



ALL-PARTY PHARMACY GROUP

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Chair: Dr Howard Stoaite MP
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All-Party Pharmacy Group Meeting - Tackling medicine adherence: an NHS priority?

The All-Party Pharmacy Group meeting took place at 3pm on Tuesday 19th January 2010 in Committee Room 16. Dr Howard Stoaite MP chaired the well attended meeting.

The meeting focussed on the implications of poor medicine adherence for the NHS and patient, and investigated possible solutions.

Speakers included;

Professor Rob Horne

Ash Soni

Cher Piddock

Mary Fletcher

Professor of Behavioural Medicine, School of Pharmacy

Community Pharmacist, Copes Pharmacy

Clinical Lead, Care Development Team, Asthma UK

Asthma patient representative, Asthma UK

Highlights of the session included:

- The panel of speakers began the session by discussing how serious the problem of poor medicine adherence is; AS highlighted that studies from Pfizer show that 72% of patients stop taking their prescribed medicine after a year, primarily because of scare stories about the drug in the media, forgetfulness, side effects and/or because of an improvement in symptoms. CP agreed, claiming that 27-50% of asthma patients do not take their medicines correctly and 80% of the 1200 deaths a year are attributed is due to poor adherence to asthma medicines.

RH explained that studies have shown over 200 reasons why patients don't take medicines properly, all of which boil down to 2 key things – patients' can't or won't. He argued that the perceptual (I don't need it) and practical (I forget to take it) perceptions of patients need to be addressed

- RH said that best method tackle these barriers are to encourage healthcare professionals to talk to patients individually about their experiences with the medicine. This can for example tackle the perceptual problem of patients attributing side effects to a medicine is not wholly linked to it. AS agreed that pharmacists need to make time, outside of MURs, to talk to patients – he called for the profession to become more proactive in tackling the problem. However the issue of the amount of time pharmacists have available to do this was raised as an issue.

CP highlighted that Asthma UK offers nurse support and tailored advice to patients through their helpline.

- Questions from the floor reiterated the points made by the speakers on the importance of tackling the issue and the positive impact personalised advice from healthcare professionals can have on patient behaviour.

Georgina Craig mentioned the Compliance Counselling Service that is currently being set up, and asked the panellists what questions should be included in the service to encourage patients to talk openly about their medication. AS said there should be a particular focus on patients' experiences with new medicines for long term conditions.

- Jeremy Holmes suggested that a key challenge is commissioning, claiming that only 10% of PCTs are implementing NICE guidelines to commission services to increase medicine adherence. RH agreed that there hasn't been universal implementation, primarily because the NICE guidelines are very difficult to roll out. Therefore he said there should be an appropriate amount of scepticism about its success.
- Peter Williams emphasised the importance of more vulnerable patients such as the elderly and infirm. He argued that little had been done to address how healthcare professionals can help those less able and that solutions proposed by the speakers would not be suitable for all patients. RH argued that adherence is an issue for all types of patient and they shouldn't be put in silos when discussing practical solutions. Instead it should be an individual, personalised approach.
- CP responded to several points from the audience by emphasising that solutions need to be discussed in the context of improving existing services rather than reinventing the wheel by introducing new individual initiatives.
- Representatives from GSK were keen to know the speakers' views on how manufacturers of medicines can help improve adherence. AS claimed that pharmaceutical schemes that currently exist are helpful but tend to be ad hoc and not very well promoted. RH agreed that the individual schemes from pharmaceutical companies are beneficial but argued that before schemes are rolled out the patients' perception of pharma involvement in medicine needs to be addressed. For example, some patients will presume pharmacists promoting a particular drug are having pressure put on them from manufacturers. RH suggested that pharmaceutical companies partner with third parties to increase their legitimacy.
- In conclusion, there were three key aspects of medicine adherence that were raised as areas for improvement;
 - Education – healthcare professionals, particularly pharmacists need to be more proactive in discussing medicines with patients, which would come from them having more confidence and being given more training
 - Practical tools – will help healthcare professionals monitor and regulate adherence, for example access to more comprehensive patient records
 - Commissioning – initiatives designed to help adherence need to be commissioned universally rather than sporadically