

WORKSHOP REPORT

Making medicines-taking a better experience

21st November 2013, Leeds

Executive Summary

This report has been prepared for NHS England to present the outcomes and supporting evidence arising from a one-day facilitated workshop on 21st November 2013. The aim of the workshop, and this report, is to inform NHS England's forthcoming Medicines Optimisation (MO) Strategy ensuring it starts where it aims to finish i.e. to help patients, and the system, get better outcomes from medicines.

This workshop report captures the discussion that a group of patients, carers, staff and Subject Matter Experts (SMEs) believe would make medicines-taking a better experience.

Five key, patient-generated themes emerged from the event. What was striking was that none of the key themes focused on supply or process issues. Instead, what arose was the need to improve the quality of service provision especially around relationship-development and people skills.

It is suggested that these themes are more closely considered in the future development of NHS England's Medicines Optimisation Programme:

1. **Improving national awareness** amongst patients, the public and professionals of the services available to support patients in their medicines-taking;
2. **Enriching 'consultations'** (in all care settings) to support health and care professionals to more closely consider the life stage/ patient perspective (see NICE Guidance);
3. Encouraging patients to be more responsible and honest about their **attitudes and behaviours** around medicines-taking, including not wishing to take them;
4. Encouraging the provision of **better information & support** to enable patients/ carers to get the best from their medicines; and
5. Ensuring that the view of patients and the public around waste, repeats, and broader system improvements on medicines-taking are incorporated into the **Value for Money** element of any strategy.

"Well I must have the best GP & pharmacist in the world 'cos mine talk to each other. I've had my NMS [New Medicine Service] and a Review and everything's going well".

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Context

Medicines play a crucial role in maintaining health, preventing illness, managing chronic conditions and curing disease. In an era of significant economic, demographic and technological challenge it is crucial that patients get the best quality outcomes from medicines.

To date, pharmacists, and other health care professionals have delivered much to be proud about around evidence-based medicine, cost effective drug choices, services in the community and recently around the QIPP agenda.

But, we now find ourselves facing unprecedented change in terms of the patient demographic, NHS infrastructure, NHS funding and the wider financial situation.

Against this background, we know that:

- up to 50% of medicines are not taken as intended;
- between 5 to 8% of all unplanned hospital admissions are due to medication issues;
- medicines waste is a significant and largely untackled issue (reported as £300 million about half of which is avoidable) not to mention the opportunities forgone because patients haven't take their medicines as intended;
- medication safety data indicates that we could do much better at reporting and preventing avoidable harm from medicines; and
- resistance to antimicrobial treatments presents a very real and significant threat to modern healthcare.

“Medicines optimisation is about ensuring that the right patients get the right choice of medicine, at the right time. By focusing on patients and their experiences, the goal is to help patients to: improve their outcomes; take their medicines correctly; avoid

taking unnecessary medicines; reduce wastage of medicines; and improve medicines safety. Ultimately medicines optimisation can help encourage patients to take ownership of their treatment.”

(see www.rpharms.com/medicines-safety/medicines-optimisation.asp)

Medicines optimisation offers the opportunity to make a step change in how we improve the issues highlighted above.

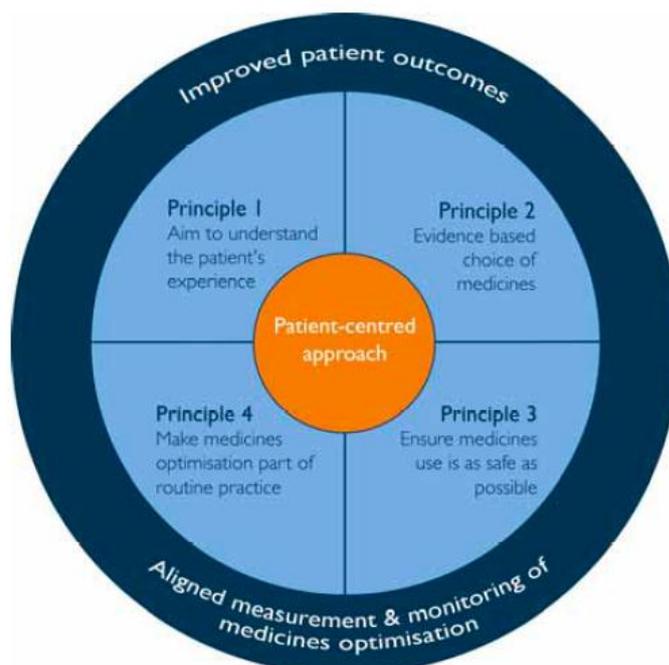
NHS England recognises that we will need to engage with patients and the public in a way that few of us have conducted to date. We will need to work more closely with patients to better understand their issues around medicines use and to co-develop solutions that better support them with their medicines-taking.

We will be challenged to work much more collaboratively across health and social care boundaries to ensure that there is adequate support right across the medicines pathway to secure the desired outcomes for the patients as well as delivering value for money for the NHS.

This patient/carer engagement event started the process of better understanding medicines and medicine-taking from patient/carer perspectives. It is the first step on the journey to deliver a programme to optimise the use of medicines, made even more important in that we have done it with patients and the public.

NHS England via their National Medical Director, Chief Nursing Officer and Chief Pharmaceutical Officer has publicly committed to the medicines optimisation agenda with a joint publication in May 2013 (www.rpharms.com/promoting-pharmacy-pdfs/helping-patients-make-the-most-of-their-medicines.pdf)

This document outlined four key principles of medicines optimisation:



It is now a priority for NHS England to implement these agreed principles within the NHS through its Medicines Optimisation Strategy. A Medicines Optimisation Steering Group will consider this report and its recommendations.

Approach

NHS England brought together patients, carers, health & social care staff and a number of Subject Matter Experts (SMEs) to explore how to make medicines-taking better and to ensure that patients and the public alike get the most value from the significant amount of money we spend on medicines. The one-day facilitated workshop was held on 21st November 2013 in Leeds and was attended by 50 delegates including:

- 21 patients/carers
- 15 health & social care staff
- 14 SMEs/observers

Each table aimed to comprise of three to four patients with around two staff and two SMEs.

Patients/ carers were pre-screened to ensure they represented a variety of views and were able to eloquently communicate their experiences, insights and ideas. We would like to thank Leeds University Testing Organisation (www.luto.co.uk) for recruiting the majority of patients. The patients/ carers were made up of:

- 12 females & nine males ranging from 18 to 74 years of age;
- Educational status included those with an education up to the age of 16, those with A-level or college level qualifications and those who were graduates and above; and
- Conditions included: allergies, angina, bipolar disorder, cancer, caring for a child with epilepsy, Crohn's disease, cystic fibrosis, diabetes (Type II), eczema, heart failure, high blood pressure, ME (Myalgic Encephalomyelitis), migraines, osteoarthritis, pulmonary embolism, rheumatoid arthritis, rosacea stroke, and ulcerative colitis.

Staff included representatives from the following organisations:

Organisational type	Organisation
Local Authority	Barnsley Council Independent Living at Home Service
Local Pharmaceutical Committee (LPC)	Barnsley LPC West Yorkshire LPC
Care Home	Care Providers Alliance
Pharmaceutical Distributor	Celesio UK

Community Trust	Leeds Community Healthcare NHS Trust
Acute Trust	Leeds Teaching Hospitals NHS Trust
National	NHS England
Clinical Commissioning Group (CCG)	NHS Leeds North
Online pharmacy	Pharmacy2U Ltd
Community Pharmacy	Celesio UK Prestwich Pharmacy Ltd/ Independent Pharmacy Federation (IPF) Rowlands Pharmacy
Regional Pharmacy Advisor	NHS England
Commissioning Support Unit (CSU)	West & South Yorkshire & Bassetlaw CSU
Academic	University of Leeds University of Nottingham

Additional organisational types (organisations) were invited but were unable to attend:

- Acute Trust (NHS Humber Foundation Trust);
- CCG (NHS Cumbria);
- Community Pharmacy (Alliance Boots);
- GP (NHS Leeds North CCG; Oakley Medical Practice, Leeds);
- Local Authority; Health & Wellbeing Board (Wigan Council - Leigh East Ward);
- Local Professional Network (West Yorkshire LPN);
- Pharmaceutical Distributor (British Association of Pharmaceutical Wholesalers); and
- Royal Pharmaceutical Society (Health Professional).

SMEs/ observers included representatives from the following organisations:

- The Association of the British Pharmaceutical Industry (ABPI);
- Medicines and Healthcare Products Regulatory Agency (MHRA);
- NHS England;
- National Institute for Health and Care Excellence (NICE);
- Pharmacy Voice;
- Proprietary Association of Great Britain (PAGB); and
- Pharmaceutical Services Negotiating Committee (PSNC).

The **Agenda** was as follows:

Time	Agenda item	Who?
10.00	Welcome & Group Introductions – <i>Who, organisation, why?</i>	Mark Duman, Monmouth Partners
10.30	Housekeeping & Ground rules	Mark Duman
10.35	<i>Medicine-taking: patient stories</i> (Asthma, Crohn's Disease, Myalgic Encephalomyelitis)	3 patients
10.50	<i>What we hope to get out of today</i>	Clare Howard, NHS England
11.05	Coffee and tea break	All
11.20	Table-discussions – <i>sharing medicines stories with NHS staff</i>	All
12.00	Group feedback - sharing and prioritising emerging themes	Mark Duman & Andrew Lawrence, Monmouth Partners
12.30	Themed Table-discussions - <i>what's working well, not so well and how can we make it better?</i>	All
13.00	Working lunch	All
13.45	Group feedback	Mark Duman
14.15	Group reflections and priorities	Andrew Lawrence
14.45	Summing up & thank you	Clare Howard
15.00	Close	All

Results

In order to inform NHS England's thinking on how to make medicines-taking a better experience, the patient /carers at each table were asked to share their medicines stories. Staff and SMEs were asked to listen intently to the three to four stories from each of the patients/carers and to reflect back what they had heard to the table. A scribe and reporter were selected at each table as asked to respectively note down and then feedback the key themes to the whole group.

From the broader discussion, six main patient/ carer-identified themes emerged:

Theme
1. Dialogue
2. Tailored Information – Consistency, Clarity, Comprehension
3. Understanding patients – life stage, outcomes/ goals, wellbeing
4. System (incentives, repeats, waste)
5. Professionals (Attitude)
6. Meds and other 'treatments' including wellbeing

The six tables were randomly allocated one of the themes and asked to explore it in more depth to ascertain:

1. What's working **well**?
2. What's **not working so well**?
3. How we can **make it better**?

The responses to these three questions for each of the six themes are presented below (photos of flipcharts are available in Appendix i):

Theme 1: Dialogue

What's working well?

- Consistency (*note: unclear what the group meant by this as see below contradictory point*)

What's not working so well?

- Inconsistency
 - The conversation with patients about medicines-taking is not wide nor rich enough
 - When dialogue does occur, it's often a one-off and not continued
- Honesty and openness
 - Patients do not feel confident enough to talk about their medicine-taking honestly and openly as they worry about being judged by the GP

- Healthcare professionals are not always honest and open with the patient as they worry that too much information will scare them
- Patients are not involved in the discussion about their own medicine-taking and therefore don't know why they're taking it, the impact it will have, etc.

How we can make it better?

1. Encourage healthcare professionals to be more flexible on time so that it allows more opportunity for dialogue to take place
2. Improve communication skills of healthcare professionals through formal training so that they are better enabled to have a valuable dialogue with patients and carers
3. Urge healthcare professionals to build relationships with patients to understand more about their lives and how medicines might, or might not, fit into them

Theme 2: Tailored Information – Consistency, Clarity, Comprehension

What's working well?

- Medicines use review – community pharmacies
- Information from specialist units
- NHS Choices – has holistic information i.e. treatment options, lifestyles, medication - in one place

What's not working so well?

- Patients don't always know that they can come back for extra support or advice
- Due to time pressure, there is a lack of relationship building with patients by GPs and pharmacists
- It's unclear whether care planning with other specialist units is working
- Practical information about how to take medicines isn't included often or clearly enough
- Inconsistency:
 - Contradiction between information given from over-the-counter medicines and prescription medicines
 - Information about how to take medicine is inconsistent across the system e.g. GP, Practice Nurse
 - The presentation of information is inconsistent
 - In some cases there isn't enough information and in other cases there is too much information – it needs to be balanced and tailored
- Pharmacists don't always take the time to explain proper use of medicines to

the patient and do not encourage the patient to read the accompanying leaflets

How we can make it better?

1. Someone needs to take responsibility for improving how services are publicised
2. Facilitate a way to make increased use of written information/advice. Not just conversations/spoken info following consult
3. How we provide information in a way people want to receive it – options for patients? e.g. QR codes¹, range of mechanisms required
4. A direct invitation should be made to the patient to return for more information if required

Theme 3: Understanding Patients – life stage, outcomes/ goals, wellbeing

What's working well?

- Medicines Use Review (MUR) and New Medicine Service (NMS) in community pharmacy
- Patient recorded outcome measures (surgery)
- Tier 2 type services² (e.g. specialist Irritable Bowel Disease nurses/team)
- Multidisciplinary team (including the patient)

What's not working so well?

- Communications between professionals
- Consistency of communication with patient
- Over-emphasis of supply role within Community Pharmacy
- Lack of clarity as who has what role
- Healthcare professionals don't 'ask' patients what their goals are
- Patients aren't empowered to take control and self-manage their care

How we can make it better?

1. Access to patient records
2. 3-way agreement for Long Term Conditions (e.g. care planning)
3. Training for healthcare professionals to communicate with patients
4. Training so all healthcare professionals are educated to say the same message
5. Care plan for all LTCs

¹ QR code (Quick Response Code) is the trademark for a type of two-dimensional barcode

² Provide assessment and interventions for more severe or complex health care needs

Theme 4: System (incentives, repeats, waste)

What's working well?

- Sharing information (patient) (i.e. Summary Care Record)
- Getting hold of medicines in vast majority of cases is easy
- Some good examples of good pharmacy services to help patients take medicines (MUR/ NMS)

What's not working so well?

- Disposal of meds
- Patient knowledge of available services
- Ensuring NHS has systems in place
- Adding value to patients medicines at each stage
- Lack of consistency across country of services to support patients in taking medicines – it often fluctuates and different levels of services are experienced in different locations

How we can make it better?

1. Share more/ better information so pharmacies can better support patients
2. Patients should be empowered to have more 'demanding' relationship for core pharmacy services which pharmacy delivers
3. Consistency of message from all Health Care Professionals – increase trust and relationship

Theme 5: Professionals (Attitude)

What's working well?

- Trusted pharmacists you can seek advice from
- Empathy – understanding of situation, forward planning with medicines (e.g. supplies)
- Responding to and acting to improve problems

What's not working so well?

- Not being approachable, respectful
- "Professional arrogance" – make you feel 'let down'
- Not asking/ engaging
- Being asked personal information publicly

How we can make it better?

1. Improving consistency
2. Need to move from item to service-based [payment] system
3. Empathy – not transaction, relationships
4. Privacy – increase awareness and use of consultation rooms

Theme 6: Meds and other ‘treatments’ including wellbeing

What’s working well?

- Physiotherapy, acupuncture, ‘talking therapies’
- Exercise on prescription

What’s not working so well?

- Inconsistency in knowledge/ backing/ provision
- Assumptions made – status, understanding, just give a pill to treat. Not listening
- Non-medics lack of voice

How we can make it better?

1. More consistency – availability/ dissemination of info
2. Evidence to aid decision-making for patients – sign-posting
3. Getting Health Care Professionals to accept there is another way.

Discussion

A number of consistent themes emerged from all the work groups.

All patients outlined some wonderful care that they had received that, in some cases, had saved their lives and for which they were very grateful.

However, they highlighted that there had also been poor care and this caused them, and often families, significant distress.

Those with Long Term Conditions diagnosed from childhood have a very difficult time as they reach various transition stages in their life. They expressed their frustration that they only get the full support they need when in a crisis. With better support early on, they believe they would have adhered better to their medicines in their youth and would have an improved health outcome, including quality of life in adulthood. This is clearly a missed opportunity.

The impact of receiving a diagnosis – or lack thereof – and how it was delivered, were also seen as key to influencing people’s attitude towards their conditions, and their medicines.

Whilst some had received good support for their medicine-taking, this was inconsistent. What was consistent was the lack of awareness of what support community pharmacy in particular could offer patients.

The workshop was designed to identify and be driven by the issues that arose from patients/ carers and not by staff nor NHS England. What was surprising is that the themes that arose were primarily about the ‘soft’, service-side of healthcare – about dialogue, understanding, and relationships. Although certain topics arose, very little of the discussion focused on the ‘hard’, supply elements of medicine-taking e.g. accessibility, blister packs, storage, administration, etc.

Much of these ‘softer’ themes are similar to the Key Principles outlined in the 2009 NICE Medicines Adherence guidance. As evidence in this report, many agree with their ambition but struggle somewhat in practical application.

- Healthcare professionals should adapt their consultation style to the needs of individual patients so that all patients have the opportunity to be involved in decisions about their medicines at the level they wish.
- Establish the most effective way of communicating with each patient and, if necessary, consider ways of making information accessible and understandable (for example, using pictures, symbols, large print, different languages, an interpreter or a patient advocate).
- Offer all patients the opportunity to be involved in making decisions about prescribed medicines. Establish what level of involvement in decision-making the patient would like.
- Be aware that increasing patient involvement may mean that the patient decides not to take or to stop taking a medicine. If in the healthcare professional’s view this could have an adverse effect, then the information provided to the patient on risks and benefits and the patient’s decision should be recorded.
- Accept that the patient has the right to decide not to take a medicine, even if you do not agree with the decision, as long as the patient has the capacity to make an informed decision and has been provided with the information needed to make such a decision.
- Be aware that patients’ concerns about medicines, and whether they believe they need them, affect how and whether they take their prescribed medicines.
- Offer patients information that is relevant to their condition, possible treatments and personal circumstances, and that is easy to understand and free from jargon.
- Recognise that non-adherence is common and that most patients are non-adherent sometimes. Routinely assess adherence in a non-judgemental way whenever you prescribe, dispense and review medicines.
- Be aware that although adherence can be improved, no specific intervention can be recommended for all patients. Tailor any intervention to increase adherence to the specific difficulties with adherence the patient is experiencing.
- Review patient knowledge, understanding and concerns about medicines, and a patient’s view of their need for medicine at intervals agreed with the patient, because these may change over time. Offer repeat information and review to patients, especially when treating long-term conditions with multiple medicines.

Source: *Medicines adherence: Involving patients in decisions about prescribed medicines and supporting adherence*. Page 5, NICE Quick Reference Guide, January 2009.

An analysis of the themes presented gives rise to six key topics. Examples that arose through discussion are captured below. These give rise to the five key recommendations in this report.

Topic	Examples
1. Understanding patients as people	<ul style="list-style-type: none"> • I want to be 'normal' not an 'ill person' • Age • Gender • Pregnancy • Ethnicity • Religion • Health literacy • Motivation • Capacity – sensory, mental, etc • Health beliefs • Medicines beliefs • Employment • Wellness • Other treatments
2. Information support to patients	<ul style="list-style-type: none"> • Improved Patient Information Leaflets (PILS) • Information Prescriptions • Embracing eHealth e.g. records access, Apps, NHS Choices • Tailored information • Adherence solutions e.g. Medicines Awareness Service • High quality information from specialist units • Care plans
3. Training Health Care Professionals	<ul style="list-style-type: none"> • Thinking holistically: people are more than their medicines, and more than their disease(s) • Understand context for medicines-taking (see 1. above) • Consultation Skills: empathy; motivation interviewing; health coaching; shared decision-making; asset model; self-management support • Sign-posting, especially to sources of local support • Transparency and openness • Patient voice in education • Regarding 'information as a service'
4. Supporting Patients	<ul style="list-style-type: none"> • See 2. above • Self-care • Self-management

	<ul style="list-style-type: none"> • Buddies • Carers • Community Development • Compliance aids • Encourage openness around medicines-taking • Structured patient education • Expert Patients • Patient Leaders
5. Awareness of pharmacy/ medicines services	<ul style="list-style-type: none"> • MURs, NMS and beyond • Medicines information on discharge (cf. CQC Inpatient survey) • Maximising benefits of repeats
6. 'System' issues	<ul style="list-style-type: none"> • Paid by supply • Variables appearance • Parallel imports and grey market(s) • Waste • Repeats <p>Measures - % of patients receiving a medicine for a LTC in possession of a meaningful care plan</p>

Key themes

It is suggested that these themes are more closely considered in the future development of NHS England's MO Programme (mapped to the established four MO principles):

1. **Improving national awareness** amongst patients, the public and professionals of the services available to support patients in their medicines-taking (Principle 4)
2. **Enriching 'consultations'** (in all care settings) to support health and care professionals to more closely consider the life stage/ patient perspective (see NICE Guidance) (Principles 1, 4)
3. Encouraging patients to be more responsible and honest about their **attitudes and behaviours** around medicines-taking, including not wishing to take them (Principles 1, 2)
4. Encouraging the provision of **better information & support** to enable patients/ carers to get the best from their medicines (Principles 1, 2, 3, 4)
5. Ensuring that the view of patients and the public around waste, repeats, and broader system improvements on medicines-taking are incorporated into the

Value for Money element of any strategy (Principles 2, 4).

Next steps

An immediate action is to establish the **Medicines Optimisation Patient Panel (MOPP)** (*working title*) to inform the development of NHS England's Medicines Optimisation programme. 18 of the 21 patients/ carers expressed interest in being part of such a group and NHS England plan to start with this cohort and expand as necessary.

The MO **Steering Group** will consider how best to work with the MOPP.

Limitations

- **Patient representation** – the majority of patients have been involved in previous discussions around their medicines-taking experiences either via Luto or other routes. This may have introduced a bias into the sample.
- **Theme identification** – the open nature of the event meant that patients/ carers identified the themes most pertinent to them. This resulted in these themes gaining momentum throughout the day as we focused on them, to the potential exclusion of other themes which have arisen had a topic guide or other 'external' influence been used.
- **One off event** – the patient/ care participation workshop was held as a one off event. Plans are in train to broaden the length and breadth of this in the future (see MOPP above).

Evaluation

Delegates complete an evaluation form asking for views on:

- The usefulness of the sessions;
- The standard of the venue;
- What they liked about the day;
- What they didn't like about the day and improvements that they would suggest; and
- Whether they would like to be part of an ongoing 'patient advisory group' for this work.

Out of the 50 delegates that attended the event, 33 completed the evaluation form. The results were as follows:

Usefulness of the sessions	Very useful	Useful	Not useful	Blanks
Medicines-taking: patient experience	73%	24%		3%
What we hope to get out of today	67%	27%	6%	
Table discussions - sharing your medicines stories with NHS staff	76%	18%	3%	3%
Themed table discussions - what's working well, not so well and how can we make it better?	64%	33%	3%	
Group reflections and priorities	52%	39%		9%

The standard of the venue	Very good	Good	Satisfactory	Poor
Location	43%	36%	15%	6%
Refreshments	58%	30%	12%	

What they liked about the day

A strong message from the evaluation forms is that delegates, including both patients and staff, really valued the opportunity to listen to patient's views and experiences. People felt the communication on the day was honest and open and

well facilitated. Patients expressed that they appreciated being able to share their stories with professionals and the ability to discuss their challenges with them.

What they didn't like about the day and improvements that they would suggest

The main criticism of the day was that delegates felt the room was too small. The feedback also indicates that people felt short of time to discuss issues as fully as they would have liked. Furthermore, delegates mentioned that there were not any practising GPs in the audience offering their interest or support.

The key improvements that were suggested were therefore for a bigger room, more time and representation from GPs.

Whether they would like to be part of an ongoing 'patient advisory group'

18 of the 21 patient/ carer delegates indicated that they would like to be part of a 'patient advisory group' to support this work in the future.

Further reading/ resources *(inclusion does not indicate endorsement)*

- *Consolidating and developing the evidence base and research for community **pharmacy's contribution to public health**: a progress report from Task Group 3 of the Pharmacy and Public Health Forum.* Public Health England, January 2014
<https://www.gov.uk/government/publications/consolidating-and-developing-the-evidence-base-and-research-for-community-pharmacys-contribution-to-public-health>
- **NMS and MUR – top tips from pharmacy teams**
Top tips on overcoming challenges such as recruiting patients, managing workload and selling the services to GPs. PSNC January 2014,
<http://psnc.org.uk/wp-content/uploads/2014/01/NMS-and-MUR-top-tips-Jan-2014.pdf>
- *Managing medicines in **care homes**: draft good practice guidance consultation*, NICE, 18 November 2013,
www.nice.org.uk/getinvolved/currentniceconsultations/current_nice_consultations.jsp
- ***Polypharmacy** and medicines optimisation: making it safe and sound.* The King's Fund, November 2013
www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/polypharmacy-and-medicines-optimisation-kingsfund-nov13.pdf
- *Now or Never: **Shaping pharmacy for the future*** highlights that people across England should expect pharmacists to offer far more than just medicines. Royal Pharmaceutical Society, November 2013
www.rpharms.com/models-of-care/report.asp
- ***Patient and carer experience** of obtaining regular prescribed medication for chronic disease in the NHS: a qualitative study*, Wilson et al. BMC Health Services Research, 24 May 2013, <http://www.biomedcentral.com/1472-6963/13/192>
- *Medicines Optimisation: Helping patients to make the most of medicines*, Royal Pharmaceutical Society, May 2013,
Medicines play a crucial role in maintaining health, preventing illness, managing chronic conditions and curing disease. This **good practice guidance** provides four guiding principles for medicines optimisation that will help all healthcare professionals to support patients to get the best outcomes from their medicines use.
www.nhs.uk/aboutNHSChoices/professionals/healthandcareprofessionals/you-r-pages/Documents/rps-medicines-optimisation.pdf
- ***The Pharmacist: Tomorrow's Stakeholder***, eyeforpharma, 2013

http://uk.eyeforpharma.com/fc_eyeforpharmalz/lz.aspx?p1=0581936S3913&C=&p=1&cID=0&cValue=1 (registration required)

- **NICE Medicines Adherence Guidance**, January 2009
<http://www.nice.org.uk/CG76>
- *Free resource pack for improving medicines management*, Registered **Nursing Home Association**
www.rnha.co.uk/QCI9MY51556
- **The Map of Evidence** looks to collate existing evidence and ongoing initiatives that can ultimately inform policy and practice relating to pharmacy;
www.rpharms.com/support/map-of-evidence.asp (insert search term e.g. optimisation)
- **NHS Choices Service descriptions** for pharmacists
www.nhs.uk/aboutnhschoices/professionals/healthandcareprofessionals/your-pages/pages/service-descriptions.aspx
- NHS Coastal West Sussex Clinical Commissioning Group **Medicines Optimisation Pilot**; www.coastalwestsussexccg.nhs.uk/medicines-management-work
- **New Medicine Service Study (NMS-Study) website** - funded by the Department of Health to review the implementation and benefits of a recently introduced community pharmacy service called the New Medicines Service (NMS); www.nottingham.ac.uk/~pazmjb/nms/
- Royal Pharmaceutical Society **Medicines Optimisation** homepage
www.rpharms.com/medicines-safety/medicines-optimisation.asp
- Royal Pharmaceutical Society Professional standards for **hospital pharmacy services**; optimising patient outcomes from medicines -
www.rpharms.com/unsecure-support-resources/professional-standards-for-hospital-pharmacy.asp
- **NICE Medicines Optimisation Short Clinical Guideline**
<http://guidance.nice.org.uk/CG/Wave0/676>
- *Improving care through community pharmacy – a call to action*
www.england.nhs.uk/ourwork/qual-clin-lead/calltoaction/pharm-cta

Authorship

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Appendix i – Themed table discussions – flipchart captures

THEME: DIALOGUE

WELL

- CONSISTENCY
-
-

NOT WELL

- INCONSISTENCY
- HONESTY & OPENESS
-

MAKING IT BETTER

- MORE FLEXIBLE ON TIME ¹⁴
- BETTER COMMUNICATION SKILLS = 30
- BUILDING RELATIONSHIPS W/PATIENTS

THEME: INFORMATION ^{- CONSISTENCY} ^{- CLARITY}

↳ TAILORED ^{- COMPREHENSION}

WELL

- Medicines use reviews - Community Pharmacies.
- Info from Specialist units
- NHS Choices - Has holistic info. treatment options, lifestyles, medication in 1 place.

NOT WELL

- Do patients know that they can come back for extra support or advice?
- Relationship - building w/ patients by GP + pharmacist (TIME)
- Joint Working?
- Care planning with other specialist units
- consistency - info given from OTC meds + prescription meds
↳ contradictions.

MAKING IT BETTER

- Someone to take responsibility for better publishing services? = 15
- Facilitate a way to make increased use of written info/advice. Not just conversations/speak info following consult. ~ 10
- HOW we provide information in a way people want to receive it - options for patients? UNLINKED
↳ QR codes, RANGE OF MECHANISMS
- MAKE A DIRECT INVITATION TO PATIENT TO RETURN FOR MORE INFO IF EVER

THEME: PATIENT INSIGHT / UNDERSTANDING

WELL (w/sera help/worke) ^{↳ OUTCOMES / GOALS}

- MURS + NMS
- Pt recorded outcome measures (surveys)
- Tier 2 - 3 year series (eg specialist RD) nurses / team
- MDT (including pt)

NOT WELL

- MARS? Communication between professionals / consistency of communication
- 'Institutional' support etc for Com - Pharmacy
- Lack of clarity as to who has what role (assuming)
- Shared responsibility?
- Don't 'ask' patients → goals (stepped goals)

MAKING IT BETTER

- Access to patient records ²⁰
- 3 way agreement for LTC's (primary care doc? CHC Pharm) 15
- Training to communicate
- MDT Training so all educated to say same message
- Care Plan for all LTC

THEME: SYSTEM - INCENTIVES / BEHAVIOURS

WELL ^{- REPEATS - WASTE}

- Sharing information (patient) (ie. SCR)
- Getting hold of medicines in vast majority of cases is easy
- Some great examples of good pharmacy services to help pts take medicines (MUR/URS)

NOT WELL

- Disposal of Meds by - Patients information to demand service
- Adding value to medicines at each stage - Ensuring NHS has systems in place
- Lack of consistency across country of services to support patients in taking medicines

MAKING IT BETTER

- Share more / better information so pharmacists can better support patients
- Patients empowered to have more 'demanding' relationships for core pharmacy services and pharmacy delivery
- Consistency of message from all Health Care Professionals - trust and relationship

THEME: SYSTEM-INCENTIVES/BEHAVIOURS
- REPEATS - WASTE

WELL

- Sharing information (patient) (ie. SCR)
- Getting hold of medicines in vast majority of cases is easy
- Some great examples of good pharmacy services to help pts take medicines (NHS/UKS)

NOT WELL

- Disposal of Meds by ^{Ensuring UKS has systems in place} - Patient information to demand service
- Adding value to medicines at each stage
- Lack of consistency across country of services to support patients in taking medicines

MAKING IT BETTER

- Share more/better information so pharmacists can better support patients
- Patients empowered to have more 'demanding' relationships for core pharmacy services and pharmacy delivery
- Consistency of message from all Health Care Professionals - trust and relationship

THEME: MEDS & OTHER TREATMENTS
- WELLBEING

WELL

- Physiotherapy, acupuncture, 'talking therapies'
- Exercise prescriptions

NOT WELL

- Inconsistency in knowledge/backing/provision
- Assumptions made ^{status} → understanding / not listening
→ just give a pill to treat.
- Non-meds lack of voice

MAKING IT BETTER

- More consistency → availability / dissemination of info
- Guidance to aid decision-making for patients
→ sign-posting
- Getting HCPs to accept: There is another way

Appendix ii – Photos of Participants

