forms are available if requested. The individual pharmacist may also want to retain a copy for their Continuing Professional Development (CPD) record.

The declaration reflects the approach taken to CPD by the GPhC where registered pharmacists are expected to define their scope of practice and demonstrate that their CPD reflects this. Any change to, or extension of, a registered pharmacist's scope of practice should be supported by appropriate CPD. This clearly puts the responsibility on individual registered pharmacists to define and work within their areas of competence.

The Centre for Pharmacy Postgraduate Education (CPPE) has produced a range of learning materials for pharmacists to support the introduction of the NMS. The materials can be used by registered pharmacists as they work through the declaration to help ensure they have the necessary skills and knowledge to deliver the service. The learning programme, which has been developed collaboratively with pharmacy organisations, consists of an open learning programme which is available to all community pharmacists, a local solutions workshop and an e-learning video wall. The learning materials can be found on the [CPPE](#) website.

3.5 Condition 5 – standard operating procedure

Each pharmacy contractor intending to provide the NMS must have a standard operating procedure (SOP) in place at the premises at or from which the NMS is to be delivered (Direction 6(7)). It must explain:

- the service,
- patient eligibility criteria for the service, and
- the roles that pharmacy staff may be required to perform as part of it. (Direction 6(7)(b)).

The SOP, and any changes to it, must be notified to staff employed or engaged by the contractor in accordance with Regulation 4(1)(i) of the Medicines (Pharmacies) (Responsible Pharmacist) Regulations 2008 (pharmacy procedures) (Direction 6(7)(a) and Direction 7(1)(d)(i)).

Additionally, staff who have a role in the provision of the service are required to have received training that is appropriate to that role (Direction 6(7)(c)).

Contractors will wish to ensure they maintain records that demonstrate their compliance with these requirements. For example, a signature sheet that staff sign to indicate they have read and understood the document, and records of training that staff have undertaken to prepare for the provision of the service.

Where a person employed or engaged by a pharmacy contractor provides services from more than one set of premises the contractor will wish to consider where they will store the evidence of the training that person has received. It could be stored at the premises where the person works, or it may be easier to keep them at head office. Such contractors will, however, need to ensure the evidence is available if requested.

A number of pharmacy organisations have developed or are developing template SOPs for the service. Links to these documents are available on the [PSNC](#) website.

It should be noted that, as with other SOPs that are in place, the document is not required to be signed off by the PCT. [Guidance](#) has been issued by PCC regarding this matter.

The SOP must be maintained and kept under review (Direction 7(1)(d)).

3.6 Condition 6 – communications with GP practices

Pharmacy contractors are required to notify GP practices within their locality of their intention to provide the service (Direction 6(8)). The intention is to encourage effective partnership working between GP practices and pharmacy contractors to ensure the service delivers better outcomes for patients. In their [open learning programme](#) for the service, CPPE list the key messages that should be communicated as:

- the extent of non-adherence by patients and the consequences
- what the service is and how it will work
- why the service is being introduced
- how pharmacies will feedback information to the GP and other prescribers
- how the service helps to reinforce the messages prescribers already give to the patient
- the benefits the service will bring to patients and the NHS.

At initial awareness-raising meetings, pharmacy contractors may also like to discuss with their local GP practices the value of ongoing, regular meetings to discuss patients who have participated in the service.

In order to ensure that GP practices with many local pharmacy contractors are not overwhelmed by requests for meetings, Local Pharmaceutical Committees (LPCs) and Local Medical Committees (LMCs) may want to undertake a role in facilitating discussions and ensuring that GP practices are aware of the service and its aims. LPCs will be able to help co-ordinate which GP practices have received information about the service, and by whom.

Contractors will need to be able to demonstrate that they, or their representatives, have been in touch with the local GP practices. This could include copies of letters and information exchanged with practices. Alternatively, where local meetings are held for GP practices and pharmacy contractors, copies of agendas, presentations and information circulated, along with copies of sign-in sheets could be kept on file.

NHS Employers, the PSNC and the British Medical Association's General Practitioners Committee (GPC) have produced a guide for GP practices on the changes to the community pharmacy contractual framework (including the introduction of the NMS). They have also published a joint letter to LPCs and LMCs to encourage them to facilitate local discussions between GPs and pharmacists. The guide and joint letter can be found on the [NHS Employers](#) and [PSNC](#) websites.

There is no obligation on GP practices to meet with pharmacy contractors and consequently, there is no requirement to gain the support of GPs before the service is provided. But, it is hoped that through the involvement of the LPC and LMC, GPs will respond positively. If a GP practice declines invitations to discuss the NMS, a record of that should be kept.

CPPE has developed a 'Communicating locally' workshop aimed at getting GPs and pharmacists working closer together. Further details are available on the [CPPE](#) website.

In many areas following discussions between the LPC, the PCT and the LMC, information on the service has been distributed to GP practices via LMC newsletters or e-mail bulletins. The LPCs have informed their contractors of this local activity which has been undertaken on their behalf and so they are aware of the information that has been sent to GPs when they meet with their local GPs.

3.7 Condition 7 – acceptable location

The second and third stages of the service (intervention and follow-up – see part 7) can only be provided from an ‘acceptable location’ (Direction 7(1)(b)). There are three standards for the acceptable location. It is required to be:

- clearly designated as an area for confidential consultations
- distinct from the general public areas of the pharmacy
- an area where both the person receiving the service and the registered pharmacist providing it are able to sit down together and talk at normal speaking volumes without being overheard by any other person, including staff working in the pharmacy.

There are only two exceptions to this requirement. The first is when the service is provided at times the pharmacy is closed to members of the public. In this case however the third bullet point still applies (Direction 6(9)).

The second is where the service is provided by telephone to a particular patient on a particular occasion (Direction 6(10)(a)). However this may only be undertaken:

- where the registered pharmacist is at the community pharmacy
- with the agreement of the patient (that patient has expressed a preference for that contact to be by telephone on that occasion) (Direction 6(10)(b)), and
- if the pharmacy contractor has ensured that the telephone conversation cannot be overheard except by someone whom the patient wants to hear the conversation, for example a carer (Direction 6(10)(c)).

When undertaking the intervention or follow-up by telephone, pharmacy contractors will wish to consider the needs of patients with hearing difficulties.

There has been some confusion as to whether distance-selling pharmacies are able to provide advanced services at their premises. Regulation 13(4) of the 2005 Regulations states that such contractors may not provide or offer to provide pharmaceutical services from their premises. The definition of the term pharmaceutical services in this regulation only includes the provision of essential services.

Distance-selling pharmacies may therefore provide advanced services from their premises but must ensure that when doing so they do not provide any element of essential services. However, this advanced service begins with the patient presenting a prescription for a new medicine for a LTC. If that took place at the pharmacy, that would constitute an essential service and therefore a breach of Regulation 13(4). It is therefore anticipated that distance-selling pharmacies will conduct the NMS by telephone although second and third stage services could be provided at their premises as long as no element of essential services is provided to the patient whilst they are at the premises.

4. Arrangements between the PCT and the pharmacy contractor

Once a contractor has notified its PCT that it wishes to provide the service (condition 1 – see section 3.1) and is able to demonstrate that it meets the six other conditions, then the PCT is required to enter into arrangements with that pharmacy. Direction 7 sets out the requirements for the PCT to ensure that those arrangements meet the conditions specified in the Directions, and that the ongoing conditions continue to be met.

Once contractors have submitted the form to the PCT they can begin delivering the service. There is no requirement for the PCT to acknowledge receipt, or carry out any verification before the pharmacy begins to provide the service.

5. NMS medicines

For the purposes of the 2011 Directions, an NMS medicine is defined as a drug included in specific subsections of the British National Formulary. The relevant subsections can be found in Appendix 3 and on the [NHS Employers](#) and [PSNC](#) websites.

Four conditions/therapy areas have been selected for inclusion in the initial rollout of the NMS. These are:

- asthma and chronic obstructive pulmonary disease (COPD)
- type 2 diabetes
- antiplatelet/anticoagulant therapy
- hypertension.

The rationale for selection of these conditions/therapy areas was twofold: firstly, the evidence from the original proof of concept research, and secondly on the basis that these are areas where community pharmacies are best able to demonstrate the value of the service.

If a patient is newly prescribed an NMS medicine then they will be eligible to receive the service. Pharmacy contractors will want to ensure staff are able to identify patients who are eligible for the service and include this in their SOP.

The list was developed by a reference group which included NHS Employers, PSNC, the Department of Health, the GPC of the British Medical Association, the National Institute for Health and Clinical Excellence (NICE), the National Prescribing Centre (NPC), the Royal Pharmaceutical Society (RPS) and UK Medicines Information (UKMi) and has been tested with other stakeholders. The group was chaired by Jonathan Mason, national clinical director for primary care and community pharmacy at the Department of Health.

The following principles were used to develop the medicine list for each condition/therapy area:

- The medicines selected must be those where it is practical and relevant for the registered pharmacist to select the patient and provide the NMS.
- The medicines selected must be relatively straightforward for the registered pharmacist to identify (using the patient medication record (PMR) for example) and ascertain the condition for which they are being prescribed.
- The medicines selected must be those where registered pharmacists have the skills, knowledge and information that can be applied to support the patient and improve their outcomes.
- The medicines selected must be those where the registered pharmacist will be likely to reduce harm by intervening with the NMS.
- The medicines selected must be those where the intervention of the registered pharmacist with the NMS is highly likely to have a demonstrable improvement in outcome for the patient.

6. Eligibility criteria for patients

Direction 7(1)(e) sets out the eligibility criteria for patients (NB. The letter 'P' is used throughout the 2011 Directions and refers to the pharmacy contractor/community pharmacy.)

"P only offers to provide first stage services as part of their New Medicine Service guidance (and so only offers to provide any part of the service) to persons who have, for the first time, been prescribed a particular NMS medicine (Schedule 2 lists these drugs), and:

- (i) the prescription is on a prescription form that is for dispensing as part of pharmaceutical services or local pharmaceutical services and is presented at the pharmacy premises at or from which the service is to be provided, or*
- (ii) this occurred while the patient was at a hospital (whether as an inpatient or an outpatient), but;*
 - (aa) as part of a course of treatment that is continued once the patient is no longer at the hospital, and*
 - (bb) the patient was referred to P by a health care professional at the hospital who is (partly) responsible for that course of treatment;"*

Patients can therefore be recruited to the NMS in two ways. Firstly they can be recruited into the service opportunistically by the pharmacy contractor when they first present an NHS prescription for a medicine that is eligible for the service. The pharmacy contractor should check with the patient that it is the first time they have collected the new medicine and whether they have received the NMS previously from a different pharmacy.

The second way they can enter the service is where they are prescribed an eligible medicine whilst at hospital (whether as an inpatient or as an outpatient). In this situation the patient must continue to take the medicine as part of a course of treatment when they are no longer at the hospital, and they must be referred to the service by a health care professional at the hospital who is wholly or partly responsible for a course of treatment.

In many cases hospital pharmacists will be key to referring patients to their usual community pharmacy contractor for the NMS. Where IT systems and resources permit it may be possible for community pharmacy contractors to receive copies of relevant discharge summaries. In most cases however this will not be possible, so it is recommended that community and hospital pharmacists meet to:

- raise awareness of the new service
- discuss how eligible patients are made aware of the service
- discuss what support can be provided for community pharmacy contractors to identify the reason for initiation of the treatment where this is unclear.

These meetings could be facilitated by LPCs, the Royal Pharmaceutical Society's Local Practice Forums or PCTs.

NHS Employers and PSNC have convened a hospital and community pharmacy reference group, chaired by Martin Stephens, national clinical director for hospital pharmacy at the Department of Health. To aid engagement between hospital and community pharmacists the reference group will produce:

- a standardised national referral form. The form is for hospital pharmacy colleagues to complete when a patient is discharged and they can either give this to the patient to present at their usual community pharmacy contractor, or send the form to the community pharmacy contractor on the patient's behalf. The form can be amended to suit local needs
- a leaflet for patients when leaving hospital outlining the services that community pharmacy has to offer. The leaflet can be amended to suit local needs.

Where PCT's instigate prescription switching they will wish to ensure they advise their pharmacy contractors in order that they can identify patients who would then become eligible for the service.

Examples of patient recruitment

- A patient is newly diagnosed with asthma by a GP and is prescribed an inhaler. The patient takes their prescription to their normal pharmacy where they are identified as an eligible patient and are offered the service.
- A patient is newly diagnosed with type 2 diabetes and is prescribed insulin. The GP informs the patient that they are eligible to receive the service from a pharmacy and recommends that they ask about the service when they first collect their prescription.
- A patient is newly diagnosed with hypertension and is prescribed bendroflumethiazide. The patient posts this prescription to a distance selling pharmacy. The pharmacy contractor dispenses the medicine, and telephones the patient to provide advice on the use of the medicine, and informs the patient about the service. The patient consents orally to receiving the service, and for sharing of information and an appointment is made for the intervention stage by telephone. The medicine is posted to the patient with a leaflet explaining the service, and including a consent form with a request that this is completed and returned to the pharmacy.
- A patient is prescribed warfarin by their hospital consultant. They collect their first prescription at the hospital pharmacy and the hospital pharmacist refers them to their community pharmacy for the NMS.
- A carer visits the pharmacy to drop off a prescription for a diuretic for a patient who regularly uses the pharmacy. The member of staff who receives the prescription notices the prescription is for a NMS medicine and mentions this to the pharmacist who, on checking the PMR, confirms that the patient may be eligible for the NMS. When the prescription is collected the carer is asked whether they know if the patient has received the NMS from another pharmacy. The carer is unsure so the pharmacist provides them with the service information leaflet to share with the patient.

The following are examples of where patient recruitment is not available:

- A district nurse visits a patient who has been recently discharged from hospital to change a dressing. The patient tells the nurse they were diagnosed with high blood pressure during their stay and were given a new tablet to take. The district nurse is aware of the NMS but is unable to refer the patient into the service as this can only be done by a health care professional at the hospital.
- A patient is prescribed warfarin by their hospital consultant. They collect their first prescription at the hospital pharmacy and just before the first month's supply runs out, the patient requests a repeat prescription from their GP. This is presented to the patient's usual pharmacy. Although this is the first occasion the prescription is presented at a community pharmacy, the patient is not entitled to the NMS because the initiation of treatment was made in a hospital, and there was no referral to the community pharmacy by a health care professional from the hospital.

As can be seen from the examples above, communication between the pharmacy contractor and other healthcare professionals will play an important part in the identification of eligible patients.

7. Service specification

NHS Employers and PSNC have agreed the national service specification for the NMS and it can be found in Appendix 4. This specification is the final version and supersedes previously published versions.

The service is split into three stages:

- patient engagement
- intervention
- follow-up.

Within the 2011 Directions these are described as first, second and third stage services respectively.

There are additional requirements to be met in order for the second and third stages of the service to be provided over the telephone. More information on this can be found in section 3.7.

7.1 First stage service – patient engagement

When a patient presents a prescription initial advice is given to them about the medicine and its use in accordance with the terms of service set out in Part 2, Schedule 1 of the 2005 Regulations. At this stage the pharmacist may also offer the patient opportunistic advice on healthy living/public health topics in line with the promotion of healthy lifestyles essential service. It should be noted that distance-selling premises are not able to provide essential services to patients who are present at their premises, so this stage would need to occur over the telephone.

Once the pharmacy contractor has determined that a patient is eligible they then offer the patient the opportunity to participate in the service. Direction 7(1)(f) sets out the requirements for this stage:

“the first stage services that P provides as part of the New Medicine Service guidance (either with the patient at P’s pharmacy or, provided that the registered pharmacist is at P’s pharmacy and to the extent possible, by telephone) must comprise:

- (i) *agreeing with the patient who is being offered the service (whether as a consequence of prescriber referral or of P’s own motion):*
 - (aa) *when P dispenses the newly prescribed NMS medicine to the patient, or*
 - (bb) *in a case to which sub-paragraph (e)(ii) applies, when the patient contacts P about the service as a consequence of the referral mentioned in sub-paragraph (e)(ii)(bb),*

a time and location for the second stage intervention services (which may be a split location),

- (ii) *providing the patient with sufficient information about the New Medicine Service guidance (for example, in a leaflet) to enable them to give their informed consent to receiving the service,*
- (iii) *obtaining from the patient a signed consent form to receiving services as part of P's New Medicine Service, which:*
 - (aa) *includes the approved wording as regards consent ("approved" for these purposes means approved by the Secretary of State), and*
 - (bb) *amongst other matters, indicates the patient's consent to particular information, specified in the form, relating to services provided to the patient as part of the New Medicine Service guidance being handled in the manner specified in the form (for example, for the purposes of post payment verification), and*
- (iv) *as appropriate, providing the patient with information relevant to the objectives listed in direction 6(2) (where this is not already required under Part 2 of Schedule 1 to the Pharmaceutical Services Regulations)."*

In order to access the NMS, patients are required to consent to receive the service, and to allow the pharmacy contractor to share information from the NMS with:

- the patient's GP, as necessary
- the PCT or its successor organisation as part of clinical audit
- the PCT, the NHS Business Services Authority (NHSBSA) and the Secretary of State for Health to verify that the service has been delivered by the pharmacy as part of post-payment verification.

Patients are required to sign a consent form at the patient engagement stage of the service. If patients do not agree to share their information then they will not be able to access the service. Similarly, if the patient withdraws that consent at any time prior to completion of the third stage, then the pharmacy contractor must stop providing the service (Direction 7(1)(g)). As distance-selling premises are not able to provide essential services to patients at their premises, they will need to set out in their SOP for the service how a patient's signed consent will be gained at this stage.

7.1.1 Patient information

In order for patients to make an informed decision as to whether they wish to provide their consent or not, the pharmacy contractor is required to provide the patient with sufficient information which may be in the form of a leaflet. Although not specifically required by the 2011 Directions, it is strongly recommended that pharmacy contractors do provide this information in writing.

NHS Employers and PSNC have produced the text of a national NMS patient information leaflet. The text is available in Appendix 5 and on the [NHS Employers](#) and [PSNC](#) websites. Contractors may use the nationally agreed text in any patient information leaflets they produce for the service but are also free to use their own wording. Contractors are encouraged to at least use the section of the national NMS patient information leaflet which refers to patient consent in order to ensure national consistency. If designing their own leaflet, contractors should ensure they include information relevant to the underlying purpose of the service (see Direction 6(2) and the introduction to this document).and that it meets the requirements of paragraph 26(2)(a)(ia), Schedule 1 of the 2005 Regulations (publicising of directed services) where relevant.

7.1.2 Patient consent

The Secretary of State has approved the [wording](#) that is to be used on NMS patient consent forms and it can be found in Appendix 6 and on the [NHS Employers](#) and [PSNC](#) websites.

Pharmacy contractors should note that they are not allowed to adapt or change the wording in any way, although they may add their own logo to a consent form if they wish.

Pharmacy contractors will wish to securely store copies of all patient consent forms. This is because they will need to be sure that they have evidence of patients' consent if they decide to disclose details arising from the NMS consultation to the patient's GP, or are asked to disclose details of the NMS consultation to the PCT, successor organisation, the Secretary of State for Health or NHSBSA as part of contractual monitoring and/or post-payment verification arrangements. The forms may be stored in hard format or they may be scanned in and stored electronically. However they are stored, pharmacy contractors must ensure they meet the requirements of the information governance programme (paragraph 26(2)(f), Schedule 1 of the 2005 Regulations). It is recommended that any hard copies of forms are stored at the community pharmacy where the patient receives the service.

Patient consent must be given each time they are recruited to the NMS. Where a patient has received the service and is then prescribed another new NMS medicine their consent to receive the service and for certain information to be shared must be sought again at the first stage (patient recruitment).

The Directions do not specify how long patient consent forms are stored but it is recommended that they are kept for two years.

Once the patient has consented to receive the service, and for relevant information to be shared, the pharmacy contractor must agree with the patient the time and location for the second stage intervention service. Ideally this will take place between seven and 14 days after the first stage of the service (patient engagement). This may be at a split location, for example the registered pharmacist is at the community pharmacy and the patient is at another location and the service is provided over the telephone. Whilst the patient may be at another location for the second and third stages, the registered pharmacist providing the service must always be at the community pharmacy from which the patient gave their consent to receive the service.

7.2 Second stage service – intervention

Direction 7(1)(h) sets out the requirements for this stage:

“the second stage services that P provides as part of their New Medicine Service guidance must comprise:

- (i) a discussion with the patient about whether or not they wish to withdraw the consent attested to in the form mentioned in sub-paragraph (f),*
- (ii) assessment by the registered pharmacist performing the second stage services of the adherence by the patient to their treatment programme for the relevant NMS medicine,*
- (iii) identification of any problems either with the treatment (including any adverse drug reactions) or otherwise in relation to the patient's self-management of their long term condition, and identification of any need of the patient for further information and support in relation to the treatment or the long-term condition,*

- (iv) agreement (where possible) between the registered pharmacist and the patient of the next steps, that is:
 - (aa) if the patient is adhering to the treatment programme for the relevant NMS medicine and no problems are identified under paragraph (iii), agreeing with the patient a time and location for third stage services (which may be a split location),
 - (bb) if any problems are identified under paragraph (iii) and it is the clinical judgement of the registered pharmacist that intervention by the patient's general practitioner is warranted, explaining that to the patient, completing the NMS feedback form (which is in a format approved by the Secretary of State) and referring the matter to the patient's general practitioner (which amounts to a full service intervention in respect of that patient, unless the second stage services are being provided in respect of more than one medicine and the referral to the general practitioner does not relate to the use of every medicine in respect of which the service is being provided),
 - (cc) if any problems are identified under paragraph (iii) but it is the clinical judgement of the registered pharmacist that intervention by the patient's general practitioner is not warranted (or not warranted in relation to every medicine in respect of which the second stage services are being provided), agreeing with the patient a time and location for third stage services (which may be a split location in the event of an initial intervention by telephone) and any appropriate remedial steps to be taken prior to that intervention, and
- (v) as appropriate, providing the patient with other information relevant to the objectives listed in direction 6(2) (where this is not already required under Part 2 of Schedule 1 to the Pharmaceutical Services Regulations)."

In order to help shape the discussion that registered pharmacists will have with patients at the intervention stage of the service, an NMS interview schedule has been developed. The interview schedule (which has a separate set of questions for the intervention and follow-up stages of the service) is available at Appendix 7 and on the [NHS Employers](#) and [PSNC](#) websites.

Although the questions for use during the intervention are in a structured format, the style of delivery will be key in making sure the patient feels relaxed and that they will not be judged by their responses.

Registered pharmacists should use the questions in the interview schedule to shape their conversation with the patient. The Directions do not include a requirement to compel the use of the interview schedule in a rigid manner as this may prevent the patient from obtaining the maximum benefit from the discussion. Registered pharmacists should however be aware that the questions have been carefully structured, with academic input from the fields of pharmacy and psychology, in order to enable them to obtain the maximum amount of information from the patient's perspective as is possible.

The CPPE has produced a range of learning materials for registered pharmacists to support the introduction of the service which can be found on the [CPPE](#) website. The materials include information on using the NMS interview schedule which registered pharmacists may find useful.

When starting this stage, the registered pharmacist must first have a discussion with the patient as to whether or not they wish to withdraw their consent. If the outcome of that discussion is that the patient does wish to withdraw their consent, this must be recorded because the registered pharmacist may no longer provide the service to them (Direction 7(1)(h)).

The registered pharmacist may also offer the patient opportunistic advice on healthy living/public health topics in line with the promotion of healthy lifestyles essential service where appropriate.

At the end of this stage the registered pharmacist will seek to agree the next steps with the patient:

- If the patient is adhering to the treatment programme and no problems have been identified, agree the time and location for the third stage service/follow-up. Ideally this will take place between 14 and 21 days after the second stage of the service (intervention). As with earlier stages, the third stage could be undertaken over the phone if the patient prefers. It may be that the patient feels that the follow-up will not be needed. The registered pharmacist could suggest that the initiation of new medicines for long term conditions could lead to issues arising, even if the patient has not identified problems by the intervention stage, and that a confirmatory telephone call will be all that is needed to ensure all is well for the follow-up stage. Under this scenario, if the follow-up stage is not carried out then it will not count as a 'full service intervention' (see section 7.8).
- If problems are identified and it is the clinical judgement of the registered pharmacist that intervention by the patient's GP is required for one or more of the NMS medicines, explain this to the patient, complete the NMS feedback form (see below), and refer the matter to the patient's GP practice. The service continues for any remaining NMS medicines – see the bullet point below.
- If problems are identified and it is the clinical judgement of the registered pharmacist that intervention by the patient's GP is not required, or isn't required for all the NMS medicines, agree the time and location for the third stage service/follow-up and any appropriate remedial steps to be taken by the patient in the meantime. The third stage/follow-up will ideally take place between 14 and 21 days after the second stage of the service (intervention). As with earlier stages, the third stage could be undertaken over the phone if the patient prefers.

An [NMS feedback form](#) has been produced, the format of which has been approved by the Secretary of State, in order to provide a template for concise feedback to GPs. Pharmacy contractors are required to use this form in their written communication with GPs and must not adapt the feedback form in any way or add company logos. The feedback form is available in Appendix 8 and on the [NHS Employers](#) and [PSNC](#) websites.

Using the approved feedback form does not preclude the registered pharmacist from contacting the patient's GP via telephone or face-to-face if an urgent issue is identified with the patient during the NMS. This can then be followed up in writing using the feedback form.

The approved feedback form can be sent to the GP practice either electronically or as a hard copy and it is suggested that pharmacy contractors may wish to seek their local GP practice's preference. A copy of the approved feedback form can be given to the patient upon request. It is not compulsory to give the patient a copy of the form but it is good practice to do so as patients have the right to apply for access to health information held about them.

Pharmacists should take care to feedback to GPs only where it is necessary to do so, since unnecessary feedback can undermine the efficiency of the service.

7.3 Third stage service – follow-up

Direction 7(1)(j) sets out the requirements for this stage:

“the third stage services that P provides as part of their New Medicine Service guidance must comprise:

- (i) assessment by the registered pharmacist performing the third stage services of the adherence by the patient to their treatment programme for the relevant NMS medicine,*
- (ii) identification of any new or continuing problems either with the treatment (including any adverse drug reactions) or otherwise in relation to the patient’s self-management of their long term condition, and identification of any need of the patient for further information and support in relation to the treatment or the long term condition,*
- (iii) if any problems are identified under paragraph (ii) and it is the clinical judgement of the registered pharmacist that intervention by the patient’s general practitioner is warranted, explaining that to the patient, completing the NMS feedback form (which is in a format approved by the Secretary of State) and referring the matter to the patient’s general practitioner, and*
- (iv) as appropriate, providing the patient with other information relevant to the objectives listed in direction 6(2) (where this is not already required under Part 2 of Schedule 1 to the Pharmaceutical Services Regulations), unless a full service intervention has been concluded prior to P being able to make the assessment referred to in paragraph (i);”*

As with second stage services, in order to help shape the discussion that registered pharmacists will have with patients at the follow-up stage of the service, the NMS interview schedule has been developed. Advice on the use of the interview schedule can be found in section 7.2 above.

At this third and final stage the registered pharmacist is required to:

- assess the patient’s adherence to their treatment programme
- identify any new or continuing problems either with the treatment (including adverse drug reactions) or with the patient’s self-management of their LTC, and to also identify any need for further information and support in relation to the treatment of the LTC
- if any problems are identified and it is the registered pharmacist’s clinical judgement that intervention by the patient’s GP is warranted, explain that to the patient, complete the NMS feedback form (see section 7.2), and refer the matter to the patient’s GP practice.

The only instances where a registered pharmacist isn’t required to provide the third/follow-up stage is where the patient has been referred to the GP at the second/intervention stage or when the patient fails to undertake the second/intervention stage due to their omission, for example they fail to keep the appointment or fail to answer the phone where this stage is to be undertaken via the telephone. See section 7.8 below for further information on this.

As at the earlier stages the pharmacist may also offer the patient opportunistic advice on healthy living/public health topics in line with the promotion of healthy lifestyles essential service, where appropriate.

7.4 Service provision for eligible patients on asthma and COPD medicines

Although the 2011 Directions allow the NMS, if a patient prefers, to be carried out over the telephone, it is considered good practice that respiratory NMS wherever possible, should be carried out face-to-face with the patient. This will enable registered pharmacists to check the inhaler technique of patients.

7.5 Discontinuation of service provision

The 2011 Directions make two provisions for the termination of the service. The first relates to situations when a registered pharmacist must stop providing the service to a particular patient (Direction 7(1)(i)):

“P must discontinue providing services to a patient as part of the New Medicine Service guidance if, as a consequence of an act or omission of the patient, the patient does not receive the second stage services at the agreed time and P is unable, having made reasonable efforts to do so, to rearrange and provide those second stage services on another occasion;”

The following situations qualify for this requirement:

- the patient fails to keep their agreed appointment
- the patient fails to answer the phone at the agreed time.

Where this happens, the pharmacy contractor is required to make reasonable efforts to contact the patient to rearrange the appointment/telephone call for another agreed day and time. There is no definition within the 2011 Directions of what may be deemed to be ‘reasonable efforts’ however it is expected that the pharmacy contractor will try to contact the patient at least once to re-arrange the day and time for the appointment or telephone call. It is advised that pharmacy contractors document the steps they have taken to try and contact the patient.

The second is where the PCT must terminate the provision of the service by the pharmacy contractor (Direction 7(1)(k)):

“the Primary Care Trust must terminate the arrangements if it is on notice that P is not, or no longer, satisfactorily complying with P’s obligations under Schedule 1 to the Pharmaceutical Services Regulations in respect of the provision of essential services and an acceptable system of clinical governance;”

Where a pharmacy contractor is on notice that they are not compliant with these requirements, or are no longer compliant with them, then the PCT must terminate the arrangements for the provision of the NMS (Direction 7(1)(k)).

PCTs do not currently have the ability to issue breach or remedial notices. Neither can they simply terminate the arrangements for the provision of the service where the pharmacy contractor is no longer compliant with their terms of service. Due process must be followed.

PCC has issued [guidance](#) for PCTs on the action they can take where they have evidence that a pharmacy contractor may not be compliant with its terms of service. Although not specifically written for the NMS it is still relevant. Please note that this document is only available to PCC subscribers. Non-subscribers will find the Department of Health’s [guidance](#) on non-compliance useful.

From 1 October 2011 changes have been made to the clinical governance system and transitional arrangements have been agreed for those pharmacy contractors on a PCT’s pharmaceutical list on 30 September 2011. Such contractors will have six months to become compliant with the new and amended requirements for the system.

7.6 Record keeping arrangements

Pharmacy contractors are required to maintain written records for each patient that receives the NMS. These records may be held electronically if the pharmacy contractor so wishes. The records are to be prepared by the registered pharmacist who carried out each consultation (Direction 7(1)(l)).

The Secretary of State has approved the [data](#) that the records must contain and this can be found in Appendix 9 and on the [NHS Employers](#) and [PSNC](#) websites. Pharmacy contractors are free to record additional data where they so wish, but as a minimum must ensure the Secretary of State approved data are recorded for each consultation carried out under the NMS.

Copies of the NMS records must be kept for at least two years from the date on which the service is completed or discontinued (Direction 7(1)(n)). Pharmacy contractors will wish to ensure the keeping of these records complies with the information governance programme required by paragraph 26(2)(f), Schedule 1 of the 2005 Regulations.

7.7 Reporting arrangements

Each pharmacy contractor participating in the NMS must, where requested to do so, provide 'approved information' to the PCT or the Secretary of State for Health (who has delegated this function to the NHS Business Services Authority) for defined purposes (Direction 7(1)(m)). The approved information that is to be provided will be available from the patient records maintained by virtue of Direction 7(1)(l). A list of the approved information can be found in Appendix 10.

The Secretary of State has approved the [reporting template](#) that is to be used to report this information. Pharmacy contractors will be required to collate the necessary data from their records for the NMS conducted in the quarter (i.e. ending on the last day of June, September, December and March) and ensure that it is available to be requested after the end of ten working days from the last day of that quarter. Completed templates must be provided to the PCT or its successor organisation on request. This may be an ongoing request.

The reporting template is to be provided to the PCT and the approved method for submitting the form is electronic. As can be seen from the template, all approved information is anonymised and pharmacy contractors may wish to reassure patients of this fact.

The reporting template will allow PCTs to monitor the take-up of the NMS in their area and compare activity between contractors in a consistent way. PCTs may wish to use data for various purposes, including to assess contractor quality and to inform commissioning decisions.

PCTs are advised to tell their pharmacy contractors whether they will be requesting this information or not. They should also confirm who the information is to be sent to and should ensure the contact details of that person/post are kept up to date. PCC has produced a template letter that PCTs may wish to use for this purpose.

7.8 Completion of provision of the service

As noted earlier in the document, pharmacy contractors may not always be able to complete a full service intervention for every patient. 'Full service intervention' is the term used within the 2011 Directions to indicate when service provision to a particular patient is complete and will therefore contribute towards the monthly target payments (Direction 7(2)). Table 1 overleaf shows when a full service intervention has been provided or not.

Table 1 – Clarification of full service intervention			
Stage of provision	Patient action	Pharmacy action	Full service intervention?
First stage/ engagement	Patient refuses the offer of service, or refuses to give their consent for the information to be shared	Pharmacy makes a record that refusal occurred (the number of refusals are part of the NMS dataset)	No
First stage/ engagement	Patient gives their consent to receive the service and for information to be shared	Pharmacist and patient agree a time and location for the second stage service	No
Second stage/ intervention	Patient does not attend appointment	Pharmacist tries to contact patient at least once and records this in the patient's record	No
Second stage/ intervention	Patient cannot be reached on the telephone at the agreed time	Pharmacist tries to contact patient at least once and records this in the patient's record	No
Second stage/ intervention	Patient withdraws their consent either to receive the service or for information to be shared	Pharmacist records this in the patient's record	No
Second stage/ intervention	Patient attends appointment and is taking one new medicine	Patient has a problem with their new medicine which requires referral to the GP practice	Yes, once the referral is made
Second stage/ intervention	Patient attends appointment and is taking multiple new medicines	Patient has a problem with one or more medicines which requires referral to the GP practice, but one or more other medicines do not necessitate a referral. Pharmacist and patient agree a time and location for the third stage service	No
Second stage/ intervention	Patient attends appointment and is taking multiple new medicines	Patient has a problem with all medicines which requires referral to the GP practice	Yes, once the referral is made
Second stage/ intervention	Patient attends appointment and is taking one medicine with which they are having a problem or problems	Referral to GP is not warranted in the pharmacist's clinical judgement. Pharmacist and patient agree an action plan to address the problem or problems and a time and location for the third stage service	No

Table 1 – Clarification of full service intervention			
Stage of provision	Patient action	Pharmacy action	Full service intervention?
Second stage/ intervention	Patient attends appointment. Patient is adherent with new medicine/medicines and no problems are identified	Pharmacist and patient agree a time and location for the third stage service	No
Third stage/ follow-up	Patient does not attend appointment	Pharmacist tries to contact patient at least once and records this in the patient's record	Yes, once the pharmacist tries and fails to make contact
Third stage/ follow-up	Patient cannot be reached on the telephone at the agreed time	Pharmacist tries to contact patient at least once and records this in the patient's record	Yes, once the pharmacist tries and fails to make contact
Third stage/ follow-up	Patient attends appointment/telephone consultation	Patient is adhering to the treatment programme and has no problems with their medicines	Yes, once the follow-up stage is completed
Third stage/ follow-up	Patient attends appointment/telephone consultation	New or continuing problems are identified either with the treatment or in relation to the patient's self-management of their LTC. Further information and support is provided to the patient where necessary and in the pharmacist's clinical judgement the patient needs to be referred to their GP	Yes, once the referral is made
Third stage/ follow-up	Patient attends appointment/telephone consultation	New or continuing problems are identified either with the treatment or in relation to the patient's self-management of their LTC. Further information and support is provided to the patient where necessary and in the pharmacist's clinical judgement the patient does not need to be referred to their GP	Yes, once the follow-up stage is completed

Community pharmacies will wish to ensure that their records easily allow them to identify whether the provision of the service to a particular patient counts towards their target payments as they will be required to declare the number of full service interventions on a monthly basis via their FP34C form.

If a patient is prescribed multiple new medicines at the same time, all of which are eligible for the service, then the registered pharmacist will discuss all of these medicines as part of the service. When the full service intervention comes to an end, the pharmacy contractor will be able to claim for one completed NMS episode. The NMS must cover all eligible new medicines prescribed at the same time.

8. Duration of the service

The service will exist until 31 March 2013 (Direction 8). The Department of Health, NHS Employers and PSNC have agreed that its continuation after that date will depend on the outcomes of the evaluation (see section 10 below).

9. Payment information

Information on how pharmacy contractors will be paid for this service can be found in Part VIC of the [Drug Tariff](#).

The NMS payment structure set out below covers the period from October 2011 to March 2013. It differs between year one (October 2011 – March 2012) and year two (April 2012 – March 2013) as explained below.

9.1 Year one (October 2011 – March 2012)

In year one the funding structure of the NMS will consist of:

- a fixed one-off implementation payment
- target payments which are based on the number of full service interventions. The target payment for each pharmacy contractor will be linked to the prescription volume at those premises.

9.1.1 Implementation payments

Each pharmacy contractor delivering the service in year one will have access to an implementation payment of £750. The implementation payment will be the same for all contractors, regardless of prescription volume.

The implementation payment can only be claimed in year one once a pharmacy contractor has completed six full service interventions and is a contribution to the cost to pharmacy contractor of establishing the service (for example associated training costs, data collection and publicity costs). Where a community pharmacy changes ownership in year one, the new owners will not be entitled to a second implementation payment, if an implementation payment has already been claimed by the original owner of the pharmacy. Similarly, where a community pharmacy relocates it is not entitled to a second implementation payment after completing the relocation.

Information on how to claim this payment can be found in section 9.3 below.

9.1.2 Target payments

From October 2011, each pharmacy contractor delivering the service will also be eligible to receive monthly target payments. The size of the target payment will depend on how many full service interventions have been completed in relation to the prescription volume of the pharmacy contractor.

For NMS payment purposes, a range of volume bandings has been defined. Each month, the prescription volume of a given pharmacy will fall within one of those bands. For each band, a pre-defined maximum number of opportunities to deliver the service each month has been determined. The calculation of the maximum number of opportunities is based on the assumption that the maximum caseload for each pharmacy contractor will be 0.5 per cent of prescription volume on average. This maximum caseload has been determined through modelling that included data analysis from the PMRs of a large number of contractors.

It is important to note that, unlike the MUR service, payment is not made on a full service intervention basis. Instead, payment is based on the performance of each pharmacy contractor in maximising the full service interventions achieved from the expected NMS opportunities. For a given volume band, the highest target payment represents the maximum monthly payment a pharmacy contractor can receive, irrespective of the actual number of full service interventions it may have achieved.

In order to incentivise improved performance by pharmacy contractors, there is a range of activity thresholds or targets. Each target has an associated payment and pharmacy contractors will be paid for achieving a target. In year one, the targets will be 20 per cent, 40 per cent, 60 per cent or 80 per cent.

The table below sets out for each volume band the number of full service interventions necessary to achieve the relevant target in year one, and in brackets the associated target payment.

Table 2: Target payments in year one (October 2011 – March 2012)				
Volume of prescription items per month	Number of full service interventions per month necessary to achieve each target with the relevant payment shown in brackets			
	20 per cent target	40 per cent target	60 per cent target	80 per cent target
0-1,500	1 (£25)	2 (£50)	3 (£75)	4 (£100)
1,501-2,500	2 (£50)	4 (£100)	6 (£150)	8 (£200)
2,501-3,500	3 (£75)	6 (£150)	9 (£225)	12 (£300)
3,501-4,500	4 (£100)	8 (£200)	12 (£300)	16 (£400)
4,501-5,500	5 (£125)	10 (£250)	15 (£375)	20 (£500)
5,501-6,500	6 (£150)	12 (£300)	18 (£450)	24 (£600)
6,501-7,500	7 (£175)	14 (£350)	21 (£525)	28 (£700)
7,501-8,500	8 (£200)	16 (£400)	24 (£600)	32 (£800)
8,501-9,500	9 (£225)	18 (£450)	27 (£675)	36 (£900)
9,501-10,500	10 (£250)	20 (£500)	30 (£750)	40 (£1,000)
+1,000	(+1) (£25)	(+2) (+£50)	(+3) (+£75)	(+4) (+£100)

As the table indicates, for pharmacy contractors which have a prescription volume above 10,500 items per month, the volume bandings will continue to increase in increments of 1,000 items per month. For each increment, the number of full service interventions required to meet the 20 per cent activity threshold will increase by one (value £25), the 40 per cent activity threshold will increase by two (value £50), the 60 per cent activity threshold will increase by three (value £75) and the 80 per cent activity threshold will increase by four (value £100).

For example, a pharmacy contractor dispensing 15,500 items in a month would be required to provide:

- 15 full service interventions for the 20 per cent target (payment £375)
- 30 full service interventions for the 40 per cent target (payment £750)
- 45 full service interventions for the 60 per cent target (payment £1,125)
- 60 full service interventions for the 80 per cent target (payment £1,500).

In order to determine the relevant target payment for a given month, it is necessary to first determine in which prescription item volume band the pharmacy contractor falls for that month. The next step is to consider the range of target full service interventions for that band and how the actual number of full service interventions compares. A target has been achieved where the actual number of full service interventions equals or exceeds the number of full service interventions determined by the calculation set out in table 2.

Pharmacy contractors will be paid each month for the highest target they achieve. Each month is considered separately and full service interventions from one month cannot be carried over to improve performance in later months.

For example a pharmacy contractor dispenses 1,500 items in January and provides three full service interventions in that month. They have met the 60 per cent target and would receive £75 for that month. In February they dispense 1,550 items and provide five full service interventions in that month. They have met the 40 per cent target and would receive £100 for that month. In March they dispense 1,505 and complete three full service interventions. They have met the 20 per cent target but would not be able to include the 'extra' full service intervention carried forward from February in order to be entitled to payment for achieving the 40 per cent target.

9.2 Year two (April 2012 – March 2013)

9.2.1 Implementation payments

No implementation payments will be paid in year 2 even if a new pharmacy contractor is included in a PCT's pharmaceutical list. PCTs will therefore need to make sure they notify NHS Prescription Services in a timely manner of all new pharmacy contractors they include in their pharmaceutical list up to and including 31 March 2012.

9.2.2 Target payments

In year two, pharmacy contractors will continue to be eligible to receive target payments. As before, the size of the target payment will depend on the number of full service interventions relative to the prescription item volume of the individual pharmacy. In order to further incentivise pharmacy contractors to build the service into core service delivery, the 20 per cent band will be removed. Thus, in year two the target thresholds will be 40 per cent, 60 per cent and 80 per cent.

The table below sets out for each volume band, the number of full service interventions necessary to achieve the relevant target, and in brackets the associated target payment.

Table 3: Target payments in year two (April 2012 – March 2013)			
Volume of prescription items per month	Number of full service interventions per month necessary to achieve each target with the relevant payment shown in brackets		
	40 per cent target	60 per cent target	80 per cent target
0-1,500	2 (£50)	3 (£75)	4 (£100)
1,501-2,500	4 (£100)	6 (£150)	8 (£200)
2,501-3,500	6 (£150)	9 (£225)	12 (£300)
3,501-4,500	8 (£200)	12 (£300)	16 (£400)
4,501-5,500	10 (£250)	15 (£375)	20 (£500)
5,501-6,500	12 (£300)	18 (£450)	24 (£600)
6,501-7,500	14 (£350)	21 (£525)	28 (£700)
7,501-8,500	16 (£400)	24 (£600)	32 (£800)
8,501-9,500	18 (£450)	27 (£675)	36 (£900)
9,501-10,500	20 (£500)	30 (£750)	40 (£1,000)
+1,000	(+2) (+£50)	(+3) (+£75)	(+4) (+£100)

As in year one, for pharmacy contractors which have a prescription volume above 10,500 items per month the volume bandings will continue to increase in increments of 1,000 items per month. In year two for each increment, the number of interventions required to meet the 40 per cent activity threshold will increase by two (value £50), the 60 per cent activity threshold will increase by three (value £75) and the 80 per cent activity threshold will increase by four (value £100).

9.3 Claiming payments

9.3.1 Implementation payments

In order to claim the implementation payment in year one, each pharmacy contractor is required to complete the implementation payment claim form (see Appendix 11). The form is also available on the Prescription Services section of the [NHS Business Services Authority](#) website. The final date for submitting this claim to NHS Prescription Services is 5 April 2012.

In signing the claim form contractors are making a number of declarations which are listed below:

- that the contractor has completed a minimum of six full service interventions prior to the 31 March 2012
- that the service is delivered by registered pharmacists that have the knowledge and skills required to deliver it and the required supporting documentation has been provided to the contractor
- that the pharmacy premises meet the requirements of the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2011
- that a Standard Operating Procedure (SOP) for the service is in place

- that all dispensing staff are aware as required of the service and the eligibility criteria
- that the contractor has been in communication with local GP practices about the service.

9.3.2 Target payments

In order to claim target payments in years one and two, pharmacy contractors will need to state on their monthly FP34C (which has been updated accordingly) the number of full service interventions they have undertaken in a given month.

Further information on what is and what isn't a full service intervention can be found in section 7.8 of this document.

9.4 Recharge of payments to PCTs

When pharmacy contractors claim the one-off implementation payment in year one, the cost of the payment will be recharged back to the PCT on whose pharmaceutical list the premises are included.

The cost of the target payments will be recharged back to all PCTs using the 'fair shares' methodology in the same way as MURs are recharged back to PCTs.

PCTs will receive information in their monthly management information system (MIS) report from the NHS Business Service Authority's Prescription Services on the NMS activity of pharmacy contractors in their area.

PCTs will note that the ready reckoner released earlier this year by the Department of Health to assist them in estimating their likely expenditure on pharmaceutical services in 2011-12 does not include the NMS. However, PCTs will be able to estimate the likely cost of the implementation payment by reference to the number of premises included in their pharmaceutical list, adding on an allowance for those premises that are likely to be included up to and including 31 March 2012.

In his [letter](#) to PCT cluster chief executives dated 8 September 2011 (Gateway reference 16606) Bob Alexander gave details of the community pharmacy contractual framework funding settlement for 2011-12. In his earlier [letter](#) dated 15 March 2011 (Gateway reference 15772) he outlined the changes to the contractual framework funding that will generate savings to the NHS of £110m in 2011-12 through reductions in fees and allowances and generic medicine prices (Category M drugs). The letter also confirmed Ministers' decisions to invest up to £55 million in 2011-12 in NMS, targeted MURs and strengthening the clinical governance system and that due to the funding adjustments this will be achieved with no extra cost pressure to the NHS.

10. Evaluation

An evaluation of the NMS will run alongside its implementation. The evaluation, which will be commissioned by the Department of Health, will aim to determine the effects of the NMS on:

- patients' adherence to their newly prescribed medications and pharmaceutical regimens
- patients' understanding of the medicines and the extent to which they are informed and supported in the medicines related behaviour and engaged in shared decision making
- patients' health status and health outcomes
- patient (and/or carer) and professional experience
- inter-professional relationships
- the cost effectiveness and cost utility of community pharmaceutical services for the four conditions currently included.

The evaluation will help to inform whether the service continues beyond March 2013. The research contract will be awarded in December 2011 and research will commence as soon as possible after this date. The invitation to tender (ITT) document is available on the [Department of Health](#) website.

11. The link between NMS and MURs

It is important for PCTs, pharmacy contractors, registered pharmacists and patients to appreciate the difference between the NMS and MURs. It will also be important for these groups to understand the relationship between the two services, particularly as the two services may be targeted at similar patient groups.

The NMS aims to provide early support to patients who are newly prescribed a medicine for a long-term condition with repeated follow-up in the short term to increase effective medicine taking. This will establish a relationship between the patient and a registered pharmacist early on and will help to ensure that patients are taking their medicines correctly from the beginning.

The MUR service involves reviews which are centred on adherence for patients on multiple or high-risk medicines, particularly those receiving medicines for long-term conditions. Patients undertaking an MUR will have been taking their medicines for a period of time and may well not be taking them correctly. An MUR can help to address these issues. An MUR can normally be undertaken on a patient every twelve months.

The 2011 Directions state that patients will not normally be eligible for an MUR within six months of completing the NMS due to the similarities between the services. The intention is to prevent patients who undergo the NMS being referred immediately for an MUR and to establish a separation between the services in the eyes of patients.

This exclusion period does not apply if a patient first receives an MUR. For example, a patient may have already received an MUR for current medication but is then prescribed a new medicine for a long term condition. In this case the patient is eligible to receive the NMS within six months of having an MUR.

Although patients will not normally be eligible to receive an MUR within six months of a consultation as part of the NMS, where, in the reasonable opinion of the registered pharmacist, there are significant potential benefits for the patient, they may receive an MUR within the six month period (Direction 5(1)(f)(ii)). For example, a patient with multiple long term conditions may be prescribed a new medicine for one condition and be supported in using this medicine by the NMS, but may benefit from the wider advice and support provided in an MUR in relation to medicines they use for another condition.

It is expected that pharmacists who undertake an MUR on a patient within six months of them receiving the NMS will record why the MUR was undertaken. This will then be audited as part of the normal contractual monitoring process. That part of the 2011 Directions that relate to the provision of MURs has been amended so that patients will be required to consent to share information with the PCT for clinical audit purposes.

After the six month exclusion period, it may be possible for the services to be linked and be mutually supportive. For example, a patient who completes the NMS may be recommended by the pharmacist to have an MUR in nine or 12 months' time to review how they are getting on with their medicine.

12. Engagement of clinical commissioning groups

PCTs and community pharmacies will wish to ensure that local clinical commissioning groups (CCGs) are aware of the benefits of the service. This could be achieved by a pharmacist attending a CCG board meeting to raise awareness of the service and the outcomes in terms of improved compliance with medication and therefore better patient care, and the reduction in wasted medicines.

CCGs may also wish to receive the quarterly approved information that PCTs receive from community pharmacies. PCTs may share this information with their CCGs so that the value and benefits of the service are demonstrated at a local level.

13. Inclusion of NMS in care pathways

It is strongly recommended that where PCTs, CCGs or practices are developing new care pathways e.g. as part of the quality and productivity indicators in the Quality and Outcomes Framework (QOF) or reviewing existing ones that, where relevant, the NMS is included as a key step.

14. Frequently asked questions

Frequently asked questions can be found on the [NHS Employers](#) and [PSNC](#) websites. Further queries from PCTs should be directed to pharmacy@nhsemployers.org while additional queries from pharmacy contractors should be sent to info@psnc.org.uk.

Appendix 1

Pharmacy Contractor Declaration Form

A completed copy of this form should be submitted by the pharmacy contractor to their PCT prior to provision of the New Medicine Service (NMS). The PCT does not need to acknowledge receipt of the form prior to the pharmacy commencing provision of the service.

Pharmacy details	
Name of PCT:	
Name of pharmacy contractor:	
ODS code (F code):	
Pharmacy address:	
Address for correspondence (if different from above):	
Eligibility to provide the service	
I/we confirm that the pharmacy is complying with the Terms of Service relating to the provision of Essential Services, and has an acceptable system of clinical governance.	
I/we confirm that the pharmacy premises contain a consultation area which meets the following requirements:	
<ul style="list-style-type: none"> i. The consultation area is a designated area where both the patient and pharmacist can sit down together ii. The patient and pharmacist are able to talk at normal speaking volumes without being overheard by other visitors to the pharmacy, or by pharmacy staff undertaking their normal duties iii. The consultation area is clearly designated as an area for confidential consultations, distinct from the general public areas of the pharmacy 	
I/we confirm that the service will be provided by pharmacists that have signed the <i>NMS self-assessment of readiness for community pharmacists</i> .	
I/we confirm that a Standard Operating Procedure (SOP) is in place for the service.	
I/we confirm that all dispensing staff understand the aims and objectives of the service, are aware of the eligible conditions/therapies, understand the SOP, and understand their role, if any, in delivering the service.	
I/we confirm that my/our representatives have been in communication with local GP practices about the service.	

Pharmacy contractor's declaration	
I/we undertake to provide the New Medicine Service guidance from the above premises from (date).	
Signed:	
Date:	
Contact name for queries relating to this form:	
Telephone number:	

To download a copy of this form, go to www.nhsemployers.org/nms or www.psn.org.uk/nms

Appendix 2

Self-assessment of readiness for community pharmacists

This self-assessment is to provide you (the pharmacist) with a framework to assure yourself, your employer (where appropriate) and the NHS that you have reflected upon the skills and knowledge necessary to deliver the New Medicine Service (NMS) and can demonstrate them.

Pharmacy contractors are separately required to ensure that their premises meet the required standard and that all the pharmacists providing the service have completed this self-assessment.

1. Are you eligible to provide the service?

Are you accredited to provide Medicines Use Reviews (MURs)?

Yes No

2. Do you understand the purpose and background of the service?

Do you know why this service is being commissioned and the evidence behind it?

Yes, because I have undertaken the following:

This requires you to reflect on your knowledge about the service, including its role in supporting appropriate medicines adherence and where it fits in the NHS QIPP (Quality, Innovation, Productivity and Prevention) work programme and Government policies to increase patients' involvement in their own care.

3. Do you understand the aims and intended outcomes of the service?

Do you understand the aim of the service to support patients taking a new medicine?

Yes, because I have undertaken the following:

Do you understand what outcomes are required when providing this service?

Yes, because I have undertaken the following:

This requires you to reflect on your knowledge about adherence, the eligible conditions/therapies and the medicines used in the eligible conditions/therapies. This includes the theory and practical application of supportive interventions, together with how this will work in the pharmacy/pharmacies where you work and in your daily professional practice.

4. Do you understand the service specification and how to deliver it effectively?

Do you understand the service and how to provide it?

Yes, I understand the patient engagement, intervention and follow-up steps because I have undertaken the following:

This requires you to examine the service specification, remembering that there are both requirements and prohibitions.

You should be particularly mindful of the following aspects to ensure you have a full understanding:

- Recruitment/referral from another healthcare professional*
- Eligible clinical conditions/medicines*
- Where opportunities to offer relevant healthy lifestyle advice can be taken*
- Obtaining and recording consent*
- Method of undertaking the intervention – face-to-face/telephone appointment*
- Intervention process – interview schedule and next steps*
- Arranging the follow-up appointment*
- Follow-up – advice and support, next steps and action to be taken if you cannot contact the patient*
- Appropriate referral to the GP at the intervention and follow-up stages*
- Record keeping for the pharmacy and reporting to the PCT (or successor organisation).*

You may also wish to review the clinical areas covered by the service to ensure that you are competent in those particular areas, in the mechanism of action and initiation protocol of the medicines and especially any side-effects, to help you address patients' questions or concerns.

5. Have you considered the necessary communications that are required with pharmacy staff, patients and other local healthcare providers in order to provide the service?

Have you reflected on your communication skills?

- Yes, I have reviewed the interview schedule and considered how I will communicate with patients and other healthcare professionals and have undertaken the following:

Are you aware that the pharmacy contractor or their representative is required to communicate with local GP practices about the service? Yes

Are you aware that colleagues in the pharmacy are required to have an appropriate understanding of the service? Yes

If you have NOT answered 'Yes' to all of the above questions you are not yet ready or eligible to deliver the NMS.

The Centre for Pharmacy Postgraduate Education (CPPE) has facilitated the development of learning materials for the NMS. The learning materials support pharmacists with gaps in their skills and knowledge in order to help them demonstrate they are able to deliver the NMS. For more information visit www.cppe.ac.uk.

Pharmacist's declaration

I have answered 'Yes' to all the above questions and therefore declare that I have the necessary skills and knowledge to deliver the New Medicine Service guidance and can demonstrate these.

Signed:

Date:

Name:

GPhC registration number:

A completed copy of this form should be given to the pharmacy contractor at any pharmacies where you provide the NMS.

You may want to record the activities you have undertaken to prepare yourself for providing the NMS in your GPhC Continuing Professional Development Record.

To download a copy of this form, go to www.nhsemployers.org/nms or www.psnc.org.uk/nms

Appendix 3

NMS Medicines List

The medicines selected for inclusion in the NMS are those that are listed in the chapters/sub-sections, detailed below, of the current edition of the British National Formulary (www.bnf.org).

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

Antiplatelet/Anticoagulant therapy	
BNF Reference	BNF subsection descriptor
2.8.2	Oral anticoagulants
2.9	Antiplatelet drugs

Hypertension	
BNF Reference	BNF subsection descriptor
2.1.1	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)

It is assumed that in most cases, the pharmacist will be able to determine the condition for which the new medicine is being prescribed from the PMR or by asking the patient directly.

Appendix 4

Service specification

Introduction

In England, around 15 million people have a long-term condition (LTC). LTCs are those conditions that cannot, at present, be cured, but can be controlled by medication and other therapies. Although it can be difficult for some people to adjust to life with a LTC, there is often a great deal that can be done to manage symptoms and maintain quality of life.

The prescription of a medicine is one of the most common interventions in healthcare. In England there were 813.3 million NHS prescriptions dispensed by community pharmacies in 2009-10. The optimal use of appropriately prescribed medicines is vital to the self-management of most LTCs, but reviews conducted across different disease states and different countries are consistent in estimating that between 30 and 50 per cent of prescribed medicines are not taken as recommended. This represents a failure to translate the technological benefits of new medicines into health gain for individuals. Sub-optimal medicines use can lead to inadequate management of the LTC and a cost to the patient, the NHS and society.

It is therefore clear that non-adherence to appropriately prescribed medicines is a global health problem of major relevance to the NHS. It has been suggested that increasing the effectiveness of adherence interventions may have a far greater impact on the health of the population than any improvement in specific medical treatments¹.

Non-adherence is often a hidden problem, undisclosed by patients and unrecognised by prescribers. People make decisions about the medicines they are prescribed and whether they are going to take them very soon after being prescribed the new medicine.

Proof of concept research² has shown that pharmacists can successfully intervene when a medicine is newly prescribed, with repeated follow-up in the short term, to increase effective medicine taking for the treatment of a long-term condition.

Service description

This service will provide support to people who are newly prescribed a medicine to manage a long-term condition, which will generally help them to appropriately improve their medication adherence.

1 Haynes R, McDonald H, Garg A, Montague P. (2002). Interventions for helping patients to follow prescriptions for medications. *The Cochrane Database of Systematic Reviews*, 2, CD000011.

2 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.

Aims and intended outcomes

The service should:

- a. help patients and carers manage newly prescribed medicines for a LTC and make shared decisions about their LTC
- b. recognise the important and expanding role of pharmacists in optimising the use of medicines
- c. increase patient adherence to treatment and consequently reduce medicines wastage and contribute to the NHS Quality, Innovation, Productivity and Prevention (QIPP) agenda
- d. supplement and reinforce information provided by the GP and practice staff to help patients make informed choices about their care
- e. promote multidisciplinary working with the patient's GP practice
- f. link the use of newly-prescribed medicines to lifestyle changes or other non-drug interventions to promote well-being and promote health in people with LTCs
- g. promote and support self-management of LTCs, and increase access to advice to improve medicines adherence and knowledge of potential side effects
- h. support integration with LTC services from other healthcare providers and provide appropriate signposting and referral to these services
- i. improve pharmacovigilance
- j. through increased adherence to treatment, reduce medicines-related hospital admissions and improve quality of life for patients.

Service outline

The service is split into three stages, which are outlined below:

- patient engagement
- intervention
- follow-up.

Patient engagement

1. Following the prescribing of a new medicine³ for the management of a LTC, patients will be recruited to the service by prescriber referral (which could include referral for medicines prescribed to the patient as a hospital inpatient or outpatient) or opportunistically by the community pharmacy. The patient may not have visited the pharmacy on a previous occasion.
2. The conditions/therapies included in the initial rollout of the service are:
 - asthma and COPD
 - diabetes (Type 2)
 - antiplatelet/anticoagulant therapy
 - hypertension.

For each therapy area/condition, a list of medicines has been published (see Appendix 3 or the [NHS Employers](#) and [PSNC](#) websites).

³ If more than one medicine covered by the service is prescribed at the same time, that instance of the service will cover all those medicines.

3. It is not generally appropriate for the service to be provided where there has been a formulation change. The rationale for this is that a change from one solid dosage form to another is unlikely to present major clinical issues for a patient and hence provision of the NMS in such circumstances would not provide value to the NHS. However there may be circumstances, where in the professional opinion of the pharmacist, they believe the patient would benefit from the provision of the NMS where they are moving from one formulation of a medicine to another. In this case the NMS can be provided and pharmacists should document their rationale for making such a professional decision.
4. The new medicine will be dispensed in accordance with the Terms of Service, except in circumstances where the patient has been referred by a healthcare professional at the hospital that has already dispensed the new medicine.
5. Initial advice will be given to the patient about the medicine and its use in accordance with the Terms of Service. At this stage the pharmacist may also offer the patient opportunistic advice on healthy living/public health topics in line with the promotion of healthy lifestyles essential service. The intervention and follow-up stages of the service will also be opportunities to offer the patient healthy lifestyle advice.
6. The pharmacy and patient will agree a method and time for the intervention (typically between seven and 14 days after patient engagement).
7. The patient will be given information on the service (for example in the form of a leaflet), which will include an explanation that information may be shared with their GP as necessary; with the primary care trust (PCT) or successor organisation as part of clinical audit; and with the PCT or successor organisation, the NHS Business Services Authority and the Secretary of State for Health to verify that the service has been provided by the pharmacy as part of the post-payment verification process.
8. The pharmacy will obtain written consent from the patient to confirm that they agree to information being shared. If the patient does not consent to share information then they are not able to use the service.

Intervention

9. The pharmacist and patient will have a discussion at the agreed time and via the agreed method. It is expected that this will normally be a face-to-face conversation but alternatively it could take place as a telephone conversation if the patient prefers this. If the discussion does not happen at the agreed time, the pharmacist will make at least one attempt to follow-up with the patient.
10. At the start of the discussion, the pharmacist will confirm that the patient understands the information they were given during patient engagement and that they still agree to information being shared with their GP as necessary; with the PCT or successor organisation as part of clinical audit; and with the PCT or successor organisation, the NHS Business Services Authority and the Secretary of State for Health as part of post-payment verification. If the patient does not consent to share information then the intervention is not provided.

11. Face-to-face discussions with patients will take place in a consultation area. In order to deliver the service a pharmacy must have a consultation area which is at least at the level required for the provision of the Medicines Use Review service:
 - a. The consultation area should be a designated area where both the patient and pharmacist can sit down together.
 - b. The patient and pharmacist should be able to talk at normal speaking volumes without being overheard by other visitors to the pharmacy, or by pharmacy staff undertaking their normal duties.
 - c. The consultation area should be clearly designated as an area for confidential consultations, distinct from the general public areas of the pharmacy.
12. Telephone discussions with patients should be conducted on the pharmacy premises and take place in circumstances where the telephone conversation cannot be overheard except by someone whom the patient wants to hear the conversation, for example a carer.
13. The pharmacist will assess the patient's adherence to the medicine(s), identify problems and determine the patient's need for further information and support. The NMS intervention interview schedule will normally be used to guide this assessment.
14. The pharmacist will provide advice and further support and will agree one of the following next steps with the patient:
 - a. the patient is adhering to the medicine(s) and no problems have been identified – agree time and location for the follow-up (typically between 14 and 21 days after the initial intervention).
 - b. problems are identified and it is the clinical judgement of the pharmacist that intervention by the patient's GP is not required – agree the time and location for the follow-up (typically between 14 and 21 days after the intervention) and any appropriate remedial steps to be taken by the patient in the meantime. For the current cohort of patients, such steps could include the use of items such as reminder charts but these should not create an extra cost pressure on the NHS.
 - c. problems are identified and it is the clinical judgement of the pharmacist that intervention by the patient's GP is required – explain this to the patient, complete the NMS feedback form and refer the matter to the patient's GP practice. At this point the service will have been completed except in the circumstance described in the footnote⁴.
15. At this stage the pharmacist may also offer the patient opportunistic advice on healthy living/public health topics in line with the promotion of healthy lifestyles essential service.

Follow-up

16. The pharmacist and patient will have a discussion at the agreed time and via the agreed method (again it is expected that this will normally be a face-to-face conversation but alternatively it could take place as a telephone conversation if the patient prefers this). If the discussion does not happen at the agreed time, the pharmacist will make at least one additional attempt to follow-up with the patient (i.e. the pharmacist will try to arrange another face-to-face meeting with the patient or will try to have another telephone conversation with the patient). If the pharmacist is unable to contact the patient then the service will have been completed.

⁴ If the NMS episode covers multiple medicines and not all medicines prompt the need for referral to the GP practice, steps a or b will be undertaken for the medicines that do not require referral to the GP practice.

17. The pharmacist will assess the patient's adherence to the medicine(s), identify problems and determine the patient's need for further information and support. The NMS follow-up interview schedule will normally be used to guide this assessment.
18. The pharmacist will provide advice and further support and agrees one of the following next steps with the patient:
 - a. patient adhering to regimen – exit from service. At this point the service will have been completed.
 - b. problem identified – pharmacist and patient agree solution. At this point the service will have been completed.
 - c. problem identified – referral to the GP practice for review. At this point the service will have been completed.
19. At this stage the pharmacist may also offer the patient opportunistic advice on healthy living/public health topics in line with the promotion of healthy lifestyles essential service.
20. The patient will not normally be eligible for a Medicines Use Review (MUR) within six months of completing the service, unless in the reasonable opinion of the pharmacist the patient would benefit from an MUR during that period. For example, a patient with multiple long-term conditions may be prescribed a new medicine for one condition and be supported in using this medicine by the NMS, but may benefit from the wider advice and support provided in an MUR in relation to medicines they use for another condition. Patients on high-risk drugs or patients who experience a 'trigger event' which would highlight the need for an MUR may also benefit.

Pharmacy records

Pharmacy records for the service will be maintained to support the delivery of the service and audit. Pharmacy contractors will need to maintain records of the following for each patient who receives the NMS:

- a. date and method of entry to service:
 - a. patient referred from GP practice
 - b. patient identified in the pharmacy
- b. patient demographic details:
 - a. name
 - b. address
 - c. gender
 - d. date of birth
 - e. NHS number (where available)
 - f. ethnicity
- c. registered GP practice
- d. condition(s)/therapy area(s) of new medicine:
 - asthma and COPD
 - diabetes (Type 2)
 - antiplatelet/anticoagulant therapy
 - hypertension

- e. name of new medicine(s)
- f. date and method of intervention and date and method of follow-up:
 - a. face-to-face in the pharmacy
 - b. telephone
- g. healthy living advice provided at each stage of the service (i.e. *recruitment, intervention and follow-up*). This data may be collated using the following standard descriptors:
 - a. diet and nutrition
 - b. smoking
 - c. physical activity
 - d. alcohol
 - e. sexual health
 - f. weight management
- h. where appropriate, reason why a patient does not take part in the intervention phase of the service:
 - a. prescriber has stopped new medicine
 - b. patient has withdrawn consent for information sharing
 - c. patient has withdrawn consent to receive the service
 - d. patient could not be contacted
 - e. other
- i. matters identified during the discussion with the patient at the *intervention*. This data should be captured using the following standard descriptors:
 - a. patient reports using the medicine as prescribed
 - b. patient reports not using the medicine as prescribed
 - i. patient has not started using the medicine
 - ii. prescriber has stopped new medicine
 - iii. patient is not using the medicine in line with the directions of the prescriber
 - iv. patient reports missing a dose in the past seven days
 - c. patient reports need for more information about the medicine (information needs will be addressed by the pharmacist and this will be captured in the data set out below)
 - d. patient reports side effects
 - e. patient reports negative feelings about the medicine (the pharmacist should provide further details about this using a free text box)
 - f. patient reports uncertainty on whether the medicine is working
 - g. patient reports concern about remembering to take the medicine
 - h. patient reports difficulty using the medicine due to its pharmaceutical form/ formulation
 - i. other – free text option

If the NMS relates to more than one medicine for an individual patient, this data should be captured for each medicine.

- j. outcome of the discussion with the patient at the *intervention*. This data should be captured using the following standard descriptors:
 - a. action taken/to be taken by pharmacist:
 - i. information provided – interactions with other medicines
 - ii. information provided – why am I using the medicine/what is it for
 - iii. information provided – how to use the medicine
 - iv. information provided – correct dose of the medicine
 - v. information provided – effects of the medicine on the body/how it works
 - vi. information provided – why should I take the medicine
 - vii. information provided – timing of the dose
 - viii. information provided – interpretation of side effect information
 - ix. advice provided – reminder strategies to support use of medicine
 - x. advice provided – change to timing of doses to support adherence
 - xi. advice provided – how to manage or minimise side effects
 - xii. Yellow Card report submitted to MHRA
 - xiii. reminder chart/MAR chart provided
 - xiv. referral – patient’s issues raised with the new medicine need to be considered by the prescriber. The reason(s) for the referral should be captured using the following standard descriptors:
 - 1. drug interaction(s)
 - 2. potential side effect(s)/adverse drug reaction preventing use of medicine
 - 3. patient reports not using medicine any more
 - 4. patient reports never having started using medicine
 - 5. patient reports difficulty using the medicine
 - a. issue with device
 - b. issue with formulation
 - 6. patient reports lack of efficacy
 - 7. patient reports problem with dosage regimen
 - 8. patient reports unresolved concern about the use of the medicine
 - 9. other – free text option
 - xv. other action – free text option
 - b. action for patient to take:
 - i. carry on using medicine as prescribed
 - ii. use medicine as agreed during the *intervention*
 - iii. submit Yellow Card report to MHRA
 - iv. other action – free text option.

If the NMS relates to more than one medicine for an individual patient, this data should be captured for each medicine.

- k. where appropriate, reason why a patient does not take part in the *follow-up* phase of the service:
 - a. prescriber has stopped new medicine
 - b. patient has withdrawn consent for information sharing
 - c. patient has withdrawn consent to receive the service
 - d. patient could not be contacted
 - e. other

- l. matters identified during the discussion with the patient at the follow-up. This data should be captured using the following standard descriptors:
 - a. patient reports using the medicine as prescribed
 - b. patient reports not using the medicine as prescribed
 - i. patient has not started using the medicine
 - ii. prescriber has stopped new medicine
 - iii. patient is not using the medicine in line with the directions of the prescriber
 - iv. patient reports missing a dose in the past seven days
 - c. patient reports need for more information about the medicine (information needs will be addressed by the pharmacist and this will be captured in the data set out below)
 - d. patient reports side effects
 - e. patient reports negative feelings about the medicine (the pharmacist should provide further details about this using a free text box)
 - f. patient reports uncertainty on whether the medicine is working
 - g. patient reports concern about remembering to take the medicine
 - h. patient reports difficulty using the medicine due to its pharmaceutical form/ formulation
 - i. other – free text option

If the NMS relates to more than one medicine for an individual patient, this data should be captured for each medicine.

- m. outcome of the discussion with the patient at the *follow-up*. This data should be captured using the following standard descriptors:
 - a. action taken/to be taken by pharmacist:
 - i. information provided – interactions with other medicines
 - ii. information provided – why am I using the medicine/what is it for
 - iii. information provided – how to use the medicine
 - iv. information provided – correct dose of the medicine
 - v. information provided – effects of the medicine on the body/how it works
 - vi. information provided – why should I take the medicine
 - vii. information provided – timing of the dose
 - viii. information provided – interpretation of side effect information
 - ix. advice provided – reminder strategies to support use of medicine
 - x. advice provided – change to timing of doses to support adherence

- xi. advice provided – how to manage or minimise side effects
 - xii. Yellow Card report submitted to MHRA
 - xiii. reminder chart/MAR chart provided
 - xiv. referral – patient’s issues raised with the new medicine need to be considered by the prescriber. The reason(s) for the referral should be captured using the following standard descriptors:
 - 1. drug interaction(s)
 - 2. potential side effect(s)/adverse drug reaction preventing use of medicine
 - 3. patient reports not using medicine any more
 - 4. patient reports never having started using medicine
 - 5. patient reports difficulty using the medicine
 - a. issue with device
 - b. issue with formulation
 - 6. patient reports lack of efficacy
 - 7. patient reports problem with dosage regimen
 - 8. patient reports unresolved concern about the use of the medicine
 - 9. other – free text option
 - xv. other action – free text option
- b. action for patient to take:
- i. carry on using medicine as prescribed
 - ii. use medicine as agreed during the *follow-up*
 - iii. submit Yellow Card report to MHRA
 - iv. other action – free text option

If the NMS relates to more than one medicine for an individual patient, this data should be captured for each medicine.

New Medicine Service guidance – requirements for reporting to PCTs

Each participating pharmacy must complete the reporting template (a standard spreadsheet) by collating the necessary data from pharmacy records for the NMS conducted in that quarter and ensuring that it is available to be requested after the end of ten working days from the last day of that quarter (last day of June, September, December and March). Completed templates must be provided to the PCT or successor organisation on request (which may be an ongoing request).

The following data will be requested on the spreadsheet:

- a. pharmacy ODS code
- b. pharmacy name
- c. pharmacy address (1st line)
- d. outcome of discussion with patient at the patient engagement stage:
 - i. number of patients declined the offer of the service
 - ii. number of patients recruited

- e. outcome of the discussion with the patient at the intervention stage (using the standard list of descriptors below):
 - i. number of patients who did not attend/non contactable/withdrew consent
 - ii. number of patients whose prescriber has stopped the medicine
 - iii. number of completed interventions
 - iv. number of patients to whom information was provided
 - v. number of patients to whom advice was provided
 - vi. number of Yellow Card reports submitted to MHRA
 - vii. number of reminder charts/MAR charts provided to patients
 - viii. number of patients referred to GP
- f. outcome of the discussion with the patient at the follow-up stage (using the standard list of descriptors below):
 - i. number of patients who did not attend/non contactable/withdrew consent
 - ii. number of patients whose prescriber has stopped the medicine
 - iii. number of patients adherent
 - iv. number of patients non adherent
 - v. number of patients to whom information was provided
 - vi. number of patients to whom advice was provided
 - vii. number of Yellow Card reports submitted to MHRA
 - viii. number of reminder charts/MAR charts provided to patients
 - ix. number of patients referred to GP
- g. number of patients in each condition/therapy group (using the standard list of descriptors below):
 - i. asthma and COPD
 - ii. antiplatelet/anticoagulant therapy
 - iii. hypertension
 - iv. type 2 diabetes
- h. number of completed NMS claimed for
- i. number of patients provided with healthy lifestyle advice at each of the following stages of the service:
 - i. patient engagement
 - ii. intervention
 - iii. follow-up

Appendix 5

Patient information leaflet

What this leaflet is for

If you have been invited to use the New Medicine Service (NMS) or want to know more about it then this leaflet will give you the information you need.

What is the New Medicine Service guidance?

The New Medicine Service guidance is a free NHS service, offered through your pharmacy (chemist), to help you understand your condition and get the most out of your new medicine.

Who is it for?

The service is for people who have received their first prescription for a medicine to treat any of the following conditions:

- asthma
- lung conditions such as chronic bronchitis and emphysema
- type 2 diabetes
- high blood pressure
- conditions where you take a medicine to control the way your blood clots.

How will it help me?

Between 30 per cent and 50 per cent of prescribed medicines are not taken as recommended. This means that a lot of medicines are wasted or are not as effective as they could be.

The service will:

- help you to find out more about the new medicine you are taking
- help to sort out any problems you are having with your new medicine
- give you a chance to ask questions about your medicine and discuss any concerns
- help to improve the effectiveness of your new medicine, for example, there may be an easier or better way to take it
- help you to make your own decisions about managing your condition
- help you to improve your health, which could lead to fewer GP and hospital visits.

The New Medicine Service guidance will help provide better value for you and the NHS by making sure that your medicines are right for you.

How does the service work?

When you are given your new medicine you will be asked if you want to sign up to the service, which will be provided in three parts. If you agree, you will need to sign a consent form to allow your pharmacist to share your information with other parts of the NHS (see opposite).

Step 1	Your pharmacist will give you information about your new medicine.
Step 2	<p>You will be invited to a meeting with your pharmacist between seven and 14 days after you first receive your medicine. You will be able to choose a time that suits you.</p> <p>This is a confidential conversation and will be provided in a private area within the pharmacy or if you prefer, you could choose to have the discussion over the telephone.</p> <p>Your pharmacist will ask you questions about how you are getting on with your new medicine, find out if you are having any problems and give you any information and support you need. You may have concerns or questions that you want to ask. You can ask anything at all about your new medicine.</p>
Step 3	Your pharmacist will arrange a follow-up discussion with you 14 to 21 days after step 2. You will be able to talk about how things are going with your medicine and ask for more advice if you need it.

Why do I need to sign a consent form?

In order to receive this service, you will be asked to give your consent for your pharmacist to share information from your New Medicine Service guidance discussions with:

- your GP, if necessary (for example if they need to change your medicine because you are having a problem with it)
- your primary care trust (PCT – the local NHS authority), to make sure that the service is being provided properly by your pharmacist
- your PCT, the NHS Business Services Authority and the Secretary of State for Health, to make sure your pharmacy is being paid the correct amount by the NHS for the service they have provided you.

If you do not give your consent you will not be able to use the service. However, when you first receive your medicines your pharmacist will still give you advice about them.

How can you prepare for your discussions with the pharmacist?

- Read the leaflet that comes with your new medicine.
- Make a note of questions you want to ask about your new medicine.
- Make a note of any concerns about your new medicine that you may want to discuss with your pharmacist.
- Bring your new medicine to the meeting with your pharmacist.

What happens after the two discussions?

- Everything may be okay with your new medicine and nothing else will need to happen.
- If you have had problems with the medicine, you may agree with your pharmacist to change the way you take it.
- Your pharmacist may recommend that your doctor reviews your new medicine. If this is needed your pharmacist will send a note to your doctor explaining the issues raised. You can have a copy of this note.

Appendix 6

NMS and MUR patient consent requirements

From 1 October 2011, where a patient agrees to participate in the New Medicine Service (NMS) or the Medicines Use Review (MUR) service they must sign a consent form which uses the following wording¹:

Consent to participate in the NHS New Medicine Service/NHS Medicines Use Review Service.²

I agree that the information obtained during the service can be shared with:

- my doctor (GP) to help them provide care to me
- the Primary Care Trust (PCT – the local health authority) or successor organisation to allow them to make sure the service is being provided properly by the pharmacy
- the Primary Care Trust (PCT) or successor organisation, the NHS Business Services Authority (NHSBSA) and the Secretary of State for Health to make sure the pharmacy is being correctly paid by the NHS for the service they give me.

¹ A template consent form can be downloaded from the PSNC website (www.psn.org.uk/nms).

² Delete as applicable the service name which does not apply.

Appendix 7

Interview Schedules

Interview Schedule – *Intervention*

<p>1. Have you had the chance to start taking your new medicine yet?</p>
<p>If the patient has not started taking the medicine then explore the reasons for this by moving to the non-adherence issues below. The pharmacist can then go back and address other reasons/concerns/need for information at the end of the interview.</p>
<p>2. How are you getting on with it?</p>
<p>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.</p>
<p>3. Are you having any problems with your new medicine, or concerns about taking it?</p>
<p>4. Do you think it is working? (Prompt: is this different from what you were expecting?)</p>
<p>This gives a chance to discuss that some patients will not feel any different if some of these drugs are working.</p> <p>Do they know what it is for?</p> <p>It would be useful to say a little about how the drug works. Some patients may feel happier and more content to take the medicine if they have a rational explanation of how the drug helps their condition.</p>
<p>5. Do you think you are getting any side effects or unexpected effects?</p>
<p>If the patient feels different it may lead them to change their behaviour, even though it is not a side effect of the drug. This may also be an opportunity to fill in a Yellow Card.</p> <p>This is an opportunity to discuss whether side effects are likely to be transitory and what can be done to minimise them. If severe, the pharmacist could suggest a return to the prescriber and possibly cessation of the drug.</p> <p>This could also alert to serious side effects that may occur and would involve an immediate need to take action.</p>

6. People often miss taking doses of their medicines, for a wide range of reasons. Have you missed any doses of your new medicine, or changed when you take it? (Prompt: when did you last miss a dose?)

This question may be a bit challenging so is further down the interview schedule – however on the other hand it may not need to be asked as the issues may already have emerged. It is necessary to explore the reason(s) why this has happened. Was it intentional or not? Was it appropriate (e.g. missing a morning dose of a diuretic because they had a long bus journey)?

Does the patient understand why the medicine is necessary?

The pharmacist will work to solve the issue if there is one to be solved.

7. Do you have anything else you would like to know about your new medicine or is there anything you would like me to go over again?

Interview Schedule – *Follow-up*

Depending on the conversation between the pharmacist and the patient at the intervention, not all the questions in the interview schedule for the NMS follow-up may be necessary.

1. How have you been getting on with your new medicine since we last spoke? (Prompt: are you still taking it?)

This is a general question to open up a natural dialogue and to see whether patients are still taking the new medicine.

2. Last time we spoke, you mentioned a few issues you'd been having with your new medicine. Shall we go through each of these and see how you're getting on?

Use the pharmacy records to refer to each of the issues that arose from the initial contact with the patient at the intervention stage. Issues may have arisen from any of the questions at the initial contact (e.g. problems/concerns, information needs, side effects, adherence issues).

**3. a. The first issue you mentioned was [refer to specific issue] – is that correct?
b. Did you try [the advice/solution recommended at the previous contact] to help with this issue?**

Use the pharmacy records to refer back to the advice or solution recommended to the patient. This question should be phrased according to the specific advice, information or solution offered to the patient at the intervention stage.

4. Did you try anything else?

This allows you to check whether patients received help or advice from elsewhere.

5. Did this help? (Prompt: how did it help?)
Document the outcome from the issue.
6. Is this still a problem or concern?
The question above may give you the answer to this already but if not, it allows you to clearly establish whether or not the problem/concern is still an issue. If the problem/concern is still there then the patient will need to be referred appropriately before exiting the service. <i>Repeat Questions 3-6 for each issue that the patient discussed at the Intervention stage.</i>
7. Have there been any other problems/concerns with your new medicine since we last spoke?
If new problems exist then the patient will need to be referred appropriately, as mentioned above.
8. People often miss taking doses of their medicines, for a wide range of reasons. Since we last spoke, have you missed any doses of your new medicine, or changed when you take it? (Prompt: when did you last miss a dose?)

Notes for the Interview Schedule

Although the questions for use during the intervention and follow-up are in a structured format, the style of delivery will be key in making sure the patient feels relaxed and that they will not be judged by their responses.

It may be that a patient gives a response which prompts the pharmacist to ask a question which is further down the list. Pharmacists should use these questions to shape their conversation with the patient; there is not an absolute requirement to use the questions in a rigid manner, as this may prevent the patient from obtaining the maximum benefit from the discussion. However pharmacists should be aware that the questions have been carefully structured, with academic input from the fields of pharmacy and psychology, in order to enable the pharmacist to obtain the maximum amount of information from the patient's perspective as is possible.

To download a copy of this form, go to www.nhsemployers.org/nms or www.psnc.org.uk/nms

Appendix 8

Feedback Form to GP practice



To: GP Practice Name

Date

Re. Patient name

DOB:

NHS number:

Patient address

This patient was recently enrolled on the NHS New Medicine Service guidance following the prescribing of:

Medicine name

I am writing to inform you of a matter that has arisen during provision of the service which requires your consideration:

- Potential drug interaction(s)
- Potential side effects/adverse drug reaction preventing use of medicine
- Patient reports not using medicine any more
- Patient reports never having started using medicine
- Patient reports difficulty using the medicine – issue with device
- Patient reports difficulty using the medicine – issue with formulation
- Patient reports lack of efficacy
- Patient reports problem with dosage regimen
- Patient reports unresolved concern about the use of the medicine
- Other (see comments below).

Further information/comments/possible action:

I have advised the patient that, where appropriate, the practice will contact them regarding this matter after considering the above information. Please provide any necessary feedback to me on the outcome.

Pharmacist Name

Telephone:

Pharmacist

Pharmacy Name

Address 1

Address 2

Address 3

Postcode

To download a copy of this form, go to www.nhsemployers.org/nms or www.psnc.org.uk/nms

Appendix 9

Record keeping requirements

Pharmacy records for the service will be maintained to support the delivery of the service and audit. Pharmacy contractors will need to maintain records of the following for each patient who receives the NMS:

- a. date and method of entry to service:
 - a. patient referred from GP practice
 - b. patient identified in the pharmacy
- b. patient demographic details:
 - a. name
 - b. address
 - c. gender
 - d. date of birth
 - e. NHS number (where available)
 - f. ethnicity
- c. registered GP practice
- d. condition(s)/therapy area(s) of new medicine:
 - Asthma and COPD
 - Diabetes (Type 2)
 - Antiplatelet/Anticoagulant therapy
 - Hypertension
- e. name of new medicine(s)
- f. date and method of intervention and date and method of follow-up:
 - a. face-to-face in the pharmacy
 - b. telephone
- g. healthy living advice provided at each stage of the service (i.e. *recruitment*, *intervention* and *follow-up*). This data may be collated using the following standard descriptors:
 - a. diet and nutrition
 - b. smoking
 - c. physical activity
 - d. alcohol
 - e. sexual health
 - f. weight management
- h. where appropriate, reason why a patient does not take part in the intervention phase of the service:
 - a. prescriber has stopped new medicine

- b. patient has withdrawn consent for information sharing
 - c. patient has withdrawn consent to receive the service
 - d. patient could not be contacted
 - e. other
- i. matters identified during the discussion with the patient at the intervention. This data should be captured using the following standard descriptors:
- a. patient reports using the medicine as prescribed
 - b. patient reports not using the medicine as prescribed
 - i. patient has not started using the medicine
 - ii. prescriber has stopped new medicine
 - iii. patient is not using the medicine in line with the directions of the prescriber
 - iv. patient reports missing a dose in the past seven days
 - c. patient reports need for more information about the medicine (information needs will be addressed by the pharmacist and this will be captured in the data set out below)
 - d. patient reports side effects
 - e. patient reports negative feelings about the medicine (the pharmacist should provide further details about this using a free text box)
 - f. patient reports uncertainty on whether the medicine is working
 - g. patient reports concern about remembering to take the medicine
 - h. patient reports difficulty using the medicine due to its pharmaceutical form/formulation
 - i. other – free text option

If the NMS relates to more than one medicine for an individual patient, this data should be captured for each medicine.

- j. outcome of the discussion with the patient at the *intervention*. This data should be captured using the following standard descriptors:
- a. action taken/to be taken by pharmacist:
 - i. information provided – interactions with other medicines
 - ii. information provided – why am I using the medicine/what is it for
 - iii. information provided – how to use the medicine
 - iv. information provided – correct dose of the medicine
 - v. information provided – effects of the medicine on the body/how it works
 - vi. information provided – why should I take the medicine
 - vii. information provided – timing of the dose
 - viii. information provided – interpretation of side effect information
 - ix. advice provided – reminder strategies to support use of medicine
 - x. advice provided – change to timing of doses to support adherence
 - xi. advice provided – how to manage or minimise side effects
 - xii. Yellow card report submitted to MHRA
 - xiii. reminder chart/MAR chart provided
 - xiv. referral – patient's issues raised with the new medicine need to be considered by the prescriber. The reason(s) for the referral should be captured using the following standard descriptors:

1. drug interaction(s)
 2. potential side effect(s)/adverse drug reaction preventing use of medicine
 3. patient reports not using medicine any more
 4. patient reports never having started using medicine
 5. patient reports difficulty using the medicine
 - a. issue with device
 - b. issue with formulation
 6. patient reports lack of efficacy
 7. patient reports problem with dosage regimen
 8. patient reports unresolved concern about the use of the medicine
 9. other – free text option
 - xv. other action – free text option
- b. action for patient to take:
- i. carry on using medicine as prescribed
 - ii. use medicine as agreed during the *intervention*
 - iii. Submit yellow card report to MHRA
 - iv. other action – free text option

If the NMS relates to more than one medicine for an individual patient, this data should be captured for each medicine.

- k. where appropriate, reason why a patient does not take part in the *follow-up* phase of the service:
- a. prescriber has stopped new medicine
 - b. patient has withdrawn consent for information sharing
 - c. patient has withdrawn consent to receive the service
 - d. patient could not be contacted
 - e. other
- l. matters identified during the discussion with the patient at the *follow-up*. This data should be captured using the following standard descriptors:
- a. patient reports using the medicine as prescribed
 - b. patient reports not using the medicine as prescribed
 - i. patient has not started using the medicine
 - ii. prescriber has stopped new medicine
 - iii. patient is not using the medicine in line with the directions of the prescriber
 - iv. patient reports missing a dose in the past seven days
 - c. patient reports need for more information about the medicine (information needs will be addressed by the pharmacist and this will be captured in the data set out below)
 - d. patient reports side effects
 - e. patient reports negative feelings about the medicine (the pharmacist should provide further details about this using a free text box)
 - f. patient reports uncertainty on whether the medicine is working
 - g. patient reports concern about remembering to take the medicine
 - h. patient reports difficulty using the medicine due to its pharmaceutical form/ formulation
 - i. other – free text option

If the NMS relates to more than one medicine for an individual patient, this data should be captured for each medicine.

- m. outcome of the discussion with the patient at the *follow-up*. This data should be captured using the following standard descriptors:
 - a. action taken/to be taken by pharmacist:
 - i. information provided – interactions with other medicines
 - ii. information provided – why am I using the medicine/what is it for
 - iii. information provided – how to use the medicine
 - iv. information provided – correct dose of the medicine
 - v. information provided – effects of the medicine on the body/how it works
 - vi. information provided – why should I take the medicine
 - vii. information provided – timing of the dose
 - viii. information provided – interpretation of side effect information
 - ix. advice provided – reminder strategies to support use of medicine
 - x. advice provided – change to timing of doses to support adherence
 - xi. advice provided – how to manage or minimise side effects
 - xii. Yellow card report submitted to MHRA
 - xiii. reminder chart/MAR chart provided
 - xiv. referral – patient’s issues raised with the new medicine need to be considered by the prescriber. The reason(s) for the referral should be captured using the following standard descriptors:
 - 1. drug interaction(s)
 - 2. potential side effect(s)/adverse drug reaction preventing use of medicine
 - 3. patient reports not using medicine any more
 - 4. patient reports never having started using medicine
 - 5. patient reports difficulty using the medicine
 - a. issue with device
 - b. issue with formulation
 - 6. patient reports lack of efficacy
 - 7. patient reports problem with dosage regimen
 - 8. patient reports unresolved concern about the use of the medicine
 - 9. other – free text option
 - xv. other action – free text option
 - b. action for patient to take:
 - i. carry on using medicine as prescribed
 - ii. use medicine as agreed during the *follow-up*
 - iii. Submit yellow card report to MHRA
 - iv. other action – free text option

If the NMS relates to more than one medicine for an individual patient, this data should be captured for each medicine.

Appendix 10

Requirements for reporting to PCTs

Each participating pharmacy must complete the reporting template (a standard spreadsheet defined by NHS Employers/PSNC) by collating the necessary data from pharmacy records within ten working days from the last day of June, September, December and March. Completed templates must be provided to the PCT or successor organisation on request (which may be an ongoing request).

The following data will be requested on the spreadsheet:


- a. Pharmacy ODS code
- b. Pharmacy name
- c. Pharmacy address (first line)
- d. Outcome of discussion with patient at the patient engagement stage
 - i. Number of patients declined the offer of the service
 - ii. Number of patients recruited
- e. Outcome of the discussion with the patient at the intervention stage (using the standard list of descriptors below):
 - i. Number of patients who did not attend/non-contactable/withdrew consent
 - ii. Number of patients whose prescriber has stopped the medicine
 - iii. Number of completed interventions
 - iv. Number of patients to whom information was provided
 - v. Number of patients to whom advice was provided
 - vi. Number of yellow card reports submitted to MHRA
 - vii. Number of patients referred to GP
- f. Outcome of the discussion with the patient at the follow-up stage (using the standard list of descriptors below):
 - i. Number of patients who did not attend/non-contactable/withdrew consent
 - ii. Number of patients whose prescriber has stopped the medicine
 - iii. Number of patients adherent
 - iv. Number of patients non adherent
 - v. Number of patients to whom information was provided
 - vi. Number of patients to whom advice was provided
 - vii. Number of yellow card reports submitted to MHRA
 - viii. Number of patients referred to GP

- g. Number of patients in each condition/therapy group (using the standard list of descriptors below):
 - i. Asthma and COPD
 - ii. Antiplatelet/anticoagulant therapy
 - iii. Hypertension
 - iv. Type 2 diabetes
- h. Number of completed NMS claimed for
- i. Number of patients provided with healthy lifestyle advice at each of the following stages of the service:
 - i. Patient engagement
 - ii. Intervention
 - iii. Follow-up

To download a copy of this form, go to www.nhsemployers.org/nms or www.psnc.org.uk/nms

Appendix 11

Advanced Service Declaration Form

Advanced Services Declaration Form			
New Medicine Service guidance Implementation Payment Claim		Prescription Services	
To: Organisational Data Team NHS Prescription Services Bridge House 152 Pilgrim Street Newcastle upon Tyne NE1 6SN		Pharmacy or branch stamp	
Contractor account details			
ODS Code (F Code)			
Pharmacy name			
Trading name <i>(if different)</i>			
Address			
Postcode			

Contractor declaration			
<p>I hereby submit a declaration to NHS Prescription Services informing them that the advanced service of New Medicine Service guidance is being offered by the above named contractor at or from the above named pharmacy and to make a claim for one implementation payment of £750 in 2011-12 only.</p> <p>I certify that the service has been completed a minimum of six times prior to 31 March 2012 and that:</p> <ul style="list-style-type: none"> • the service is delivered by pharmacists that have the knowledge and skills required to deliver it and the required supporting documentation has been provided by them to me • the pharmacy premises meet the requirements of the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2011 • a Standard Operating Procedure (SOP) for the service is in place • all dispensing staff are aware as required of the service and the eligibility criteria • the contractor has been in communication with local GP practices about the service 			
Claim made by: (authorised signature)		Telephone number: (in case of queries)	
Name: (please print name)		Position:	
Date:			

The implementation payment can only be claimed in the financial year 2011-12. The final date for submitting this claim to NHS Prescription Services is 5 April 2012. Any claims submitted after this date will not be processed or paid.

To download a copy of this form, go to www.nhsbsa.nhs.uk

NHS Employers

The NHS Employers organisation is the voice of employers in the NHS, supporting them to put patients first. Our vision is to be the authoritative voice of workforce leaders, experts in HR, negotiating fairly to get the best deal for patients.

We work with employers in the NHS to reflect their views and act on their behalf in four priority areas:

- pay and negotiations
- recruitment and planning the workforce
- healthy and productive workplaces
- employment policy and practice.

The NHS Employers organisation is part of the NHS Confederation.

Contact us

For more information on how to become involved in our work, email getinvolved@nhsemployers.org

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