



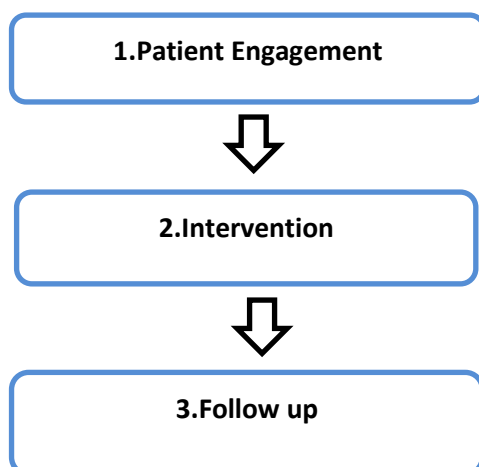


SOP	PS 8 New Medicines Service		
Version	4.0	Date Issued	January 2019
Review Date	January 2021 (Every 24 months or due to operational changed or serious incident)		
Written By	 Clinical Governance Manager GPhC: 2079842	Approved By	 Pharmacy Superintendent GPhC: 2079739
SOP Amendments	Log change requests via the Hub > Healthcare Department > Forms > SOP Changes		
Record Keeping	SOP must be kept for 15 years – keep any replaced SOPs in an envelope securely		

### SOP Overview

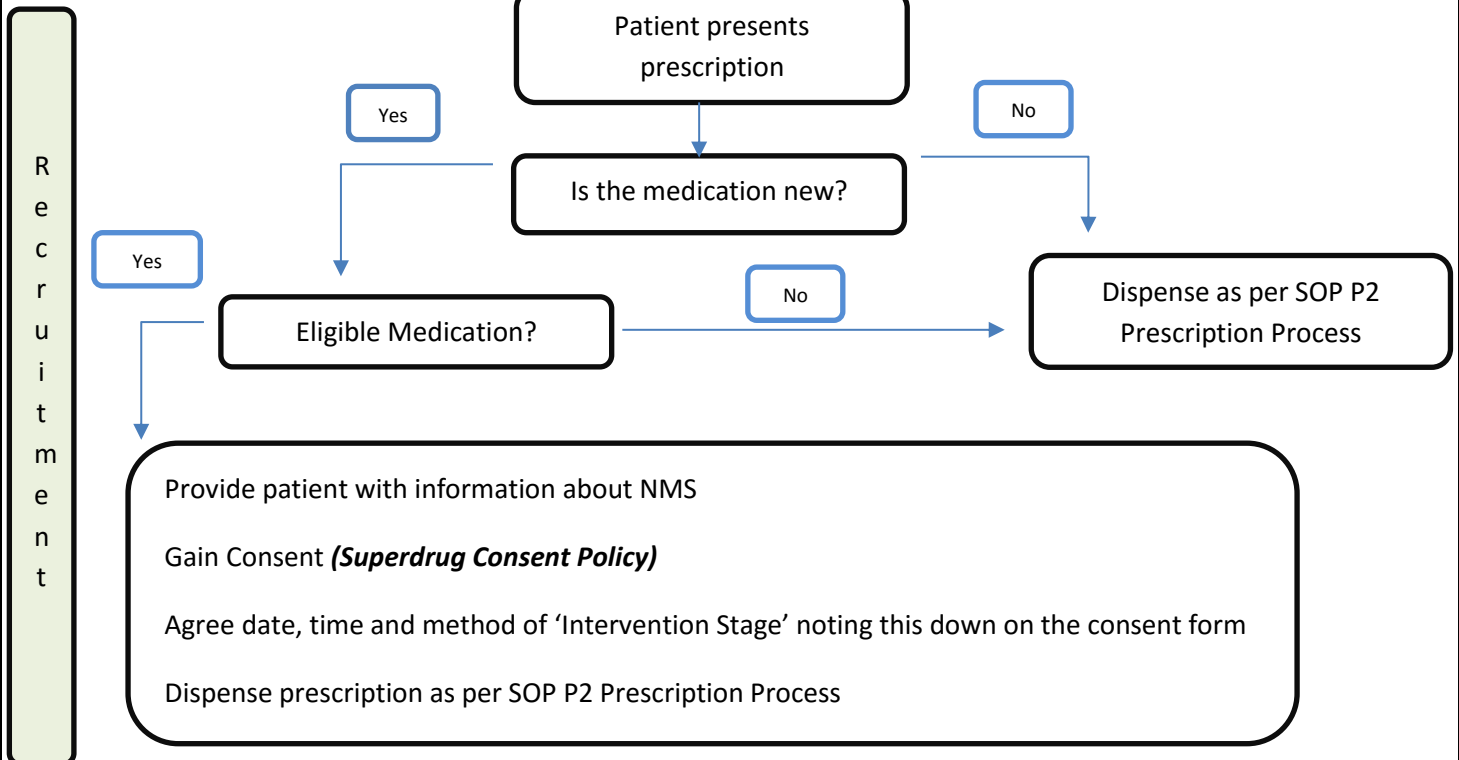
Purpose	<ul style="list-style-type: none"><li>To improve the patients understanding of their newly prescribed medication, the importance of adherence to their health and to increase patient engagement with their condition.</li><li>To ensure all patients presenting a prescription for a newly prescribed eligible medicine are offered the new medicines service</li><li>To ensure that all patients that agree to participate understand the aims of service, the time-scales and that informed written consent is provided.</li></ul>
Scope	<ul style="list-style-type: none"><li>All patients presenting a prescription for a newly prescribed eligible medication in the following target groups: Asthma/COPD, Type 2 Diabetes, Anticoagulant/Antiplatelet therapy or Hypertension. Appendix 1.</li></ul>
Responsibilities	<ul style="list-style-type: none"><li>Pharmacy Team members (recruitment stage only)</li><li>Pharmacists who have completed the Self Declaration of Readiness to provide the New Medicine Service Appendix 2</li></ul>

The New Medicines Service has 3 Stages:





## 1. Patient Engagement



1.1 When a patient presents with their prescription, ask whether any of the medications are newly prescribed.

1.2 If No, the prescription should be treated in the normal way as per **SOP P2 Prescription Process**.

1.3 If Yes, the prescription should be treated in the normal way as per **SOP P2 Prescription process** however the following must also be carried out:

- Provide Information to the patient about the New Medicines Service (verbally or through an NMS information leaflet) explaining the benefits
- Using the **Superdrug Consent Policy** invite them to sign up to the service, by asking them to sign the NMS consent form (Appendix 3).
- Agree a date and time for the first intervention recording this down for the patient and noting on the consent form. Ideally this is 7-14 days of starting the new medication.
- Discuss with the patient their ideal method for the intervention, either face to face or via telephone (Face to face is the preferred option) noting this down for the patient and also on the consent form.
- If the patient prefers face to face, ask if they would like a chaperone present-as per the **Superdrug Chaperone Policy**.



- Ask the patient if they would like a reminder about their appointment. If Yes, then record this down in the pharmacy diary. Ideally this should be 1-2 days before the actual appointment.

If the patient does not provide written consent they will not be able to access the New Medicines Service.

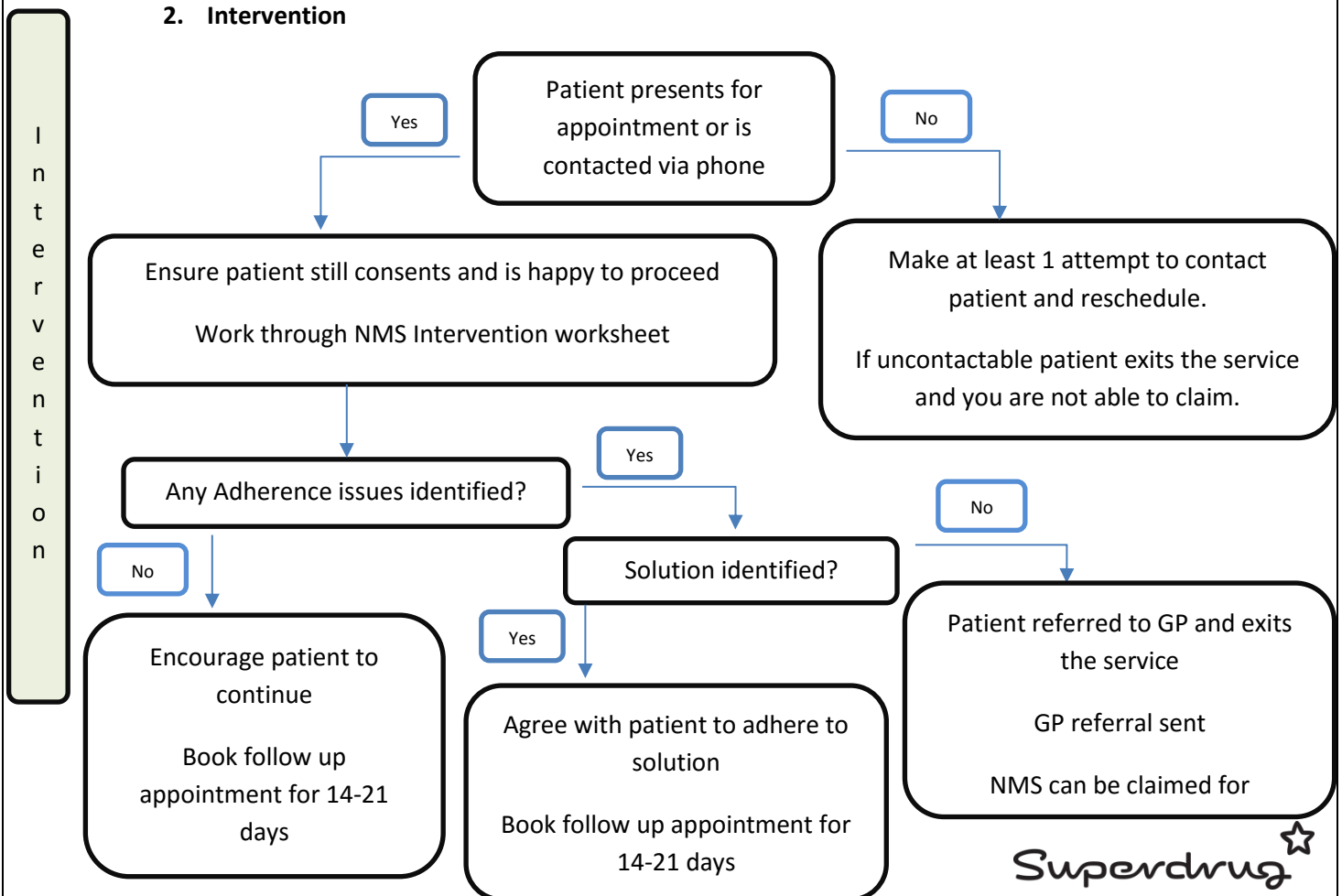
This does not take away from the duty of ensuring that the patient understands how to take their medication and providing any relevant counselling information as normal.

- 1.4 When the patients prescribed medications have been dispensed, proceed to hand out the completed prescription to the patient as per **SOP P2 Prescription Process**, ensuring the patient understands how to take the medication and any relevant counselling points.
- 1.5 Offer any appropriate healthy lifestyle advice as per the **Superdrug Public Health Pharmacy Policy**.
- 1.6 Record the appointment in the diary, for the pharmacist on duty that day and file the consent form in the NMS folder.

### Did you know?

The **Patient Engagement** process can be carried out by any suitability trained pharmacy team member however, the **Intervention** and **Follow up** stages must be conducted by a Pharmacist who has completed the Self Declaration of Readiness to provide NMS.

## 2. Intervention





- 2.1 At the start of every working day the pharmacy diary should be checked for any Intervention appointments or reminders if requested by the patient.
- 2.2 Locate the patients consent form from the NMS folder, ensuring that signed consent was given.
- 2.3 Prepare for the intervention by ensuring that you are familiar with the patient's new medication, dosage regimen and medical condition.
- 2.4 Print out a copy of the NMS intervention worksheet (Appendix 4), completing any details you already have such as name, address, DOB and medication and reviewing the interview questions.
- 2.5 If the consultation is **face to face** discuss the **Superdrug Chaperone Policy** with the patient before taking them into the consultation room.
- 2.6 If the consultation is to be conducted over the **telephone**, ensure that your conversation cannot be overheard and that you will have no interruptions. Before beginning the consultation, you must be certain that the person you are speaking to is in fact the patient. Note the date and time of the telephone call and note any unanswered calls.

If the patient fails to attend their appointment or misses their telephone appointment at least one attempt should be made to contact the patient to rearrange for another time.

If the patient withdraws consent at this stage the consultation cannot continue, and the patient will exit the New Medicines Service. Should this occur write a note on the patients PMR and dispose of the consent form in the confidential waste sack for safe destruction.

- 2.7 Whether conducting the Intervention stage **face to face** or via **telephone**, you must check that the patient understands the reasons why they are having the consultation and that their information will be shared with their GP or Area Team.
- 2.8 Use the NMS interview questions/NMS intervention worksheet to carry out the consultation, recording the appropriate notes and any opportunistic healthy lifestyle advice given.
- 2.9 Where suitable offer the patient leaflets on the medical condition, healthy lifestyle advice or suitable public health topics.
- 2.10 **If the patient is adhering to their new medications/ No problems identified:**
  - Tell the patient they are doing well and encourage them to continue
  - Make a follow up appointment for 14-21 days' time. This can either be face to face or over the phone.
  - Record the agreed date, time and method for the patient and also record on the consent form and pharmacy diary.
  - Bring the discussion to a close and complete any of the remaining sections on the NMS worksheet.
- 2.11 **If the patient is having adherence issues:**
  - Has a **solution** been identified? If yes check that the patient understands the solution and agrees to the next steps.
  - Make a follow up appointment for 14-21 days' time. This can either be face to face or over the phone.

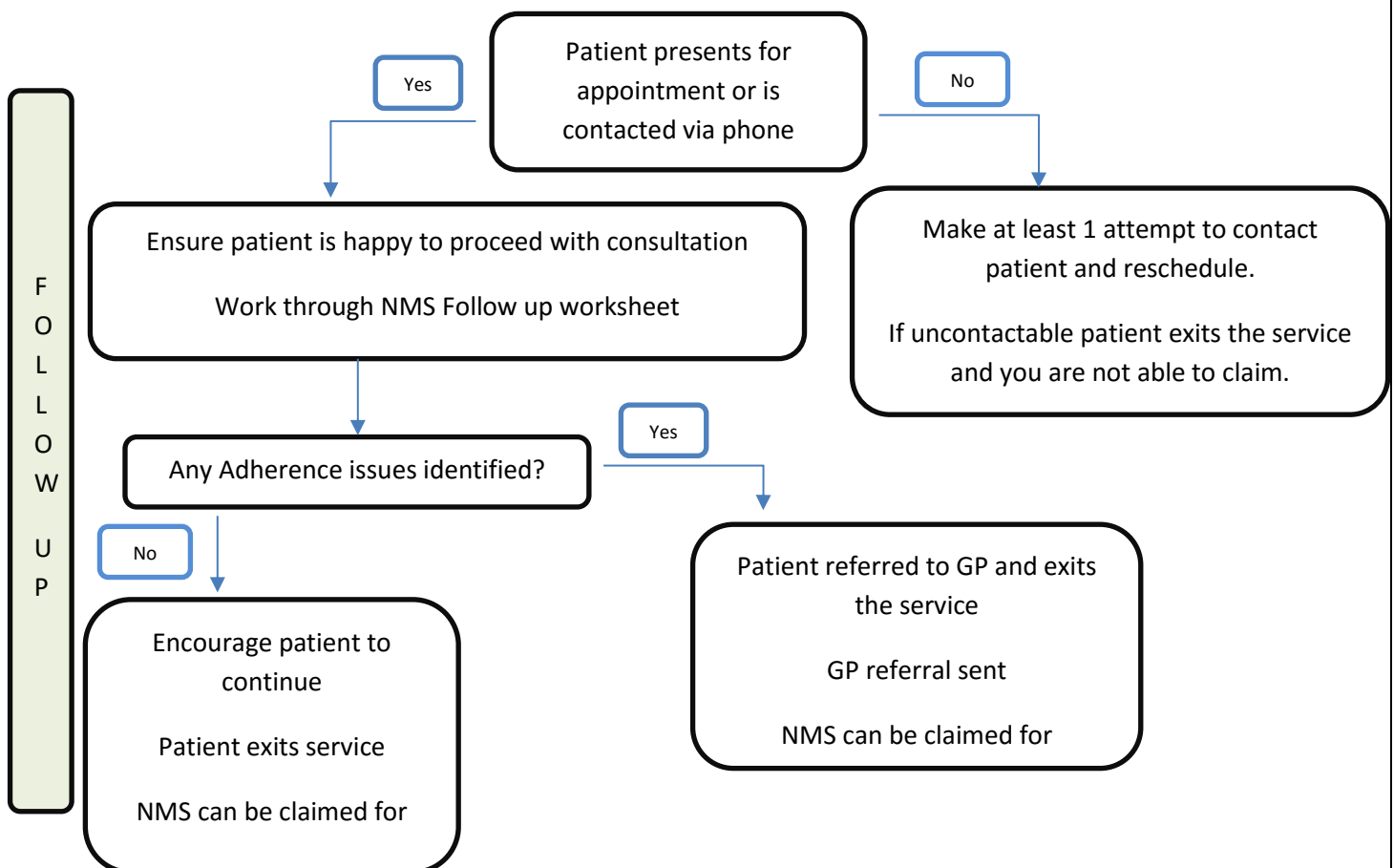


- Record the agreed date, time and method for the patient and also record on the consent form and pharmacy diary.
- Bring the discussion to a close and complete any of the remaining sections on the NMS worksheet.

#### 2.12 If the patient is having adherence issues:

- If **no solution** identified, explain to the patient the clinical significance of non-adherence and explain that you are referring them back to the GP.
- Ensure the patient understands the reasons for this decision.
- Bring the discussion to a close and complete any of the remaining sections on the NMS worksheet.
- Complete a GP NMS referral form (Appendix 5) and send this to the GP ASAP.
- At this point the patient exits the New Medicines Service and the service is completed.
- The NMS can be recorded as complete and put through the till via Quick Keys 'NMS'.
- Update the NHS figures form to reflect the completed NMS.

### 3. Follow Up





- 3.1 At the start of every working day the pharmacy diary should be checked for any Follow up appointments or reminders if requested by the patient.
- 3.2 Locate the patients consent form and Intervention NMS worksheet from the NMS folder.
- 3.3 Prepare for the Follow up by ensuring that you are familiar with the previous notes on the worksheet and any issues raised and solutions suggested.
- 3.4 Print out a copy of the NMS Follow up worksheet (Appendix 6), completing any details you already have such as name, address, DOB and medication and review the interview questions.
- 3.5 If the consultation is **face to face** discuss the ***Superdrug Chaperone Policy*** with the patient before taking them into the consultation room.
- 3.6 If the consultation is to be conducted over the **telephone**, ensure that your conversation cannot be overheard and that you will have no interruptions. Before beginning the consultation, you must be certain that the person you are speaking to is in fact the patient. Note the date and time of the telephone call and note any unanswered calls.
- 3.7 Use the NMS interview questions/NMS Follow up worksheet to carry out the consultation, recording the appropriate notes and any opportunistic healthy lifestyle advice given.
- 3.8 **If the patient is adhering to their new medications/ No problems identified:**
  - Tell the patient they are doing well and encourage them to continue as advised. Tell them they are free to talk to you anytime about your medications.
  - The patient now exits the New Medicines Service.
  - Bring the discussion to a close and complete any of the remaining sections on the NMS worksheet.
  - The NMS can be recorded as complete and put through the till via Quick Keys 'NMS'.
  - Update the NHS figures form to reflect the completed NMS.
- 3.9 **If the patient is having adherence issues:**
  - Explain to the patient the clinical significance of non-adherence and clarify that you are referring them back to the GP. Ensure the patient understands the reasons for this decision.
  - Bring the discussion to a close and complete any of the remaining sections on the NMS worksheet.
  - Complete a GP NMS referral form (Appendix 5) and send this to the GP asap.
  - At this point the patient exits the New Medicines Service and the service is completed.
  - The NMS can be recorded as complete and put through the till via Quick Keys 'NMS'.
  - Update the NHS figure form to reflect the completed NMS.



If the patient fails to attend their appointment or misses their telephone appointment at least one attempt should be made to contact the patient to rearrange for another time.

If the patient is not contactable then at this point they exit the service. The NMS should be recorded as complete on the NHS daily figures form and entered through the till via Quick Keys 'NMS'. If required a GP NMS referral form can be completed and sent to the patients GP.

3.10 Staple the NMS worksheets and consent forms together for future reference, filing these in the confidential filing cabinets. These should be retained for 2-years

#### **Did you Know?**

If more than one new medicine is prescribed at the same time, only one NMS can be claimed for, which should cover all the eligible new medicines.

#### **4. Payment and Reporting**

- 4.1 At the end of the month, claim for all completed NMS consultations via the FP34C form that is sent to the NHS Business Services Authority with your prescriptions.
- 4.2 Once a quarter complete the NHS England reporting template and send this to your NHS area team. This should be completed within ten working days from the last day of March, June, September and December.
- 4.3 Failure to send the reports to the NHS area team can result in payment for the service being taken back from the pharmacy.



## Appendix 1: NMS Medicines List



SERVICES AND COMMISSIONING FACTSHEET: NMS - CONDITION/THERAPY AREAS

### New Medicine Service – condition/therapy areas

If a patient is newly prescribed a medicine listed in the chapters/sub-headings of the British National Formulary (BNF) as detailed below then they will be eligible to receive the New Medicine Service (NMS), subject to the pharmacist being able to determine that the medicine is being used to treat one of the below conditions/therapy areas

The patient's newly prescribed medicine is listed in one of the following BNF chapters/sub-sections:

- 2.2.1 Thiazides and related diuretics
- 2.4 Beta-adrenoceptor blocking drugs
- 2.5.1 Vasodilator antihypertensive drugs
- 2.5.2 Centrally acting antihypertensive drugs
- 2.5.4 Alpha-adrenoceptor blocking drugs
- 2.5.5 Drugs affecting the renin-angiotensin system
- 2.6.2 Calcium-channel blockers



The patient has been newly prescribed the medicine for **hypertension**



The patient's newly prescribed medicine is listed in one of the following BNF chapters/sub-sections:

- 2.8.2 Oral anticoagulants
- 2.9 Antiplatelet drugs



The patient has been newly prescribed the medicine as **antiplatelet or anticoagulant therapy**



The patient's newly prescribed medicine is listed in one of the following BNF chapters/sub-sections:

- 3.1.1 Adrenoceptor agonists
- 3.1.2 Antimuscarinic bronchodilators
- 3.1.3 Theophylline
- 3.1.4 Compound bronchodilator preparations
- 3.2 Corticosteroids
- 3.3 Cromoglicate and related therapy, leukotriene receptor antagonists and phosphodiesterase type-4 inhibitors



The patient has been newly prescribed the medicine for **asthma or COPD**



The patient's newly prescribed medicine is listed in one of the following BNF chapters/sub-sections:

- 6.1.1.1 Short acting insulins
- 6.1.1.2 Intermediate and long acting insulins
- 6.1.2 Antidiabetic drugs



The patient has been newly prescribed the medicine for **Type 2 diabetes**







## Appendix 2: Self Declaration of Readiness to provide NMS (Page 1 of 2)

### New Medicine Service - self-assessment of readiness for community pharmacists

This self-assessment is to provide you (the pharmacist) with a framework to assure yourself, your employer (where appropriate) and the NHS that you have reflected upon the skills and knowledge necessary to deliver the New Medicine Service (NMS) and can demonstrate them.

Pharmacy contractors are separately required to ensure that their premises meet the required standard and that all the pharmacists providing the service have completed this self-assessment.

#### 1) Are you eligible to provide the service?

Are you accredited to provide Medicines Use Reviews (MURs)?

☐ Yes ☐ No

#### 2) Do you understand the purpose and background of the service?

Do you know why this service is being commissioned and the evidence behind it?

☐ Yes, because I have undertaken the following:

*This requires you to reflect on your knowledge about the service, including its role in supporting appropriate medicines adherence and where it fits in the NHS QIPP (Quality, Innovation, Productivity and Prevention) work programme and Government policies to increase patients' involvement in their own care.*

#### 3) Do you understand the aims and intended outcomes of the service?

Do you understand the aim of the service to support patients taking a new medicine?

☐ Yes, because I have undertaken the following:

Do you understand what outcomes are required when providing this service?

☐ Yes, because I have undertaken the following:

*This requires you to reflect on your knowledge about adherence, the eligible conditions / therapies and the medicines used in the eligible conditions / therapies. This includes the theory and practical application of supportive interventions, together with how this will work in the pharmacy/pharmacies where you work and in your daily professional practice.*





## Appendix 2: Self Declaration of Readiness to provide NMS (Page 2 of 2)

### 4) Do you understand the service specification and how to deliver it effectively?

Do you understand the service and how to provide it?

☐ Yes, I understand the patient engagement, intervention and follow up steps because I have undertaken the following:

*This requires you to examine the service specification, remembering that there are both requirements and prohibitions.*

*You should be particularly mindful of the following aspects to ensure you have a full understanding:*

- ☐ Recruitment/referral from another healthcare professional
- ☐ Eligible clinical conditions/medicines
- ☐ Where opportunities to offer relevant healthy lifestyle advice can be taken
- ☐ Obtaining and recording consent
- ☐ Method of undertaking the intervention - face-to-face/telephone appointment
- ☐ Intervention process - interview schedule and next steps
- ☐ Arranging the follow-up appointment
- ☐ Follow-up - advice and support, next steps and action to be taken if you cannot contact the patient
- ☐ Appropriate referral to the GP at the intervention and follow up stages
- ☐ Record keeping for the pharmacy and reporting to the PCT (or successor organisation)

*You may also wish to review the clinical areas covered by the service to ensure that you are competent in those particular areas, in the mechanism of action and initiation protocol of the medicines and especially any side-effects, to help you address patients' questions or concerns.*

### 5) Have you considered the necessary communications that are required with pharmacy staff, patients and other local healthcare providers in order to provide the service?

Have you reflected on your communication skills?

☐ Yes, I have reviewed the interview schedule and considered how I will communicate with patients and other healthcare professionals and have undertaken the following:

Are you aware that the pharmacy contractor or their representative is required to communicate with local GP practices about the service? ☐ Yes

Are you aware that colleagues in the pharmacy are required to have an appropriate understanding of the service? ☐ Yes

If you have NOT answered 'Yes' to all of the above questions you are not yet ready or eligible to deliver the NMS.

The Centre for Pharmacy Postgraduate Education (CPPE) has facilitated the development of learning materials for the NMS. The learning materials support pharmacists with gaps in their skills and knowledge in order to help them demonstrate they are able to deliver the NMS. For more information visit [www.cppe.ac.uk](http://www.cppe.ac.uk).

### Pharmacist's declaration

I have answered 'Yes' to all the above questions and therefore declare that I have the necessary skills and knowledge to deliver the New Medicine Service and can demonstrate these.

Signed:

Date:

Name:

GPhC registration number:

*A completed copy of this form should be given to the pharmacy contractor at any pharmacies where you provide the NMS. You may want to record the activities you have undertaken to prepare yourself for providing the NMS in your GPhC Continuing Professional Development Record.*





### Appendix 3: NMS consent Form



#### Consent to participate in the:

NHS New Medicine Service / NHS Medicines Use Review Service\*

\*delete as applicable

Patient name and address	Bag label	Telephone:
		Mobile:

I agree that the information obtained during the service can be shared with:

- my doctor (GP) to help them provide care to me
- NHS England (the national NHS body that manages pharmacy and other health services) to allow them to make sure the service is being provided properly by the pharmacy
- NHS England, the NHS Business Services Authority (NHSBSA) and the Secretary of State for Health to make sure the pharmacy is being correctly paid by the NHS for the service they give me.

Signature		Date	
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The NHS asks us to collect information on the ethnicity of people using this service.

**What is your ethnic group?** Please choose one section from A to E, then tick the appropriate box to indicate your ethnic group.

<b>A - White</b> <input type="checkbox"/> White - British <input type="checkbox"/> White - Irish <input type="checkbox"/> White - Any other White background	<b>B - Mixed</b> <input type="checkbox"/> Mixed - White and Black Caribbean <input type="checkbox"/> Mixed - White and Black African <input type="checkbox"/> Mixed - White and Asian <input type="checkbox"/> Mixed - Any other mixed background
<b>C - Asian or Asian British</b> <input type="checkbox"/> Asian or Asian British - Indian <input type="checkbox"/> Asian or Asian British - Pakistani <input type="checkbox"/> Asian or Asian British - Bangladeshi <input type="checkbox"/> Asian or Asian British - Any other Asian background	<b>D - Black or Black British</b> <input type="checkbox"/> Black or Black British - Caribbean <input type="checkbox"/> Black or Black British - African <input type="checkbox"/> Black or Black British - Any other Black background
<b>E - Chinese or other ethnic group</b> <input type="checkbox"/> Chinese <input type="checkbox"/> Any other ethnic group	





## Appendix 4: Intervention Worksheet (Page 1 of 2)

### NHS New Medicine Service Intervention Worksheet



Patient:		DOB:		Consultation:
Pharmacist:		Date:		<input type="checkbox"/> in pharmacy
Medicine:		Dosage:		<input type="checkbox"/> by telephone
Intervention questions		Consultation notes		
1. Have you had the chance to start taking your new medicine yet?				
2. How are you getting on with it?				
3. Are you having any problems with your new medicine, or concerns about taking it?				
4. Do you think it is working? (Prompt: is this different from what you were expecting?)				
5. Do you think you are getting any side effects or unexpected effects?				
6. People often miss taking doses of their medicines, for a wide range of reasons. Have you missed any doses of your new medicine, or changed when you take it? (Prompt: when did you last miss a dose?)				
7. Do you have anything else you would like to know about your new medicine or is there anything you would like me to go over again?				
After the consultation use the following sections to code your discussion with the patient				
Matters identified with patient				
<b>Patient reports:</b>				
<input type="checkbox"/> Using the medicine as prescribed				
<input type="checkbox"/> Not using the medicine as prescribed				
<input type="checkbox"/> Not having started using the medicine				
<input type="checkbox"/> Prescriber has stopped the new medicine				
<input type="checkbox"/> Not using the medicine in line with the directions of the prescriber				
<input type="checkbox"/> Missing a dose in the past 7 days				
<input type="checkbox"/> Need for more information about the medicine				
<input type="checkbox"/> Side effects				
<input type="checkbox"/> Negative feelings about the medicine				
<input type="checkbox"/> Uncertainty on whether the medicine is working				
<input type="checkbox"/> Concern about remembering to take the medicine				
<input type="checkbox"/> Difficulty using the medicine due to its pharmaceutical form/formulation				
<input type="checkbox"/> Other (record detail in 'Other notes' overleaf)				



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## Appendix 4: Intervention Worksheet (Page 2 of 2)

Outcomes of the discussion with the patient		
<b>Advice provided:</b>		
<input type="checkbox"/> Reminder strategies to support use of medicine <input type="checkbox"/> Change to timing of doses to support adherence		
<input type="checkbox"/> How to manage or minimise side effects		
<b>Information provided:</b>		
<input type="checkbox"/> Interactions with other medicines	<input type="checkbox"/> Why am I using the medicine / what is it for	<input type="checkbox"/> How to use the medicine
<input type="checkbox"/> Correct dose of the medicine	<input type="checkbox"/> Effects of the medicine on the body / how it works	<input type="checkbox"/> Why should I take the medicine
<input type="checkbox"/> Timing of the dose	<input type="checkbox"/> Interpretation of side effect information	
<b>Agreed patient actions:</b>		
<input type="checkbox"/> Carry on using medicine as prescribed	<input type="checkbox"/> Use medicine as agreed during the intervention	
<input type="checkbox"/> Submit Yellow Card report to MHRA	<input type="checkbox"/> Other (record detail in 'Other notes')	
<b>Actions taken by pharmacist:</b>		
<input type="checkbox"/> Referral (record details below)	<input type="checkbox"/> Yellow card report submitted to MHRA	
<input type="checkbox"/> Reminder chart / MAR chart provided	<input type="checkbox"/> Other (record detail in 'Other notes')	
<b>Referral reasons</b>		
<input type="checkbox"/> Drug interaction(s)		
<input type="checkbox"/> Potential side effect(s) / ADR preventing use of medicine		
<b>Patient reports:</b>		
<input type="checkbox"/> Not using medicine any more	<input type="checkbox"/> Never having started using medicine	
<input type="checkbox"/> Difficulty using the medicine - issue with device	<input type="checkbox"/> Difficulty using the medicine - issue with formulation	
<input type="checkbox"/> Lack of efficacy	<input type="checkbox"/> Problem with dosage regimen	
<input type="checkbox"/> Unresolved concern about the use of the medicine	<input type="checkbox"/> Other issue (detail below)	
Further information / comments / possible action regarding referral:		
<b>Other notes</b>		
<b>Healthy living advice</b>		
<input type="checkbox"/> Diet & nutrition	<input type="checkbox"/> Smoking	<input type="checkbox"/> Physical activity
<input type="checkbox"/> Alcohol	<input type="checkbox"/> Sexual health	<input type="checkbox"/> Weight management



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## Appendix 5: GP NMS referral Form

### NHS New Medicine Service Feedback Form



Date:

To:

Patient name:  
Patient address:

DOB:

NHS number:

This patient was recently enrolled on the NHS New Medicine Service following the prescribing of:

I am writing to inform you of a matter that has arisen during provision of the service which requires your consideration:

- ☐ Potential drug interaction(s)
- ☐ Potential side effects/adverse drug reaction preventing use of medicine
- ☐ Patient reports not using medicine any more
- ☐ Patient reports never having started using medicine
- ☐ Patient reports difficulty using the medicine – issue with device
- ☐ Patient reports difficulty using the medicine – issue with formulation
- ☐ Patient reports lack of efficacy
- ☐ Patient reports problem with dosage regimen
- ☐ Patient reports unresolved concern about the use of the medicine
- ☐ Other (see comments below)

*Further information / comments / possible action:*

I have advised the patient that, where appropriate, the practice will contact them regarding this matter after considering the above information. Please provide any necessary feedback to me on the outcome.

Pharmacist Name:

Telephone:

Pharmacy Address:

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## Appendix 6: Follow up worksheet (Page 1 of 2)

### NHS New Medicine Service Follow Up Worksheet



Patient:		DOB:		Consultation: <input type="checkbox"/> in pharmacy <input type="checkbox"/> by telephone
Pharmacist:		Date:		
Medicine:		Dosage:		

Follow up questions	Consultation notes
1. How have you been getting on with your new medicine since we last spoke? (Prompt: are you still taking it?)	
2. Last time we spoke, you mentioned a few issues you'd been having with your new medicine. Shall we go through each of these and see how you're getting on?	
3. A) The first issue you mentioned was [refer to specific issue] - is that correct? B) Did you try [the advice / solution recommended at the previous contact] to help with this issue?	
4. Did you try anything else?	
5. Did this help? (Prompt: how did it help?)	
6. Is this still a problem or concern?	
Repeat Questions 3-6 for each issue that the patient discussed at the intervention stage	
7. Have there been any other problems / concerns with your new medicine since we last spoke?	
8. People often miss taking doses of their medicines, for a wide range of reasons. Since we last spoke, have you missed any doses of your new medicine, or changed when you take it? (Prompt: when did you last miss a dose?)	

After the consultation use the following sections to code your discussion with the patient

Matters identified with patient	
<b>Patient reports:</b>	
<input type="checkbox"/> Using the medicine as prescribed	<input type="checkbox"/> Not using the medicine as prescribed
<input type="checkbox"/> Not having started using the medicine	<input type="checkbox"/> Prescriber has stopped the new medicine
<input type="checkbox"/> Not using the medicine in line with the directions of the prescriber	<input type="checkbox"/> Missing a dose in the past 7 days
<input type="checkbox"/> Need for more information about the medicine	<input type="checkbox"/> Side effects
<input type="checkbox"/> Negative feelings about the medicine	<input type="checkbox"/> Uncertainty on whether the medicine is working
<input type="checkbox"/> Concern about remembering to take the medicine	<input type="checkbox"/> Difficulty using the medicine due to its pharmaceutical form/formulation
<input type="checkbox"/> Other (record detail in 'Other notes' overleaf)	



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