



Structured Medication Review: Patient Invitation letter.

Below is suggested wording for a structured medication review patient invitation letter which can be copied into a GP practice letter headed document (after which it may require reformatting).

| Dear | |
|------|--|
|------|--|

To give the best care we can for our patients, <insert practice name> would like to invite you to have a **Medication Review**.

A **Medication Review** is where you and a Clinical Pharmacist* discuss your medicines, to make sure that you are getting the safest and most effective treatment *for you*. Together we will look at:

- What you and we can do to help you to feel better.
- What medicines you are taking, why you take them and any questions you might have about them.
- How well your medicines are working for you and if they are helping you.
- Any problems or side effects that you think may be caused by your medicines.
- Any medicines you are taking in addition to those prescribed for you such as any medicines you have bought (including herbal remedies).
- Any blood tests or other tests you might have recently had.
- Whether you have been in hospital recently and any medicines that might have been prescribed or given there.
- Any worries you have about your medicines.

We would like to invite you to have an appointment with our Clinical Pharmacist*. A member of the practice team will call you to arrange your appointment and decide with you how to have the discussion. This could be over the telephone, a video call using a computer or smartphone, or face to face – depending on which option is the safest and most convenient for you.

Your appointment will be with our Clinical Pharmacist <insert name> and will last about <insert number> minutes.

If you have someone helping you with taking your medication, it would be helpful for them to be available for the appointment.

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Before your appointment:

- Please fill in the "You and your medicines" form attached to this letter and have it with you for your appointment.
- Please make sure that you have all your medicines with you for your appointment. It
 is really helpful if you have all your current medications to hand during your
 appointment including tablets, capsules, liquids, creams, eye drops, injections,
 inhalers (with any equipment like spacer devices that you use with your inhalers)
 and any medication which you are using and buy from the chemist or other shops
 such as supermarkets.
- Please also have any up-to-date medication warning cards or record booklets (such as a yellow INR warfarin monitoring book or blood glucose monitoring record book) with you for your appointment, if you have them.
- You are welcome to ask a friend, family member or carer to join you for this appointment.

If you have any questions please contact the surgery before your appointment.

I look forward to hearing from you,

Yours sincerely,

*Clinical Pharmacists work as part of surgery teams. They are highly qualified experts in medicines and can help people in lots of ways including: carrying out medication reviews for patients with ongoing health problems and improving patient safety, outcomes and value through a person-centred approach.

https://www.england.nhs.uk/qp/expanding-our-workforce/cp-qp/

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|---|------------------------------|---------------------------------|------|------------|
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You and your medicines

Please complete this form prior to your appointment for us to discuss together.

| Have you had a recent blood test? | | | | | | |
|--|---|-----------------|--|--|--|--|
| YES / NO (delete as appropria | te) D | ate (if known): | / /202_ | | | |
| Have you had a recent hospital appointment? | | | | | | |
| YES / NO (delete as appropria | ate) D | ate (if known): | //202_ | | | |
| Please circle a | anything below | that applies | to you | | | |
| (Please remember to fill t | this in and have it | with you for yo | our appointment) | | | |
| I buy medicines or herbal preparations | γ ΜΔΛΙζίδος ΑΙ ΤΙΔ | | My medications run out at different times | | | |
| I have difficulty in opening the packets | I have difficulty getting the medicines from the surgery or pharmacy | | I have difficulty in swallowing the tablets | | | |
| I have difficulty using cream or eye drops | I have difficulty reading labels and instructions on my medicines | | I have missed or forgotten to take some medicines in the last week | | | |
| I have needed to take extra doses of my medicine | I would like to take fewer medicines. | | have concerns about my medicines | | | |
| I wonder whether my medicines could work better | My medicine upsetting me ar worried about effects | nd I'm | The timing of taking my medicines is inconvenient | | | |

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| Please write anything else you would like to talk about below: | | | |
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