

GUIDE FOR PHARMACISTS:

PHARMACY GP PRACTICE NMS BRIEFING

Introduction: 'NMS is the key'

The New Medicine service is the second advanced service to be commissioned by the Department of Health. The NMS carries with it the hopes of community pharmacy's future, as if successful it will open the door to further pharmacy health services. This is the reason why it is key that pharmacy teams communicate successfully to their local GP practices to get buy in.

Your Steps To Gaining Buy In From Your Local Practice

- 1. Contact other local pharmacies** who supply a large proportion of medicines to your target GP practice, and co-ordinate with them on a joint presentation to the practice. This is because practices will not want or have the time to see similar presentations from different pharmacies. 
- 2. Contact the GP practice with local colleagues**, and ask to see if the practice would be interested in hearing about the NMS service at a practice meeting. Ideally it would be best if you and other pharmacists from nearby pharmacies went to see the GP practice at the same practice meeting (as all the doctors will not have the time to see everybody individually). If a practice meeting is not possible then try to meet the prescribing lead or practice manager.
- 3. Know the benefits.** Ensure you have full understanding of the benefits of the NMS to patients and the NHS (including GP practices). You will need to communicate these initially on the day. (See New Medicines Service GP Practice Briefing, CPPE NMS training pack).
- 4. GP Questions.** Lastly, understand that there is likely to be a number of questions on how you will work the service. To ensure success, ask for the GPs ideas on how they see the service working best for them, e.g. their referral of patients into the NMS scheme, and your referral of patients back to the GP to resolve difficult issues.
 - **Key point:** The NMS study showed that a number of patients were referred back to their GPs to resolve difficult issues. It would be advantageous for you to work out an agreed procedure for you to follow to refer a patient back to the GP, so you don't increase the GPs work load.



The Key Messages: Some Examples

- **Benefits to patients:** Increased access to information when they need it, improving use of the medicines and hence improving outcomes gained from their medicines, empowering patients to make the right choice for their health.
- **Benefits to the NHS:** Reduced medicines waste (helping encourage savings for a GP's prescribing budget), decrease unscheduled hospital admissions due to adverse drug reactions (helping to encourage savings for GP's PBC budget). The study used to commission the service indicated a net saving of £95 per patient.



Some Likely Questions From GPs:

1. How will the service help provide drug savings?

- a. *The evidence from the studies used to commission the service showed a net (of costs) saving of £95 per patient who engaged with the NMS intervention, this comes from improving compliance and reducing hospital admissions caused by ADRs (adverse drug reactions) and ADEs (adverse drug events).*

A good example of this is metformin and glicazide which have an adherence rate of around 20-30%, this high non-adherence could cause an escalation to more expensive drugs, as well as a reduction in positive therapeutic outcomes.

2. Where has the money come from to pay for the service?

- a. *The service has been commissioned under the QIPP savings agenda using monies from category M savings – this is not new money.*

3. When a patient starts a new medicine I will see the patient in one month to check how they are doing on the medicine, is the NMS service not duplicating work I already do (as a GP)?

- a. *The new Medicines Service has been designed as a non-clinical, patient centred support intervention to help improve adherence to medicines, which works in partnership with the GPs consultations. The NMS consultation is not a clinical consultation, for example, when a GP would check renal function and serum electrolytes two weeks after starting an ACE inhibitor.*

4. Is there a referral form that my practice can use to refer patients into the service?

- a. *Yes, Devon LPC will soon make a referral card available to practices, however verbal referrals by contacting the pharmacy direct or via the patient can be used.*

5. How will you refer patients back to me who are having problems with their new medicine?

- a. *There is a nationally agreed form that can be used (best to show to GP and talk through). Then agree a procedure which can be followed when such a patient problem is encountered.*

6. Why have the medicines been limited to just four groups?

- a. *The service has been commissioned under the QIPP agenda using studies that focussed on these groups. The service will be evaluated within 2 years and could be extended if successful.*

7. How will I know if a patient has accessed the NMS service?

- a. *To keep paperwork to a minimum and to only involve you when absolutely necessary, we will only contact you if the patient has a problem with their medicine, or if they are not adhering to the medicine you prescribed.*

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- i. *A way to help this could be to focus on increasing the referrals from the GP, the GP can then annotate the notes when they are referred.*
- ii. *Or a locally arrangement between pharmacy and practice can be agreed to share the information of patients accessing the service.*

8. Can house bound patients access the service?

- a. *Yes house bound patients can access the service once they have signed up to the scheme, the pharmacist interventions will be conducted over the telephone with the patient.*

9. If I am going to refer, how do I now if which local pharmacies are going to offer the service?

- a. *The pharmacy will communicate with the practice its intention to offer the service.*