



medicines **partnership**

Year 1 Annual Report

2002

task force on medicines **partnership**

1

Introduction

The Task Force on Medicines Partnership is a Department of Health funded programme which aims to help patients to get the most out of medications, by involving them as partners in prescribing decisions and supporting them in medicine taking.

The programme was announced by Lord Hunt in April 2001 and formally established in January 2002 with £1.3m of funding from the Pharmacy in the Future project to cover a work programme of two years (2002 and 2003). This progress report provides an update on the activities of Medicines Partnership in its first year of operation.

Contents of this report

2	The Medicines Partnership organisation	3
3	Progress against the key objectives	4
	Professional development	5
	Communication	6
	Policy	7
	Research and development	9
	Pilots and model practice	10
4	Performance against budget	12
5	Plans for year 2 of the programme	13

Appendices

	Medicines Partnership Task Force members, June 2003	14
	Hits on the Medicines Partnership website	16

2

The Medicines Partnership organisation

The Task Force on Medicines Partnership met for the first time in January 2002 under the joint chairmanship of Dr Jim Smith (Chief Pharmaceutical Officer, Department of Health) and Professor Marshall Marinker. Since then, it has met three times a year. The Task Force is a truly multi-disciplinary collaboration of between 25 and 30 members involving doctors, pharmacists, nurses, patients, the NHS, the pharmaceutical industry and academics. A full list of current Task Force members is given in Appendix A.

The Task Force is supported by the Medicines Partnership Centre, which is hosted by the Royal Pharmaceutical Society of Great Britain (RPSGB). A small sub-group of the Task Force (the co-chairs, Philip Green of the RPSGB, Professor Alison Blenkinsopp and the centre team) constitute an Executive Group for the day-to-day running of the programme and meet monthly.

Medicines Partnership has developed a comprehensive website about its work and concordance more generally. This has become a destination site for NHS staff and others with an interest in this area, and attracted more than 80,800 hits in 2002 (total to date over 260,000). Appendix B shows how hits increased over the course of 2002.

In addition to its core staff, during 2002 Medicines Partnership established a broad network of advisors with expertise in concordance, who formed an R&D advisory group and provided input to policy documents and other initiatives.

3

Progress against the key objectives

Medicines Partnership was charged with five objectives in relation to implementing concordance in medicine taking across the NHS:

Professional development	Influencing the education and professional development of doctors, nurses and pharmacists to equip them with the attitudes, knowledge and skills to implement concordance in their professional practice
Communication	Communicating with and supporting patients and the public with medicine taking, and helping them to develop a better understanding and awareness of their medicines
Policy	Working with policymakers and related groups such as the National Institute for Clinical Excellence (NICE) to ensure that patient partnership and concordance are embedded in the design and delivery of key policy initiatives
Research and development	Drawing on the existing research evidence base to support concordance, developing approaches to measure and audit results of concordance projects, and commissioning selected new research
Pilots and model practice	Demonstrating the potential for putting concordance into practice to deliver measurable benefits within the NHS

Progress was made against all five objectives.

Professional development

The Task Force was committed from its inception to delivering 90 **concordance leaders** or **champions** across the three prescribing professions, following a model previously used successfully in GP education.



During 2002, the Task Force:

- Recruited a strong multidisciplinary team of 20 **concordance tutors** to provide the training to the concordance champions.
- Recruited 73 **concordance champions** (12 from medicine, 21 from nursing, 29 from pharmacy and 11 patient representatives), by targeting individuals already in professional development or education roles.
- Developed and planned two one-day workshops for these champions (now called **concordance facilitators**), led by the concordance tutors, to be held in 2003. The workshops were planned to include role-play and videoed patient consultations, together with other innovative elements such as the equal involvement of patient representatives as teachers and learners alongside health professionals from several disciplines.
- Began to assemble a portfolio of **concordance teaching materials** for the use of concordance champions, and made this available via the website.
- Planned a theme issue of the *British Medical Journal* entitled **People taking medicines** which will be published in October 2003 with Professor Marshall Marinker and Joanne Shaw as guest editors.
- Developed an active programme of **outreach and networking** with professional stakeholder groups and opinion leaders in the NHS and beyond.

Extending interest throughout the healthcare professions

Interest in the concordance facilitator roles has notably not been uniform across the professions. Experience to date has indicated that, while pharmacists and, to a lesser extent, nurses appear to have a relatively well developed interest in and awareness of concordance, this is not replicated across the medical profession.

During 2003 it will be critically important for the Task Force to develop a better understanding of the pressures and development agendas within each profession, if concordance is to be successfully grafted on to existing structures and processes beyond the end of the Task Force, without the benefit of a centrally supported team.

Communication

To prepare the patient side of the concordance relationship, we need to establish genuine partnership between patients and health professionals. This requires a major, sustained effort at communicating with the public, who must be invited and supported to find out more about their own medicines, and encouraged to express to health professionals their beliefs, attitudes and preferences about medicines.

Furthermore, good information about medicines is a key building block for concordance. It is impossible to imagine genuine partnership between health professionals and patients in relation to decisions about medicines as long as access to high quality information about those medicines is available to patients only through the medium of a health professional.

Medicines information for the public is a highly contentious issue. The form and content of publicly available information about prescription medicines is tightly regulated at a European level. Attempts to liberalise information about medicines are hampered by fears of a slippery slope towards unfettered direct-to-consumer advertising.

At the same time, the one area of unanimous agreement is that the current statutory Patient Information Leaflet is unsatisfactory. The result is a paradoxical situation in which technologically literate consumers can find unregulated medicines information from anywhere on the globe through the internet, while the rest rely on a Patient Information Leaflet which is generally regarded as unhelpful and inadequate.

Recognising this, during 2002, the Task Force:

- Developed a coalition to plan the implementation of **Ask About Medicines Week (AAMW)**, a major publicity campaign to be held in October 2003. Other members of the coalition include the Doctor Patient Partnership of the BMA and PECMI (Promoting Excellence in Consumer Medicines Information).
- Planned a national **medicines survey** to take place before AAMW, to establish patients' current attitudes towards medicines and their involvement in prescribing discussions.
- Began to assemble a group of key stakeholders to take forward a practical solution to the provision of accessible **medicines information** to the public.

Policy

Active work with policymakers during 2002 confirmed that, on the whole, concordance has yet to make an impact on other aspects of health policy. Individual policy strands have not yet recognised medicine taking as a significant issue; so policymakers have not begun to consider how to achieve partnership in prescribing decisions for specific conditions or patient groups.

The role of the Task Force on Medicines Partnership has been

- to work with the Department of Health (DoH) and other organisations to raise awareness of issues about medicine taking
- to ensure that concordance is embedded within the development and delivery of key policy initiatives.

The logic for considering concordance within National Service Frameworks (NSFs) and NICE guidelines is that implementation of new treatment standards and guidelines is unlikely to deliver the expected benefits unless compliance issues are tackled at the core of these standards and guidelines.

During 2002, the Task Force:

- Made contact with most **policy streams** where concordance is relevant. These include the NSFs, NICE and the extension of prescribing responsibilities.
- Contributed to the **Management of Medicines Group** attached to the Renal NSF. The group was responsible for identifying the key medicines issues for renal treatment and submitted a paper to the NSF External Reference Group in summer 2002.
- Contributed to the DoH **Chief Medical Officer's Epilepsy Action Plan** in response to the National Clinical Audit of Epilepsy-related Death (SUDEP audit). For more information, see www.doh.gov.uk/cmo/epilepsy/intro.htm
- Identified a need for guidance to assist practitioners in defining and implementing the Medication Review milestones within the NSF for Older People, and produced ***Room for review: a guide to medication review*** in collaboration with the Medicines Management Services (MMS) programme. The Health Minister, David Lammy, launched the guide in November 2002. Approximately 3500 copies were sent to primary care trusts (PCTs), local pharmaceutical committees (LPCs), local medical committees (LMCs), hospital chief pharmacists, patient organisations and other relevant national bodies. Around 4000 copies were sold to industry and 5000 sold at cost to NHS bodies. A much greater number of the shorter Executive Briefing was distributed to practitioners (pharmacists, primary care nurses and GPs) via the trade press. Both of these documents were made available free via the website, which included a range of tools for practitioners to download and use locally with patients, as well as a number of additional case studies and tools developed by practitioners around the country.

To date more than 1200 copies of the guide have been downloaded free from the website and more than 400 people have registered for updates when new tools and materials are posted to the site (out of over 4000 visits to the Medication Review pages). Feedback on the guide and toolkit has been overwhelmingly positive. The evidence is that they have met a genuine need already felt within the service, rather than being perceived as yet another demand imposed on over-stretched front-line staff.

The framework developed within the guide is being widely adopted within PCTs, as is the suggested system for recording reviews. More systematic and comprehensive feedback about how the guide is being used and its impact for patients will be obtained through a survey of PCTs in 2003, to be carried out by the National Prescribing Centre.

Research and development

The origin of concordance is as a research-led concept. The idea of concordance emerged through critical examination, with the help of social scientists, of the literature on the scale and consequences of non-compliance, its causes and solutions. The evidence base on non-compliance is huge; but its quality is mixed and no one has yet come up with a reliable and predictive framework to explain non-compliance. The evidence base on interventions that improve compliance is also disappointing. The number of trials that met the criteria for inclusion in the Cochrane review is small when set against interest in this subject over the years, and the results on their own give a mixed picture.

Funding research is not part of the remit of the current Task Force, so it has drawn on the existing evidence base to identify strategies for putting concordance into practice, and to develop approaches to measure and audit results of concordance interventions.



During 2002, the Task Force:

- Commissioned a **review of compliance research** from the University of London School of Pharmacy, covering 11 specific conditions and two patient groups.
- Commissioned an **evaluation toolkit** to enable practitioners implementing practical concordance projects to audit and evaluate their results.

Pilots and model practice

One of the most demanding requirements set for the Task Force over its two-year programme was to demonstrate the potential for putting concordance into practice to deliver measurable benefits within the NHS, without having a very clear idea of what concordance looks like in the real world.

Given the relatively modest budget, it was obvious from the outset that the Task Force was not in a position to fund pilot projects on any significant scale. It was equally clear that, in the absence of a well-defined blueprint of how concordance should operate in practice, a relatively open approach was needed. The aim has therefore been to encourage experimentation and distil learning from a variety of different approaches, with a view to discovering what works and making some definitive recommendations by the end of the two-year period. This dictated a three-strand approach to promoting the practical implementation of concordance:

- identifying and supporting existing concordance projects, in as wide a variety of settings and sectors as possible
- facilitating a small number of selected new projects in high priority areas where existing activity was limited and where the potential for generalisable learning was perceived to be highest
- disseminating results and sharing learning within and beyond the concordance community

During 2002, the Task Force:

- Published clear **criteria** for the selection of Medicines Partnership projects.
- Issued a formal **Call for projects**.
- Engaged in an active **networking programme**, which included a range of articles in the professional and industry press, conference presentations, small meetings and seminars, and visits to individual companies and PCTs who were already active or interested in concordance.
- Evaluated approximately 30 **project applications** received, and began working with a small number for further development.

Identifying projects with potential

The project applications received showed how widespread is the misunderstanding attached to the term concordance, which is still commonly used as a substitute for compliance or its softer alternative, adherence. In this sense it appears to have taken on the function of the word compliance, while at the same time implying that the speaker/writer is familiar with the new terminology, and recognises that blaming the patient for not taking the medicine is no longer appropriate.

This interpretation has resulted in the Task Force receiving a large number of submissions for potential projects aimed at helping people take their medicines as the doctor intended, whether through persuasion, patient education or the use of compliance aids.

Many other project submissions were received that would be classed as pure research, particularly into the causes of non-compliance, rather than seeking to demonstrate the results of a specific intervention.

The pharmaceutical industry has been a source of innovation in supporting people taking medicines, as well as in developing the medicines themselves. A number of companies have developed and implemented initiatives designed to support patients taking specific medicines, for obvious commercial reasons. The results from some of these programmes in terms of compliance and patient satisfaction look very promising.

A project manager was appointed at the end of 2002 to identify and facilitate a portfolio of projects.

4

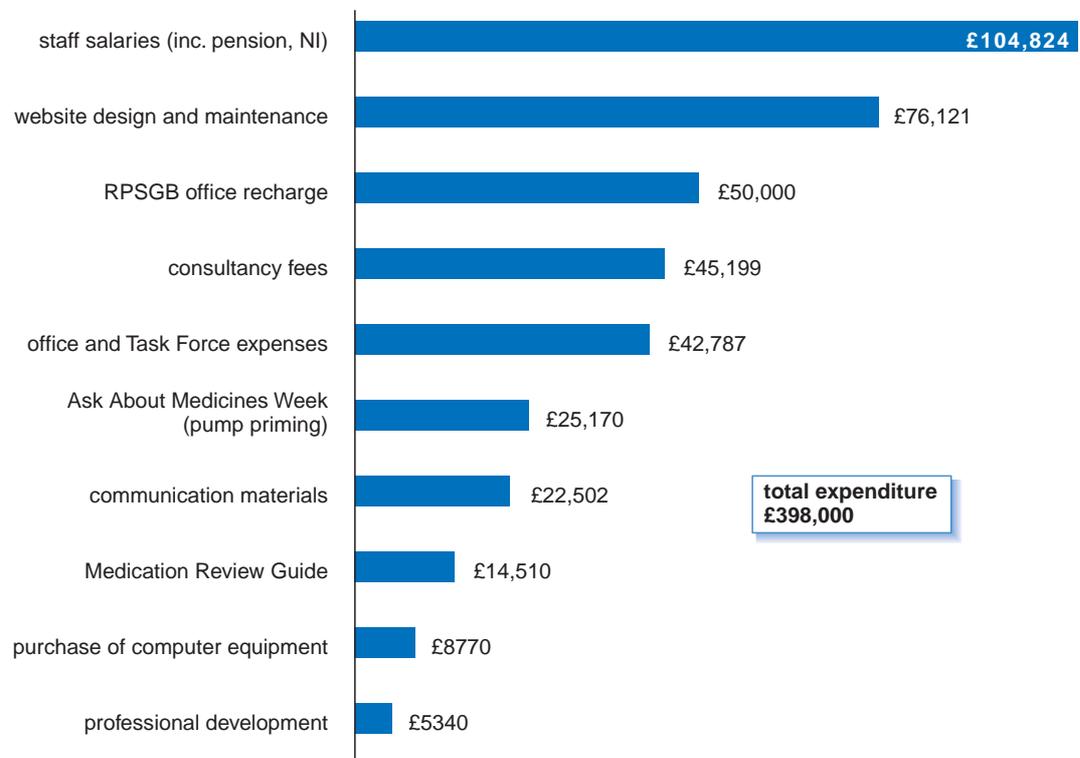
Performance against budget

During its first twelve months the Task Force spent approximately £400,000 — just over 30% of its total two-year budget. This spending profile reflects the fact that, as a brand new organisation, activity levels have developed from a zero base. Month-on-month spending has gradually increased as momentum has built up.

Medicines Partnership has leveraged its own resources through working in partnership with others on key projects, such as the Medication Review Guide, developed as a joint project with the national collaborative Medicines Management Programme.

The Task Force has also attracted some partnership funding from other NHS bodies and industry, as well as benefiting from a variety of support in kind.

Breakdown of expenditure for 2002



Income and expenditure summary for 2002



5

Plans for year 2 of the programme

The Task Force has made good progress towards its objectives in 2002, and has laid important groundwork to enable it to make further gains in 2003.

In 2003 the Task Force will:

- Hold two major workshops for concordance facilitators and support them in piloting concordance training in their respective disciplines.
- Take a leading role in Ask About Medicines Week.
- Facilitate a significant step forward in medicines information for patients and the public, in partnership with patient groups, NHS Direct, the Medicines Healthcare products Regulatory Agency (MHRA) and the pharmaceutical industry.
- Work with patient organisations to involve patients as partners in medication review, and produce a patient guide to medication review.
- Lead a major consumer survey on attitudes to medicines and participation in treatment decisions.
- Contribute to delivering the Department of Health Action Plan in response to the National Clinical Audit of Epilepsy-related Death, including the development of specific teaching materials for health professionals in epilepsy in collaboration with the Database of Individual Patient Experience (DIPEX; for more information, see www.dipex.org).
- Publish the review of compliance data commissioned in 2002, with contributions from patients and patient groups.
- Build a model to show the extent and costs of non-compliance with statins across the NHS, as a case example to stimulate action and illustrate the potential value of successful interventions to improve compliance.
- Initiate discussions with funding organisations to define the future agenda for research in concordance.
- Take an active role in the Department of Health's Medicines Management Group to identify and produce guidance on the effective use of medicines across the Renal, Diabetes and Long-term Conditions NSFs.
- Work with The National Patient Safety Agency, NICE and the Commission for Public and Patient Involvement to support their work as it relates to patient involvement in decisions about medicines.
- Develop a portfolio of Medicines Partnership projects, drawing on existing concordance work — including projects which have been completed and evaluated, as well as ongoing ones.
- Develop proposals for significant projects in Parkinson's Disease and statins, to be facilitated by Medicines Partnership.

Medicines Partnership Task Force members, June 2003

* indicates a member of the Executive Group.

Dr Jim Smith (Chair)*	Chief Pharmaceutical Officer	Department of Health
Prof Marshall Marinker (Chair)*		Medicines Partnership Task Force
Mrs Mary Baker	President	European Federation of Neurological Associations
Mr Peter Bennett	Consultant Physician	Bath NHS Trust
Prof Alison Blenkinsopp*	Professor of the Practice of Pharmacy	Keele University
Prof Nicky Britten	Professor of Applied Healthcare Research	Peninsula University
Mr Peter Cardy	Chief Executive	MacMillan Cancer Relief
Mr Harry Cayton	Patient Experience & Public Involvement	Department of Health
Ms Rosemary Cook	Principal Nursing Officer	Department of Health
Ms Angela Coulter	Chief Executive	Picker Institute Europe
Mr Marshall Davies	Council Member	Royal Pharmaceutical Society of Great Britain (RPSGB)
Ms Gill Dorer	Director of Services	Arthritis Care
Dr Simon Fradd	Chairman	Doctor Patient Partnership
Mr Hooman Ghalamkari	Pharmacist	DG Pharmacy
Mr Phil Green*	Director of Professional Development	Royal Pharmaceutical Society
Mr Sunjai Gupta	Expert Patient Programme	Department of Health
Ms Mercy Jeyasingham	Non-Executive Director	NICE
Prof David Haslam	Chairman of Council	Royal College of General Practitioners (RCGP)
Mr Mark Jones	Director	Community Practitioners and Health Visitors' Association (CPHVA)

Mr Jim Kennedy	GP and Consultant	The Core Resource
Mr Keith Krzywicki	President, UK	Pharmacia Ltd
Mr Vincent Lawton	Managing Director	Merck Sharp & Dohme Ltd
Mr Chris Manning		PrimeHealth
Mr Andy Murdock	Pharmacy Director	Lloyds Pharmacy
Ms Geraldine Mynors*	Project Manager	Medicines Partnership
Mr Simon O'Neill	Head of Care Development	Diabetes UK
Mr David Pink	Chief Executive	Long Term Medical Conditions Alliance (LMCA)
Mr Richard Seal	Medicines Management Action Team	National Prescribing Centre
Ms Olivia Timbs	Editor	<i>The Pharmaceutical Journal</i>
Ms Joanne Shaw*	Director	Medicines Partnership
Mr Rob Swallow	Senior Pharmacist	Mid Yorkshire NHS Trust
Ms Jo Tsoneva*	Professional Development Manager	Medicines Partnership

Observers

Ms Carwen Wynne-Howells	Chief Pharmaceutical Officer	National Assembly for Wales
Mr Bill Scott	Chief Pharmacist	The Scottish Executive Health Department
Mr Joe Brogan	Senior Principal Pharmaceutical Officer	Department of Health & Public Safety Northern Ireland

Hits on the Medicines Partnership website

B

The diagram shows the number of hits per month during 2002.

