

New Medicines Service (NMS)

Toolkit for delivery

Background

The New Medicines Service was introduced in October 2011 and provides support for people with long-term conditions who have been prescribed medication for specific conditions.

Around 15 million people in England have a long-term condition (LTC) and optimal use of appropriately prescribed medicines is vital to managing LTCs. However, reviews have shown that between 30 and 50% of newly prescribed medicines are not taken correctly. This can lead to inadequate management of the LTC and a cost to the patient and the NHS.

People make decisions about the medicines they have been prescribed, and whether they are going to take them, very soon after being prescribed the new medicine. The aim of the NMS is to help improve medicine adherence by intervening soon after the medication is prescribed with a repeated short-term follow up.

Research has shown that pharmacists can successfully intervene when a medicine is newly prescribed, with repeated follow up in the short term, to increase effective medicine taking for the treatment of a long-term condition.

Funding

From 1st April 2025, the payment structure for NMS has been simplified to a £14 fee for each Intervention or Follow up consultation provided to the patient, i.e. a total fee of £28 will be paid if the pharmacy has undertaken both the Intervention and Follow up consultations.

This change to the funding structure does not change the existing service requirement to undertake the Intervention consultation and to try to contact the patient to undertake the Follow up consultation.

A £14 payment can only be claimed if a consultation has been undertaken with the patient.

If the patient cannot be contacted by the pharmacy to undertake a consultation, the fee for that consultation cannot be claimed.

For example, two £14 fees can be claimed in the end of month MYS claim once the Intervention consultation and Follow up consultation have been provided to the patient.

Similarly, one £14 fee can be claimed in the end of month MYS claim if the Intervention consultation has been provided and the pharmacy tries, but fails to contact the patient for the Follow up consultation (which does not take place and hence can't be claimed for)

Contractors claim payment by stating the number of completed NMS on their monthly FP34

The number of NMS consultations that each pharmacy will be paid for is subject to an overall cap of 1% of their monthly prescriptions, set out in the table below (taken from the April 2025 Drug Tariff).

Volume of prescription items per month	Combined maximum number of Intervention and Follow up consultations per month for which £14 will be received
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0-1500	20
1501-2500	40
2501-3500	60
3501-4500	80
4501-5500	100
5501-6500	120
6501-7500	140
7501-8500	160
8501-9500	180
9501-10500	200
+1000	(+20)

Premises requirements

The premises must have a consultation room which meets the requirements of the terms of service.

If the pharmacy premises are too small for a consultation room to be included, the contractor can apply to their NHS Regional Team for an exemption.

Consultations can be undertaken by telephone or secure video link where the patient has previously consented to this, and it is clinically appropriate.

Pharmacist knowledge and skills requirements

All pharmacists working in the pharmacy, including locums, should be able to provide the NMS.

Pharmacists no longer need to be MUR accredited to provide the NMS.

Pharmacists must check that they have the necessary knowledge and skills before providing the service. To assess this, they are required to complete and sign the NMS self- assessment form.

CPPE have a range of [NMS learning materials](#).

Getting ready to deliver the service

Before providing the service, you must:

- Have an SOP in place for the service
- Notify GPs within your locality of your intention to provide the service
- Notify your NHS Regional Team of your intention to provide the service using the NMS Pharmacy Contractor Declaration Form

Organisation and engagement are key to delivering a successful New Medicines Service and there are a number of tools that will help:

- Make sure that all your pharmacy team know what the NMS is and how to talk confidently to patients about it. Talk to your local GPs and practice nurses about the NMS. Often, they will appreciate the support and will flag/signpost patients when prescribing a new medicine in asthma or diabetic clinics. This also supports collaborative working and helps to ensure good outcomes for the patient.
- Many, if not all, PMRs have the functionality that will flag any potential patients that are eligible for the NMS. Ensure that all members of your pharmacy team know how to use it, and that they flag all potential NMS interventions when labelling prescriptions. This can be done either using a printed label from the PMR or having special NMS stickers that can be attached to the dispensing bag.

- Make sure that you have a 1 – 31 day file that you can use to hold the completed consent forms. File the forms on the day that the next part of the service is due. This makes it easy for the Responsible Pharmacist to see immediately which patients need contacting that day.
- Your pharmacy team should make the pharmacist aware of any NMS interventions or follow ups that need to be completed on the day.

Records of the service must be kept, either electronically or using the [NMS worksheet](#).

Patients eligible for the NMS

From 1st September 2021 the following conditions are covered by the service:

- Asthma and COPD
- Diabetes (type 2)
- Hypertension
- Hypercholesterolaemia
- Osteoporosis
- Gout
- Glaucoma
- Epilepsy
- Parkinson's disease
- Urinary incontinence/retention
- Heart failure
- Acute coronary syndrome
- Atrial fibrillation
- Long term risks of venous thromboembolism/embolism
- Stroke/ transient ischaemic attack
- Coronary heart disease
- Depression (≥ 18 years of age)

If a patient is newly prescribed medication to treat one of these conditions, they are eligible for the service. Where a medicine can be used to treat multiple conditions, e.g. gabapentin, the pharmacist must be able to determine that it is being used to treat one of the conditions above.

The NHSBSA has published a [list of medicines](#) suitable for the NMS. Usually, it is not appropriate to provide the service if there has been a change of formulation. However, there are some circumstances when a pharmacist believes it would benefit the patient. An example being the change to a different inhaler device.

More information on the New Medicines Service can be found on the [CPE website](#).

Process flow

