The Strategy Unit.

The New Medicine Service and personal health costs intervention

Evaluation report

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Prepared by	Bethany Mitchell, David Callaghan, Dechante Johnson, Kathryn Rogers, Romaana Kapadi (Strategy Unit); Amun Rehsi, Rachel Burkitt, Seps Sharafi, Mariam Irfan (Ipsos UK)
Checked by	Paul Mason
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Executive summary

The New Medicine Service and the personal health costs intervention

Non-adherence to medication is a major problem for the NHS, contributing to poor health-related quality of life, increased hospitalisations and premature mortality.[1] The New Medicine Service (NMS), an advice service aimed at improving patients' adherence to their newly prescribed medicines, was commissioned by NHS England in October 2011 as a £200m scheme in community pharmacies. It is an evidence-based intervention that employs behavioural science, and involves pharmacists actively supporting patients to adhere to newly prescribed medications for common long-term conditions (LTCs) by: recruiting them to the NMS; conducting an initial intervention consultation within 14 days of a new medicine being prescribed; and a follow-up consultation up to 21 days after the initial intervention.

A previous evaluation of the NMS[2] showed that it increased the proportion of patients adhering to their new medicine by about 10% when compared with normal practice. However, the evaluation found there was potential scope to further improve its effectiveness. The Department of Health (now Department of Health & Social Care) commissioned a pilot behavioural intervention in 2014 that involved patients signing a sticker which was placed on the packet, stating their commitment to taking the new medicine. The evaluation found that patients were 1.59 times more likely to adhere to their medication when the behaviour was framed as avoiding the personal health costs of non-adherence.[3]

The PHC intervention was never implemented at scale as part of the NMS. The NHS England Behavioural Science Unit (NHSE BSU) are planning to deliver a revised version of the intervention in 2026. This requires an up-to-date understanding of the enablers and challenges to delivering the NMS, and how a behavioural change intervention might be incorporated.

[1] Elliott, R. A. et al. (2016). 'Supporting adherence for people starting a new medication for a long-term condition through community pharmacies: a pragmatic randomised controlled trial of the New Medicine Service' in *BMJ Qual Saf* (**25:**747-758)

[2] Elliott, R. A. et al. (2014). *Department of Health Policy Research Programme Project 'Understanding and appraising the New Medicine Service in the NHS in England'*. University of Nottingham and University College London. Available at https://www.nottingham.ac.uk/~pazmjb/nms/ [accessed 16/02/2026)

[3] Jachimowicz, J. M. et al. (2021). 'Making medications stick: improving medication adherence by highlighting the personal health costs of non-compliance' in *Behavioural Public Policy*, ***5***(3), 396-416.

The aims of the evaluation

The aims of the evaluation were to:

- Identify barriers and enablers to NMS delivery to support service improvement, with a specific focus on patients who receive cardiovascular disease (CVD) medications; around 40% of people prescribed CVD medications do not correctly adhere to their medication[4]
- Provide insights to the potential for an updated PHC intervention to influence patient behaviours around new medicines adherence.

The evaluation involved semi-structured qualitative research interviews with 16 pharmacists contracted to deliver the NMS, and 20 patients who had been prescribed a new CVD medication in the past two years. The interviews explored themes related to both evaluation aims.

Summary findings to support NMS implementation

This report uses the Capability, Opportunity, Motivation and Behaviour (COM-B) framework[5] to assess how these factors affect pharmacist and patient behaviours in delivering and receiving the NMS.

Table i: Summary COM-B findings

Capability	• Pharmacist capability was not seen as a barrier to delivering the NMS due to their extensive experience in delivering it, and its relatively straightforward processes when compared to other advanced services • Patient interviewees commented that their capability to receive the service is affected by a lack of awareness of the role of the pharmacists – and the NMS specifically – in supporting them with medicines adherence.
Opportunity	Opportunity to deliver the NMS is where the greatest challenges were identified. • Identifying eligible patients for the NMS is not always straightforward and can create an additional burden on staff. Awareness of the NMS is low among patients, compared to other advanced services • Patients are most commonly recruited to the NMS at the counter when they collect a new medicine. Recruiting retrospectively is more challenging but

[4] Chowdury R et al. (2013) 'Adherence to cardiovascular therapy: a meta-analysis of prevalence and clinical consequences' in *European Heart Journal*, 34(38), 2940–2948

[5] For an example of how the COM-B framework is used in healthcare research see McDonagh, L. K. et al. (2018). 'Application of the COM-B model to barriers and facilitators to chlamydia testing in general practice for young people and primary care practitioners: a systematic review' in *Implementation Science* (13:130). Available at https://link.springer.com/article/10.1186/s13012-018-0821-y [accessed 16/02/2026].

	increasingly common as more patients choose to have medicines delivered to their homes • Nearly all NMS consultations are conducted over the phone. These calls tend to take place when a pharmacist has time, rather than when it most convenient for the patient • Most pharmacists reported setting aside a specific time each week to contact patients who are eligible for the NMS. Pharmacists reported that patients often do not answer calls that they aren't expecting because they are wary of the reason for the call. Distance-selling pharmacists reported using booked appointments, scheduled by the patient using an online platform, and that this resulted in higher rates of patient engagement • Completing the full NMS process (intervention and follow-up) is a challenge for pharmacists. The quality of the first intervention contact is important to increasing the opportunity that patients stay engaged for the follow-up discussion.
Motivation	• Pharmacists are motivated to deliver the NMS, seeing it as beneficial to patients and adding value to the role of community pharmacies in the healthcare system • Motivation to prioritise the NMS over other advanced services was mixed; some pharmacists prioritised the NMS because it is quicker to deliver • Patient motivation to participate in the NMS is dependent on: their confidence to take medication as directed; their previous experience of being prescribed medication; and their understanding of the benefits that a consultation with their pharmacist could provide compared with speaking with their GP.

Recommendations for NMS implementation

Recommendations for the NMS are organised according to:

- What will support the NMS to improve now
- Where further research is required.

Table ii: What will support the NMS to improve now

Recommendation	Detail
1. Create bookable NMS appointments	Community pharmacies should make use of existing online booking platforms which manage other advanced service appointments so that patients can schedule a convenient time to receive an NMS call. This should contribute to reducing the number of calls that aren't answered by patients, which is an additional time burden for pharmacists and is a barrier to patients completing the intervention.
2. Explore alternative engagement approaches	NHS England should consider recommending alternative methods of engaging patients in the NMS. SMS text reminders are used by many pharmacies to remind patients to reorder prescription items and for patients to collect prescriptions. There is limited evidence indicating that UK pharmacies are using SMS beyond notifying patients that their prescription is ready; however, studies in other countries suggest that using SMS reminders can positively impact on medication adherence, and the 2014 NMS evaluation also indicated the potential of using SMS to increase medication adherence.[6]
3. Increase promotion of the NMS	NHS England should consider improving the promotion of the NMS so that patients are more aware of what it is, the support that they can access from their community pharmacist, and when they can expect to be contacted. Although pharmacies often use posters and leaflets to promote their services, these communication methods could be more clearly targeted to people collecting a new prescription. This may also include the prescribing practitioner making the patient aware that they can expect to be contacted by their pharmacist about the new medicine.
4. Focus on high quality initial engagement	NHS England should provide guidance to community pharmacies on best practice in securing patient engagement at the first point of contact about the NMS. This should include: having an introductory script which sets out the purpose of the NMS, stressing it is an NHS service; preparing for the conversation in terms of the patient's medications history; and reference to any other relevant services the patient has received through the pharmacy.

[6] Long B et al. Interaction with SMS text-reminders correlate with improved medication adherence and readmission rates for congestive heart failure patients: A retrospective cohort study (2025) PLOS Digital Health

Recommendation	Detail
5. Use formal referral mechanisms in general practice	Work is underway for primary care IT systems SystmOne and Optum (formerly EMIS) to enable direct referrals from general practice systems into community pharmacy systems, with extensive work being undertaken using the Booking and Referral Standards (BaRS) workflow. Currently, the focus has been on incorporating Pharmacy First, Pharmacy Contraception Service, and Hypertension Case Finding; referral volumes for these services remain below expectations. NHS England should consider incorporating referrals from GPs to community pharmacy for the NMS, ensuring that the referral process is not an additional burden on the referring healthcare professional.

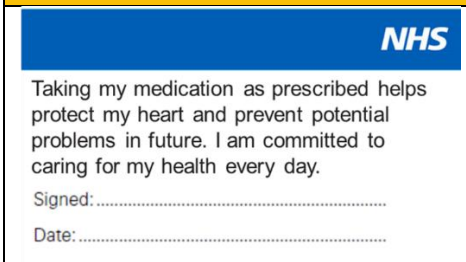
Table iii: Where further study is required

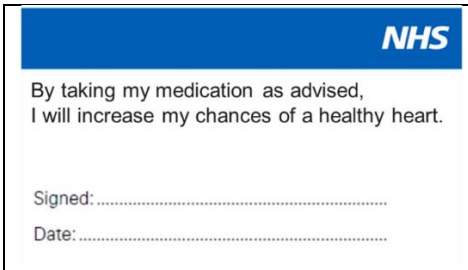
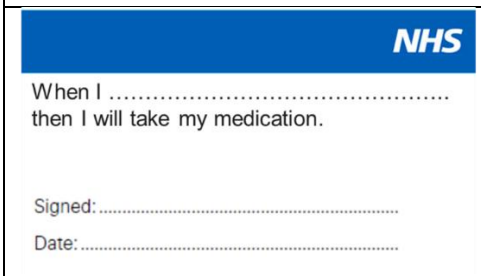
Recommendation	Detail
6. Research factors that contribute to improved outcomes	NHS England should commission further research into the factors which are most likely to contribute to improved outcomes for a patient following an NMS appointment. This should consider demographic factors, conditions, patient activation, and medicine type. This may lead to a reduction in NMS eligibility, but higher quality interventions.
7. Review service activity	NHS England should consider reviewing NMS service activity before and after changes to the payment structure were implemented in April 2025, to determine if this change has been successful in increasing follow-up consultation activity.

Summary findings for the personal health cost intervention

Pharmacists and patients were asked to review three different PHC interventions which are being considered for the revised iteration of this approach. The three interventions are included in Table iv, with findings specific to each format and those that are cross-cutting.

Table iv: PHC intervention summary findings

Personal health costs intervention	Specific findings	Cross-cutting findings
 **Intervention 1**	Patients viewed the wording of Intervention 1 as reassuring for people who are anxious around taking CVD medication for the first time. Some patients suggested that further wording should be added to Intervention 1 that is more specific to different medications.	Pharmacists made suggestions for refining the PHC intervention, including using bolder colours and the placement of the sticker.

 **Intervention 2**	A few pharmacists liked the positive message of Intervention 2. Patients, however, considered this format to be the least useful because although it was brief, it lacked useful information about why the medication should be taken.	Most patients preferred a combination of Interventions 1 and 3. Most pharmacists commented on the length of the interventions' wording, arguing that keeping sentences short and simple is likely to work better as they are easier for patients to recall.
 **Intervention 3**	Pharmacists preferred Intervention 3 because of the ability to personalise the text to the patient, with most believing this would increase patient engagement and therefore adherence. Patients liked the brevity of this format and that it contained a practical reminder of when to take their medication.	

Adapting the PHC in response to the evaluation findings

NHSE BSU should consider the following findings when incorporating the preferred PHC intervention into the NMS.

- **Provide guidance to pharmacists suggesting where the sticker should be stored in the pharmacy**, so that the dispensing staff remember to attach the intervention to the medicine bag. **NHSE BSU should also consider not limiting the use of the intervention to CVD medicines**, so that pharmacy staff don't have to remember which medicines are eligible for it
- Pharmacists reported that up to one third of patients now have their medications delivered and therefore do not encounter the pharmacist. This risks a large proportion of people not receiving the PHC intervention. **NHSE BSU should consider how they will use the intervention to better suit the processes used with patients who have medicines delivered**
- It is often pharmacy support staff – not pharmacists – that engage patients in the NMS at the counter and inform them that they can expect a call from the pharmacist. To introduce the PHC intervention here changes this interaction from a relatively straightforward administrative task (appropriate to be carried out by non-clinical staff) to a patient counselling task, which would be likely to require a pharmacist to complete it. This would add time to the process and also rely on pharmacists conducting the initial engagement, as well as the intervention and follow-up. **NHSE BSU will need to engage pharmacists in the pilot design to ensure this is**

feasible for them and explore whether it is feasible for non-clinical staff to be trained to deliver it

- Some pharmacists highlighted that not all patients will benefit from the PHC intervention, with a few suggesting that polypharmacy patients were less likely to because they have an established routine for taking their medicines. **NHSE BSU should consider exploring whether certain patients or conditions are more likely to increase their medicine adherence after an NMS and PHC intervention**
- **NHSE BSU should define what success looks like.** Before implementing the pilot, NHSE BSU should define how successful use of the intervention and an increase in medicine adherence is defined. An evaluation of a similar intervention relied on patients self-reporting their medicine adherence but other metrics, such as prescription refill rates, may be more accurate measures of adherence
- When testing the PHC intervention, **NHSE BSU should make any incentive for pharmacists contingent on participating in an evaluation of the pilot**, to ensure that learning is captured.

The structure of this report

Section 1 This introduction

Section 2 A summary of the methodology for the evaluation

Section 3 Evaluation findings for the NMS and proposed PHC intervention

Section 4 Conclusions and recommendations.

1. Introduction

This report presents findings from the evaluation of the New Medicine Service (NMS) and personal health costs intervention evaluation.

NHS England's Behavioural Science Unit (NHSE BSU), in partnership with the Department of Health and Social Care (DHSC), commissioned the NHS Strategy Unit (with partners Ipsos UK) to independently evaluate:

- The extent to which the right conditions are being met for pharmacists and patients to make best use of the NMS and ensure new medicines are taken appropriately
- Whether the implementation of a personal health costs intervention could improve adherence to new medicines.

This introduction includes:

- The background to the NMS and personal health costs intervention
- The evaluation aims and approach.

1.1 Background to the New Medicine Service and the personal health costs intervention

1.1.1 The New Medicine Service

Non-adherence to medication is a major problem for the NHS, contributing to poor health-related quality of life, increased hospitalisations and premature mortality.[7] The annual economic impact of non-adherence to the NHS has been estimated to be over £930 million.[8] The NMS, a medicines advice service aimed at improving patients' adherence to their newly prescribed medicines, was commissioned by NHS England in October 2011 as a £200m scheme in community pharmacies. The NMS is classified as an Advanced Service within the NHS community pharmacy contractual framework. Its aim is for pharmacists to support patients to adhere to newly prescribed medications for common long-term conditions (LTCs). The service is split into three stages:

[7] Elliott, R. A. et al. (2016). 'Supporting adherence for people starting a new medication for a long-term condition through community pharmacies: a pragmatic randomised controlled trial of the New Medicine Service' in *BMJ Qual Saf* (**25:**747-758)

[8] Trueman, P et al. (2010). *Evaluation of the Scale, Causes and Costs of Waste Medicines*. Available at http://www.pharmacy.ac.uk/fileadmin/documents/News/Evaluation_of_NHS_Medicines_Waste_web_publication_version.pdf [accessed 17/02/2026].

1. **Patient engagement:** following the prescribing of a new medicine for the management of a LTC, patients can be recruited to the service via prescriber referral or opportunistically identified by the pharmacy
2. **NMS intervention:** the pharmacist and patient will have a discussion in the pharmacy's consultation room, remotely, or in the patient's home seven to 14 days after the patient is recruited. The outcome of the discussion will either be that the patient is adhering to the medicine and should be scheduled for routine follow-up, or that they are not adhering to the medicine and clinical intervention is required (referred back to original prescriber)
3. **Follow-up:** the pharmacist will provide advice and further support during a second consultation 14 to 21 days after the initial intervention. If no further intervention is needed, the patient exits from the service. Otherwise, the patient will be referred to their GP for review.

Pharmacists are required to declare their competence to conduct NMS consultations by signing the NHS self-assessment form. The Centre for Pharmacy Postgraduate Education (CPPE) has a range of NMS learning materials to support pharmacists to conduct consultations. These resources include clinical learning for seventeen eligible LTCs; modules covering consultation skills and providing personalised care; and a list of medicines prescribed for each clinical condition. Completing these training modules is not mandatory; however, specific modules are included in the Pharmacy Quality Scheme, including a training programme on consulting with people with mental health problems. Pharmacists who complete this training will receive a quality payment.

Since April 2025, when the 2025/26 Community Pharmacy Contractual Framework was agreed, pharmacies are paid £14 for each intervention and each follow-up consultation completed.

1.1.1.1 Previous evaluation of the NMS

The DHSC commissioned a previous evaluation of the implementation and benefits of the NMS,[9] which reported in August 2014. Findings from a randomised control trial showed that the NMS increased the proportion of patients adhering to their new medicine by about 10%, when compared with normal practice. Despite local staffing and resource issues impacting provision of the NMS, overall, the service was also shown to increase patients' length and quality of life and contribute to cost savings for the NHS.

[9] Elliott, R. A. et al. (2014). *Department of Health Policy Research Programme Project 'Understanding and appraising the New Medicine Service in the NHS in England'*. University of Nottingham and University College London. Available at https://www.nottingham.ac.uk/~pazmjb/nms/ [accessed 16/02/2026)

1.1.2 The personal health costs intervention

The 2014 NMS evaluation demonstrated that the NMS is effective; however, there was scope to further optimise its delivery. Theory and evidence from behavioural science suggests that effective interventions to improve medicines adherence are focused on self-management, promoting sustained behaviour change.[10]

The DHSC funded a pilot behavioural intervention trialled between July 2015 and March 2016 in 287 pharmacies across London to encourage proper use of newly prescribed medicines by patients.[11] This intervention involved patients signing a sticker which was placed on their new medicine packet. The sticker included a statement that highlighted the importance of taking the medicine, and a pledge by the patient to take the medicine as prescribed. The trial found that patients who received this personal health costs (PHC) intervention were 1.59 times more likely to adhere to their medication than those who received the usual NMS service.[12] The pilot demonstrated that when the personal health costs of non-compliance are made more salient, the patient was more likely to adhere to their medication prescription. Patients were more likely to adhere to their medication when the behaviour was framed as avoiding the personal health costs of non-adherence, for instance making it more explicit what the potential negative consequences might be by not taking their medication as prescribed.

Despite this promising trial result, this PHC intervention was never implemented at scale as part of the NMS. The NHSE BSU are planning to deliver a revised version of the intervention in 2026. However, since the original PHC pilot, delivery of the NMS has evolved. This means if the NHS is to implement this enhancement to the NMS, it requires an up to date understanding of how the NMS is delivered and how a behavioural change intervention might be incorporated.

1.2 The evaluation aims and approach

1.2.1 Evaluation aims

Data gathered by the NHSE BSU in 2023 highlighted that half of pharmacists contracted to provide the NMS were delivering less than 40% of their agreed (as part of their contractual arrangement) NMS capacity. There is limited understanding of the reasons for the lower-than-expected NMS activity, and also the potential impact on other pharmacy services of targeted efforts to deliver it.

[10] Elliott R. A. (2018). 'Strategies for improving poor adherence to medication to optimize rheumatoid arthritis disease management' in *Dis Manage Health Outcomes,* **16**:13–29
[11] Jachimowicz, J. M. et al. (2021). 'Making medications stick: improving medication adherence by highlighting the personal health costs of non-compliance' in *Behavioural Public Policy*, ***5***(3), 396-416.
[12] *Ibid*

Although the NMS has been shown to increase medication adherence, the NHSE BSU believe there is opportunity for improvement and want to understand how this might be delivered. This includes testing an updated approach to the PHC intervention.

Approximately one quarter of NMS consultations are related to medications prescribed for hypertension (Table 12). Around 40% of people prescribed cardiovascular disease (CVD) medications do not correctly adhere to their medication.[13] The focus of this evaluation was therefore agreed with NHSE BSU as medication adherence for three common CVD-related conditions: hypertension, high cholesterol, and atrial fibrillation, although learning from these conditions is also applicable to other LTCs supported by the NMS.

Table 1.1 NMS activity submission data shared by approx. 400 providers between February 2023 and October 2024. In this time there were 332,432 NMS activity submissions.

Condition	Number of consultations	Proportion
Hypertension	86,417	26%
Heart Failure	12,929	4%
Acute coronary syndrome	18,681	6%
Atrial fibrillation	7,968	2%
Venous thromboembolism	4,061	1%
Stroke/Transient Ischemic Attack	3,176	1%
Coronary heart disease	8,268	2%

The aims of the evaluation were to:

- Identify barriers and enablers to NMS delivery to support service improvement, with a specific focus on patients who receive CVD medications
- Provide insights to the potential for an updated PHC intervention to influence patient behaviours around new medicines adherence.

1.2.2 Evaluation approach

The evaluation involved carrying out semi-structured qualitative research interviews with 16 pharmacists contracted to deliver the NMS, and 20 patients who had been prescribed a new CVD medication in the past two years. These were carried out between December 2025 and March 2026.

[13] Chowdury R et al. (2013) 'Adherence to cardiovascular therapy: a meta-analysis of prevalence and clinical consequences' in *European Heart Journal*, 34(38), 2940–2948.

The Strategy Unit delivered the pharmacist interviews and worked alongside partner organisation, Ipsos UK, which recruited and interviewed patients. The interviews explored themes related to both evaluation aims.

Further detail on the methods is provided in Section 2 (methodology).

2. Summary methodology

This section sets out a summary of the methodology for the evaluation. An expanded description of the evaluation methods is provided in Appendix A.

There were three evaluation workstreams:

- Qualitative semi-structured research interviews[14] with **community pharmacists** delivering the NMS
- Qualitative semi-structured research interviews with **patients** who have been prescribed a new medication for CVD prevention in the last two years, who may or may not have engaged with the NMS
- **Reviewing the three PHC intervention options** with both pharmacists and patients to inform pilot implementation.

2.1 Scoping stage

The methods for each workstream were informed by an initial scoping stage. The scoping stage for this evaluation involved agreeing the evaluation key lines of enquiry (KLoE) and evaluation methods with NHSE BSU. These were used to secure ethics approval from the Health Research Authority for the research and complete a Data Protection Impact Assessment (DPIA), which was assured by NHS England's Information Governance team.

2.2 Evaluation key lines of enquiry

Nine KLoE for the evaluation were identified in the scoping stage and used to draft the evaluation interview materials. These were:

1. To what extent is the NMS a priority service for pharmacists, in comparison with other advanced services, for example, hypertension case finding?
2. What are the barriers and enablers for pharmacists to conduct NMS consultations?
    - *Are any of these specific to CVD patients?*
3. What are the barriers and enablers for patients to engage with the NMS – from pharmacist and patient perspectives?
4. How can pharmacists be supported to improve data reporting of NMS consultations?
    - *Are there differences in reporting the outcomes from initial consultations and any follow-up with patients?*

[14] Semi-structured interviews are a dialogue between researcher and participant, using a flexible topic guide with key questions, supplemented with probes and comments.

5. What approaches would pharmacists take when introducing the PHC intervention with patients?
   - *How do patients respond to the PHC intervention?*
6. What might stop pharmacists from using the PHC intervention?
   - *Are these practical factors e.g. sticker supply; or social factors e.g. low confidence in intervention?*
7. What are pharmacist and patient views on the effectiveness of the PHC intervention options in improving adherence?
   - *How can the PHC intervention be improved to affect adherence?*
   - *How can the effectiveness of the intervention be monitored through pharmacist and patient feedback?*
8. Are there any other methods or tools used by pharmacists which have been shown to improve adherence?
9. To what extent is there potential for the PHC intervention to be fully integrated with the NMS?

2.3 Reporting framework

The evaluation has used the Capability, Opportunity, Motivation and Behaviour (COM-B) framework to analyse and report data. It was selected because it provides an approach to support understanding of how patient and pharmacist behaviours in delivering and receiving the NMS can be influenced by their capability, opportunity and motivation to do so.[15] How these factors have been translated in the context of the NMS is described in Section 3.1. The purpose of using the framework here is to determine how barriers and enablers related to capability, opportunity and motivation may be affecting pharmacist and patient behaviours to maximise the opportunities of the NMS to improve medicines adherence.

2.4 Data collection, analysis and reporting

The KLoE were used to develop a topic guide of questions to explore in semi-structured interviews with the two participant groups. All interviews were conducted with informed consent and in accordance with NHS England's information governance requirements.[16]

[15] For an example of how the COM-B framework is used in healthcare research see McDonagh, L. K. et al. (2018). 'Application of the COM-B model to barriers and facilitators to chlamydia testing in general practice for young people and primary care practitioners: a systematic review' in *Implementation Science* (13:130). Available at https://link.springer.com/article/10.1186/s13012-018-0821-y [accessed 16/02/2026].

[16] Interview participants were provided with an information sheet prior to the interview outlining the purpose of the evaluation, what the interviews would be used for and their rights as participants.

2.4.1 Qualitative research interviews with community pharmacists delivering the NMS

Twenty pharmacists contracted to deliver the NMS were identified by the BSU and invited to participate in the evaluation, with sixteen interviews being completed. Recruitment stopped due to time constraints on conducting interview analysis. The pharmacists represented a diversity of geographies (see Table 2.1) and pharmacy types (Table 2.2). The sampling approach is described in further detail in the report Appendix A: expanded methodology.

Table 2.1 Pharmacist interviews by region

Region	Number of pharmacists (%)
East of England	0 (0)
London	2 (13)
Midlands	0 (0)
North East and Yorkshire	4 (25)
North West	4 (25)
South East	1 (6)
South West	1 (6)
National	4 (25)
Total	**16**

Table 2.2 Pharmacist interviews by pharmacy type[17]

Pharmacy size	Number of pharmacists
Independent or small multiple	3
Large multiple	10
Distance-selling	3

2.4.2 Qualitative research interviews with patients who had been prescribed a new medication for CVD prevention in the last two years, who may or may not have engaged with the NMS

Patients who had been prescribed a new medication for CVD prevention in the last two years were recruited from a social research database.[18] Patients were not recruited on the basis of involvement

[17] A large multiple is defined as a pharmacy chain with more than 100 pharmacies. Independents consist of 1-5 pharmacies, and small multiples have 6-99 pharmacies. A distance-selling pharmacy provides services, dispenses prescriptions, and sells medicines entirely remotely.

[18] Patients who participated in an NMS consultation were initially planned to be recruited by their pharmacist; however, this was unsuccessful and the recruitment approach was adapted.

in the NMS; therefore, their views not specific to the NMS, instead discussing the experience of being prescribed and taking a new CVD medicine. The interviews were conducted remotely, and patients were offered a financial incentive in return for their participation. Patients were recruited from a range of geographies, socio-economic status, and ethnic groups. All patient interviews were conducted by Ipsos UK.

Table 2.3 summarises the demographic characteristics of patients who participated in an interview.

Table 2.3 Demographic characteristic of patients who participated in an interview

		Interviews achieved (proportion %)
Gender	Male	11 (55)
	Female	9 (45)
Region	East of England	2 (10)
	Greater London	2 (10)
	North West	4 (20)
	South East	2 (10)
	South West	3 (15)
	Midlands	5 (25)
	North East and Yorkshire	2 (10)
Age	45 to 64	13 (65)
	Over 65	7 (35)
Ethnicity	White British	15 (75)
	Ethnic minority	5 (25)

2.4.3 Qualitative data analysis

All interviews were recorded and transcribed verbatim prior to being coded and analysed thematically. Where participant quotes are used in this report, individuals are not identified. For ease of reading, quotes are colour-coded according to their source (gold – pharmacists; blue - patients).

2.4.4 Data limitations

Two limitations have affected data collection during the evaluation:

- **Lower than expected pharmacist engagement:** approximately 20 pharmacists identified by NHSE BSU expressed initial interest in supporting this work, with 16 interviews being completed. The interview participants were less representative of the regions in England than

initially planned, with most interviewees being located in North East and Yorkshire. Only 20% of pharmacists remained engaged when asked to support with patient recruitment (see below)

- **Lower than expected patient recruitment:** the lower number of pharmacists who agreed to support patient recruitment limited the number who could be engaged to explore their experience of the NMS. Alternative engagement approaches, including asking Local Pharmaceutical Committees to identify pharmacists willing to support with patient recruitment, were not successful, resulting in using a third party (Criteria) to recruit people from existing social research databases. This change in approach caused a delay. It also means that the evaluation team has less information regarding the NMS process the patient has experienced; without pharmacists validating patients' engagement with the NMS the evaluation has been reliant on patients self-identifying as receiving the NMS.

3. Evaluation findings

Section summary

This section presents findings from qualitative interviews with: community pharmacists; and patients who have been prescribed a CVD medication in the past two years. It uses the COM-B framework to assess how capability, opportunity and motivation affect pharmacist and patient behaviours in delivering and receiving the NMS. It also provides views on the PHC intervention options.

Capability

Overall, pharmacist capability was not seen as a barrier to delivering the NMS due to its relatively straightforward processes (when compared to other advanced services) and long-standing nature (having been introduced in 2011). However, capability was viewed by pharmacists as more of a challenge for patients where a lack of knowledge of the NMS and the support that their pharmacist could provide, and potential for confusion when discussing medications where they had multiple prescriptions, could be a barrier to engagement. Patient interviewees also commented that their capability to receive the service is affected by how clear they are about the role of the NMS in providing them with medicines adherence.

Opportunity

Only two patients who participated in an interview had a telephone call two weeks after they collected their new medicine. Neither call was scheduled ahead of time; one patient reflected that they would have preferred to have a scheduled call so that they could consider questions for the pharmacist in advance. These interactions were considered useful as they helped to reassure them about why they were taking their new medication and to answer they queries they had.

Opportunity to deliver the NMS is where the greatest challenges were identified.

- Identifying eligible patients for the NMS is not always straightforward and can create an additional burden on staff
- Referrals to the NMS from primary and secondary care are rare. This has been a long-standing challenge for the NMS and would benefit from further study to understand the barriers to this
- Recruiting patients to the NMS can take place in a variety of ways. The most common is at the counter when patients collect a new medicine. Recruiting retrospectively is more challenging but increasingly common as an increasing number of patients choose to have medicines delivered to their homes
- Most pharmacists reported that they rarely have the capacity to deliver their full quota of NMS consultations
- Nearly all NMS consultations are conducted over the phone. These calls tend to take place when a pharmacist has time, rather than when it most convenient for the patient
- Completing the NMS process (intervention and follow-up) is a challenge for pharmacists. The quality of the first intervention contact is important to increasing the opportunity that patients stay engaged for the follow-up discussion.

Motivation

Pharmacists are motivated to deliver the NMS, seeing it as beneficial to patients and adding value to the role of community pharmacies in the healthcare system.

Motivation to prioritise the NMS over other advanced services was mixed. Some pharmacists prioritised the NMS because it is quick to deliver. Others prioritised other advanced services because they preferred to deliver face-to-face consultations, for example with vaccinations.

Patient motivation to participate in the NMS is dependent on: their confidence to take medication as directed; their previous experience of being prescribed medication; and their understanding of the benefits that a consultation with their pharmacist could provide compared with speaking with their GP.

Testing the personal health costs intervention

The majority of pharmacists preferred a PHC intervention which asked the patient to specify when they would take their medication and encouraged patient ownership and accountability of their own health. Pharmacists made suggestions for refining the PHC intervention, including using bolder colours and the placement of the sticker.

Patients were more critical of the approach to the intervention: while there was some positive discussion of the messaging and intent behind the stickers, overall patients did not think stickers would support or remind them to take their medication, because they would already have to be holding the box to see the sticker. Practical barriers to the PHC intervention were also raised, such as how it would work when a large proportion of patients have their medications delivered. Some patients suggested that providing a digital reminder via the NHS app would be more likely to increase medication adherence.

3.1 Reporting framework

The evaluation has used the COM-B framework to collect, analyse and report data. The purpose of using the framework is to determine how barriers and enablers related to capability, opportunity and motivation may be affecting pharmacist and patient behaviours to maximise the opportunities of the NMS to improve medicines adherence.

The findings are organised according to the domains of the framework:

- **Capability:** assessing the capability of pharmacists to deliver the NMS, considering their skills and knowledge. This sub-section also considers the capability of patients to receive the intervention
- **Opportunity:** assessing the opportunity for pharmacists to deliver the NMS, and patients to receive it, considering both physical (resources) and social (norms, conformity) opportunity
- **Motivation:** assessing the motivation of pharmacists to deliver the NMS considering both automatic (actual incentives or drawbacks) and reflective (perceived incentives or drawbacks) motivation. This sub-section also considers the motivation of patients to receive the intervention.

Where areas of potential improvement have been identified in the findings, these are presented in the relevant section.

As described in Section 1.1.1, there are three stages to the NMS.

1. Patient engagement
2. NMS intervention
3. Follow-up.

The COM-B framework is applied across these stages in the findings discussed in Section 3.2.

Findings from **pharmacists** are presented first in each sub-section because they are focused on the processes involved in the NMS. **Quotes from pharmacist interviews are in gold boxes**.

Patients were recruited for the evaluation based on having been prescribed a new CVD medicine in the past two years, rather than having been recruited to the NMS (see 2.4.2); many patients were unaware of the NMS, as described in the findings below. Therefore, these findings are used to support, challenge or further contextualise pharmacists' views of the patient experience of medicines adherence. **Quotes from patient interviews are in blue boxes**.

3.2 Reflections on the NMS

3.2.1 Capability

This section describes the capability of pharmacy staff to recruit patients to the NMS, how training supports capability to deliver the service, and patients' capability to receive the service.

3.2.1.1 Patient recruitment to the NMS

Capability finding: a shared understanding of the NMS across pharmacy teams enables effective communication with patients and facilitates patient recruitment to the NMS.

Initial patient recruitment for the NMS is usually carried out by pharmacy support staff and typically occurs when an eligible patient collects their new medicine from the pharmacy. Pharmacists reported that all pharmacy staff have a good understanding of the aims, purpose and structure of the NMS and are able to communicate this well to patients at the point of medicine collection. Pharmacists didn't report a large proportion of patients declining to take part in the NMS at the point of initial patient recruitment.

3.2.1.2 Training and other advanced services supporting capability

Capability finding: the current training offer supports pharmacists to conduct NMS consultations. Increasing NMS activity is not seen as reliant on further training because pharmacists feel capable and confident to do so. The knowledge and skills developed through delivery of other advanced services enable pharmacists to engage NMS patients in sensitive conversations about their conditions and medication adherence.

Pharmacists are required to declare their competence to conduct NMS consultations by signing the NHS self-assessment form. The Centre for Pharmacy Postgraduate Education (CPPE) has a range of

NMS learning materials to support pharmacists to conduct consultations. These resources include clinical learning for seventeen eligible LTCs; modules covering consultation skills and providing personalised care; and a list of medicines prescribed for each clinical condition. Completing these training modules is not mandatory; however, specific modules are included in the Pharmacy Quality Scheme, including a training programme on consulting with people with mental health problems. Pharmacists who complete this training will receive a quality payment.

The majority of pharmacists described completing relevant CPPE training on delivering the NMS service; one third of pharmacists reported having completed CPPE training on consultation skills. This module is required to be completed every two years as part of the pharmacy quality payment. Most pharmacists said that this training was helpful to engage patients and conduct sensitive consultations.

> *"Obviously with depression being a sensitive topic, compared to your other conditions that you have, for example, like cholesterol, very, very different kind of concept and questions that you're asking. So, depression can be a lot more personal and definitely very sensitive… you would address questions in a more cautious way. And building that rapport with the patient is going to be very different compared to just the general conversation about cholesterol levels, which may not come across as personal compared to depression."*
>
> Pharmacist 15

No pharmacists reported requiring further training to improve their capability to conduct NMS consultations.

> *"I wouldn't say [more training is required], just because I think a lot of what we do is things that you already know from university and from [continued professional development] in practice. All the information we discuss with patients, it's stuff that the pharmacists should already know."*
>
> Pharmacist 1

Community pharmacists provide a range of advanced services to their patients. The NMS was one of the first advanced services, introduced in 2011. The NMS was described as "straightforward" to deliver when compared to other advanced services. Pharmacists also discussed how delivering other advanced services increased their capability to engage patients in sensitive conversations, which may be required in an NMS intervention or follow-up.

3.2.1.3 Patient capability to participate in the NMS

Capability finding: the purpose of the NMS is not always understood by patients, reducing their likelihood to engage in the service. Some patients who participated in an interview were unclear what support a pharmacist could provide over what their GP provided. Pharmacists can support

patients to engage by clearly describing the purpose of each consultation and – for patients on multiple medications – focusing the conversation on the newly prescribed medication.

Pharmacists were asked about their views on the capability of patients to participate in the NMS. Five pharmacists described patients having difficulty in understanding the purpose of the NMS, which impacted on their likelihood to engage with the intervention and follow-up. Patients, particularly those prescribed lots of medicines, were reported to often not know why they have been prescribed a new medicine. Some of these patients were therefore not interested in receiving support for the new medicine over their other medications. Some patients who participated in an interview also questioned whether a pharmacist would be able to provide any additional information over what their doctor shared or that they could find from doing their own research.

> *"I suppose [the information about my medication] I've had already from the doctor and what I've discovered myself by either talking to somebody or going on the Internet looking for myself was sufficient for me."*
>
> Male, 73 years of age

Several pharmacists reported the importance of conveying information to patients in a way that is easily understood to ensure that the patient can participate in the NMS consultation. They did not describe using materials other than the medicine's patient information leaflet to support discussion; instead, they adapted the language and level of technical information when describing how the medication works and its benefits. Pharmacists reported allocating sufficient time – even a few minutes – in advance of a consultation or follow-up to review a patient's medication record and anticipate questions that a patient may have about a new medication – particularly where patients are on multiple medications – to allow them to effectively tailor the conversation.

> *"I'll always start speaking to somebody in not too scientific a way... so in a way where I would hope most people would understand, and then if you have that conversation, if you start to realise that they can probably understand things a bit more complicated then you can go into it, but always start on that lower level first rather than scaring people off with things that they don't want to hear."*
>
> Pharmacist 12

3.2.2 Opportunity

This section describes the identification of eligible patients; the engagement of eligible patients with the initial intervention and follow-up; and enablers and barriers to the delivery of the NMS for pharmacists and patients.

3.2.2.1 Identification of eligible patients for the NMS

Opportunity finding: automated systems support pharmacy staff to identify patients that are eligible for the NMS. However, these systems also flag patients that are later discovered to be ineligible for the NMS, diverting resource away from the service. Some pharmacists saw opportunities to engage more patients in the NMS by widening the scope of eligible conditions.

All pharmacists reported that patients eligible for the NMS are automatically flagged on case management systems when a new medicine is prescribed. Most pharmacists also check eligibility as prescriptions are being prepared and issued. Some identify patients retrospectively, by checking through records of medications that have recently been prescribed.

The systems that identify patients who are eligible for the NMS use prescription data. These systems can flag patients that have been prescribed medicines used for one of the NMS long-term conditions. However, they also flag patients that have been prescribed medications for reasons outside the scope of the NMS (for example, a short course of a medication or a medication prescribed for a condition not included in Table 1.1). Pharmacists reported that this resulted in an additional burden of work for pharmacy staff, where NMS consultations are provided to patients who are later discovered to be ineligible for the service.

3.2.2.2 Methods of patient recruitment to the NMS

Pharmacists described three common approaches to engaging eligible patients in the NMS and the associated enablers and barriers to them.

Engagement at the counter

Opportunity finding: opportunities to engage patients in the NMS at the counter are increased by: systems able to flag eligible patients to pharmacy support staff; highlighting to patients that the NMS is an NHS service to secure their buy-in; efficient consent processes that do not take up much time; and the availability of a pharmacist to answer any initial questions about new medications.

There are barriers to engaging patients at the counter: some patients do not attend the pharmacy to pick up their prescriptions; the NMS is generally deprioritised during busy periods, resulting in missed opportunities to engage patients in the service; and patients have a low awareness of the service, making it more difficult and time consuming to secure their engagement.

Pharmacies with physical locations generally engage patients for the NMS at the counter when issuing prescribed medication. To support this, pharmacists reported that a short note indicating a patient's eligibility for the NMS can be added to the medication box by dispensing pharmacists to inform pharmacy support staff that a patient should be invited to engage in the NMS. A pharmacist

not adding these notes represents a potential missed opportunity to engage patients at the counter when collecting their prescription.

Nearly all patients who participated in an interview reported collecting their initial and repeat prescriptions from their local pharmacies in person. No patients reported using an online pharmacy to dispense their medication. Those who did not collect their medication received their medication via home delivery or a family member or friend collected it from the pharmacy on their behalf. These patients did not recall receiving any information related to NMS or any adherence advice from their pharmacist, via their family member.

Despite pharmacists reporting that most NMS engagement takes place at the counter, several of the patients who collected their prescriptions from the pharmacy reported not being offered any advice or practical support when collecting their newly prescribed medication in person. Many of these patients were satisfied with this, as it reflected their normal interactions with a pharmacist and was in line with their service expectations. Other patients reported that they would have liked their pharmacists to offer a brief interaction beyond the typical transaction, for example confirming what the medication was for, how to take it, and any side effects to be aware of.

Pharmacists reported that patients engaged at the counter generally agree to an NMS consultation, when offered. They highlighted several enablers that support opportunistic behaviours, in addition to the capability of all pharmacist support staff to communicate with patients:

- Presenting the NMS as an NHS service that is routinely offered when specific new medicines are prescribed; highlighting the NHS 'brand' to foster patient trust and acceptance of the service
- Ensuring that pharmacy support staff have the necessary patient details and consent processes to hand so that patient engagement is straightforward and does not take up much time for either the patient or the member of staff
- If a pharmacist is available, answering initial questions from patients when the prescription is issued; then followed-up in more detail in the intervention consultation.

However, pharmacists reported that at busy times, engaging patients in the NMS is deprioritised so that pharmacy staff can respond to the immediate needs of patients with prescription enquiries or requests for other advanced services. This can limit the effectiveness of these enablers.

> *"It's not that [the NMS] is not essential, it just isn't there in front of you right at that moment. Whereas if I've got a patient at the counter who needs their medication right there and then, that's obviously, unfortunately taking priority."*
>
> Pharmacist 5

In addition, pharmacists reported that patients are generally unaware of the NMS and do not proactively request it, so pharmacies are able to control the level at which they engage patients according to available resource. If necessary, pharmacists can then attempt to engage patients by phone after they have collected their medication. NMS awareness and the role of pharmacists in supporting patients to take their medication correctly could be further highlighted to patients by the prescribing healthcare professional.

Engagement by phone

Opportunity finding: it is more challenging to engage patients in the NMS by phone rather than at the counter, with patients reluctant to answer unsolicited calls or finding it challenging to engage in a conversation over the phone (due to hearing difficulties or the timing being inconvenient). This can be mitigated to an extent by making calls from recognised numbers or leaving messages for patients or their family/carers to respond to. Independent pharmacies have more limited capacity than larger pharmacies to engage patients by phone, due to independent pharmacies tending to have more limited opening hours.

The mean age to initiate an antihypertensive (one of the most common CVD prevention medicine classes) is 55 years, with most people aged between 45 and 65; similarly, most blood pressure medications are initiated to patients who are 45-65 years of age – this cohort are highly likely to own and use a mobile phone.[19]

Pharmacies with physical locations reported conducting retrospective phone calls to eligible patients that have already collected – or been delivered – medications and have not been engaged in the NMS at the counter. Some distance-selling pharmacists also reported retrospective phone calls to eligible patients to introduce the NMS and offer an intervention appointment. Pharmacists reported that it was generally more difficult to engage patients in the service over the phone than in person as:

- Many patients are cautious of unsolicited phone calls
- It's often not a convenient time for the patient to engage in a call, requiring the pharmacy to attempt a call another time
- Some pharmacists were concerned that they did not have patient consent to make 'cold calls' if the patient hadn't indicated that they were happy to be contacted at the point of collecting their medicine (though they didn't describe whether this impacted on their behaviour). Others reported challenges in gaining consent from patients who have carers, as it can be challenging

[19] Rouette J et al. Treatment and prescribing trends of antihypertensive drugs in 2.7 million UK primary care patients over 31 years: a population-based cohort study (2022). BMJ Open. 9;12(6):e057510

to speak directly to the patient (although this represented a small proportion of eligible patients)

- Some patients are supported by carers to take their medication, and the carer may not be present at the time of the phone call
- Communication with patients whose first language is not English, or if they have a hearing impairment, can be difficult. Some pharmacists described communicating with patients through family members (although this raises privacy concerns) or asking another pharmacist who speaks the patient's language to call the patient back. It was not viewed as realistic for pharmacists to engage formal translation services to deliver an NMS consultation, due to the cost and time involved.

Independent pharmacists also reported the challenge of having more limited opening hours which restrict when they can contact patients. They compared this to larger pharmacy chains which typically have extended opening hours, offering greater flexibility.

Pharmacists reported factors that supported making initial contact with patients by phone:

- Using the pharmacy landline, rather than a withheld number, as it is recognisable for patients
- Leaving a message for the patient to return the call or to drop into the pharmacy and speak with the pharmacist.

Opportunity finding: there is an increasing trend towards medications delivery in the UK[20] and this presents challenges for services such as the NMS which have relied on recruiting patients at the pharmacy counter. Pharmacies may need to adopt multiple recruitment methods to ensure eligible patients do not miss out on the NMS, including automated emails and communications delivered with medications. Improved promotion of the NMS may also increase patient awareness of what the service is, the support that they can access from their community pharmacist, when they can expect to be contacted and by whom.

Engagement by automated email

Opportunity finding: automated email invites offer all eligible patients an opportunity to engage in the NMS. However, some patients are unlikely to respond to a pharmacy email and do not engage with the service as a result.

[20] YouGov. (2014). 'The future of pharmacy : 40% of Brits are interested in getting their medications delivered.' Available at https://yougov.com/en-gb/articles/49295-the-future-of-pharmacy-40-of-brits-are-interested-in-getting-their-medications-delivered [accessed 19/02/2026].

Some distance-selling pharmacies invite patients to book an NMS consultation through an automated email and booking system. Pharmacists reported that emails, reminders and bookings are handled by administrative staff and that they generally get good engagement from patients using this method. However, pharmacists recognised that some patients do not regularly respond to emails from the pharmacy and therefore do not engage with the service.

Signposting from primary and secondary care

Opportunity finding: staff in primary and secondary care do not routinely signpost patients to the NMS, suggesting a missed opportunity to engage patients in the service. Some pharmacists recommended that primary and secondary care colleagues should signpost, or formally refer patients, to the NMS through a centralised, shared platform, as they do for other advanced services.

All pharmacists reported that it is extremely rare for primary and secondary care to signpost patients to the NMS or flag that the patient should expect to receive a call from their pharmacist. Some pharmacists reported that signposting or formal referrals are much more common for other advanced services and suggested that primary care colleagues may not be aware that the NMS is a commissioned service that they can signpost patients to. Pharmacists also described inappropriate system-generated NMS prompts, such as being asked to complete an NMS for a seven-day course of blood thinners, which they felt did not warrant the intervention.

> *"I certainly don't find general practice specifically referring in [to the NMS]. They are aware of the conversations we will have with patients upon them being prescribed a new medicine, but their understanding of it being an NHS-commissioned service is probably quite poor."*
>
> Pharmacist 18

A similar finding was reported in the 2014 evaluation of the NMS, suggesting that these relationships require improvement to support the NMS.[21]

3.2.2.3 Delivery of NMS consultations (interventions and follow-ups)

Opportunity finding: most NMS intervention and follow-up consultations take place over the phone. Other advanced services are primarily delivered face-to-face. Pharmacists reported that this meant that they prioritise face-to-face advanced services where patients have booked an appointment, as it is easier for NMS consultations to be deprioritised. A minority of patients who participated in an interview expressed a preference for a scheduled conversation with their pharmacist, with a minority suggesting this could be face-to-face. There may be an opportunity to

[21] Elliott, R. A. et al. (2014). Op. Cit.

provide more targeted NMS consultations based on the potential benefit to the patient, rather than aiming to increase engagement overall, which has limited potential given pharmacist capacity available.

The number of NMS consultations that contractors can be paid for is subject to an overall cap of 1% of the pharmacy's monthly prescriptions. However, pharmacist capacity was described as the limiting factors for the number of interventions and follow-up consultations they can fulfil, as they balance NMS consultations alongside other advanced services.

> *"We do about sixteen or seventeen thousand [per month]… so I could do potentially one hundred and sixty, one hundred and seventy NMS. We achieve about fifty percent of that because the volume of work there we're doing, I don't have the time or I don't have the staff members or another pharmacist to allocate that time to do all those NMS. So we'll probably end up doing between fifty and seventy a month because that's all I can in the two hours that I have allocated for NMS."*
>
> Pharmacist 14

Pharmacists reported that approximately half of all consultations relate to CVD medications, though this varies depending on the demographic served by the pharmacy. They suggested that there was no approach to prioritising certain patients to receive NMS consultations – for example, patients who are most likely to benefit from a consultation about adherence. Prioritising specific patient cohorts to receive an NMS consultation represents a potential opportunity to increase the benefits of the service, as opposed to increasing the overall number of consultations completed.

All pharmacists reported that the overwhelming majority of NMS interventions and follow-ups are conducted by phone, with very few taking place in-person within pharmacies. This is consistent with previous evaluation of the NMS.[22] Most consultations over the phone have a duration of five minutes; however, sometimes they can run over meaning that the pharmacist runs out of time to complete the remaining planned calls.

[22] Ibid.

> *"Getting patients back in to do a face-to-face consultation would be the gold standard. The problem is our consultations are always completely filled in our diaries… the vast majority of the NMS is done over the phone. I'd always prefer to speak to somebody face-to-face because you get a much better feel for how they're feeling, pick up on any kind of hesitancy or they might be slightly more keen to ask you questions."*
>
> Pharmacist 17

Two patients who participated in an interview had a telephone call with a pharmacist around two weeks after they picked-up their medications.[23] One participant was told to expect a phone call, the other was not; neither call was scheduled ahead of time. During the call, they were asked whether they had been taking their medications, if they were experiencing any side effects and whether they had any queries or concerns the medication.

> *"I did get that phone call just to make sure that everything was okay [with my medication]. The two main questions they asked were to make sure that I was taking it and to make sure that everything was ok whilst taking it and no side effects."*
>
> Male, 67 years of age

These interactions were considered useful as they helped to reassure them about why they were taking their new medication and to answer they queries they had. However, these patients who received an unscheduled call from their pharmacist expressed a preference for a face-to-face scheduled conversation as they would have more time to prepare and consider any questions that they wanted to ask.

> *"I would have liked a face-to-face, even going to a side room, but just go through it and if I had any more questions, I could have probably written them down and asked them there and then. Whereas I didn't feel as though I was prepared on the phone because I didn't know they were going to call me."*
>
> Female, 61 years of age

However, people also noted that their local pharmacies lacked what they felt is a private space to discuss these issues – despite having a consultation room being a prerequisite to delivering the NMS – which may be a barrier.

[23] Due to the timing and nature of the consultation, it is probable that these consultations were delivered as part of the NMS. However, the patients did not explicitly confirm that this was the case. No patients used the term 'NMS' during their interview, and none indicated that they were familiar with the NMS as a service.

"*Pharmacies have very little or no private space. I did want to have a one-to-one with a pharmacist, but not in my current pharmacist because whilst you're in the queue in front of the desk, collecting your medication. You've also got a series of other people who are standing near waiting to collect their medication.*"

Male, 56 years of age

One pharmacist raised the issue of focusing on the quantity of NMS delivered rather than the quality of the consultation.

"I think in some cases there may be pressure to complete so many NMS in a certain period of time rather than NMS' that actually benefits a patient"

Pharmacist 12

Some pharmacists working in larger pharmacies with more than one pharmacist allocate delivering NMS consultations to one pharmacist, with other pharmacists conducting all other appointment-based advanced services. Independent pharmacists reported that it wasn't financially viable for them to employ more staff to deliver advanced services, so they have to balance advanced service delivery alongside other pharmacy tasks, such as prescription dispensing.

"In community pharmacy we do carry out a lot more services than we ever have and to a certain extent, by doing so, it often feels like we're moving the workload from one place to another, rather than increasing the capacity overall."

Pharmacist 18

Most pharmacists reported allocating a specific timeslot each week to contact patients.

"We fit it [the NMS] in a certain time every week… and go through the NMS that are due that week… it's impossible to do it everyday."

Pharmacist 14

Despite blocking time in the pharmacy calendar to contact patients, some pharmacists reported that the NMS is harder to manage than other advanced services where appointments are booked in advance because whilst they are very unlikely to cancel a patient's booked appointment, it is easier to deprioritise any blocked-out time to call NMS patients. In addition, both consultations need to be completed within a set timeframe to receive payment, whereas other advanced services generally only consist of a single appointment. One pharmacist suggested that it is difficult to conduct NMS consultations face-to-face because face-to-face consultations for other advanced services need to be prioritised.

3.2.2.4 Opportunity enablers and barriers for the NMS

Opportunity finding: engaging patients in NMS interventions and follow-up consultations takes up a lot of time, compared to how long is spent on delivering the consultations themselves. Ensuring that patients understand the purpose of the consultation, and booking set appointment times so that patients expect to receive a call, were highlighted as two key factors in increasing opportunities to deliver the NMS.

Even when patients have been recruited to the NMS, patients may not fully engage with the two consultation stages of the service. Pharmacists typically make three separate attempts at contacting the patient for each NMS stage. This uses a lot of resource, which doesn't always result in a consultation. Completing the NMS process with patients is a challenge for pharmacies. About half of NMS interventions don't result in a follow-up consultation because the pharmacist cannot get in contact with the patient, or because the patient declines to be contacted again.[24]

Pharmacists reported that existing relationships with patients can facilitate engagement in the service. Other key factors that were highlighted were: having a clear introduction that sets out the purpose of the call; and being well prepared with information about the patient, their medication, and potential interactions, to ensure that the call is tailored to their needs. This requires additional preparation before making the call.

> *"Putting time aside to make sure… you've got all the information around the* [patient's] *condition and the treatment so that you can find out anything you need to find out… and to answer questions quickly for the patient to give them a bit more confidence around taking their medicines… I think that helps to provide a better service to the patient."*
>
> Pharmacist 17

This suggests that the opportunity pharmacists' have to complete the NMS process with patients is down to timing (do they call the patient at a convenient time) and demand (does the patient perceive that the NMS is of benefit to them). Increasing this opportunity is affected by the perceived quality of the intervention stage, suggesting investing time and effort in this contact is likely to increase the chance of completing the full process.

[24] Trainis N, 2025. *Just over half of £645m Pharmacy First funding spent and NMS fee split.* Available at: https://www.pharmacymagazine.co.uk/news/just-over-half-of-645m-pharmacy-first-funding-spent-and-nms-fee-split-in-two [accessed 21/02/2026].

> *"You don't have to break down the barriers second time round [during the follow-up]… you do get people* [who say]*, 'I spoke to you two weeks ago. I was having headaches, they've cleared up like you said they might do.'"*
>
> Pharmacist 12

Pharmacists made suggestions to further increase opportunities to maintain patient engagement in the NMS:

- Book set appointment times with patients so that they expect a call. Distance-selling pharmacists reported that this supports engagement and reduces the number of calls which are unanswered
- Consider adjusting the timeframes for intervention and follow-up consultations. For some medications, the intervals aren't sufficiently long enough for medications to have taken effect or for side effects to settle. Other patients are told not to take a medication until a specific date, but the pharmacist isn't aware of this, requiring them to make more than one intervention phone call to ensure that the intervention call takes place once the patient had started the new medication.

3.2.2.5 Reporting the outcome from a consultation

Opportunity finding: pharmacists use systems linked to electronic patient records to report the outcome of an NMS consultation; however, these systems do not communicate the outcome or follow-up required with the original prescriber, requiring pharmacists to contact them via email or telephone. This process is inefficient and not consistent with other advanced services.

Limited data was provided about how pharmacists report the outcome from the consultation. A few pharmacists described using systems that prompt them to call certain patients each week; the pharmacist then reports the outcome from the call in the same system.

Pharmacists who discussed reporting the outcome of the consultation described that follow-up work, such as referring the patient back to their GP, is not accounted for within the NMS workload. These referrals are usually via a phone call to the GP practice or via NHS Mail. Pharmacists suggested that using a shared platform – as for Pharmacy First – where they can view the patient record, record the NMS consultation, and communicate directly with the practice, would improve reporting of the consultation and care coordination. This may also reduce this issue reported by some pharmacists who described how there is duplication where pharmacists employed by GP practices are conducting the NMS, rather than the pharmacist that dispenses the medication.

"Why wouldn't we look to include the [NMS] *interventions already made by a healthcare professional into potential reviews that will take place within general practice? Why wouldn't our interventions help supplement and shape their own reviews to help us avoid duplication of work?"*

Pharmacist 18

3.2.3 Motivation

Assessing the motivation to deliver or receive the NMS considers both automatic (unconscious processes such as emotional, habitual, or impulsive drivers) and reflective (conscious, cognitive processes such as planning, evaluating behaviour and forming intentions) motivation.

3.2.3.1 Perceived value of NMS

Motivation finding: pharmacists report their primary motivation for delivering the NMS is the benefits they have seen the service achieve for patients and the NHS. Financial reimbursement is a secondary motivator for pharmacists.

Pharmacists generally expressed support for the value of the NMS and described it as effective in supporting patient adherence. The NMS enables structured conversations about why patients are not adhering to their medicines, clarifying timing of doses, supporting patients through short-term effects and addressing concerns about side effects. These observed benefits reinforced pharmacists' beliefs that the NMS is worthwhile and supported their motivation to deliver it.

"I do think it's [the NMS] quite important because not only does it help to increase adherence of the treatment, but it helps to reduce the medicine wastage as well, and most of all to promote and improve their quality of life. So, yes, it's a good service."

Pharmacist 18

One pharmacist was less positive about the value of the NMS suggesting that the service encouraged volume of consultations over effectiveness, and a second suggested that the NMS is not appropriate for all patients and all medications included in Table 12.

Pharmacists described the NMS as aligning well with the pharmacists' role and showing the contribution community pharmacy can make to improving patient outcomes. Pharmacists often have repeated contact with the same patients, which puts them in a strong position to provide personalised support. Others were motivated to deliver the service to decrease the burden on general practice. Pharmacists also described how it is important for them to show the impact they have in improving health outcomes.

"Honestly, it [the NMS] is one of my favourite services. I thoroughly enjoy having that time with my patients. Being a community pharmacist as well, it gives you time to actually speak to your community and speak to your patients on a one-to-one level. It gives you that rapport and that relationship with your patients that you don't necessarily get without doing that service, because it's easy just giving someone a prescription, whereas, if you have taken time out of your day. It's similar to being with a GP, they want to see the GP that looked after them before."

Pharmacist 18

Views on the financial value of NMS varied. Some pointed out that they do not receive reimbursement for initial recruitment conversations, and recent changes to the service contract removed payment for three contact attempts with no reply. Despite this, pharmacists consistently stated that financial reimbursement is not their primary motivation, citing medication adherence and clinical benefit as the main drivers.

"I'd like to think, as professionals, that you wouldn't need that motivation [financial reimbursement]. I know people have businesses to run as well."

Pharmacist 5

Several pharmacists highlighted the value of the NMS for cardiovascular medicines. They noted that a large proportion of their NMS consultations involve CVD conditions, with some suggesting it is the second most common category after diabetes or cholesterol-related medicines. A few emphasised that having an initial conversation is crucial to ensure patients understand the importance of their medication.

Some reported patients can decline the follow-up call if they have no issues with the medication or if they have had their medicine explained by another healthcare professional. A few reported that patients can become frustrated when the pharmacist makes the follow-up call if they said they didn't have any issues in the intervention call. Pharmacists may then not pursue consultations or persevere with explaining the purpose of the NMS, if they have a negative experience with a patient.

3.2.3.2 Ease of delivery

Motivation finding: most pharmacists described the NMS as easy to deliver, despite capacity challenges and automated systems incorrectly flagging eligible patients.

Although capacity challenges – and to some degree automated systems – have negatively affected delivery (as discussed in sections 3.2.2.1and 3.2.2.3), overall, the NMS was described as easy to deliver and this positively influenced pharmacist motivation to engage patients and conduct consultations.

3.2.3.3 Comparison to other advanced services

Motivation finding: the NMS is not promoted in the same way as other advanced services; it relies on pharmacy staff to engage patients, rather than patients being motivated to proactively request the service. Several pharmacists also suggested that walk-in or appointment-based services are prioritised over the delivery of unplanned phone-based NMS consultations. Variation in demand therefore contributes to differences in how the NMS is prioritised alongside other advanced services.

Pharmacists noted that patients actively request services like Pharmacy First, PCS and vaccinations, and are willing to wait to receive them. In contrast, the NMS relies on the pharmacist engaging the patient (rather than patient motivation to participate). Some pharmacists said engagement can be harder for the NMS than other NHS services they deliver because both the GP and pharmacist are involved in the patient's medication, and patients may not feel the need to speak to the pharmacist.

Pharmacists expressed mixed views on whether NMS is a priority compared to other services. Some described it as a high priority, and in one case the highest, when allocating staff. Those from large chains said it is prioritised because management has asked them to focus on it, or because it receives positive feedback from patients. The NMS is quicker to deliver than other advanced services, leading some pharmacists to prioritise it because the fee for conducting NMS consultations is comparable (£14 per NMS consultation versus £18 per pharmacy contraception service consultation (PCS), for example).

Other pharmacists said walk-in or appointment-based services, such as Pharmacy First or PCS, often take priority because they must be delivered immediately. One pharmacist noted that Pharmacy First can take up most of the morning, leaving little time for other work. They added that they are "juggling" the NMS and other advanced services because there is no additional funding for staffing.

> "*In terms of time requirements, the Key Performance Indicators for NMS are at a lower time than we have. So, we get about five minutes per consultation for NMS, whereas I believe PCS is more around ten minutes. Obviously, that's not to say you hang up after five minutes, it's more just the target of it and of course, some can take a lot longer than others, but yes, I'd probably say the consultations are shorter for NMS. Patient engagement, probably see more NMS consultations compared to PCS. So, there's more engagement with it, and in terms of how we deliver it, it's all the same in terms of just remotely over the phone.*"
>
> Pharmacist 1

Some pharmacists discussed the personal satisfaction gained from delivering different advanced services. One reported that they prefer conducting advanced services other than the NMS because

they can speak to patients face-to-face and see the benefit, whereas a lot of time allocated to the NMS is spent contacting patients who don't answer the phone.

> *"I don't find it [NMS] as rewarding as the vaccination services. Vaccination services, you get them in there, you talk to them, I find that quite relaxed and quite genuine and they're very grateful. I'm not sure patients are as grateful for a conversation about their new medicine as they are for their vaccinations."*
>
> Pharmacist 7

3.2.3.4 Patient motivation

Motivation finding: patient motivation to engage with the NMS was reported to be mixed. Some pharmacists said that CVD patients can lack motivation to engage in consultations about new medications as they experience no tangible symptoms. Patients who participated in an interview who reported higher confidence around medication taking behaviours were less certain of the benefits that speaking with the pharmacist about their medication could bring. However, a few patients recognised that speaking with the pharmacist after starting a new medication could support them to understand how to manage potential side effects.

Some pharmacists discussed patient motivation to participate in the NMS. They reported that patients who engage with the service often describe it as valuable; however, one noted the selection bias in this response (they could not report the views of patients who had not engaged with the service). Whilst some patients are grateful for the service, the low completion rate indicates that patients are not seeing the value of discussing their new medicine with a pharmacist.

Some pharmacists reported that because CVD patients, in particular, often don't feel unwell when they have been prescribed a new medication, they aren't as motivated to engage with the NMS. One explained that conversations with CVD or hypertension patients who aren't motivated by symptom control rely on using objective measures like home blood pressure readings to make progress visible and encourage continued engagement. However, another noted that some patients with CVD are more open to conversations because they tend to have higher health anxiety than those with other conditions.

Confidence in taking medication was highlighted as a factor influencing patient motivation to participate in the NMS. Most patients who participated in an interview described feeling confident about taking their medication at the point of being prescribed the medication by the doctor. This was either due to being confident in taking medication in general, or because they felt their doctor had provided them with enough information about why and how they should take the medication and did not feel they needed any more support or advice. A minority of patients reported having a review appointment scheduled by their GP to discuss their new medication, at a later timepoint

than what would be scheduled for the NMS. They felt that this support was sufficient, and that no other support was required; if they later had concerns about their medication, they would contact their GP, or do their own research about the medication's safety or potential side effects.

> *"I got prescribed the medication, picked it up, came home and started taking it. And I knew I was having a review in about three months. I think there was enough support there from the GP in that sense."*
>
> Male, 53 years of age

Despite pharmacists reporting that patients prescribed several medications may be less interested in participating in an NMS consultation (see section 3.2.1.3), patients that participated in an interview who take multiple medications suggested that they would have liked receiving guidance from the pharmacist on how their medications may interact with each other and in which order they should be taking them. These divergent findings may be related to the level of patient activation: patients confident in managing their own health are less likely to be motivated to participate in an NMS consultation; patients with low activation may also have low motivation to participate, because they are less used to engaging healthcare professionals.[25] Levels of patient activation and the associated effect on healthcare service use is beyond the scope of this evaluation, but this finding suggests that it may be beneficial to think about how NMS could be targeted.

Patients who were not provided with any follow-up support did express some interest in receiving support from a pharmacist after being prescribed a new medication. They felt this would help reassure them that their dosage was correct and they were taking their medications in the right way. People also saw this as an opportunity to discuss side effects, including how long they should wait before they sought out advice about side effects.

> *"It would be nice if the pharmacist would have booked like a follow-up phone call with me three months after taking my medication to see how I'm getting on. Just to see if I had any side effects which I did have, because beta blockers, are a big step in terms of blood pressure medication management."*
>
> Female, 61 years of age

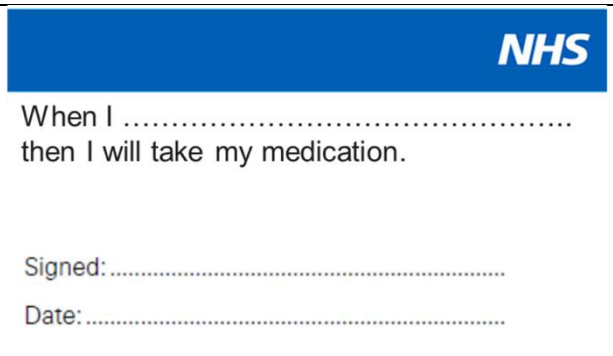
[25] The Strategy Unit, Ipsos Mori. (2021). Patient-centred intelligence: A guide to patient activation. Available at https://www.strategyunitwm.nhs.uk/sites/default/files/2021-03/Subproduct-8-Patient-activation-final.pdf

3.3 Pharmacist and patient views on the personal health costs intervention

This section discusses pharmacists' and patients' views on the PHC intervention, which is specifically designed to be tested with CVD medications. In the original DHSC-commissioned trial, a sticker was attached to the newly prescribed medication packet that the patient would then sign, committing to adhere to the medication as directed. This approach is planned to be replicated for a new pilot PHC intervention in 2026, directed at patients prescribed new CVD medication. Pharmacists and patients were asked to review three different intervention formats which are being considered for the new pilot as part of the evaluation interview. The three interventions are included in Table 3.1.

Table 3.1 The three personal health costs (PHC) interventions the pharmacists and patients were asked to review

Number	Personal health costs intervention	Description
1	NHS Taking my medication as prescribed helps protect my heart and prevent potential problems in future. I am committed to caring for my health every day. Signed: ..... Date:	The statement is specific to CVD medicines and highlights the benefit to the patient of taking their medicine as directed.
2	NHS By taking my medication as advised, I will increase my chances of a healthy heart. Signed: ..... Date:	The statement is specific to CVD medicines but is shorter than Intervention 1.

3 – preferred option (with adaptations)		There is no detailed statement and instead has blank fields so that it can be tailored to when the patient plans to take their medication. This was preferred because it can be personalised to different medications, conditions and circumstances, and was thought to engage the patient more than the other two interventions.

3.3.2 Preferred format

Summary: half of the pharmacists preferred Intervention 3 because of the ability to personalise the text to the patient, with most believing this would increase patient engagement and therefore adherence. Most patients preferred a combination of Interventions 1 and 3: patients viewed the wording of Intervention 1 as reassuring for people who are anxious around taking CVD medication for the first time, but liked that Intervention 3 contained a practical reminder of when to take their medication.

Pharmacists and patients were asked for their thoughts on the format and wording of the three different PHC interventions. Pharmacists viewed Interventions 1 and 2 as an agreement or a commitment to take a prescribed medication, whereas Intervention 3 was viewed as more of a reminder to help patients take their medication given it stated a certain timeframe.

Overall, half of the pharmacists (8) interviewed expressed a preference for Intervention 3 because the wording of the prompt allowed for personalisation, encouraging patient ownership and accountability of their own health. This was expected to increase buy-in and engagement from patients as they would be more likely to adhere to taking their medication having played a part in the adherence process. One pharmacist also highlighted the versatility of Intervention 3, enabling it to be used for other types of medication not just for CVD.

> *"I think maybe writing it yourself [is best], because then that way the patient feels a bit more like they've got a bit of ownership, and also accountability… when we have the [NMS] conversations, you want to tailor it for the patient as well. Some medications have to be taken at such and such times, but with some medications it's not time critical. It's more to do with what works best with the patient's lifestyle."*
>
> Pharmacist 15

Most patients preferred the messaging on Interventions 1 and 3, with some suggesting that a combination of these two interventions should be used. Patients liked the brevity of Intervention 3

and felt that a practical reminder of when to take their medication would be useful to patients who do not have a set medications routine, or who take lots of medications.

A few pharmacists preferred the positive messaging used on Interventions 1 and 2, suggesting that emphasising the importance of taking the prescribed medication to prevent future problems would be more effective than a sticker prompting or reminding someone to take a medication.

> *"I think the first [sticker] might be a bit too wordy, people are busy anyway, so potentially they won't take it in if it's too wordy, or it's got too much on there. I like the second one because it's a positive message, increasing chances of a healthy heart rather than 'If I don't take this, I won't have a healthy heart,' so it's good that it's on the positive side."*
>
> Pharmacist 2

Patients viewed the wording on Intervention 1 as reassuring for people who are anxious around taking CVD medication for the first time.

> *"I like the first sticker better because it tells me about it protecting my heart now, but also it says it prevents potential problems in the future. Prevention is always going to be better than cure. That's the key reason why we take our medication."*
>
> Female, 61 years of age

A small number of patients described negative views on Intervention 1, feeling that it was condescending as they felt it was telling them information they already knew. They already felt they were committed to looking after their health, so they did not find this wording necessary.

Patients considered Intervention 2 to be the least useful because while it was brief, it lacked useful information about why the medication should be taken.

Two pharmacists were unsure whether signing the sticker would be beneficial in reminding patients to take their medication as directed, with one reporting that elderly patients are often hesitant to sign things. A few patients also agreed that they would be uncomfortable signing the sticker.

> *"I find the signing is a bit over the top. It feels like it's asking you to sign away your rights - and it gives the pharmacist more work to do than they actually need."*
>
> Female, 76 years of age

Most pharmacists commented on the length of the interventions' wording, arguing that keeping sentences short and simple is likely to work better as they are easier for patients to recall. The reading age of patients was highlighted by one pharmacist, who suggested that there should be no more than ten words in a sentence to avoid overwhelming patients. However, some patients

suggested that further wording should be added to Intervention 1 that is more specific to different medications, such as "lowers cholesterol" or "stabilises plaque build-up".

Another pharmacist commented that the font size and style was not bold enough, and that it should be very visible to ensure that people read it.

> *"I think it's a case of how many people are going to see it and read it. Sometimes people don't really look that carefully. How big the letters are going to be, if there's someone who's partially sighted."*
>
> Pharmacist 1

A few pharmacists highlighted that the inclusion of the NHS logo would instil confidence and that patients were more likely to engage with the intervention as a result.

3.3.3 Use in consultations and perceived effectiveness

Summary: most pharmacists suggested that they would refer to the sticker during the initial recruitment stage to the NMS to prompt conversations around medication adherence. However, several reported practical concerns about using the intervention with the one third of patients who now have their medications delivered. Patients were unsure about the value of the intervention because they would need to be holding the box to see the sticker and therefore be prompted to take their medication.

Most pharmacists stated that they would use the PHC intervention during the initial recruitment stage to the NMS, as this would have the most benefit. They suggested that this would help prompt conversations to highlight the importance of taking the medication and incorporating it into the patient's routine, particularly for those who attend the pharmacy to collect their medication. Some pharmacists said that they would then refer back to it during the intervention consultation.

> *"I think it would make sense to do it at the end once you've explained the rationale behind the medicine, how to take it, what to look out for, the importance of taking it. I think at that point it would make sense to say, 'Alright, now you know what to do with it, let's commit to doing that.' I think at the end of giving them all of the info would make most sense in saying, 'Okay, are you happy to commit to what we've just discussed?'... that would be a good endpoint to the discussion, they're making that commitment, they've already got the information."*
>
> Pharmacist 17

Some pharmacists said that verbal counselling is most effective and that they already provide suggestions and recommendations to patients during phone calls around the place and time at which they take their medication.

Some patients also expressed some reservations to the effectiveness of the intervention, as people would already have to be looking at the box to see the sticker and be prompted to take it.

> *"You get into a bit of a routine. If you've got to take a tablet before you go to bed at night you tend to get into a routine. You're not triggered by picking the box up because if you pick the box up, you, you carrying out your normal routine anyway."*
>
> Female, 72 years of age

Many patients reported not regularly look at their medicine packaging as they transferred their medication into a pill organiser and disposed of the outer packaging. They felt that a sticker on the packaging may have limited value because they would rarely look it.

Nine pharmacists reported reservations about using the PHC intervention, primarily due to concerns about its effectiveness. Most of these were practical concerns related to patients who have their medications delivered; because they don't attend the pharmacy, the pharmacist can't introduce the sticker and ask the patient to sign it. Pharmacists reported that more than one third of patients now have their medications delivered.

Another pharmacist at a large multiple reported that their pharmacy uses hub and spoke dispensing – a model where a central 'hub' pharmacy dispenses medicines on behalf of other 'spoke' pharmacies – so attaching a sticker would need to be completed by the robot, which is unlikely to be possible.

> *"Over sixty percent of our medication goes to what we call central fill, so this is hub and spoke dispensing… where medication gets sent off-site to be dispensed by robots and gets barcode validated and there wouldn't be any stage in the process where you could add an additional label to that. I know we're expecting the majority of NMS medication that's prescribed in an original pack would go off-site… delivered to the pharmacy. We encourage our teams in pharmacies not to open the bags because that's all been barcode validated which is safer than humans checking it."*
>
> Pharmacist 12

Similarly, distance-selling pharmacists had mixed views on whether the intervention would work for them; some reflected that they could still incorporate the sticker into their practice by prompting the patient to think about their routine to take their medication during the intervention call. Two suggested implementing the sticker would require additional funding.

A few pharmacists expressed behaviour change concerns around pharmacists remembering to use the sticker, keeping the sticker in an accessible place at all times, and having sufficient stock.

3.3.4 Refinement suggestions

Summary: To mitigate the concerns around effectiveness, pharmacists suggested making the sticker more prominent on the box and removing the need to sign the sticker. Some patients expressed a preference for a digital reminder or prompt via the NHS app.

To adapt the PHC intervention to the context pharmacies are operating in now and into the future, pharmacists and patients made the following suggestions for piloting the intervention:

- A few pharmacists suggested adapting the format of the stickers to include a red border, more colour or a picture to draw attention to it and ensure it stands out. One pharmacist also suggested including the NHS logo to increase confidence in the intervention
- Some patients suggesting removing the need to sign and date the sticker, suggesting that the pharmacist verbally discusses the information with them
- There were mixed views from both pharmacists and patients around whether the sticker should be attached to the medicine bag, on the medication box itself or on both as outer packaging is often thrown away. Some patients were also concerned about the sticker obscuring other information on the box. There were also a few suggestions from both pharmacists and patients of replacing the stickers for small 'business style' cards or flyers that patients might retain for longer
- Some patients expressed a preference for a digital reminder or prompt via the NHS app, especially as they used the app to order their repeat prescriptions
- A few pharmacists highlighted the importance of being mindful of the language used on the statements with one proposing that the word 'clinician' should be added to whichever message is used. Another suggested including contact information for the pharmacy to reassure patients should they have any concerns or questions about their new medication
- Although some pharmacists suggested keeping the message short and considerate of a low reading age, patients suggested adding more specific language about the benefits of taking their medication. Stickers that had space for text to be added was suggested as also being useful to promote adherence for medicines outside the scope of the NMS
- One pharmacist thought that consideration should be given to the needs of neurodivergent patients and those with spectrum conditions, highlighting that the wording of the statement should not read like a demand, but rather a decision that they choose to make
- During the interviews pharmacists were asked about other adherence tools and methods. One pharmacist highlighted that some patients, particularly those requiring social care, need reasonable adjustments to be made for them to take their medication, for instance including it on a Medication Administration Record (MAR) chart.

4. Conclusions and recommendations

This evaluation aimed to understand how pharmacist and patient behaviours support or hinder delivery of the NMS. It was also designed to conduct some initial testing of a planned PHC intervention pilot. The findings will inform potential future adaptation to the NMS and related adherence support initiatives. Conclusions and recommendations for the NMS are organised according to:

- What will support the NMS to improve now
- Where further research is required.

4.1 Conclusions and recommendations for NMS implementation

4.1.1 What will support the NMS to improve now

Overall, the evaluation found that pharmacists feel capable and motivated to deliver the NMS, driving behaviours which support the service. They reported having the necessary skills and knowledge to provide the NMS. None requested further training on delivering the NMS, unless further clinical specialties are added to it. Most patients expressed confidence in existing processes to support them to take new medicines but were largely unaware of the role of the NMS and how it can add additional value to them.

The opportunity for pharmacists to deliver – and patients to receive – the NMS is where the greatest barriers to behaviours which support the service have been found.

4.1.1.1 Creating bookable appointments

Most pharmacists reported setting aside a specific time each week to contact all patients who are eligible for the NMS. Pharmacists reported that patients often do not answer calls that they aren't expecting because they are wary of the reason for the call. Distance-selling pharmacists reported using booked appointments, scheduled by the patient using an online platform, and that this resulted in higher rates of patient engagement.

Recommendation 1

Community pharmacies should make use of existing online booking platforms for managing other advanced service appointments so that patients can schedule a convenient time to receive an NMS call. This should contribute to reducing the number of calls that aren't answered by patients, which is an additional time burden for pharmacists and is a barrier to patients completing the intervention.

4.1.1.2 Exploring alternative engagement approaches

Pharmacists reported using three methods to recruit patients in the NMS: at the counter, via phone call or, in fewer cases, via email. The increasing trend of more patients having their medicines

delivered means that more patients are engaged in the service via phone call. Pharmacists reported that engaging patients in the NMS via phone is time consuming, with limited positive results.

Recommendation 2

NHS England should consider recommending alternative methods of engaging patients in the NMS. SMS text reminders are used by many pharmacies to remind patients to reorder prescription items and for patients to collect prescriptions. The mean age to initiate an antihypertensive (one of the most common CVD prevention medicine classes) is 55 years, with most people aged between 45 and 65; similarly, most blood pressure medications are initiated to patients who are 45-65 years of age – this cohort are highly likely to own and use a mobile phone.[26] There is limited evidence indicating that UK pharmacies are using SMS beyond notifying patients that their prescription is ready; however, studies in other countries suggest that using SMS reminders can positively impact on medication adherence, and the 2014 NMS evaluation also indicated the potential of using SMS to increase medication adherence.[27]

4.1.1.3 Increase promotion of the NMS

Several pharmacists indicated that it is challenging to engage patients in the NMS because they are not aware of it, and they do not expect to be contacted by their pharmacist about their new medication. Although the NMS is one of the longest-standing advanced services in community pharmacy, the findings suggest it has much lower recognition with patients than other advanced services.

Recommendation 3

NHS England should consider improving the promotion of the NMS so that patients are aware of what it is, the support that they can access from their community pharmacist, and when they can expect to be contacted. Although pharmacies often use posters and leaflets to promote their services, these communication methods could be more clearly targeted to people collecting a new prescription. This may also include the prescribing practitioner making the patient aware that they can expect to be contacted by their pharmacist about the new medicine.

4.1.1.4 Focusing on high quality initial engagement

The research has found that the quality of the initial engagement with a patient affects their likelihood to engage with the intervention and follow-up consultations.

[26] Rouette J et al. Treatment and prescribing trends of antihypertensive drugs in 2.7 million UK primary care patients over 31 years: a population-based cohort study (2022). BMJ Open. 9;12(6):e057510

[27] Long B et al. Interaction with SMS text-reminders correlate with improved medication adherence and readmission rates for congestive heart failure patients: A retrospective cohort study (2025) PLOS Digital Health

Recommendation 4

NHS England should provide guidance to community pharmacies on best practice in securing patient engagement at the first point of contact about the NMS. This should include: having an introductory script which sets out the purpose of the NMS, stressing it is an NHS service; preparing for the conversation in terms of the patient's medications history; and reference to any other relevant services the patient has received through the pharmacy.

4.1.1.5 Using formal referral mechanisms in general practice

A very low proportion of NMS consultations are the result of patients being referred by their GP or another general practice health care professional. Some pharmacists recommended that primary and secondary care colleagues should refer to the NMS through a centralised, shared platform, as they do for other advanced services.

Recommendation 5

Work is underway for the primary care IT systems SystmOne and EMIS to enable direct referrals from general practice systems into community pharmacy systems, with extensive work being undertaken using the Booking and Referral Standards (BaRS) workflow. Currently, the focus has been on incorporating Pharmacy First, Pharmacy Contraception Service, and Hypertension Case Finding; referral volumes for these services remain below expectations. NHS England should consider incorporating referrals from GPs to community pharmacy for the NMS, ensuring that the referral process is not an additional burden on the referring healthcare professional.

4.1.2 Where further study is required

The NMS has been found to be well supported by pharmacists and of benefit to patients. Given the capacity constraints on community pharmacy discussed in this report, however, it is unlikely that pharmacists will be able to increase the number of consultations and follow-ups they complete, and some patients do not feel they require an NMS consultation. The NMS may benefit from a more targeted approach, focusing on patients most likely to benefit from an NMS consultation.

Recommendation 6

NHS England should commission further research into the factors which are most likely to contribute to improved outcomes for a patient following an NMS appointment. This should consider demographic factors, conditions, patient activation, and medicine type. This may lead to a reduction in NMS eligibility, but higher quality interventions.

The NMS payment structure was changed to a split payment (£14 for each intervention and follow-up consultation), rather than payment based on the number of complete consultations, with the intention of increasing the pharmacist motivation to engage patients in a follow-up consultation.

Recommendation 7

NHS England should consider reviewing NMS service activity before and after changes to the payment structure were implemented in April 2025, to determine if this change has been successful in increasing follow-up consultation activity.

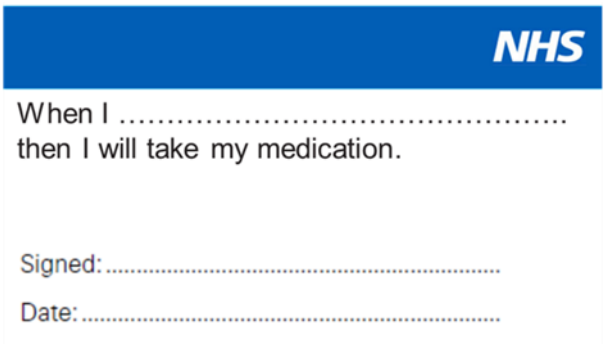
4.2 Testing the personal health cost intervention

4.2.1 Preferred PHC intervention format

Overall, most pharmacists preferred PHC Intervention 3 (Figure 4.1) because it could be personalised for different long-term conditions and medications. The wording of the prompt encourages patient ownership and accountability of their own health; this was expected to increase buy-in and engagement from patients. The short message on the intervention was emphasised as important as it would be easier for patients to recall. Patients expressed a preference for a combination of interventions one and three: they viewed the wording of Intervention 1 as reassuring for people who are anxious around taking CVD medication for the first time, but liked that Intervention 3 contained a practical reminder of when to take their medication.

Several pharmacists raised practical challenges around where to place the sticker; how to use the intervention for patients who have their medicines delivered; and how to use the intervention when conducting NMS consultations over the phone. These challenges are discussed in more detail below.

Figure 4.1 PHC Intervention 3



4.2.2 How pharmacists should be recommended to use the intervention

Most pharmacists stated that they would use the PHC intervention during the initial recruitment stage to the NMS, as this would have the most benefit. Some pharmacists were concerned about attaching the sticker to the medicine box as they would be required to open the bag when handing the medicine out to the patient. Many patients reported not regularly look at their medicine packaging as they transferred their medication into a pill organiser and disposed of the outer

packaging. Other pharmacists were concerned about attaching the sticker to the bag, believing it would be difficult for patients to sign the sticker, while some elderly patients did not like the idea of signing the sticker to commit to taking their medication. However, attaching the sticker to the medicine bag would act as a reminder for staff to counsel the patient on the new medicine when the patient collects it.

4.2.3 Adapting the PHC in response to the evaluation findings

NHSE BSU should consider the following findings when incorporating the preferred PHC intervention into the NMS.

- **Provide guidance to pharmacists suggesting where the sticker should be stored in the pharmacy**, so that the dispensing staff remember to attach the intervention to the medicine bag. **NHSE BSU should also consider not limiting the use of the intervention to CVD medicines**, so that pharmacy staff don't have to remember which medicines are eligible for it
- Pharmacists reported that up to one third of patients now have their medications delivered and therefore do not encounter the pharmacist. This risks a large proportion of people not receiving the PHC intervention. **NHSE BSU should consider how they will use the intervention to better suit the processes used with patients who have medicines delivered**
- It is often pharmacy support staff – not pharmacists – that engage patients in the NMS at the counter and inform them that they can expect a call from the pharmacist. To introduce the PHC intervention here changes this interaction from a relatively straightforward administrative task (appropriate to be carried out by non-clinical staff) to a patient counselling task, which would be likely to require a pharmacist to complete it. This would add time to the process and also rely on pharmacists conducting the initial engagement, as well as the intervention and follow-up. **NHSE BSU will need to engage pharmacists in the pilot design to ensure this is feasible for them and explore whether it is feasible for non-clinical staff to be trained to deliver it**
- Some pharmacists highlighted that not all patients will benefit from the PHC intervention, with a few suggesting that polypharmacy patients were less likely to because they have an established routine for taking their medicines. **NHSE BSU should consider exploring whether certain patients or conditions are more likely to increase their medicine adherence after an NMS and PHC intervention**
- **NHSE BSU should define what success looks like.** Before implementing the pilot, NHSE BSU should define how successful use of the intervention and an increase in medicine adherence is defined. An evaluation of a similar intervention relied on patients self-reporting their medicine

adherence but other metrics, such as prescription refill rates, may be more accurate measures of adherence

- When testing the PHC intervention, **NHSE BSU should make any incentive for pharmacists contingent on participating in an evaluation of the pilot**, to ensure that learning is captured.

Appendix A: expanded methodology

The follow sections expand on the detail provided in section 2 (Summary methodology), covering the sampling approach used to recruit interview participants and the topic guides used in interviews with pharmacists and patients.

Interview participant sampling approach: pharmacists

The 20 pharmacists contracted to deliver the NMS and invited to participate in the evaluation were identified by the NHSE BSU through 'snowballing'. Staff in the NHSE BSU approached pharmacists for which they had existing contacts (for example, through previous projects or other colleagues involved in pharmacy workstreams). These contacts then suggested other pharmacists who may be interested in participating.

The Strategy Unit also supported with pharmacist recruitment by contacting the leads of a selection of Local Pharmaceutical Committees, requesting that they disseminate the ask to pharmacists who may be interested in participating.

Pharmacists were given a £75 shopping value to thank them for their time spent participating in the interview and recruiting patients for the evaluation (see below).

Interview participant sampling approach: Patients

Patients who attended an NMS consultation were initially planned to be recruited by the pharmacists who participated in the evaluation. Pharmacists were provided with a recruitment pack containing a participant information sheet and expression of interest form. Pharmacists were asked to share this recruitment pack with patients at the end of their NMS consultation. Patients who were interested in participating were instructed to return the expression of interest form to Ipsos UK (the evaluation partner). No patients engaged in the evaluation via this method; therefore, the recruitment approach was changed to use a social research database. Due to the limited pool of people listed in the database, and the understanding that not all patients may know or remember that they had participated in an NMS consultation, the recruitment criteria was expanded to include people who had been prescribed a new CVD medication in the previous two years.

Patients who participated in an interview were provided with a £40 shopping voucher.

Interview topic guides

The topic guides used in interviews with pharmacists and patients are embedded below:


Pharmacist topic guide


Patient topic guide

The Strategy Unit
Tel: 0121 612 1538
Email: strategy.unit@nhs.net
Web: www.strategyunitwm.nhs.uk
Twitter: @strategy_unit

Midlands and Lancashire
Commissioning Support Unit