Advanced Service Specification – NHS New Medicine Service (NMS)

NHS England and NHS Improvement

Advanced Service Specification - New Medicine Service

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CONTENTS

Introduction

In England, around 15 million people have a long-term condition (LTC). LTCs are those conditions that cannot, at present, be cured, but can be controlled by medication and other therapies. Although it can be difficult for some people to adjust to life with an LTC, there is often a great deal that can be done to manage symptoms and maintain quality of life.

Prescribed medicines are one of the most common interventions in healthcare. In England there were 1046 million NHS prescription items dispensed by community pharmacies and dispensing appliance contractors in 2019-20. The optimal use of appropriately prescribed medicines is vital to the self-management of most LTCs, but reviews conducted across different disease states and different countries are consistent in estimating that between 30 and 50 per cent of prescribed medicines are not taken as recommended. This represents a failure to translate the technological benefits of new medicines into health gain for individuals. Sub-optimal medicines use can lead to inadequate management of the LTC and a cost to the patient, the NHS and society.

It is therefore clear that non-adherence to appropriately prescribed medicines is a global health problem of major relevance to the NHS. It has been suggested that increasing the effectiveness of adherence interventions may have a far greater impact on the health of the population than any improvement in specific medical treatments[1].

Non-adherence is often a hidden problem, unidentified by patients and unrecognised by prescribers. People make decisions about the medicines they are prescribed and whether they are going to take them very soon after being prescribed the new medicine.

Research[2] has shown that pharmacists can successfully intervene when a medicine is newly prescribed, with repeated follow up in the short term, to increase effective medicine taking for the treatment of a long-term condition.

The NMS demonstrates an increased patient medicine adherence compared with normal practice, which translates into increased health gain at reduced overall cost[3].

Owing to the necessary infection prevention controls, social distancing measures and changes in how patients accessed community pharmacies in response to COVID-19 pandemic; it may not have been possible to offer the NMS to patients starting eligible new medicines during the pandemic.

To support pharmacies to provide the best patient outcomes for individuals that might have missed this support as a consequence of the pandemic restrictions, a catch-up NMS has been introduced.

Service description

This service provides support to people who are newly prescribed a medicine to manage an LTC, which will generally help them to appropriately improve their medication adherence and self-manage their LTC.

The service is available to all patients, prescribed eligible new medicines, with appropriate consent and will involve carers and parents/guardians where that consent cannot be given by the patient

[1]Haynes R, McDonald H, Garg A, Montague P. (2002). Interventions for helping patients to follow prescriptions for medications. The Cochrane Database of Systematic Reviews, 2, CD000011.

[2] Elliott R, Boyd M, Salema Nde, et al (2011) 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. (https://www.nottingham.ac.uk/~pazmjb/nms/)

[3] Elliott, R.A., Tanajewski, L., Gkountouras, G. *et al.* Cost Effectiveness of Support for People Starting a New Medication for a Long-Term Condition Through Community Pharmacies: An Economic Evaluation of the New Medicine Service (NMS) Compared with Normal Practice. *PharmacoEconomics* **35,** 1237–1255 (2017). https://doi.org/10.1007/s40273-017-0554-9

themselves, e.g. younger children and for people who are unable to give consent but may benefit from the service.

Aims and intended service outcomes

The aims of the service are to:

a) help patients and carers manage newly prescribed medicines for an LTC, supporting patients to make shared decisions about their LTC

b) recognise and utilise the important and expanding role of pharmacists in optimising the use of medicines

c) increase patient adherence to treatment and consequently reduce medicines wastage and contribute to the NHS Quality, Innovation, Productivity and Prevention (QIPP) agenda

d) supplement and reinforce information provided by the prescriber, Primary Care Network (PCN) clinical pharmacist and GP practice staff to help patients make informed choices about their care

e) promote multidisciplinary working with the patient's GP practice and other health professionals involved in the patient's care

f) enable the early identification of issues with newly prescribed medicines (e.g. adverse drug reactions or medicines usage problems) and support patients to resolve them or highlight to the prescriber

g) link the use of newly prescribed medicines to lifestyle changes or other non-pharmacological interventions to promote well-being and promote health in people with LTCs

h) promote and support self-management of LTCs, and increase access to advice, improving medicines adherence and knowledge of potential side-effects

i) support integration of community pharmacy with LTC services from other healthcare providers and provide appropriate signposting and referral to these services

j) improve pharmacovigilance

k) through increased adherence to treatment, reduce avoidable medicines-related hospital admissions and improve quality of life for patients

Requirements to be met prior to provision of the service

Prior to provision of the service, the pharmacy contractor:

a. must be satisfactorily complying with their obligations under Schedule 4 of the Pharmaceutical Services Regulations (Terms of Service of NHS pharmacists) in respect of the provision of Essential services and an acceptable system of clinical governance;

b. must have a Standard Operating Procedure (SOP) in place for the service which explains the service, eligibility criteria for it and the roles that pharmacy staff may be required to perform as part of it;

c. must be satisfied that all pharmacy staff to be involved in the provision of the service are competent to do so. Pharmacists that will provide the service must have the necessary knowledge and skills to do so, with them assessing and declaring their competence by

completing the NMS self-assessment form[4] and providing a completed copy of the form to the pharmacy contractor, for retention by them;

d. must notify general practices within their locality of their intention to provide the service. This is to encourage effective partnership working between GP practice and community pharmacy to ensure the service delivers good outcomes for patients;

e. must have a consultation room at the pharmacy, which complies with the requirements detailed in the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (as amended), part 4 schedule 4, paragraphs 28A – 28C. If NHS England and NHS Improvement have agreed that the pharmacy premises are too small for a consultation room[5], then the contractor can instead provide the service remotely or in the patient's home.

f. having met the above requirements, must then inform their regional NHS England and NHS Improvement pharmacy contract team of their intention to provide the service. This notification must be made using the NMS Pharmacy Contractor Declaration Form[6], which should be submitted to the regional team.

Contractors can provide the NMS in patients' homes, but they must ensure appropriate safe-guarding arrangements are in place, including ensuring pharmacists have a valid DBS certificate, and there are appropriate procedures and indemnity arrangements in place. Evidence of safeguarding checks, procedures and indemnity must be made available to NHS England and NHS Improvement upon request.

Following a change of ownership of a pharmacy, the new contractor must ensure the above requirements continue to be met. This review should be documented, and this documentation must be made available to NHS England and NHS Improvement upon request.

Service description

The service is split into three stages, which are outlined below:

- patient engagement
- intervention
- follow up

Patient engagement

1. Following the prescribing of a new medicine[7] for the management of an LTC, patients can be recruited to the service via prescriber/healthcare professional referral (this includes referral for medicines first supplied to the patient as a hospital inpatient or outpatient or from the patient's GP practice following the initiation of a new medicine) or opportunistically identified by the contractor. To be eligible for the service, the patient is not required to have visited the pharmacy on a previous occasion or nominated the pharmacy for the Electronic Prescription Service.

2. The pharmacy can engage the patient at the pharmacy premises or remotely (e.g. via telephone or other electronic communication).

[4] The form can be downloaded from psnc.org.uk/nms.

[5] Where a contractor believes that their pharmacy is too small for a consultation room to meet the Terms of Service requirements, they must complete and submit a request to their NHS England and NHS Improvement regional team using the published form (NHS England » Pharmacy regulations guidance forms). Where the NHS England and NHS Improvement regional team agree that the pharmacy is too small for a consultation room, the contractor must then ensure that they put arrangements in place at the pharmacy which enable staff and patients to communicate confidentially by **telephone** or another **live audio link and** a live **video link.**

[6] The form can be downloaded from psnc.org.uk/nms.

[7] If more than one medicine covered by the service is prescribed at the same time, that instance of the service will cover all those medicines.

3. The conditions eligible for the service are:
    - asthma and COPD
    - diabetes (Type 2)
    - hypertension
    - hypercholesterolaemia
    - osteoporosis
    - gout
    - glaucoma
    - epilepsy
    - Parkinson's disease
    - urinary incontinence/retention
    - heart failure
    - acute coronary syndromes
    - atrial fibrillation
    - long term risks of venous thromboembolism/embolism
    - stroke / transient ischemic attack
    - coronary heart disease

    For each condition, a list of eligible medicines has been published on the NHSBSA website.

4. It is not generally appropriate for the service to be provided where there has been a formulation change. The rationale for this is that a change from one solid dosage form to another is unlikely to lead to clinical issues for a patient and hence provision of the NMS in such circumstances would not provide value to the NHS. However, there may be circumstances, where in the professional opinion of the pharmacist, they believe the patient would benefit from the provision of the NMS where they are moving from one formulation of a medicine to another, for example, the prescribing of the same inhaled medicine, but in a different inhaler device from that previously used by the patient. In this case the NMS can be provided, and the pharmacist should document the rationale for their professional decision.

5. If the patient has been identified by the contractor or referred following prescription of an eligible new medicine by the GP practice, the new medicine will be dispensed in accordance with the Terms of Service. In circumstances where the patient has been referred by a healthcare professional at a hospital that has already dispensed the new medicine, it is not a requirement that the contractor has dispensed the first prescription.

6. Initial advice will be given to the patient about the medicine and its use in accordance with the Terms of Service. At this stage the contractor should also, if appropriate, offer the patient opportunistic advice on healthy living / public health topics as part of the promotion of healthy lifestyles essential service.

7. The patient will be given information on the service (for example, this could be verbally, via a leaflet or directing the patient to a web link where the patient can access information online).

8. Prior to provision of the service, informed verbal consent must be sought from the patient and recorded in the pharmacy's clinical record for the service[8]. This consent covers the provision of the service, and the patient should also be advised of the following information sharing that may take place:

    - the sharing of information between the pharmacy and the patient's general practice if needed, to enable the provision of appropriate care;

[8] Where that consent cannot be given by the patient themselves, e.g. younger children and for people who are unable to give consent but may benefit from the service, consent can be sought from the carer or parent/guardian, with them being involved in the subsequent discussions which make up the service.

- the sharing of information about the service with NHS England and NHS Improvement as part of service monitoring; and
- the sharing of information about the service with NHS England and NHS Improvement and the NHS Business Services Authority (NHSBSA) as part of post-payment verification.

9. The pharmacy and patient will agree a method and time for the intervention, typically between seven and fourteen days after patient engagement.

10. The service can be provided to patients who are not registered with a GP practice. In this instance the contractor should recommend that the patient registers with a GP practice and makes their best endeavours to ensure that any clinically relevant information following the consultation is fed back to the prescriber of the new medicine(s). This should be recorded in the patient's clinical record for the service.

Intervention

11. The pharmacist and patient will have a discussion in the pharmacy's consultation room, remotely (via telephone, another live audio link or live video link) or in the patient's home. If the discussion does not happen at the agreed time, the pharmacist will make at least one attempt to follow up with the patient. If contact with the patient cannot be made, the service is ended as incomplete and payment cannot be claimed.

12. At the start of the discussion, the pharmacist will reconfirm that the patient understands the information they were given during patient engagement, as described in paragraph 8, and that they are happy to continue with the service.

13. Remote consultations with patients should take place in circumstances where the conversation cannot be overheard, except by someone whom the patient wants to hear the conversation, for example a carer.

14. The pharmacist will assess the patient's adherence to the medicine(s), identify problems and determine the patient's need for further information and support. The NMS intervention interview schedule should be used to guide this consultation.

15. The pharmacist will provide advice and further support and will agree one of the following next steps with the patient:

    a. the patient is adhering to the medicine(s) and no problems have been identified - agree time and location for the follow up (typically between 14 and 21 days after the initial intervention).
    b. problems are identified and it is the clinical judgement of the pharmacist that intervention by the patient's prescriber or PCN clinical pharmacist is not required – agree the time and location for the follow up (typically between 14 and 21 days after the intervention) and any appropriate remedial steps to be taken by the patient in the meantime. Such steps could include a reasonable adjustment (e.g. the use of items such as reminder charts).
    c. problems are identified and it is the clinical judgement of the pharmacist that intervention by the patient's prescriber is required – explain this to the patient, complete the NMS feedback form[9] and refer the matter to the patient's GP practice. At this point the service will have been completed except in the circumstance described in the footnote[10].

[9] The form can be downloaded from psnc.org.uk/nms.
[10] If the NMS episode covers multiple medicines and not all medicines prompt the need for referral to the GP practice, steps a or b will be undertaken for the medicines that do not require referral to the GP practice.

16. At this stage the pharmacist should also, if appropriate, offer the patient opportunistic advice on healthy living / public health topics in line with the promotion of healthy lifestyles essential service.

Follow up

17. The pharmacist and patient will have a discussion at the agreed time in the pharmacy's consultation room, remotely (via telephone, another live audio link or live video link) or in the patient's home. If the discussion does not happen at the agreed time, the pharmacist will make at least one additional attempt to follow up with the patient If the pharmacist is then unable to contact the patient, the service will have been completed.

18. The pharmacist will assess the patient's adherence to the medicine(s), identify problems and determine the patient's need for further information and support. The NMS follow up interview schedule should be used to guide this consultation.

19. The pharmacist will provide advice and further support and will agree one of the following next steps with the patient:
    a. patient adhering to regimen – exit from service. At this point the service will have been completed.
    b. problem identified – pharmacist and patient agree solution. At this point the service will have been completed.
    c. problem identified – referral to the GP practice for review. At this point the service will have been completed.

20. At this stage the pharmacist should also, if appropriate, offer the patient opportunistic advice on healthy living / public health topics in line with the promotion of healthy lifestyles essential service.

Catch-up NMS

21. To support patients who were prescribed a new medicine during the COVID-19 pandemic, but who did not receive the NMS at that time, contractors can offer patients meeting the following criteria a catch-up NMS:

    a. Had a medication which falls into the eligible therapeutic categories listed in paragraph 3, newly prescribed between 1st April 2020 and 31st August 2021; and
    b. The patient had not previously received an NMS in respect of that prescribed medicine when it was originally prescribed.

22. A catch-up NMS may be offered to eligible patients between 1st September 2021 and 31st March 2022.

23. A catch-up NMS will ordinarily follow the standard NMS path as described above, however, it is recognised that patients are likely to have started using the new medicine(s) and may have been established on the regimen for several months, so the timings of the different stages may be varied from the standard approach.

24. It is expected that in most cases the contactor will have dispensed the first prescription for the eligible medicine(s) at the point it was initially prescribed. However, it is recognised that the patient may have changed their community pharmacy since the medication was initially dispensed. Therefore, to provide a catch-up NMS the contractor does not have to have dispensed the first prescription, but the contractor should confirm with the patient that they have not previously received an NMS in respect of that medication.

25. The patient engagement and intervention stages of the NMS may occur simultaneously at the point the patient is identified or contacted by the pharmacy (for example, the pharmacy could identify suitable patients by a proactive review of their dispensing records or by making a check of the individual patient record when the medication is next dispensed by the pharmacy).

26. Additionally, if during the intervention stage it is identified that the patient has no issues with the prescribed medication requiring further follow-up, the pharmacist can document this in the clinical record and determine the NMS to be completed (and claimed for as such), without undertaking the follow up stage.

Data collection and reporting requirements

25. Pharmacy records for the service will be maintained to support the delivery of the service and audit. Pharmacy contractors will need to maintain records of the following for each patient who receives the NMS:

a. date and method of entry to service
    a. patient referred from GP practice, hospital or other health professional
    b. patient identified in the pharmacy
    c. patient identified for the catch-up NMS

b. patient demographic details
    a. name
    b. address
    c. gender
    d. date of birth
    e. NHS number (where available)
    f. ethnicity

c. registered GP practice (if the patient is registered with a GP practice)

d. name and GPhC registration number of the pharmacist conducting the intervention and follow up stages of the NMS

e. condition(s) related to the new medicine
    a. asthma and COPD
    b. diabetes (Type 2)
    c. hypertension
    d. hypercholesterolaemia
    e. osteoporosis
    f. gout
    g. glaucoma
    h. epilepsy
    i. Parkinson's disease
    j. urinary incontinence/retention
    k. heart failure
    l. acute coronary syndromes
    m. atrial fibrillation
    n. long term risks of venous thromboembolism/embolism
    o. stroke / transient ischemic attack
    p. coronary heart disease

f. name of new medicine(s)

g. date and method of intervention and date and method of follow up
    a. face to face in the pharmacy

b. face to face in the patient's home
c. remotely (via telephone, another live audio link or live video link)

h. healthy living advice provided at each stage of the service (i.e. *engagement*, *intervention* and *follow up*). This data may be collated using the following standard descriptors:
    a. diet and nutrition
    b. smoking
    c. physical activity
    d. alcohol
    e. sexual health
    f. weight management

i. where appropriate, reason why a patient does not take part in the *intervention* phase of the service:
    a. prescriber has stopped new medicine
    b. patient has withdrawn consent for information sharing
    c. patient has withdrawn consent to receive the service
    d. patient could not be contacted
    e. other

j. matters identified during the discussion with the patient at the *intervention*. This data should be captured using the following standard descriptors:
    a. patient reports using the medicine as prescribed
    b. patient reports not using the medicine as prescribed
        i. patient has not started using the medicine
        ii. prescriber has stopped new medicine
        iii. patient is not using the medicine in line with the directions of the prescriber
        iv. patient reports missing a dose in the past 7 days
    c. patient reports need for more information about the medicine (information needs will be addressed by the pharmacist and this will be captured in the data set out below)
    d. patient reports side effects
    e. patient reports negative feelings about the medicine (the pharmacist should provide further details about this using a free text box)
    f. patient reports uncertainty on whether the medicine is working
    g. patient reports concern about remembering to take the medicine
    h. patient reports difficulty using the medicine due to its pharmaceutical form / formulation
    i. other - free text option

If the NMS relates to more than one medicine for an individual patient, this data should be captured for each medicine.

k. outcome of the discussion with the patient at the *intervention*. This data should be captured using the following standard descriptors:
    a. action taken / to be taken by pharmacist:
        i. information provided – interactions with other medicines
        ii. information provided – why am I using the medicine / what is it for
        iii. information provided – how to use the medicine
        iv. information provided – correct dose of the medicine
        v. information provided – effects of the medicine on the body / how it works
        vi. information provided – why should I take the medicine
        vii. information provided – timing of the dose
        viii. information provided – interpretation of side effect information
        ix. advice provided – reminder strategies to support use of medicine
        x. advice provided – change to timing of doses to support adherence
        xi. advice provided – how to manage or minimise side effects
        xii. Yellow Card report submitted to MHRA if required

xiii. reminder chart / MAR chart provided
xiv. referral – patient's issues raised with the new medicine need to be considered by the prescriber. The reason(s) for the referral should be captured using the following standard descriptors:
    1. drug interaction(s)
    2. potential side effect(s) / adverse drug reaction preventing use of medicine
    3. patient reports not using medicine any more
    4. patient reports never having started using medicine
    5. patient reports difficulty using the medicine
        a. issue with device
        b. issue with formulation
    6. patient reports lack of efficacy
    7. patient reports problem with dosage regimen
    8. patient reports unresolved concern about the use of the medicine
    9. other – free text option
xv. other action – free text option

b. action for patient to take:
    i. carry on using medicine as prescribed
    ii. use medicine as agreed during the *intervention*
    iii. submit Yellow Card report to MHRA
    iv. other action – free text option

If the NMS relates to more than one medicine for an individual patient, this data should be captured for each medicine.

l. where appropriate, reason why a patient does not take part in the *follow up* phase of the service:
    a. prescriber has stopped new medicine
    b. patient has withdrawn consent for information sharing
    c. patient has withdrawn consent to receive the service
    d. patient could not be contacted
    e. catch-up NMS and pharmacist deemed follow up not required
    f. other

m. matters identified during the discussion with the patient at the *follow up*. This data should be captured using the following standard descriptors:
    a. patient reports using the medicine as prescribed
    b. patient reports not using the medicine as prescribed
        i. patient has not started using the medicine
        ii. prescriber has stopped new medicine
        iii. patient is not using the medicine in line with the directions of the prescriber
        iv. patient reports missing a dose in the past 7 days
    c. patient reports need for more information about the medicine (information needs will be addressed by the pharmacist and this will be captured in the data set out below)
    d. patient reports side effects
    e. patient reports negative feelings about the medicine (the pharmacist should provide further details about this using a free text box)
    f. patient reports uncertainty on whether the medicine is working
    g. patient reports concern about remembering to take the medicine
    h. patient reports difficulty using the medicine due to its pharmaceutical form / formulation
    i. other - free text option

If the NMS relates to more than one medicine for an individual patient, this data should be captured for each medicine.

n. outcome of the discussion with the patient at the *follow up*. This data should be captured using the following standard descriptors:
    a. action taken / to be taken by pharmacist:
        i. information provided – interactions with other medicines
        ii. information provided – why am I using the medicine / what is it for
        iii. information provided – how to use the medicine
        iv. information provided – correct dose of the medicine
        v. information provided – effects of the medicine on the body / how it works
        vi. information provided – why should I take the medicine
        vii. information provided – timing of the dose
        viii. information provided – interpretation of side effect information
        ix. advice provided – reminder strategies to support use of medicine
        x. advice provided – change to timing of doses to support adherence
        xi. advice provided – how to manage or minimise side effects
        xii. Yellow Card report submitted to MHRA
        xiii. reminder chart / MAR chart provided
        xiv. referral – patient's issues raised with the new medicine need to be considered by the prescriber. The reason(s) for the referral should be captured using the following standard descriptors:
            1. drug interaction(s)
            2. potential side effect(s) / adverse drug reaction preventing use of medicine
            3. patient reports not using medicine any more
            4. patient reports never having started using medicine
            5. patient reports difficulty using the medicine
                a. issue with device
                b. issue with formulation
            6. patient reports lack of efficacy
            7. patient reports problem with dosage regimen
            8. patient reports unresolved concern about the use of the medicine
            9. other – free text option
        xv. other action – free text option
    b. action for patient to take:
        i. carry on using medicine as prescribed
        ii. use medicine as agreed during the *follow up*
        iii. submit Yellow Card report to MHRA
        iv. other action – free text option

If the NMS relates to more than one medicine for an individual patient, this data should be captured for each medicine.

Requirements for reporting data to NHS England & NHS Improvement

26. Contractors must report the following data (collated from their clinical records for the service) on a quarterly basis to the NHSBSA. The NHSBSA collect this data on behalf of NHS England and NHS Improvement and the process for submitting the data is described on the NHSBSA website. Contractors must submit the data to the NHSBSA within 10 working days from the last day of the quarter the data refers to (last day of June, September, December, and March).

The following data must be submitted:

a. pharmacy ODS code
b. pharmacy name
c. pharmacy address (1st line)
d. outcome of discussion with patient at the patient engagement stage:
    i. number of patients declined the offer of the service
    ii. number of patients recruited

e. outcome of the discussion with the patient at the intervention stage (using the standard list of descriptors below):
    i. number of patients who did not attend / non contactable / withdrew consent
    ii. number of patients whose prescriber has stopped the medicine
    iii. number of completed interventions
    iv. number of patients to whom information was provided
    v. number of patients to whom advice was provided
    vi. number of Yellow Card reports submitted to MHRA
    vii. number of reminder charts / MAR charts provided to patients
    viii. number of patients referred to GP
f. outcome of the discussion with the patient at the follow up stage (using the standard list of descriptors below):
    i. number of patients who did not attend / non contactable / withdrew consent
    ii. number of patients whose prescriber has stopped the medicine
    iii. number of patients adherent
    iv. number of patients non adherent
    v. number of patients to whom information was provided
    vi. number of patients to whom advice was provided
    vii. number of Yellow Card reports submitted to MHRA
    viii. number of reminder charts / MAR charts provided to patients
    ix. number of patients referred to GP
g. number of patients in each condition / therapy group (using the standard list of descriptors below):
    i. asthma and COPD
    ii. diabetes (Type 2)
    iii. hypertension
    iv. hypercholesterolaemia
    v. osteoporosis
    vi. gout
    vii. glaucoma
    viii. epilepsy
    ix. Parkinson's disease
    x. urinary incontinence/retention
    xi. heart failure
    xii. acute coronary syndromes
    xiii. atrial fibrillation
    xiv. long term risks of venous thromboembolism/embolism
    xv. stroke / transient ischemic attack
    xvi. coronary heart disease

h. number of completed NMS claimed for (including catch-up NMS)
i. number of patients receiving a catch-up NMS
j. number of patients provided with healthy lifestyle advice at each of the following stages of the service:
    i. patient engagement
    ii. intervention
    iii. follow up

Payment arrangements

27. Claims for payments for this service should be made monthly to the NHS Business Services Authority, in accordance with the usual Drug Tariff claims process.

28. A payment will be made in line with the Drug Tariff determination for the service based on the total number of completed NMS provisions claimed in the month.