

number of medication-related problems, and reduce waste. These should be led by an appropriate health professional with effective communication skills, technical knowledge in the processes for managing medicines, and therapeutic knowledge on medicines use. Reviews can be carried out in different care settings, such as Primary Care Networks utilising pharmacists within the GP practice. For further information on review services available from community pharmacists, such as the 'New Medicines Service' and 'Medicines Use Review', see *Advanced pharmacy services*. To support the medicines optimisation agenda, The Royal Pharmaceutical Society have produced good practice guidance for health professionals, which details four guiding principles for medicines optimisation. These are:

- Aim to understand the patient's experience;
- Evidence-based choice of medicines;
- Ensure medicines use is as safe as possible;
- Make medicines optimisation part of routine practice.

For further guidance around medicines optimisation and tools to use, NHS England have compiled useful links as part of **RightCare**; NICE have produced guidelines on **Medicines optimisation** and **Multimorbidity**; and the Scottish Government have produced a guideline on **Polypharmacy**, see *Useful resources*.

Advanced Pharmacy Services Advanced Services are provided as part of the NHS Community Pharmacy Contractual Framework, and include services such as the New Medicines Service and Medicines Use Review service. These services are provided by accredited community pharmacists, with the aim of targeting specific children to help manage their medicines more effectively, improve adherence, and reduce medicines wastage.

New Medicines Service The New Medicines Service (NMS) provides education and support to children who are newly prescribed a medicine to manage a long-term condition. The service is split into three stages; patient engagement, intervention and follow-up. As of 2018, this service is available for children living in England who have either been prescribed a new medicine for one of the following conditions – asthma, type 2 diabetes or hypertension, or have been prescribed a new antiplatelet or anticoagulant. Children can be offered the service by prescriber referral, or opportunistically by the community pharmacy. For further information, see: psnc.org.uk/services-commissioning/advanced-services/nms/.

Medicines Use Review The Medicines Use Review (MUR) service consists of structured adherence-centred reviews with children on multiple medicines, particularly those receiving medicines for long-term conditions. The service is undertaken periodically, not usually more than once a year, and can also be prompted when an adherence issue is identified during the dispensing service. The pharmacist providing the MUR service must ensure that at least 70% of all MURs undertaken in a year are for children who fall within the two national target groups. The national target groups for MURs in England are:

- children taking high-risk medicines (NSAIDs, anticoagulants (including low molecular weight heparin), antiplatelets, or diuretics);
- children recently discharged from hospital who have had changes made to their medicines while they were in hospital.

For further information, see: psnc.org.uk/services-commissioning/advanced-services/murs/. Wales, Northern Ireland, and Scotland have variations on this service, including different national target groups. In Wales, see: www.cp.wales.org.uk/Contract-support-and-IT/Advanced-Services.aspx.

In Northern Ireland, see: www.hscbusiness.hscni.net/services/2427.htm.

In Scotland, see: www.cps.scot/nhs-services/core/medicines-care-review/.

Communication

As health professionals from various disciplines and specialties may be caring for the same child at the same time, good communication is required between health professionals in order to avoid fragmentation of care. Medication reviews may be carried out by health professionals other than the prescriber; therefore the prescriber should be informed of the review and its outcome—particularly if difficulties with adherence were discussed and further review is required.

There is a greater risk of poor communication and unintended medication changes when children transfer between different care providers (such as when a child is admitted to or discharged from hospital). To support high-quality care when moving from one care setting to another, relevant information about medicines should be shared with children, their parents/carers, and between health and social care practitioners using robust and transparent processes. Information should be securely shared between health and social care practitioners ideally within 24 hours of patient transfer.

Good communication between health professionals, children and their parents/carers is needed for shared decision-making and supporting adherence. Information about their condition and possible treatments should be provided in a format that meets the child's and their parent's/carer's individual needs and preferences. The use of patient decision aids during consultations can help support a shared decision-making approach, and ensure children and their parents/carers are able to make well-informed choices that are consistent with their values and preferences.

For further guidance around communication between health professionals, children and their parents/carers, NICE have produced a guideline on **Medicines optimisation** (see *Useful resources*). For guidance on the transition from paediatric to adult services, see *Transitional services for chronic conditions* in Guidance on prescribing p. 1.

Organisations such as the 'NHS Specialist Pharmacy Service' help support medicines optimisation across the NHS by joining health professionals together through online networks (e.g. Regional Medicines Optimisation Committees and the English Deprescribing Network). This is available at: www.sps.nhs.uk/home/networks/.

Useful resources

Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes. National Institute for Health and Care Excellence. NICE guideline 5. March 2015.

www.nice.org.uk/guidance/ng5

Multimorbidity: clinical assessment and management.

National Institute for Health and Care Excellence. NICE guideline 56. September 2016.

www.nice.org.uk/guidance/ng56

Medicines Optimisation. NHS RightCare. NHS England.

www.england.nhs.uk/rightcare/useful-links/medicines-optimisation/

Polypharmacy Guidance, Realistic Prescribing. Scottish Government Polypharmacy Model of Care Group. 3rd Edition. 2018.

www.therapeutics.scot.nhs.uk/wp-content/uploads/2018/09/Polypharmacy-Guidance-2018.pdf

Medicines Optimisation: Helping patients to make the most of medicines. Royal Pharmaceutical Society. May 2013.

www.rpharms.com/resources/pharmacy-guides/medicines-optimisation-hub