

Concerns about MUR service revealed

Several studies presented at a recent conference focused on pharmacists' experiences of medicines use reviews. Dawn Connelly reports

There is a divide between independent and multiple pharmacies in the way medicines use reviews (MURs) have been prioritised, according to Rebecca Elvey, of the University of Manchester, who presented some results from a national study funded by the Department of Health.

Last summer, 44 interviews were carried out with primary care trust leads, local pharmaceutical committee representatives and community pharmacists at various sites around England. Three key issues were identified, said Ms Elvey.

First, pharmacists working in independents found MURs time-consuming and difficult to fit into their day-to-day routine. Secondly, there were concerns that pharmacy multiples are putting pressure on their employees to achieve the maximum number of MURs. And, thirdly, although MURs were designed to improve concordance and patients' understanding of medicines, pharmacists were making clinical recommendations seen as inappropriate by primary care trusts and GPs.

Ms Elvey concluded that further training for pharmacists on the appropriate use of MURs may be necessary to ensure that they are successfully embedded into community pharmacy service provision and that they fulfil their potential.

Asam Latif, of the University of Nottingham, presented the results of a survey that addressed pharmacists' attitude towards medicines use reviews and whether certain factors influence the number of MURs performed.

A questionnaire was sent to 280 accredited pharmacists working within one community pharmacy chain during April and May 2006.

Mr Latif found that pharmacists perceive MURs to be of value to patients and see them as an opportunity for an extended role. However, several barriers remain, including a lack of time, support staff, financial incentives and issues surrounding the consultation area.

The results indicated that the number of MURs undertaken is influenced by job role, the presence of a consultation area and whether pharmacists work full- or part-time. Store-based pharmacists carried out the most MURs and relief pharmacists carried out the least, he said. Gender, time since qualification, store size and completion of a clinical diploma did not affect the number of MURs carried out. "This finding may indicate that it is the barriers that are preventing pharmacists engaging in the service rather than a lack of confidence," he said.

Melandi Van den Berg, of Kingston University, examined how MURs are symbolised and given meaning via printed patient information. Patient recruitment has been identified as a barrier to uptake of MURs and information leaflets play a key role in promoting the service, explained Ms Van den Berg.

She looked at 10 MUR leaflets, including those from the Department of Health, the NHS, wholesalers and multiples, and conducted a detailed analysis of the images and language used. She explained that the leaflets generally target people with problems or questions. "At the moment, the service is reactive, relying heavily on patients' ability to identify that they have a problem and access the service as a result." It is for pharmacists to identify the problems during an MUR. That way the service becomes proactive, she added.

Ms Van den Berg also pointed out that none of the leaflets explicitly describes the



Melandi Van den Berg: leaflets feature inconsistent terminology

MUR as new and the images used often depict a traditional interaction between pharmacist and patient (ie, over the counter). "The MUR service is new, with a different mode of interaction. The illustrations do not show an MUR," she explained.

Ms Van den Berg highlighted that the leaflets feature inconsistent and interchangeable use of formal and informal terminology, including "review meeting", "focus appointment" and "chat".

Nicola Davey, of Hampshire Primary Care Trust, commented that she has been "appalled" at the way MURs have been marketed by some community pharmacists, for example, implying it is a quick process and offering free videos and books if people participate. "The tenor of it undermines the professionalism of pharmacists. The marketing needs to be more sophisticated and evidence-based," she said.

MURs can threaten relationships with GPs

Although the new contract has the potential to improve integration of pharmacists within the primary health care team it has not done so yet, according to Fay Bradley, of the University of Manchester.

Ms Bradley conducted 44 interviews with pharmaceutical advisers, local pharmaceutical committee representatives and community pharmacists across 10 PCTs in England during August and September 2006. She found several

examples that suggested MURs could have a negative affect on integration and threaten relationships with GPs. "There was a perception that GPs viewed MURs negatively and did not welcome them. Some felt that GPs had formed this opinion as a result of some poor quality or overly detailed and clinical MURs being carried out," she said. To overcome these problems, one PCT was using an incentive scheme to ensure that GPs met with pharmacists to discuss which patients to target and to agree on a process of feedback. This has resulted in fewer, but better quality, MURs being conducted.

Overall, the results suggest that the new contract had not increased the level of integration, with most examples of successful integration in existence before the contract was introduced, said Ms Bradley.

Hospital admissions

Measuring the effectiveness of pharmacist medication review by its impact on hospital admissions is unlikely to show significant benefits, according to research presented by Janet Krska and Phil Rowe, of Liverpool John Moores University. Mr Rowe demonstrated that detecting changes in total admissions is extremely difficult because only a minority of patients receiving reviews will be admitted to hospital. In addition, only a small proportion of admissions are drug-related and preventable. He calculated that at least 100,000 people would need to be admitted to detect an effect on total admissions. To detect a change in preventable drug-related admissions, a more realistic sample size of 1,000-5,000 would be needed. "Different endpoints, such as compliance, may be more statistically achievable," he said.

Details The 13th Health Service Research and Pharmacy Practice conference "Whose choice is it anyway? Balancing risk and benefit" was hosted by the school of pharmacy, Keele University, from 2-3 April. Further information and abstracts can be downloaded from www.hsrpp.org.uk