

MURs: achieving the right balance

It is two years since medicines use reviews (MURs) were introduced as an advanced service under the new community pharmacy contract. However, research suggests that some pharmacists are still unsure about the difference between MURs and clinical medication reviews. Dawn Connelly reports

Pharmacists want clarification on where a medicines use review stops and a clinical medication review starts, according to research presented at the Health Services Research and Pharmacy Practice conference held at Keele University earlier this month (see **Meetings**, p465).

Rebecca Elvey, a research associate at the School of Pharmacy and Pharmaceutical Sciences, University of Manchester, presented the results of a study commissioned by the Department of Health into the early experiences of implementing MURs. Last summer, 44 interviews were carried out with primary care trust leads, local pharmaceutical committee representatives and community pharmacists at various sites around England.

The interviews revealed that, although MURs were designed to improve concordance and patients' understanding of medicines, pharmacists were making clinical recommendations seen as inappropriate by PCTs 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 fulfil their potential.

As part of a larger, structured evaluation of the MUR service in Wales, Rhian Thomas, a clinical pharmacist, was commissioned by the Welsh School of Pharmacy, Cardiff University, to organise a one-day workshop, held in Wales in December 2006, to gain a consensus on key priorities for change to the existing MUR service. The workshop was attended by 35 participants, including community pharmacists, GPs and local health board representatives.

The need for central guidance on the MUR process from the Welsh Assembly Government was identified as participants' top priority. "There is a lot of confusion out there between what is an MUR and what is a clinical medication review," explained Ms Thomas.

Andrea Hilton, a research pharmacist within the Hull and East Riding Pharmacy Research Network, presented a local evaluation that also suggested pharmacists find it difficult to distinguish between MURs and clinical reviews. She described findings from a small focus group, held at the end of last year, which involved four pharmacists (representing pharmacists working for multiples, independents and as locums) with a view to exploring local implementation of the MUR service.

One theme that came out of the group was that pharmacists need and want clarification about the extent of their clinical input and responsibilities following an MUR, said Ms Hilton. The group considered the accreditation process for MURs to be clinical, she explained, which could add to the confusion

about where an MUR stops and a clinical medication review starts.

The focus group also said that inadequate information about MURs has led to communication between pharmacists and GPs being problematic, that pharmacists find maintaining normal pharmacy services and providing MUR services difficult, and that people who could benefit from MURs, such as those who are housebound, do not always receive them.

Angela Alexander, senior clinical lecturer at the Centre for Inter-professional and Postgraduate Education and Training, University of Reading, who chaired one of the MUR sessions, believes that part of the problem is that it is impossible to divorce drug usage issues from clinical issues. "[Resolving] usage issues relates to achieving a good clinical effect," she explains. When pharmacists are doing MURs, they may unearth clinical issues and, although they are not being paid to do a clinical review, they cannot ignore these, she adds.

"The point is that whoever is carrying out the MUR needs to have a basic understanding of what clinical benefits are achievable if usage problems are resolved. If this was not the case, anyone could carry out an MUR," she says.

Alison Blenkinsopp, professor of the practice of pharmacy in the department of medicines management at Keele University, also chaired an MUR session at the conference. She suggests that it may not be that the accreditation process is too clinical; the issue may be that pharmacists' MUR consultation skills are not assessed in the process. "Review of actual skills would help to get the content and balance right in MURs. Anecdotally many pharmacists, once they start doing MURs, find they can benefit from some practical training on managing the consultation, with some feedback on the content as well as the style," she says.

Professor Blenkinsopp believes that it would be useful for pharmacists new to MUR to be able to get some peer feedback on their early reviews. She explains that this is happening in some parts of the England already. For example, within Surrey Primary Care Trust experienced MUR pharmacists are operating as mentors or "buddies" (*PJ*, 24 February, p213) and at Burntwood, Lichfield and Tamworth PCT the medicines management team are offering peer review and feedback on MUR reports.

Christopher Cutts, director of the Centre for Pharmacy Postgraduate Education, a provider of MUR accreditation, comments that the CPPE assessment does not expect anything more clinical than one would expect from an up-to-date generalist pharmacist. "CPPE assessment looks at drug options, formulation choices, dosages, interactions,



side effects and contraindications. MURs are meant to be patient-focused, looking at the patients' needs about their medicines, but pharmacists need to be mindful they may unearth complex clinical issues. And hence they will need to know what to do next."

Barbara Parsons, head of pharmacy practice at the Pharmaceutical Services Negotiating Committee, who also attended the conference, told *The Journal*: "The introduction of a new service which radically changes the way community pharmacists practise is bound to raise questions and take time to implement." She says that the attitudinal studies presented at the conference show that the elements identified by the PSNC in its 10 steps to successful MURs were correct and much work has been done to facilitate change. For example, a shorter MUR form is currently being tested (*PJ*, 7 April, p387), directions have been changed to allow MURs to be conducted away from the pharmacy with PCT consent, and the involvement of GPs has been encouraged from the outset with new resources developed to assist this.

"MUR was intended to be about education and practical advice for patients. Community pharmacists are likely to feel more confident if their clinical knowledge is up to date and this provides important context for the review," says Ms Parsons.

"I notice from the research that there was no indication of how long the pharmacists and other health care professionals had been involved in MURs, but the papers gave a snapshot in time of the attitudes and opinions of a relatively small sample. With over half of all community pharmacists now accredited it will be interesting to see how pharmacists' attitudes evolve as the service becomes embedded into practice," she says.