

1. Medicines Use Review (MUR) & New Medicines Service (NMS) are two free services provided by the NHS.

- The MUR service consists of pharmacists undertaking a structured medication review with patients on long term medication to help establish patient's actual use and understanding of their medication therapy and identify and resolving any problems associated with it.
- The NMS provides support for the people with long-term condition who are prescribed a new medication, to help improve their adherence to medication.

a. Have you been offered an **MUR** service at your community pharmacy?  
Yes ☐ No ☐

b. Have you been offered an **NMS** service at your community pharmacy?  
Yes ☐ No ☐

Extremely useful	<input type="checkbox"/>
Very useful	<input type="checkbox"/>
Moderately useful	<input type="checkbox"/>
Slightly useful	<input type="checkbox"/>
Not at all useful	<input type="checkbox"/>

Yes ☐ No ☐

[illegible]

5. Which of the following, would you like pharmacists to provide **extra information** on during counselling? (Please select a maximum of **THREE**)

Directions of how/when to take your medication	<input type="checkbox"/>
Side effects of your medication	<input type="checkbox"/>
Lifestyle advice	<input type="checkbox"/>
Dietary advice	<input type="checkbox"/>
Storage instructions about your medication	<input type="checkbox"/>
Who to refer to for more information	<input type="checkbox"/>
Other (Please specify)	<input type="checkbox"/>
.....	

6. Please indicate which method of counselling does your pharmacist use, and which method you prefer pharmacists to use during medication counselling?

Format of counselling	Method of counselling used?	Method of counselling preferred?
Verbal	<input type="checkbox"/>	<input type="checkbox"/>
Written	<input type="checkbox"/>	<input type="checkbox"/>
Verbal and written	<input type="checkbox"/>	<input type="checkbox"/>

7. How important do you feel it is to receive written information from pharmacists to support your medication counselling?

Very important	<input type="checkbox"/>
Important	<input type="checkbox"/>
Neither important nor unimportant	<input type="checkbox"/>
Unimportant	<input type="checkbox"/>
Not at all important	<input type="checkbox"/>

8. Please indicate which of the following aids were used during counselling, and which aids you prefer pharmacists to use during counselling?

Aids for counselling	Aids used during counselling?	Aids you prefer pharmacists to use during counselling?
Aids for counselling	<input type="checkbox"/>	<input type="checkbox"/>
PIL (provided inside medication boxes)	<input type="checkbox"/>	<input type="checkbox"/>
Pamphlets/ booklets (E.g. providing information on the disease etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Visual aids (E.g. videos)	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>
Others, please specify	.....	.....

9. On a scale of 1 to 5, how satisfied were you with the level of counselling provided?

Not at all satisfied	Extremely satisfied
1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	

10. If your answer for the question above was 1, 2 or 3, please state the reason(s) for this? Otherwise go to next question (please select a maximum of **THREE**)

Not enough information provided	<input type="checkbox"/>
Not enough time spent during counselling	<input type="checkbox"/>
Language barrier	<input type="checkbox"/>
Lack of resources used during counselling	<input type="checkbox"/>
Did not understand pharmacists	<input type="checkbox"/>
Could not recall information provided	<input type="checkbox"/>
Other (Please specify)	<input type="checkbox"/>
.....	

**Table 2** Extracts of survey showing questions exploring the use and usefulness of the medication patient information leaflet by patients

1. Are you aware of the **patient information leaflet (PIL)** being **included** in a medication pack?  
Yes ☐ No ☐

2. Do you **read** the PIL provided inside the medication pack?  
Yes ☐ No ☐

3. Please tick the following **reasons as to why you do not** refer to the PIL

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Already advised by doctor	Given verbal counselling by pharmacist	Have access to additional information (i.e. Internet)	Do not find it useful	Time constraints

4. Which of the following **sections** in the **PIL** do you **read**? (Tick as many as applicable.)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Section 1:</b> What is your medicine and what is it used for	<b>Section 2:</b> Before you take or use your medicine	<b>Section 3:</b> How to take or use your medicine	<b>Section 4:</b> Possible side effects	<b>Section 5:</b> How to store your medication	<b>Section 6:</b> Further information

5. On a scale of 1 to 5, please rate the **usefulness of the information** in a PIL?

Not at all useful					Extremely useful
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	

6. Please indicate your **opinion on the volume of information** included in the **PIL**

Not at all enough		Just the right amount		Too Much
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**Table 3** Format of medication counselling

Type of counselling	Total (n=233)
Only MUR	73
Only NMS	73
Other	22
sNMS with MUR	37
MUR with other	0
NMS with other	12
MUR + NMS with other	16