Time to take stock of medicines use review

Medicines use reviews have attracted some negative publicity and criticism from GPs. Evidence suggests MURs need to be more specifically targeted. Strong leadership is required to ensure this happens and to engage GPs more successfully.

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Recent negative publicity has reignited the debate about the value of the medicines use reviews (MURs) introduced as part of the new community pharmacy contractual framework in England and Wales in 2005. A new research report to the National Institute for Health service delivery and organisation programme — “Financial incentives: impact on the behaviour and performance of primary care professionals” — on the effects of contractual incentives in primary care led to tabloid-style claims of pharmacist medicines use reviews bordering on fraud. Yet behind the sensational headlines lies a well-insightful analysis of the effects of the pharmacy contract and the state of community pharmacy worthy of deeper consideration.

So how does the MUR service find itself in this situation? From the start there were disputed interpretations of its primary purpose and this was reflected in the mixed response from stakeholders that I and my colleagues found in our evaluation of the contract one year after its introduction (PJ, 24 February 2007, p218).

The Pharmaceutical Services Negotiating Committee says that MUR provides an opportunity for patients to discuss how they use their medicines and to find out more about them. However in an evaluation carried out by my colleagues and I (International Journal of Pharmacy Practice 2007;15[Suppl 2]:B20–21), GPs said that pharmacists’ emphasis on recommending changes to treatment was mainly unhelpful because it was being done without knowledge of the patient’s history or access to records. They wanted MURs to focus on adherence and reducing waste. We concluded: “In practice, GPs were disappointed with what they saw as a missed opportunity to use the pharmacist’s skills in the way that they had expected. Of particular concern were the type and nature of the pharmacists’ recommendations, the types of patients reviewed by pharmacists, and a lack of integration with the work of the practice.”

GPs singled out inappropriate or ill-informed clinical recommendations as a significant issue, also a finding from other research (PJ, 3 November 2007, pp501–3). Several years on although there are some examples of stronger links between pharmacies and general practice, this seems, disappointingly, to be the exception rather than the rule. Community pharmacists, in their enthusiasm to communicate their suggestions to GPs, may not have shown them how the original intention of MURs to provide practical support for patients has been achieved? Effectively MURs have been provided as an autonomous service from community pharmacies yet many of their actions and recommendations have a direct impact on general practice.

Supporters of MURs point to positive findings in specific conditions such as asthma (PJ, 31 January 2009, p109–12), to the excellent work done by some local pharmaceutical committees (for example, warfarin-specific MURs in Hertfordshire, the multidisciplinary respiratory pathway in Portsmouth and the North West model of best practice) and to positive feedback from patients in surveys. However independent evidence on MURs is hard to come by. Although the service is tracked by primary care trusts as part of pharmacy contract monitoring the findings are not collated and there is insufficient evidence in the public domain to assess either quality or outcomes.

The multidisciplinary MUR audit introduced by the Royal Pharmaceutical Society in 2009 was a welcome development and if sufficient PCTs participate it could become a valuable data source.

The evidence in the new research report came from community pharmacist participants themselves, 49 of whom were interviewed between late 2007 and 2008. Not only did their accounts raise questions about MURs but they also led the researchers to conclude that the study “highlights major divisions within the profession, with pharmacists telling atrocity stories about members of their own profession”, reflecting a gulf between pharmacists working for large and small pharmacy companies. This is not new to those working in the pharmacy field but it clearly struck the researchers as being quite different from the culture among the general practice and dentistry participants. The malaise reflected in the data from the community pharmacist participants indicates that a fundamental review is needed.

There seems to be general agreement that the resource used for MURs could be more effectively deployed by targeting them towards specific patient groups where there is evidence of potential or actual harm caused by medicines (PJ, 25 September 2010, p325). However this can only be effective with greater connection with general practice, as is now the case in Scotland’s chronic medication service. Formal referral of patients from GPs to pharmacies (as in the home medication review service in Australia) now needs serious consideration.

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