

How to make a success of MURs

Lin-Nam Wang, *The Journal's* senior contributions editor and community pharmacist, recently attended an event organised by Barnet Primary Care Trust and run by UniChem, where community pharmacists shared their experiences and tips for improving medicines use review services. This article is based on the presentations and discussions



Chris Rose

MURs are a good opportunity to build relationships with patients

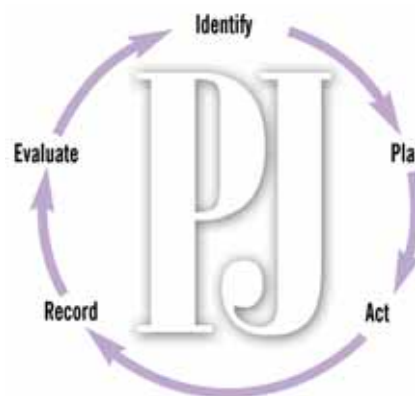
Unlike many GPs, who have reaped maximum financial rewards under the general medical services contract, pharmacists seem to be in danger of missing the boat, according to the latest medicines use review (MUR) figures from the Prescription Pricing Division. MUR is an advanced service that community pharmacists in England and Wales have had the option of offering since April 2005. This financial year (2006/07), £15m is up for grabs across England and Wales and, at £25 each, pharmacies can claim between £5,000 (those who did not have arrangements to provide advanced services in place before October 2006 will be paid for up to 200 MURs) and £10,000 (400 MURs for those who had arrangements in place). However, figures for November 2006 indicate that only about 40 per cent of contractors in England are claiming any MUR payments. Many are nowhere near the 400 mark.

Why do pharmacists seem to be having difficulty? According to Meera Sharma, professional services manager at UniChem, the three main barriers to MURs are time management, staff training and gaining GP "approval". Research by UniChem also shows that lack of confidence is a significant factor.

What an MUR is

An MUR is not a clinical medication review, as defined by the Medicines Partnership. That requires the reviewer to have access to the patient's medical notes. An MUR, rather, establishes a picture of medicines use with a patient and should normally not take more than 20 minutes. Another term that has been used with MUR is "prescription intervention". This is when an issue is raised during the normal dispensing process and, through talking to the patient, the need for an MUR becomes apparent. Interventions made during dispensing can lead to MURs.

If you plan properly, you will be confident that the pharmacy is running smoothly while you are busy in your counselling area



Identify knowledge gaps

1. What is the difference between a medicines use review and a prescription intervention?
2. List three key factors for making MURs a successful service.
3. Will you be claiming a maximum MUR payment this year?

Before reading on, think about how this article may help you to do your job better. The Royal Pharmaceutical Society's areas of competence for pharmacists are listed in "Plan and record", (available at: www.rpsgb.org/education). This article relates to "making a positive contribution to patients' good health" (see "Plan and record").

The essential requirements

In order to offer the service, several requirements must first be met:

- **Pharmacist** The pharmacist performing the MUR must be accredited to do so by a higher education institution (see Resources). By February 2007 about a half (13,611) of community pharmacists in England and Wales were accredited.
- **Premises** The pharmacy must have a consultation area where the pharmacist and patient can sit down and talk without being overheard and, according to the Pharmaceutical Services Negotiating Committee, the area should be signed as a private consultation area. Pharmacy contractors should certify to their primary care organisation (PCO) that their pharmacy meets these requirements.
- **Patient** Pharmacists can only conduct an MUR with patients who have been having prescriptions dispensed at the pharmacy for three months (in England, this does not apply to MURs triggered by a prescription intervention) and who are taking multiple medicines or have long-term conditions. Some PCOs might

ask pharmacists to target specific groups (eg, patients with hypertension). An MUR can be carried out with the same patient every year.

Plan and prepare

Good planning and preparation are essential for a successful MUR service. To free time for MURs, pinpoint daily activities that are being carried out by the pharmacist but which can easily be done by a non-pharmacist. One method to improve time management is to jot down what you do every 20 minutes. These activities can then be prioritised and delegated. For example, a member of staff can be made responsible for answering the telephone and can be trained to decide whether or not the pharmacist is needed.

Devolving responsibilities and empowering staff will not only free time, but it will help the pharmacy run efficiently. "If you plan properly and robustly, you will be confident that the pharmacy is running smoothly while you are engaged in your counselling area. If your plans are robust, your business will not fail. Everything will carry on working," said Richard Balcon, NHS services manager, UniChem. Mr Balcon also pointed out that planning includes having standard operating procedures for the service in place.

Involve staff Staff can be good at promoting MURs as a service so pharmacists should show their staff what an MUR involves and make sure they can explain the benefits. "You cannot do MURs on your own. If you do not get your staff involved, it will be difficult," Mr Balcon said. Some pharmacists prefer to select patients themselves, but pharmacy staff can still be trained to book appointments, telephone patients and deal with some of the paperwork.

Bring GPs on side Good preparation also means communicating the service to local GPs. Although pharmacists do not need consent from GPs to perform MURs, Mr Balcon advised that MURs should be looked at as part of a continuing package — a step towards other services. "If you want to work with someone, it is better to inform them. This should be the start of a relationship and pharmacists should get used to going to practices because practice-based commissioning is on the horizon," he explained. "Do not just start sending the forms in when the GPs do not know about it. Speak to the practices so they know what value pharmacists can add," he said. Through this and building good relationships some pharmacists have even managed to get their GPs to write "suitable for MUR" on repeat prescriptions. In terms of planning and preparation, pharmacists should aim to:

- Find out what information the GP will want on the MUR form
- Agree a referral procedure (some pharmacies have agreed to use practice pharmacists as their point of contact and they can be good intermediaries)



Patients' expectations need to be met

An MUR establishes a picture of medicines use with a patient

Selling and marketing

Not many pharmacists are experts in sales or marketing, but these are skills that are becoming more important in community pharmacy. A simple marketing practice is to use information leaflets to tell people about the MURs but other marketing materials available include posters and appointment cards (see Resources). More difficult, however, is changing patients' attitudes. In effect, pharmacists need to re-educate patients. For example, people who have never before had to book an appointment to see their pharmacist may, understandably, find this strange at first. "In the past, pharmacists used to take pride in getting the patient out in two minutes. MUR turns that on its head. Now you want the patient to stay for 20 minutes," Mr Balcon added. One of Mr Balcon's suggestions for emphasising the professional service available in pharmacies is to always try to use the counselling area — not just when doing an MUR.

For MURs, pharmacists have two customers they need to sell to: patients and GPs. To sell something to someone, the benefits of that to the person need to be highlighted. So, before talking to people about the service, pharmacists need to have thought about these and have them ready to hit the potential "customer" with four or five key points.

Benefits to patients "Whatever you say must register in the patient's mind the fact that the MUR is going to be worthwhile. It should be something that will grab attention," Mr Balcon advised.

Karen Spooner, community pharmacy services adviser for Barnet PCT, recommended using a patient oriented outcome: "Focus on something specific, such as asthma. For example, you could say 'I've noticed that you use your blue inhaler more than your brown one and I'd like us to sit down and talk about it'." The benefit could be highlighted with a statement like "I think it would be useful for you".

According to Mr Balcon, the opening remark is also vital — if you ask someone "can I help you?" an automatic reaction is "no" — so pharmacists should think about what they or their staff can say. For example, one pharmacist has had a lot of success by asking his staff to say "the NHS would like everyone to have a medicines check-up. When would you like yours done?"

Giving information about the service (eg, "it's a new NHS service" or "it's free") can also help. However, locum pharmacist Ketan Chande does not advocate emphasising that MURs are free. "We have invested in offering blood pressure, diabetes and cholesterol tests and because they are free, people do not value them. Many [patients] do not turn up for appointments because they do not lose anything," he said.

Underpinning the whole MUR service, from marketing it to performing the review itself, must be good communication. Pharmacists need to think about how they

talk to people and use language they can relate to or understand. For example, the term “medicines use review” has been criticised and “medicines check-up” or “medicines MOT” have been suggested.

Benefits to GPs GP performance is now measured using the quality and outcomes framework (QOF) and if your MUR service can help GPs with their QOF indicators, they will pay attention. For example, GPs need to keep a record of smoking status for patients with coronary heart disease and pharmacists could easily gather this information when doing MURs. MURs can also be promoted as highlighting patients who need a full clinical review.

According to Ms Spooner, a big selling point for MURs is that GPs do not actually know if people leave the surgery and take their medicines as directed; MURs can confirm whether or not this happens as well as being an opportunity to support compliance. To illustrate the value of MURs, Ms Sharma recommends pharmacists give examples of successes they have already had with patients.

Increased compliance leads to another selling point: cost savings. Pharmacists tend to know more about price fluctuations than GPs so could support cost-effective prescribing, one participant suggested. However, Ms Spooner warned: “It is important to be aware of your PCT’s prescribing recommendations.” In addition, “Be careful not to bombard GPs with information. Pay attention to what is important to them and work with them to identify patient priorities,” she said.

Working together with neighbouring pharmacies could be an advantage. A practice might prefer to speak to one pharmacist rather than going through what MURs are six times so one option would be for pharmacies to co-operate and send one spokesperson on their behalf. That way, the group could choose the best and most confident presenter. On the other hand, GPs may be more receptive to a few pharmacists than just one, so an alternative would be to arrange one meeting with local pharmacists and GPs.

Opportunistic vs appointment

Some pharmacists prefer to do MURs opportunistically whereas others prefer to make appointments with patients. “I find the appointment system doesn’t work and that it is easier to do [the MUR] there and then,” said Raksha Patani, who has done over 400 reviews at Boots The Chemists. However, the benefit of making an appointment is that you have the choice of conducting MURs when the business is quiet. Pharmacists who choose to use an appointment system are recommended to give patients an appointment card and to telephone them 24 hours before the appointment to remind them to attend. If, at that point, they find out patients cannot come, then at least they have an opportunity to rebook.

More MUR tips

- Practise doing MURs with your staff. That way, you build confidence and your staff have a better idea of what the service is.
- Build confidence gradually — start slowly, with uncomplicated patients or with friendly regular patients.
- Keep details like patients’ telephone numbers so that you can telephone them after 12 months to invite them for another MUR.
- Look for opportunities. Take advantage of switches. For example, GPs who are switching patients from atorvastatin to simvastatin might not have time to explain the change to their patients. Pharmacists could do this as part of an MUR.
- Use a large diary to keep details in.
- Think laterally — if you are doing other services, such as smoking cessation, you can offer to do an MUR.
- Persevere! Do not be put off by those who say no. Do not let that dent your confidence. If your offer is refused, you can always get them the second time round — you can break the ice on your first offer and get them on your second offer.
- Focusing on a condition (eg, hypertension) can help you pick out good potential candidates for an MUR.
- Offer to do an MUR while the patient is waiting for his or her prescription to be dispensed.
- Prepopulate the MUR form.
- Use the resources available — there are lots of organisations willing to provide support, including the PSNC and wholesalers.

The review

According to Mr Balcon, some MURs will take five minutes and some will take 20 minutes, but on average, they take about 15 minutes. However, it is important to agree a time with the patient. In addition, for about 80 per cent of the time the patient should be talking and the pharmacist listening. Other good practices include:

- Thinking about what visual signals the patient is giving (eg, is he frowning or nodding his head?)
- Using open questions — questions that the person cannot logically answer “yes” or “no” to (these usually start with words like what, where, when, how and why)
- Using patient friendly messages, not British National Formulary language
- Working out the patient’s priority

Meeting a patient’s expectation is vital. “It is not easy. Sometimes you have questions prepared but [the MUR] should be about what patients think is important,” commented community pharmacist Nitin Gudka.

MUR forms

Another obstacle to a successful MUR service is the need to fill in the four-page MUR form. Not only can this be time-consuming, but the current form has been criticised for being too lengthy and detailed, leading to many GPs to ignore them (*P&MM* December 2006, pPM1). Some pharmacies have invested in an IT system that prepopulates the form whereas others have trained their staff to do this but, for pharmacists who are short of time, “remember that the form does not have to be completed immediately — the patient can always come back and collect his or her copy,” Mr Balcon added. Alternatively, the patient’s copy can be posted.

To encourage GPs to look at the forms, those requiring action can be highlighted and put on top of the pile so GPs know who the priority patients are. Similarly, if no problems are found, the form could be clearly marked “information only”. An awareness of practical issues that might act as deterrents — this is where good communication with practices comes in again — is an advantage. For example, some GPs scan MUR forms into their patient records, but they cannot do this with their yellow copy. An awareness of this means the problem can be easily solved by sending the GP the white copy instead.

Thought also needs to go into what goes on the form. “Do not make inappropriate suggestions on the form. Before sending a form, read it back to yourself and think about the language and what the GP will think. Softer language contains words like ‘consider’ and ‘if appropriate’,” Ms Sharma advised. Saila Lakhani, medicines management pharmacist at Harrow PCT, has been looking at completed MUR forms. “Pharmacists need to sell their skills. If you include information that will be useful to GPs they will be more likely to look at the forms. For example, if you have talked to a patient with

asthma and checked his inhaler technique, write this down. Similarly, if you have given lifestyle advice, write 'lifestyle advice given,'" she said.

The PSNC and the Department of Health has been testing a new design for the MUR form which aims to be more user-friendly. (*PJ*, 27 January, p97). The PSNC aims to see the form changed "as soon as possible".

Outcomes

Action by the patient's GP as a consequence of an MUR is not required in order for a review to be valid. Sometimes, all the patient requires is reassurance — people like to know that they are doing things correctly. Other times, a simple action can make a big difference to patients. Examples given by Barnet pharmacists included switching a patient using hypromellose several times a day to a longer acting preparation and telling a patient that his diuretic should be taken in the morning instead of at night. "If you get [the MUR] right, your patients will advertise your service for you, by word of mouth," Mr Balcon said.

Upping those figures

According to Mr Balcon, pharmacies should have targets in place and all pharmacy staff should be kept informed of them and progress. "Breaking [the target] down into the smallest common denominator, for example, eight patients a week, can make it appear easier," he added. Some pharmacies have found it helpful to offer staff incentives. One contractor suggested hiring a locum pharmacist just to do MURs and splitting the payment. "You can gain part of £25 or nothing," he said. However, care is needed in terms of quality versus quantity — "you want to build loyalty," he added.

Once the service is up and running, pharmacists could improve on it still by talking to other pharmacists about MURs and returning to the practices to review the system and make sure they are happy. The Panel on p317 lists more MUR tips from pharmacists.

The stark facts

The DOH and NHS have made it clear that they are no longer willing to pay for simple supply services. "Two years ago, the MUR money was pharmacists' as of right. Now you have to carry out additional work to get it. If pharmacies do not claim this money it may affect future funding of advanced services," said Michael Levitan, secretary of Barnet, Enfield and Haringey Local Pharmaceutical Committee. It was also suggested at the meeting that it was not impossible that, in future, MUR could become an essential service

Share your MUR experiences

PJ Publications is inviting community pharmacists to send in MUR case studies (the patient should be anonymous) for publication in *Prescribing and Medicines Management*. If you would like to share your MUR interventions contact Lin-Nam Wang (e-mail: lin-nam.wang@pharmj.org.uk; tel: 020 7572 2413)



Noel Baumber, Barrowbygate pharmacy

MURs should usually be performed in a designated consultation area

Action: practice points

Reading is only one way to undertake CPD and the Society will expect to see various approaches in a pharmacist's CPD portfolio.

1. Conduct an MUR and share your experience with a pharmacist colleague.
2. Review your MUR system with your local GPs.
3. Write down three barriers and solutions to conducting your full quota of MURs in the next financial year.

Evaluate

For your work to be presented as CPD, you need to evaluate your reading and any other activities. Answer the following questions: What have you learnt? How has it added value to your practice? (Have you applied this learning or had any feedback?) What will you do now and how will this be achieved?

and everyone would have to do it — so pharmacists should get to grips with them now.

MURs are not only an important revenue stream. According to Mr Balcon, they are the key to the future of community pharmacy. "It is the first service leading to more services. If we cannot get our act together with MURs, what about enhanced and other advanced services," he said. Ms Sharma agreed: "It is a pure and simple business case. As a profession, we have to prove we can do this before doing anything else."

Moreover, MURs are a good opportunity to build relationships with patients. "Some pharmacists have worried about losing prescriptions, but they have found their items increasing because they are placing a value on their service," Mr Balcon commented.

In addition, some pharmacists claim that performing MURs has increased their job satisfaction. Nuria Laiglesia has done over 400 MURs at Alliance pharmacies in Norwich. She said that her relationships with patients have improved and this has created a happier working environment. "In addition, the service has helped me with continuing professional development. I have become more interested about the illnesses my patients have and have learnt of adverse reactions that I was not aware of before," she said.

If GPs are not interested, Ms Spooner's advice is to persevere. "Explain what you are trying to achieve and that you will continue because you believe it will benefit patients. Continue to conduct MURs in a professional manner and provide feedback to GPs," she said. "Keep trying: pharmacists will end up working with GPs in the future anyway," Ms Sharma said.

The final word went to Mr Balcon: "If you are concerned about the future and job satisfaction, do MURs. We need to ensure customers come back and an MUR is a good way of increasing loyalty because it defends and expands pharmacy."

MUR quotas for 2007/08 are being discussed as part of negotiations on next year's funding and will be reported in *The Journal*.

ACKNOWLEDGEMENT Thanks to the Barnet-based pharmacists who attended the meeting (organised by Barnet Primary Care Trust and run by UniChem) and shared their thoughts on how pharmacists can make a success of doing MURs.

Resources

- The Pharmaceutical Services Negotiating Committee website (www.psn.org.uk) contains detailed information about MURs, including a list of frequently asked questions.
- Higher education institutions offering MUR assessment include Medway School of Pharmacy, University of Reading, Welsh School of Pharmacy and University of Manchester.
- Packs containing advice (eg, on talking to GPs and SOPs) and materials (eg, leaflets, posters, appointment cards) to support community pharmacists run a successful MUR service are available from various companies and organisations, including Unichem (£35), the National Pharmacy Association (£33), Mawdsleys (free) and GlaxoSmithKline (CD-ROM free to NPA members).