



The New Medicine Service

Supporting patients with their medicines

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Background to the NMS

- Estimated 15 million patients in England have a long term medical condition
- 813.3 million NHS prescriptions dispensed by community pharmacies in England in 2009-10
- The optimal use of appropriately prescribed medicines is vital to the self-management of most LTCs
- It is estimated that between 30 and 50 per cent of prescribed medicines are not taken as recommended
- This can lead to sub-optimal medicines use which can in turn lead to inadequate management of the LTC and a cost to the patient, the NHS and society

The New Medicine Service

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.

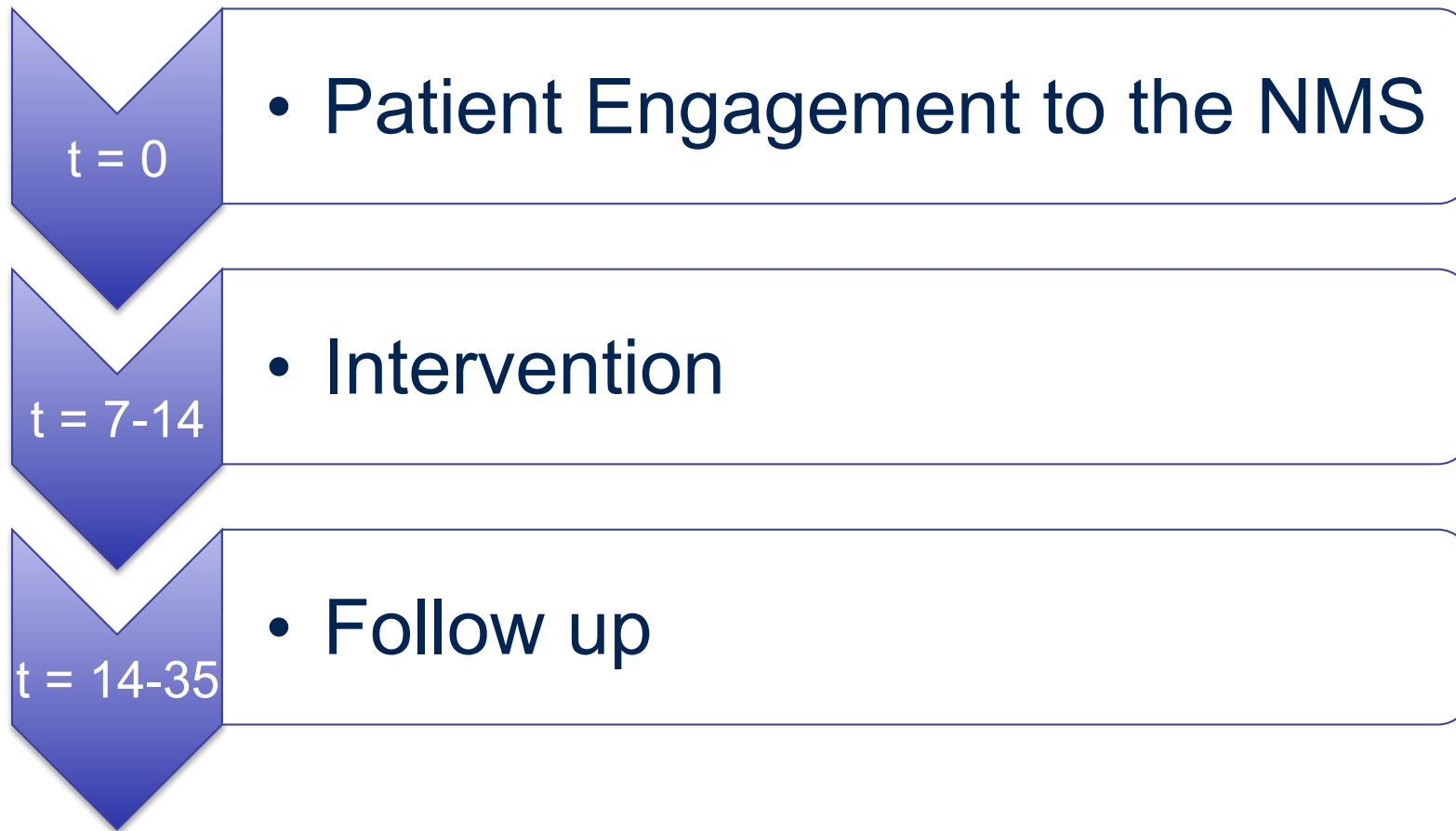
Aims and intended outcomes

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.

What is the NMS?



Intervention and Follow Up

Intervention (7 - 14 days after initial prescription)

- Face to face or telephone consultation
- Identify issues with adherence
- Identify any problems with medicine
- Identify any additional support required

Outcomes: Continue with service to follow up or referral to GP (exit NMS)

Follow up (14 – 21 days after intervention)

Face to face or telephone conversation

Revisit issues identified at intervention, assess level of resolution

Eligibility

Patients started on a new medicine for one of:

- Asthma/COPD
- Hypertension
- Diabetes (Type II)
- Anti-platelet/Anti-coagulant

Driven by a published list of eligible medicines

Entry routes

- Pharmacy
- GP referral
- Referral by health professional in secondary care



Implementation of the NMS

Pre-implementation 2011 - What happened and when?

Date	What happened
March	The PSNC announced that the New Medicine Service had been agreed with Department of Health
May	The PSNC announce that the NMS will be introduced on 1 st October
	Provisional service specification released
August and early September	Pharmacists received NMS training pack from CPPE
	Roadshows around the country
	Employers provide training
September 14 th	The wording for consent forms published
September 23 rd	The legal framework was published
September 30 th	Pharmabase module released
October 1 st	NMS begins
November 2 nd	Final service specification released

Pre-implementation Work – What did I do?

In August and September 2011

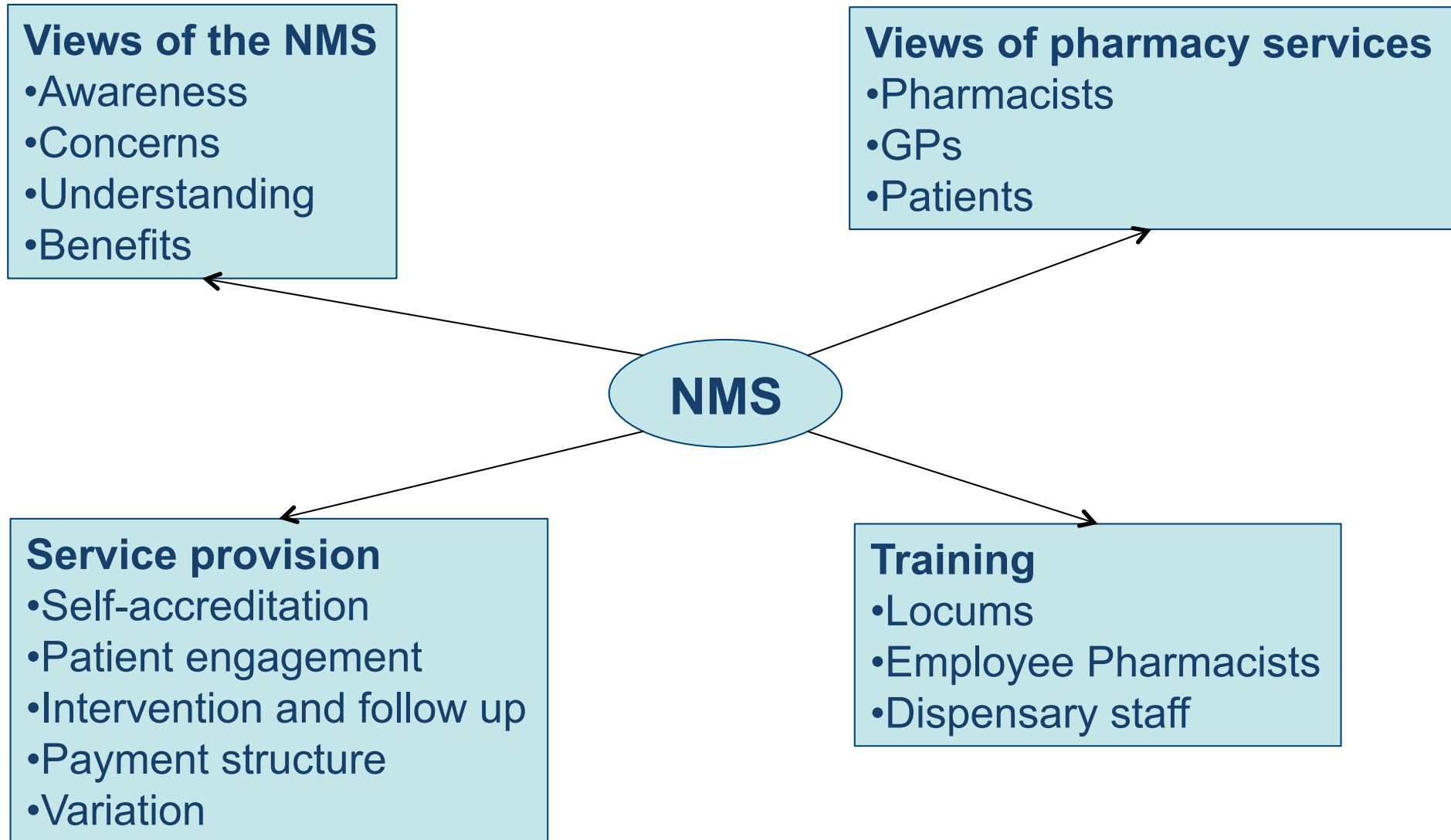
Four focus groups with 15 community pharmacists representing:

- Locums
- Employees of independents, small, medium and large chain pharmacies.

• Semi-structured interviews with 5 superintendent pharmacists representing:

- Supermarket pharmacies
- Independent pharmacies
- Small and medium chain pharmacies
- Large multiple pharmacies

The focus groups and interviews were audio recorded, transcribed verbatim and thematically analysed.



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NMS overhaul to reward every delivery

EVERY completed new medicine service intervention will earn contractors between £20 and £28, with no penalties for missing targets, it was announced this week.

From May 2012, contractors will be rewarded for every NMS intervention provided — instead of having to reach a target number of interventions to qualify for payment (see Panel).

The overhaul of the NMS payment structure was announced by the Pharmaceutical Services Negotiating Committee, in conjunction with NHS Employers.

Contractors who provided the service between October 2011 and April 2012, but who fell below the first target level or between target levels, will receive a “loyalty payment” of £20 and £25 per intervention, respectively, the PSNC also revealed. The back payment will be calculated automatically by the NHS Business Services Authority and paid on 1 August 2012.

PSNC chief executive Sue Sharpe said the revised arrangements, negotiated with the De-

partment of Health, will provide a fair reward for contractors providing the NMS. She said: “We hope the new payments will encourage all contractors to build this valuable service into their practice.”

Talks between the PSNC and the DoH over the service’s payment model began last November, after it emerged that pharmacists were paid for less than half of the interventions they carried out in the first month of the NMS.

NEW PAYMENT STRUCTURE

For each target payment band, the number of interventions that must be delivered each month will be calculated according to the volume of items dispensed at the pharmacy each month.

The maximum number of paid interventions (100 per cent target) is set at 0.5 per cent of contractors’ monthly prescription volume — eg, a pharmacy that dispenses 1,000 items per month will be paid for no more than five NMS interventions each month. According to the new payment structure:

- All completed interventions that fall below the 20 per cent target will be paid at £20 each (under the current arrangement, contractors are not paid if they fail to reach the 20 per cent target).
- If the 20 per cent target is reached, all completed interventions will be paid at £25 each.
- If the 40 per cent target is reached, all completed interventions will be paid at £26 each.
- If the 60 per cent target is reached, all completed interventions will be paid at £27 each.
- If the 80 per cent target is reached, all completed interventions will be paid at £28 each.

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Understanding and Appraising the New Medicine Service in England

A project funded by the Department of Health



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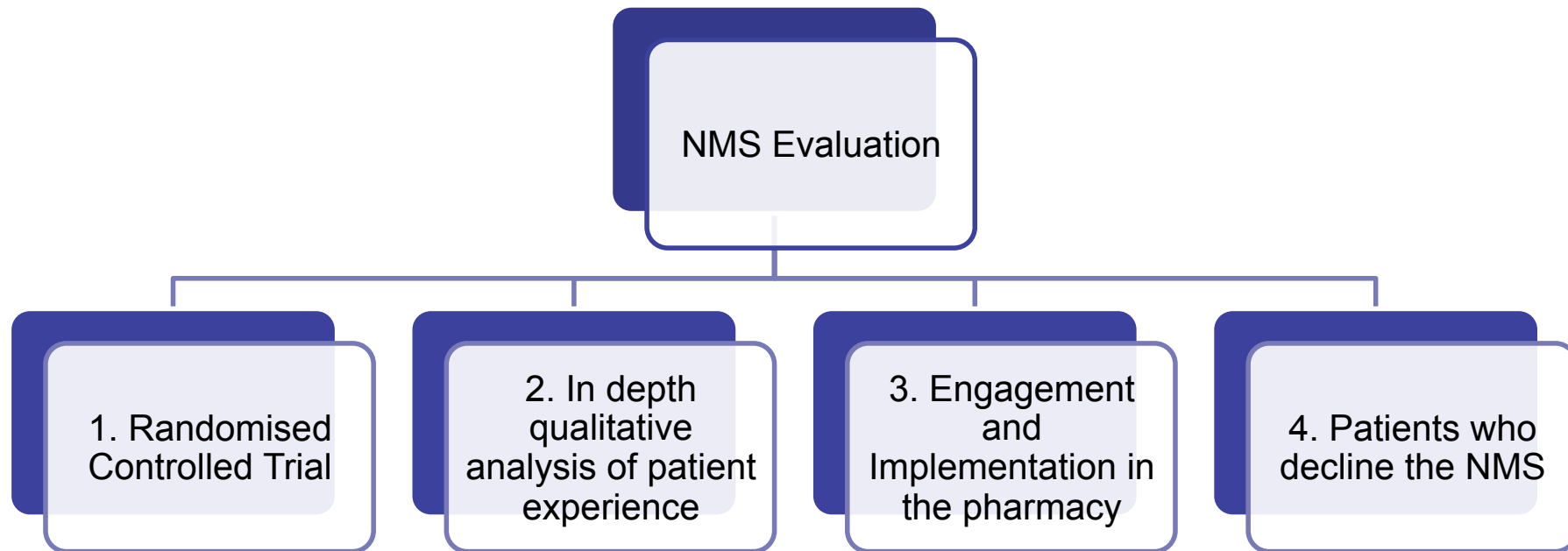
Primary Objectives

1. Evaluate the impact of the new medicines service (NMS) on patient medicines-taking behaviour, patient outcomes, and cost-effectiveness from an NHS perspective.
2. Explore the operation of the NMS, the complexity and nature of resulting consultations in terms of patient engagement, advice-giving and support.
3. Determine acceptability to stakeholders, reasons for success or lack of success, feasibility within the service delivery environment and generalisability and replicability across disease indications and community pharmacy settings.

Secondary Objectives

4. Determine patients' understanding of their medicines and the extent to which they are informed and supported in their medicines-related behaviour.
5. Examine whether NMS encourages pharmacovigilance by community pharmacists and patients.
6. Characterise patient (and/or carer) and professional experience.
7. Explore inter-professional and patient-professional relationships.
8. Inform and support future implementation and support development of outcome and quality measures for community pharmacy.

Structure of the study



1 . Randomised Controlled Trial

- 500 Patients randomised to receive:
 - NMS or
 - “Current practice”
 - Matched by each of the four disease states
 - Approximately 20 over 3 geographic areas
- Adherence and health status data will be collected at:
 - Baseline; 6 weeks; 10 weeks; 26 weeks
- Patients will be asked to record any contacts with health and social care providers over the 26 week period

2 & 3. In depth analysis of patient experience and implementation

- Tracking of individual NMS patients
 - Pre-consultation interview with patient and pharmacist
 - Observations of the consultation
 - Follow-up interview with pharmacist and patient
- Interviews with pharmacists and pharmacy staff
 - Identifying strategies and examples of good practice
 - (Policy stakeholders views via JD and KW PhDs)
- Interviews with GPs
- Interviews with under-represented patients

4. Patients who decline the NMS

- Establish the reasons why patients do not want to receive the NMS
- Short questionnaire with the option of a 5-10 minute telephone interview
- Previous work on Medicine Use Reviews (MURs) has identified that in the majority of cases patients rarely report the true reasons in the pharmacy for declining

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