

Medication reviews - the views of patients

A report to the Medicines Partnership

by

Ros Levenson

July 2002

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1. About the project

The Medicines Partnership programme is a 2-year initiative funded by the Department of Health to help improve the use of medicines in the NHS and to help patients achieve maximum benefit from their medication. This is a very important issue for all age groups, and for older people in particular, since as people get older, their use of medicines tends to increase. As part of its work, the Medicines Partnership commissioned a small piece of work to look at the views of some older people and their carers about medication reviews. It was also decided that it would be appropriate to seek the views of some younger people with long-term medical conditions as part of this project. The views of those who took part in the project are summarised in this report, which is intended to inform a guide that is being prepared on medication reviews by the Medicines Partnership.

The recent context to developing medication reviews for older people is the National Service Framework (NSF) for Older People was published in May 2001. The NSF sets a number of important standards for NHS services for older people and the use of medicines is important to each of the NSF standards. One of the standards in the NSF is specifically about "medication review". This states:

All people over 75 years should normally have their medicines reviewed at least annually and those taking four or more medicines should have a review 6 monthly.

2. Methodology

The Medicines Partnership commissioned an independent researcher, to hold some discussion groups with older people and their carers. The participants for these groups were recruited in two ways:

1. With the co-operation of Age Concern London and local Age Concern groups
2. With the co-operation of two pharmacies (one independent pharmacy and one pharmacy that was part of a chain of pharmacies in a large retail store)

It was decided that this dual approach would offer the best chance of setting up diverse groups within a short period, but without running the risk of involving only those older people who were active on committees and in campaigns. Additional attempts to set up groups through personal contacts of the researcher and the Director of the Medicines Partnership were unsuccessful within the period available to the project. However, the approaches outlined above proved fruitful.

Although it was decided not to collect systematic information about the participants, it was evident that the groups included a range of women and men from diverse backgrounds in terms of socio-economic status and degree of involvement in

community activities. No data on ethnic origin was collected, but two of the groups clearly included people from minority ethnic communities.

A schedule of questions (see Appendix 1) was devised in order to structure the group discussion, and the key issues that were to be discussed were summarised in information leaflets in advance of the groups. These questions were helpful in focusing the groups on issues relating to medication reviews, but in the nature of such groups, it was not always possible to address all the questions explicitly with all the groups.

3. About the groups

Within the time period available for the project, five groups took place, as follows:

1. 30 May 2002 users of a Stroke Club, Victoria, London.
2. 12 June 2002 users of an independent pharmacy, Eastcote, Middlesex
3. 17 June 2002 Age Concern group, meeting in a sheltered housing development in Chingford, Waltham Forest.
4. 11 July 2002 users of a pharmacy based in a retail store
5. 16 July 2002 Age Concern Richmond group, meeting in an Age Concern Day Centre

The numbers, ages (if known) and gender of participants is as follows:

Group	Women	Men
Stroke Club, Victoria 7 people	3 (including 1 carer, who also had long-term medical conditions) Ages not recorded - all probably aged 60+	4 (including 1 carer, who also had long-term medical conditions) Ages not recorded - all 60+, except for the carer who was slightly younger
Users of independent pharmacy, Eastcote, Middlesex 5 people	2 Did not give ages - both probably in 65-75 age group	3 Aged 68, 80 and 86
Age Concern group, Chingford 6 people	6 Aged "over 70", 77, 77, 79, 89, 97	0
Users of pharmacy based in retail store 16 people	9 1 did not give her age - the others were 57, 64, 68, 70, 76, 79, 80, 83	7 2 did not give ages - the others were 67, 77, 81, 82, 84
Age Concern Richmond 7 people	6 Aged 66, 70, 74, 77, 82, 87	1 Aged 67
Total: 41 people	Total: 26 women	Total: 15 men

Medical conditions

In each group, participants suffered from a range of long-term medical conditions. All those involved (including those who were carers) took long-term medications, and a number of people regularly used more than 4 medications. The conditions suffered by those who attended the groups (using their own words) included:

- Aneurysm
- Angina
- Asthma
- Cancer
- Colitis
- Deep vein thrombosis
- Depression
- Diabetes
- Diverticulitis
- Ear problems/problem with balance/hearing loss/bleeding
- Eye problems (no tears)
- Glaucoma
- Hearing problems
- Heart disease/raised cholesterol/heart attack
- Hypertension
- Indigestion
- Insomnia
- Irregular heartbeat
- Irritable bowel syndrome
- Leg ulcers
- Migraine
- Osteoarthritis
- Rheumatoid arthritis
- Stroke
- Thyroid deficiency
- Varicose veins

A wide range of prescribed medication was used for these conditions. Several people also purchased over the counter remedies e.g. pain killers, indigestion remedies etc. There was a low level of reported use of alternative or complementary treatments, but some people took vitamin supplements, one took cod liver oil, at least two took glucosamine and one took echinacea. One person had used a homeopathic remedy (for flaky toenails).

Compliance with medication

Most people claimed to comply with advice and instructions given in taking prescribed medicines. However, one or two comments belied these statements. For example, one man stated:

I was getting so many side effects - bruising, urinating blood - but he [GP] said I must take the tablets. I took the bull by the horns and stopped taking

them - and I felt better. The nurse did blood tests after that and they were all OK. The only thing was she suggested I went back on the ones for cholesterol.

The same man also made the following comments about his wife's situation:

The wife was getting lots of diarrhoea, night and day, several times a day and all over the carpet. I knew it was the tablets but the GP said she must take them. I took her off the tablets.

Another man said that he had read the information leaflet which said that two pills should be taken whereas he had been prescribed three. He altered the dose accordingly before checking with the doctor.

One woman who had had a stroke stated;

Mostly I take them, but sometimes they don't suit me so I stop. For instance if they give me headache or stomach ache. If I ring up [the doctor] I can't get an appointment for 2 weeks, so they go in the dustbin. One pill made me go crazy. I was supposed to take them 3 times a day. I stopped them.

One man said of his partner:

He will test [the medication]. If he doesn't like it, after one day, he'll stop.

At the independent pharmacy, the pharmacist was in the room for part of the discussion. All participants initially said that they always took medicines as prescribed. It is likely that this assertion was partly influenced and possibly overstated by the presence of the pharmacist, as some discussion later indicated that the assertion was not wholly borne out in practice. However, it also seemed that this group were able to ask the pharmacist questions and get very helpful answers, which may have boosted compliance (albeit to less than 100%).

In one group everyone varied their use of medications and deviated from the advice given. Most commonly, they felt over-medicated, and reduced the dosage of prescribed drugs, often without discussion with a health professional.

Finally, some people felt that a good medication review might encourage more honesty from the patient to the doctor about how they used their medicines.

4. Prior knowledge and experience of medication reviews

Very few people knew anything about medication reviews, or indeed about the NSF for older people. In one group (at the independent pharmacy) no-one had heard anything about a requirement for medication reviews, and participants wondered whether any publicity had been disseminated to the public on this issue. However, that group assumed that the doctors were aware of what the patients were taking, and did not immediately see the potential of medication reviews as an opportunity for interaction:

They [doctors] don't ask. They know what you are having. On the prescription, it has got a year date.

It was also clear that people who attended the independent pharmacy often asked and got good answers to their medication queries from the pharmacist. It is possible that this decreased their medication-related needs/expectations in relation to their own GPs as the pharmacist was able to put their minds at rest.

In another of the groups, none of the people had heard of or experienced anything that resembled a medication review. However, one woman had had experience of her doctor deciding to stop her medication. She had a stroke soon afterwards, which she attributed to this decision, and this had made her very suspicious of any attempts to review long-term medication. Generally other people in that group had not been asked about the medications. This applied when they visited the GP when they were ill, and it applied equally when they visited the GP (as some did) for an annual check up. The annual visits concentrated on BP checks, rather than on medication.

One person said:

I haven't seen my doctor for a long time - for years. The doctors have changed.

Another said

I have taken my medicines for 25 years. I asked the doctor about them. He didn't ask me.

In other groups, those who thought they had heard something about medication reviews had only the haziest view of what they might entail. However, a minority of people had had *de facto* reviews of their medication in the past year, either from their GP or in the course of a hospital visit. A very few people said that they had not had a review of their medication, but then went on to describe activities that suggested that in fact they had at least some opportunities to review their medication with a GP or nurse. One person had been asked to take in their medications by a urologist and another had been similarly asked by a physiotherapist. However, the lack of formal designation of these opportunities as a medication review may have limited the opportunities that people perceived to raise issues with healthcare professionals.

One man had had a discussion about a specific medication, but not in the context of discussing all his medications.

Two women who had regular reviews saw this as a demonstration of the excellent care they received from their GPs. Another woman had only had a review in her new practice and she did not feel that her former GP would have offered it.

One woman said:

In our practice, you cannot get a prescription unless you have had a review.

One man saw it as his own responsibility to ensure that his medications were kept under review. Indeed, he and his daughter (a health authority employee) kept their own records of his medication. He added:

I review it. I drive[the pharmacist] mad.

In one of the groups, most people felt that they were sometimes or rarely asked how they were getting on with their medications, but this did not happen often or regularly. The exception to this was that a woman who attended hospital for rheumatoid arthritis every three months and was always asked by her specialist about her medications; indeed, this formed a major part of the consultation.

At another group, another woman also commented favourably on a hospital-based review:

I see my specialist twice a year - we review my medications and I value it. It is a two way process - he knows me and knows my history. He checks with me. It is a friendly exchange. It's for me to say how I am feeling: is the medication working? Is it less effective then it was? Is this a side effect that I am getting? I can also ask about new drugs.

One woman recalled being interviewed in the surgery about Losec by a researcher (whom she thought was possibly from a commercial company). She recognised that this was not part of her doctor's normal practice.

In one of the groups, three women had had reviews of their medication, one at a local hospital and two by their GPs. Where the GP had been involved, this had been part of a consultation for a specific health problem. The woman who was reviewed at hospital was very satisfied. The two who were reviewed by the GP were satisfied, but one woman still had unanswered questions. This woman had been seeing her doctor about an irregular heartbeat and hypertension. She had been taking aspirin and the doctor had recently suggested that she should take Warfarin. She had remaining questions about this advice.

A man had sought advice about his medication:

I was taking 3 propranolols a day and I mentioned that I kept falling asleep. My doctor said to me "That's how you know they are working - they are meant to slow you down". I stopped taking one of them!

In addition, several people had sought advice from the pharmacist about their medications. One had asked why she had to take so many pills:

I do wonder why I have to do this. I did talk to the chap at the chemist and he said the point is that every tablet has a specific job to do and he said if you have been advised to take them, it's best to take them. I'm not having any ill effects, but I wonder, are they affecting the things I don't see - my kidneys, my liver, other things inside?

Occasionally, less positive experiences were related (not necessarily from the recent past):

I went to the doctor 3 or 4 years ago after my heart attack. He said: Are you in pain? I said no. He said: Are you breathless? I said no. So he said, what do you want to change your tablets for? But he could have put me on an ECG machine to check it out.

One woman related that her husband had been taking a pill "that was taken off the market" and if another doctor had not checked "it would have killed him".

Taking medicines in for a review

Even when people in the various groups had been asked about medications, it was very rare to be asked to take medications in with them. There was a general assumption that the doctor would know what they were taking. The exception to this assumption was when medicines were changed after a period in hospital, when it was sometimes feared that the GP was not aware of changes to medication.

In one group, no-one considered that the products that they bought over the counter at the chemist were "medicines". Thus, it would never occur to them to include them if they were asked to take in all their medications as part of a medication review.

In another group, an 86 year old man said:

I see my heart consultant and I don't know if he knows what I am on. I take in a list.

He went on to say:

The GP refers you to the consultant, then you lose sight of the GP. I don't know what the GP knows. I have to ask him what he has been told.

5. Getting the best out of medication reviews

What people thought about the idea of having a medication review

Despite the lack of personal experience of medication reviews, most people were very interested in the idea of such reviews and were, in most instances, keen to have the opportunity to experience one. However, two factors - ageism and lack of time - were mentioned as likely limitations on the usefulness of such reviews. A few people were concerned that if doctors did have time, it would be at the expense of some other activity and patients might have to wait even longer for appointments.

It could be pointless. They don't listen anyway.

My doctor says 'You've got to get on with it'. Once you're old, they don't care.

In addition, a small minority of people were anxious that a review might have an outcome that they would regard as undesirable. In particular, a few people feared that a review might result in the cessation of a medication that they felt was necessary. One woman spoke of a male friend, who had taken Prozac for several years and who

did not wish to have any reviews of his medication in case it was decided to stop prescribing it. Another woman stated:

If they suggested coming of a pill - diazepam or HRT - it would be difficult to come off.

A few people were unenthusiastic about having their medication reviewed as they felt that they were doing well without one. One said:

I am quite content. I feel all right, so I must be all right. I'd only go if I felt something was not right.

In one group, a few people agreed that they were a bit worried about "looking for trouble" and one man said:

I say, if there is nothing wrong, don't mend it.

These comments expressing reservations represent minority opinion. Most people could see possible benefits from regular reviews. Indeed, in the course of discussion some people who were lukewarm about the idea initially began to think of things that they would like to discuss at a medication review. From the tone of the discussions it is likely that the enthusiasm of some people is limited by their lack of personal experience of a healthcare professional being proactive in looking after their health. That said, some people do not wish to engage with reviews and they prefer to see their doctors only when they are obviously ill, and they may well retain that opinion.

6. Issues that could be raised at a medication review

A range of issues and questions were identified that people wished to discuss at medication review. These are listed below, and discussed.

- General review of health and illnesses
- Better understanding of medication
- Side effects and long-term effects of medications
- Benefits and risks/Is medication necessary?
- Quality of life issues
- Reviewing dosage
- Generic prescribing
- New developments in medication
- Building trust
- Concerns about packaging

General review of health and illnesses

For some people, a medication review would be an opportunity to discuss at greater length and in more depth than is usually possible various questions about health and illness. Some people said that they would wish to ask for information on their medical conditions, including simple questions like "what's wrong with me?" They also wanted to know about the prognosis and what to expect on a day to day basis. One person wanted to know:

Will my pain go?

Two other comments were:

I'd want them to be honest about what's wrong, so I could learn to live with it.

I want to know what's wrong with me. The doctor keeps secrets.

Other people simply wished to tell the doctor how they felt and see if they were taking the best medicines for their problems.

Some of the older people in the groups had apparently had poor experiences of primary care. They felt that they were not listened to and had not received appropriate help with their conditions. Therefore, if they had a medication review, they would want to use it as an opportunity to see if they were being treated properly. One said her priority would be to ask:

What can you get to help you with your suffering?

One woman said:

I want them to see to my ear properly. Three years and it is still bleeding.

Another woman said:

They give us the cheapest medicines that can't help you. You can be taking 15-20 pills for nothing.

Some people wanted to review their diagnosis and to check if they really had angina or some other condition. Specifically, one person said that she had been told she had angina, but as she had never had to use the spray that she had been given, she wondered if she really had it. Another wondered if the lack of symptoms from her conditions was due to the medication keeping symptoms at bay, or due to the fact that she did not have the conditions in the first place!

A woman with rheumatoid arthritis also sometimes felt that she wished she did not need medication, but reflected:

I wish I didn't have to take drugs, but really I know that without them, couldn't get out of bed.

Better understanding of medications

Quite a few people took multiple medications, but were not completely clear what medication was for what purpose. Two people were aware in general terms that pills were "for the heart", but wanted to know more precisely what specific pills were supposed to achieve. One person summarised the issue as follows:

You get a lot of tablets, but no-one tells you what's what.

Another person asked:

What is my medication really doing to me?

Another person said:

When I had my second stroke, they thought I should have Warfarin, but then they said no as I drop things and in case I cut myself I couldn't get to see a doctor in time. I'd want to know the reasons.

Some people wanted to know more about how the medication worked, for example, when a medication might start to work (i.e. how long after beginning to take it). They also wanted to discuss how and when to take medications for maximum effectiveness. Some wanted to discuss when to take medications (i.e. in relation to food/ time of day.) One person had had a chance conversation with a doctor acquaintance about the apparent efficacy of taking cholesterol-lowering pills at night, but he had never been advised of this by his own doctor.

One person would have welcomed an opportunity to discuss what medications were available for the prevention of ill-health. She saw this as a much broader discussion than simply reviewing the medications that were currently prescribed for a patient.

Side effects and long-term effects of medication

These issues were the most commonly mentioned in all the groups and each of the groups gave priority to these issues. In one group, a clear distinction was drawn between side effects that were evident in the short term, and longer term effects that might only be relevant after a period of time. Some people wanted to know more about whether pills could "build up in the system".

People also wished to ask if their symptoms could be due to their medication, rather than to the underlying condition.

There was a high level of awareness of side effects. This awareness was often derived from patient information leaflets that were included in the packs of medication. Many people were quite worried by the side effects listed in information leaflets, but still wanted to have that information available. Not everyone wished to read them or to know of all potential side effects, Some people were alarmed by the information leaflets, and chose not to read them or disregarded them. One person remarked:

If I read it,[information leaflet] I'd never take anything. I don't take any notice of it

One person believed that if a single person reported a side effect, the manufacturers were obliged to report it and that accounted for why there were so many listed. Opinion was divided on whether it would be helpful for information leaflets to indicate "the odds" of a particular side effect affecting an individual. One group liked this idea, while another dismissed it as unhelpful.

Even for those who read the leaflets avidly, questions remained that might be best answered at a medication review. One man specifically wished to ask if his symptoms

of cramp were attributable to his pills. He was aware that this was possible, but he did not know if the cramps were due to the medication in his case.

Opinion varied on how much patients should be concerned about side effects, and this seemed largely to reflect personal experience. Another woman believed that medicines prescribed for "a nervous breakdown" had made her feel suicidal. Another person believed that too much was made of side effects. She opined:

I was reluctant to take steroids. But I haven't had side effects. Too much is made of side effects.

There was a particular concern to know more about long-term effects of being on medication.

Benefits and risks

In relation to the above, a number of people wanted to have an opportunity to discuss and weigh up the benefits and risks of taking particular medications. Some people frankly acknowledged that their perspective on this changed over time, particularly as they recovered from serious illness, or as symptoms diminished. In particular, one man who had suffered a heart attack a year ago said that when he left hospital, he was happy to take whatever he was given, but as time passes, he thinks:

Am I just taking it because it's on the prescription. I never used to have to take tablets, now I do. Do I really need ALL these tablets?

Another person said:

I now refuse any new tablets as I don't know if it agrees with what I am taking. I might go for homeopathic [remedies]. I'd discuss it with my doctor.

In discussion, others confirmed that it was once they felt better or became used to having a condition that they thought of questions that had not occurred to them at first:

We'd like to ask all the things we couldn't ask when we were very ill.

Quality of life issues

The issue of quality of life is closely allied to an appraisal of risks and benefits. Some people wanted to discuss how medication affects the quality of life, both positively and negatively. One woman said:

I should make it clear that I might be willing to shorten my life if it improved my quality of life. Doctors should be honest. They should talk about what it would mean to me and how I live my life.... If you are in so much pain that you cannot move it may not be apparent to the doctor in his little kingdom.

For most (but not all) people, there was a feeling that doctors do not have adequate time for discussion of this nature.

Reviewing dosages

Some people were generally happy with the medication, but wanted an opportunity to discuss how much of a medication they were taking. One woman said that her hospital doctors sometimes suggested increasing the dosages, but she said no and her doctors agreed with her decision.

There were two distinct aspects on dosage that were raised. First, some wanted to know whether they were being prescribed too many medications or too high a dose of particular medications. Second, some wanted to know whether the prescribed dose was appropriate for their particular individual circumstances.

Generic prescribing

Although generic prescribing is far from new, there is still considerable suspicion about whether generics are really as effective as previously prescribed medicines. Some people reported that they had not felt as well on tablets that they had been assured were the same as the generics.

One woman was suspicious that several of her medicines had been changed without her knowledge. As part of generic prescribing:

Has the doctor changed the aspirin as well? I dissolve them in orange juice and they always sank to the bottom. But this lot, they float to the top. I told him and he just said "Oh" as if to say: there's no flies on you!

There were also reported confusions about changes of names of medications and changes in the appearance of the packaging. Some people, who were not opposed to generics in principle, simply found it confusing and would like opportunities to seek clarification on the names of drugs and what is equivalent to what. There was confusion when the generic name was sometimes used and the brand name was sometimes used: were these the same drugs?

New developments in medication

For some, medication reviews seemed like an ideal opportunity to see whether any new developments had come onto the market that might help them. They were not necessarily unhappy with their medication, but wondered if more modern and effective preparations were now available. Some people wondered whether the information about the effectiveness of the medication was still up to date.

Building trust

In addition to very specific questions and issues, it can be inferred from much of the discussion that medication reviews would also serve as a tool for building trust and partnership between professionals and patients. It must be recognised that some people were quite suspicious about the motivation behind medication reviews, and doubted that any benefits might accrue. Thus, some people need reassurance and information about "postcode prescribing". They wish to ask if anything being withheld for financial reasons?

There was also a residual suspicion that medication reviews were not primarily for the benefit of patients, and may be a way of simply saving the NHS money. This may

point to the need for better information and explanation to the public about medication reviews if they are to be valued and taken seriously.

Similarly some issues, such as the reasons for changing patients' medications are both particular to the patient's clinical condition and also more general in nature. One person wanted to ask:

Why it was not permitted to continue with medicine that suited me?

The word "permitted" here may be worthy of exploration to see whether the patient was assuming that financial or political reasons might play a part. Medication reviews might be an opportunity to answer these questions and to explore the range of views that patients have formed to account for unexplained professional decisions.

Concerns about packaging and labelling

A number of people wished to discuss the packaging of medications. Some had a particular dislike of blister packs.

In order to supplement the labelling that was done at the pharmacy, one man said That he wrote "idiot notes" on the container e.g. "for forehead" or "for lowering cholesterol".

One person who had had a stroke wanted to be more involved in the decision on how the container was labelled, and wanted the pharmacist to write descriptive notes on the container in partnership with the patient e.g. "not a steroid". He also suggested that better labelling would remind people of what to take and how to take it. No-one referred to using information leaflets for this purpose.

7. Where medication reviews could take place

For the most part, people had no strong views on where medication reviews could take part. However, at one of the groups there was some merriment at the idea that the might be anywhere except the doctor's surgery if the doctor was involved, as there was a shared conviction that doctors hardly ever visit at home.

One group was concerned that GPs' perceived reluctance to do home visits might exclude some people from the chance to have their medications reviewed.

While venue was not a matter that people felt strongly about, there was some support for the opinion that a medication review needed to be face-to face as patients would be flustered by telephone communication about their medicines.

8. Who should be involved in a medication review

GPs, hospital doctors, pharmacists and to a lesser extent, nurses, were all suggested as possibilities. While some people had preferences, in general, the quality of the review and the attitude of the reviewer were seen as more important than professional background. Continuity of care and rapport with the health professional were also highly rated factors. Above all, people wanted someone who was knowledgeable and had time to talk and listen. A number of people agreed with the man who said:

If you go along and get satisfaction, that's OK.

Those who had excellent GPs tended to feel strongly that they would want the GP, or possibly his practice nurse, to conduct the medication review. Some people, including a woman who had a good experience with her "specialist" saw the hospital consultant as an obvious person to conduct a medication review. Interestingly, a retired hospital doctor in one of the groups pointed out that GPs had a far more useful generalist knowledge of a range of conditions and were better suited to conducting medication reviews. As one man observed:

It depends on the actual doctor. Some you can't talk to. We can talk to our GP and he is very good. He notices things. He saw a mark on my wife's arm and said "what's that?". She said, "It's a birthmark" and he said "I'd like to get it looked at" and it was skin cancer.

Although, for the most part, the GP was seen as the obvious person to be involved in a medication review, many people had low expectations of what their GP could offer. Comments included:

They ask you your date of birth and then they tell you you have to live with it.

My doctor is very good, but he just doesn't have time to tell you about these things [long-term effects of drugs]. He recommends them, but then he has a waiting room full of people.

When you're over 40, they say it's the menopause. That happens to my daughter. Then when you've lived long enough, they say it's your age.

Others added:

The doctor [would be best]. But my doctor is too busy.

They're waiting to get rid of you.

Several people expressed general unhappiness with the GP, complaining of long waits for appointments, doctors not arriving at the surgery on time and lack of time for consultations. Given those experiences, many were immensely doubtful that GPs could add medication reviews to their commitments. Some comments suggested that patients themselves limited the time they took, as they were aware of the needs of others:

I'm funny like that. If there's a waiting room of people, I feel guilty and I can't talk.

Pharmacists were seen as knowledgeable and there was some interest as to how pharmacists may be able to be involved in medication reviews. Although people were open to possibilities of pharmacist involvement, some queried how pharmacists would actually be informed and involved in the process and how they would liaise with GPs after the review. One group (in the independent pharmacy) held very high opinions

about the service offered by their pharmacist. They were used to asking for and receiving excellent advice and information from their pharmacist, and they viewed their particular pharmacist as a good person to talk about their medications. However, they were doubtful whether other pharmacists would be as helpful. One group suggested that perhaps pharmacists could do "extra exams" to help them be more involved with medication reviews. In one of the groups, a majority of people would be happy to discuss medications with a pharmacist, and this was equally so whether or not the pharmacist had a place for confidential discussion.

One person said:

The pharmacist would be good. But it depends on the pharmacist. Some just sell toothpaste, cosmetics... they don't have the same interest.

One person thought highly of her pharmacist as he would "lend" her medicines until she got to the doctor, if her prescription ran out!

While most people trusted their pharmacists, there was one dissenter, who stated

I say they [pharmacists] are in with the doctor. They don't go against each other.

In general, nurses were seen as less informed about medications and therefore less suitable to conduct reviews. However, if the GP did not have time, some people saw the practice nurse as a good alternative, as she was seen as having more time. On the whole, nurses were not thought to know enough to discuss details about medication, and experiences of practice nurses were usually restricted to blood pressure checks and flu immunisations. One person liked the idea of the "link nurse" (who visited over 75s) being involved in medication reviews.

9. Before and after medication reviews - what patients want

There was a range of opinion on this topic. Some people did not think that they could prepare in advance for a medication review, whereas a few thought that patients could play their part in making medication reviews useful. Several people felt that their memories were not as sharp as in their younger days and anything that helped them to remember what to ask was useful. One man said that he wrote himself a note of questions to ask when he saw the doctor. Some people also felt that patients could prepare by thinking what their side effects were and being prepared to ask questions and talk honestly with health professionals.

Information required before and after medication reviews

With regard to information required before a medication review very few comments were made. People did not explicitly require pre-review information. However, it can be inferred from other aspects of the discussion that an outline of what the review was focusing on and who would be involved as well as the amount of time scheduled for the review might all be helpful information.

With regard to whether written information was required after a medication review, there were mixed opinions and no consensus. A minority of people said that a written

record of the meeting would not be necessary from their point of view as it would not be necessary if there was adequate time for discussion and explanations at the review itself.

Some people liked to make their own notes at consultations in order to have a record of what was said. A number of people were much more in favour of having an official record of the review for their own use. Some people were aware that their memories sometimes let them down, and therefore attached some importance to having a written record. One woman observed:

When I see my specialist, he sends a letter to my GP and I get a copy, including what medications I am on. I've got something to hang on to. It jogs my memory.

The need for accurate information was made very plain by one man, who particularly wanted a written account of side effects that might affect him. He had read with interest an account of side effects of common drugs in the Daily Mirror, as a result of which he had discontinued several medications. However, he implicitly acknowledged that a personal discussion and written record of it would have been of more use.

One person commented that a record of a medication review should comprise a note of:

Everything that went on - questions and answers.

Others made specific suggestions of the kinds of information they would like to have recorded after a medication review. This included:

- What medications to take
- When to take them
- Confirmation of "what you are on"
- When to take medications (time of day, with meals etc.)
- What medication is for what condition

Several people agreed that they would like a contact number for queries about medications. One woman had used the local hospital pharmacy enquiry line. Another suggested NHS Direct, although no-one had apparently used it for medication queries. Some people found it helpful if patients can ring the doctor with queries or fax in requests for prescriptions.

10. How health professionals can help people to get the best out of medication reviews

There was an overwhelming level of agreement that the most important way in which health professionals can help people to get the best out of medication reviews is to have sufficient time to talk and listen properly. One woman stated that her doctor allocated a double appointment to review her medications and she was very pleased about this. Another said that her review does not last long, but as she sees the GP every three months, the doctor "more or less knows" what she is taking, so the

allocation of time was adequate. Others had much less positive experiences and typical comments included:

They need to have time. They are always rushed.

It's no good seeing them in surgery. They are looking at their watch as soon as you go in.

It was felt that as doctors are busy - "watching the clock" - it would help if medication reviews were held at a separate time from the ordinary surgeries, as baby clinics are. This would also help older people feel less guilty at taking time for their own needs.

If I go to the doctor because I am ill, I don't like to take time for something else.

One woman recounted how her husband had waited for a long time in the GP's waiting room with chest pain (he was having a heart attack). She did not like the idea of waiting with an urgent condition while the doctor might be conducting a long, routine review. This lent further support to setting aside a particular time for medication reviews.

In addition to having time, people disused the quality of listening that they would require. They wanted someone to listen carefully to their questions and to explain the consequences of taking (or not taking) medications. They also wanted explanations in non-technical language. One person wryly commented:

Doctors don't listen to patients. GPs think they are gods.

One person said that health professionals could help:

... if they responded to the questions I had - taking up MY issues. Everyone has different needs.

Finally, several people mentioned that health professionals could make medication reviews helpful by being honest.

11. Other issues

In the course of the group discussions, several issues were raised that were not wholly related to medication reviews, but are nevertheless interesting for the light they shed on patients' concerns about the NHS generally. These concerns are important as they may affect how people view and might make use of medication reviews.

Independence of health professionals

One or two comments indicated some mistrust about the level of independence of various health professionals. Some people thought that a professional hierarchy made it difficult for GPs to review medications that were prescribed by consultants:

If you're sent to hospital, once they suggest tablets, the GP is frightened to take you off them.

A more extreme statement was:

The doctors are in with the drug companies.

Access to primary care

Some concern was expressed about the length of time it can take to get a routine appointment with a GP. Several people said that there were particularly long waits if they wished to see a particular GP. One person said:

It can take as long as 2 weeks for a non-urgent appointment with a GP.

The length of time waiting for an appointment was thought to result in poor compliance with medications instructions, presumably as people varied their usage on their own initiative if professional help was not forthcoming when required.

There were also a few grumbles that GPs were only willing to discuss one problem per appointment. Where there were concerns about medications, which might range across symptoms of illness, side effects and other worries, this could be a constraint. There was also some concern about the length of time it took to obtain a repeat prescription.

Medication review in residential care

One woman was concerned that old people in residential care may not get medication reviews. Her own experience was that she had had to take the initiative when she had a (now deceased) elderly relative in a home.

Partnerships in the NHS

Some of the discussion indicated that if the NHS is going to encourage patients to be more active this must be followed through. In hospitals, nurses tend to take over. Partnership needs to go through the whole system.

Remembering to take medication

There was quite a lot of discussion on how people could remember to take medication. Some people liked to use commercially available containers with separate compartments for days of the week and time of day. Some found them confusing. A greater number had devised their own solutions, often decanting medications into their own containers. The more complex the regime, the more confusing it was. A woman who had to take Warfarin had to take 2 on one day, one on the next and had a blood test on the day after. Unsurprisingly, she found this somewhat confusing.

12. Conclusions

A number of key themes emerged from the group discussions. First, it is noteworthy that many individuals in the groups expressed delight at having the opportunity to be involved. Several people said how much they had enjoyed being part of the discussion groups and said that they felt their opinions had been taken seriously. One group sent a message via an Age Concern worker to express very positive sentiments after the group had taken place and they asked for feedback at the end of the project. In short, there was an enormous appetite to be involved in shaping the NHS in various ways

and specifically to develop partnerships between patients and professionals in relation to medications.

Second, in addition to the detailed points recounted in this report, the groups shed a lot of light on wider NHS issues. In particular, people had variable experiences of the NHS and of primary care in particular. Those who enjoyed good primary care could easily imagine their GP developing his or her role to include medication reviews. Indeed, several had already done so. More commonly, experience of primary care fell short of the ideal. The most common criticism of GPs was that they had insufficient time for their patients. Although people were very sympathetic and understanding of the pressures that prevailed in primary care, many remained doubtful that proposed improvements to the service would be implemented in practice. These doubts extended, in some cases, to medication reviews.

In addition to time constraints, the attitudes of professionals were thought to be variable. Professionals who answered questions honestly and listened to their patients' concerns were held in high esteem. Positive attitudes from professionals who treated patients as equal partners seemed conducive to a preparedness to assume that medication reviews would be positive experiences.

Related to this is a third issue, that of trust in the NHS and in health care professionals generally. Worries about generic prescribing and "post-code prescribing" left a minority of people feeling that medication reviews were not designed to be in the patients' interest. Clear explanations and personal reassurances may be necessary to enable patients to understand the purposes of medication reviews.

That said, the great majority of discussants relished the idea of regular medication reviews and there were many constructive suggestions made on what could be discussed at a medication review, who might be involved, and how they can be made to work best as a tool for partnership between active patients and professionals.

Appendix 1 - schedule of questions used at discussion groups

1. Introduction -what we are doing/who we are
2. Ask for brief information about the interviewees/group
3. Had you heard of medication reviews? (i.e. did you know that there should be regular reviews of the medicines you are taking?)
4. When you see your doctor generally, does he/she ask you how you are getting on with your medicines?(and do you always manage to take all of your medicines according to the doctor's instructions?)
5. Have you had your medications reviewed in the last year?
6. If so, how did it go, who was involved in the review?
7. Were you asked to take your medicines with you? (All medicines that you take, or just those prescribed for you by a doctor?)
8. If/when you have a review of your medications, what might you wish to discuss?
9. Who would you like to have these discussions with?
10. Where should the medication review take place?
11. How could you get the best out of a medication review?/Would you like any particular information in advance?
12. What would you want to be told by health professionals at a review of your medications?
13. What would you like to tell health professionals at a review of your medications?
14. Would you want any written record of the discussion about your medication?
15. How can health professionals help you to get the best out of a medication review?
- 16 Any other issues?