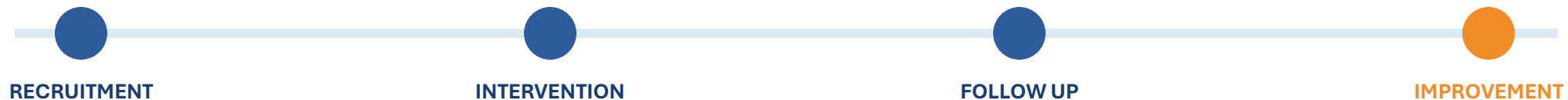


Getting the best from the New Medicines Service

Thames Valley LPC webinar for pharmacy teams
Clare Holland



Patient-centred • practical • current

A few things before we start..

01 Please keep microphones muted

02 Chat is open for questions and reflections

03 Slides + NHS resource links will be shared afterwards

04 Please avoid sharing identifiable patient details

05 Sensitive topics may arise — feel free to step away if needed

06 Session lasts 60 minutes with Q&A at the end

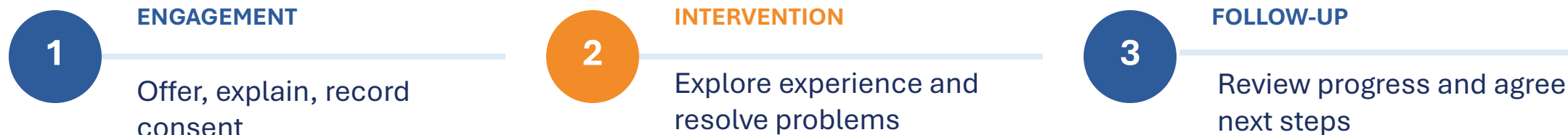
07 Cameras on or off — whatever feels comfortable

Join in in the way that works best for you.

THE SERVICE IN ONE SENTENCE

A new prescription = an opportunity for NHS supported care

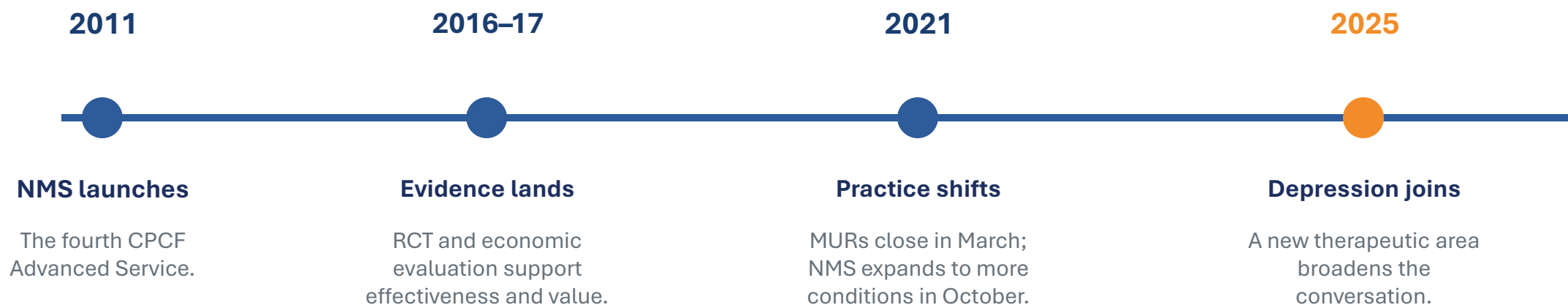
An NHS England Advanced Service for people newly prescribed an eligible medicine for an eligible long-term condition.



THE PURPOSE

Safer Use • Better Adherence • Shared Decisions • a Better Patient Experience

From 2011 launch to core clinical practice



Depression joins the conversation

18+

Depression eligibility applies to adults starting a medicine on the current eligible list.

ELIGIBILITY	Check medicine + indication against the live NHSBSA list.
TIMING	Intervention typically 7–14 days after engagement; follow-up typically 14–21 days after intervention.
DELIVERY	No third-party off-site subcontracting. Apply the specification’s employment and record-access rules.
READINESS	Build confidence in depression conversations, urgent referral and signposting.

Use the live list

The Formula:

New Medicine + **Eligible Indication** + **current NHSBSA list**

AIRWAYS & METABOLIC

Asthma & COPD
Type 2 diabetes
Hypercholesterolaemia
Gout
Osteoporosis

CARDIOVASCULAR

Hypertension
Heart failure
Acute coronary syndromes
Coronary heart disease
Atrial fibrillation

VASCULAR & NEURO

Stroke / TIA
Long-term VTE / embolism risk
Epilepsy
Parkinson's disease
Glaucoma

OTHER ELIGIBLE AREAS

Urinary incontinence / retention
Depression (18+)

Never infer eligibility from a familiar class: confirm the prescribed item and the condition.

The first weeks shape what happens next

30–50%

of prescribed medicines are estimated not to be taken as recommended.

The decision is often made very soon after prescribing.

1

EARLY EXPERIENCE

“I feel worse.”

2

INTERPRETATION

“This is not for me.”

3

ACTION

Dose changed or stopped

4

OUTCOME

Benefit delayed +/- or risk rises

One journey, three purposeful conversations

1

RECRUIT

Day 0

- Identify eligibility
- Explain the service purpose
- Record informed verbal consent
- Agree how and when to talk

2

INTERVENE

Typically 7–14 days

- What has happened so far?
- Any side effects or missed doses?
- What matters to the person?
- Advice, action or referral

3

FOLLOW UP

Typically 14–21 days later

- What has changed?
- What remains difficult?
- Reinforce the agreed plan
- Close, refer or escalate

At every stage: listen • document • agree the next step • act on risk

A better question can change the whole consultation

ASK

“How have things been since you started it?”

LISTEN

“Tell me more about that.”

EXPLORE

“What worries you most?”

AGREE

“What feels realistic for the next week?”

Reflect → Clarify → Summarise → Check Understanding

Early problems we can help to address

- | | | |
|----|-------------------|---|
| 01 | SIDE EFFECTS | Name what is expected; assess severity; safety-net. |
| 02 | DELAYED BENEFIT | Set a realistic timeline without overpromising. |
| 03 | DOSE OR TECHNIQUE | Ask for a show-and-tell; simplify the routine. |
| 04 | LONG-TERM FEAR | Explore beliefs, goals and previous experiences. |
| 05 | STIGMA | Use neutral language and protect privacy. |

Patient-friendly explainer: NHS “Get help with newly prescribed medicines”

Use one official toolkit consistently

SPECIFICATION	DRUG LIST	CHECKLISTS + FAQs	LEARNING	PATIENT PAGE
The rules NHS England	Eligibility NHSBSA	Delivery Community Pharmacy England	Confidence CPPE	Plain language NHS.uk
Bookmark	Check live list	Print / embed	Practise	Share

Raise awareness where the new medicine appears

Bag label / collection conversation • website or text message • GP and nurse referral prompt

The whole team can make NMS easier

SPOT	START	BOOK	CONSULT	CLOSE	CLAIM
Counter / dispenser	Any trained team member	Pharmacy team	Pharmacist	Pharmacist + team	Designated owner
Listen for new starts	Explain and invite	Capture contact + timing	Explore, advise, refer	Document + next step	Reconcile before deadline

MAKE THE HANDOFF VISIBLE

One tracker • one escalation route • one named claimant • one briefing for locums

GPs: agree how referrals, outcomes and urgent concerns move between teams.

Know when to refer and signpost

1 NOTICE

Deterioration
Severe or unexpected effects
Confusion or inability to self-manage
Coercion, neglect or unsafe support

2 ASSESS

Immediate danger?
Urgent clinical review?
Capacity, consent and privacy?
What does your SOP require?

3 ACT

Emergency pathway if needed
Prescriber / urgent care referral
Safeguarding lead or local pathway
Document facts and action

Signposting phrase

“There are NHS services that can support you—would you like me to show you?”

Use approved sources: NHS Talking Therapies • condition pages • urgent and emergency routes

Complete the record. Complete the claim.

£14

**for each completed intervention
and each completed follow-up**

From June 2026, paid consultations are subject to the Drug Tariff banded cap based on 0.9% of monthly prescription items.

- 01** Record consent, eligibility, consultation outcome, advice, referral and next step.
- 02** Reconcile completed intervention and follow-up consultations in your clinical system.
- 03** **Submit the MYS claim by the 5th of the following month—or 6th when the first five days include a bank holiday.**
- 04** Review the Schedule of Payments, cap and any rejected or queried activity.

Late-claim window announced for 2026/27: check CPE/NHSBSA for the confirmed go-live date.

Reliable NMS is a team habit

01	CHECK	medicine + indication + live list	02	CONNECT	three purposeful conversations
03	COMMUNICATE	openly, neutrally, compassionately	04	PROTECT	pause and escalate when risk appears
05	SHARE	clear roles, handoffs and GP links	06	CLOSE	document, reconcile and claim

Clinical knowledge + compassionate follow-through = a better start

One change for tomorrow?

01 What will you do differently?

02 Which phrase will you try?

03 Where will the team handoff improve?

04 What do you need to check or practise?

**WRITE IT
SHARE IT
DO IT**



Thank you

Questions & discussion

References

SERVICE, ELIGIBILITY & PAYMENT

01 NHS England — NMS specification

Version 2.0 (October 2025): requirements, pathway, timing and records.

england.nhs.uk/.../nhs-new-medicine-service/

02 NHSBSA — NMS Drug Lists

The live eligible-medicine list; check the medicine and its indication.

nhsbsa.nhs.uk/.../new-medicine-service-nms-drug-lists

03 Community Pharmacy England — NMS hub

Service resources, FAQs, subcontracting, claiming and payment updates.

cpe.org.uk/national-pharmacy-services/.../nms/

PATIENT SUPPORT, LEARNING & EVIDENCE

04 NHS.uk — help with new medicines

Patient-facing explanation of the service and eligible conditions.

nhs.uk/nhs-services/pharmacies/get-help-with-newly-prescribed-medicines/

05 CPPE — NHS New Medicine Service

Learning for person-centred consultation skills and service readiness.

cppe.ac.uk/services/nms

06 Elliott et al. — NMS evaluations

BMJ Quality & Safety (2016) and PharmacoEconomics (2017).

qualitysafety.bmj.com/content/25/10/747 • [PMC5684280](https://pubmed.ncbi.nlm.nih.gov/315684280/)