

# How insights into what matters to people can help us optimise medicines

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## Abstract

Medicines optimisation builds on the premise that the medicines a person takes should be tailored to their needs but the focus tends to be on the optimal clinical regime for the person rather than the medicines that will best enhance life and wellbeing. For instance, does a diuretic look like such a cost effective choice if taking it means an older person loses the confidence to go out because of fear of being 'caught short' and, as a result, becomes socially isolated and lonely?

The Experience Led Commissioning (ELC) Programme works with commissioners across the NHS to make sense of, and respond to, peoples' stories of care. Some of these are positive and teach us about the life transforming potential when medicines are right for the person but others tell us how the current approach is not yet working for them. The support provided by health professionals and psycho-social aspects are important. Insights from patients can be used to improve the medicines optimisation process.

**Keywords:** medicines, optimisation, well-being, psycho-social, insights

## Background

The NHS is moving towards an outcomes based approach to improvement. Policy underlines the importance of person centred care.

Medicines optimisation builds on the premise that the medicines the person takes should be tailored to their needs. The National Institute for Health and Care Excellence (NICE) has recently published guidance on the topic.<sup>1</sup> There is a significant body of research into peoples' experiences of taking medicines. Yet, when we talk about designing medicines optimisation, the focus tends to be on the optimal clinical regime for the person – rather than the medicines that will best enhance life and wellbeing. This may be a subtle difference, but it is a fundamental shift that requires clinicians to re-evaluate the value that medicines actually add. For instance, does a diuretic look like such a cost effective choice if taking it means an older person loses the confidence to go out because of fear of being 'caught short' and, as a result, becomes socially isolated and lonely - a mental state that we know has the same impact on health outcomes as smoking 15 cigarettes a day?<sup>2</sup>

Professionals will not recognise these dilemmas unless they walk in the shoes of those taking medicines. To get medicines optimisation right, that is where we need to start.

The Experience Led Commissioning (ELC) Programme works with commissioners across the NHS to make sense of, and respond to, peoples' stories of care. Over the course of five years, we have worked with people and families all over England. Many have told us about their experiences of living with medicines. Some of these stories are positive and teach us about the life transforming potential when medicines are right for the person. Others tell us how the current approach is not yet working for them.

It is not only medicines that matter. It is also the support that people get from the professionals who support them with their medicines - that is mainly GPs and pharmacists. The relationships people have with both help them cope or leave them feeling alone and helpless.

Finally, our work shines a light on the psycho-social impact of living with medicines and how taking medicines long-term impacts on peoples' identity.

## How can we use this insight?

*"Patient perception is very different. Patient expectations and outcomes are not aligned with prescribers' expectations"*

Working with around 120 pharmacy stakeholders at four Pharmacy Forum workshops in November 2014 and May 2015, we explored the value of insights for the pharmacy profession and how having insights could support the implementation of medicines optimisation. People were clear that, currently, we are designing medicines optimisation systems through a professional lens. Particular issues that surprised participants are described below.

## Impact on family of long-term health issues

Our insights consistently show that families play a critical role in supporting people – especially those living with long-term health issues. For instance, research shows that parents' beliefs about inhalers may be a significant determinant of children's asthma outcomes.

Likewise, professionals often forget that family carers are usually acting as unpaid care navigators. Yet family carers tell us that health professionals often ignore them and do not involve

them in discussions in their loved one's care. This is a waste of resource and fails to build on the contribution that families want to make.

## Experience of diagnosis

*“Understand how the patient feels about being diagnosed before starting to explain medications”*

Professionals are surprised to hear that, for people with long-term conditions, every diagnosis is a blow – and it doesn't get easier. Each diagnosis is harder than the last - another 'nail in the coffin'.

Getting care right at diagnosis, recognising its emotional impact and being aware of how the patient is feeling is critical to great medicines optimisation.

This insight underlines the importance and potential value of the New Medicines Service (NMS) if it is designed to work with people and families to explore their feelings and beliefs about medicine and knowledge of their diagnosis.

## The importance of follow up and reassurance

Insights show that reassurance is key in driving outcomes. In relation to medicines, regular review and follow-up is critical in reassuring people.

## Is it about about money or me?

People are suspicious. They have lost some trust in the NHS and professionals when it comes to medicines. They believe that professionals focus on cost rather than getting the best medicines for the person. Prescribing generics reinforces this belief. They do not understand the choices that professionals make and need to be involved so that they trust that the medicines prescribed are the right ones for the person.

## Implementing medicines optimisation

Participants in the Pharmacy Forum workshops told us that having access to insights could help at a strategic level and by redesigning : the consultation process.

### Strategic level

#### Different outcomes

*“We should design and fund services for the outcomes we want from them; apply patient-centred outcomes”*

Putting person-centred outcomes in place that reflect what matters to people will be especially important to drive medicines optimisation. For instance, outcomes such as:

- How effectively do prescribers and pharmacists reassure people?
- How confident and safe do people and their families feel about their medicines?
- How involved do family carers feel in managing medicines?

### Commissioning differently

*“We need to commission services to achieve this and involve patients in care pathway commissioning*

To get medicines optimisation working at scale, the way we commission medicines, pharmacy and general medical services needs to change. Co-commissioning provides a vehicle. Including person-centred outcomes in contracts would be a great start.

Based on insights, a priority is systematic follow-up and review of medication in primary care for those with long-term conditions. This adds highly valued reassurance, reduces anxiety and makes people feel safe.

Participants also told us that there needs to be a change in care experience. Most people thought that the most important use of insights was to inform professional practice. Participants highlighted:

### Redesign of consultation experiences

People wanted to see the following changes:

**Focus on what is important to the patient:** people recognised that when medicines optimisation is working well, people would have the right to say no to medicines. Pharmacists would agree individual goals that matter to the patient. The patient, GP and pharmacist would share decisions. It would be 'their choice – not our choice.' Professionals would seek to understand patients' beliefs, fears and values and prescribe in a way that improves patient confidence in the medication and the professional. Patients would be experts in their own condition.

**Change questions to patients:** pharmacists recognised the need to use open questions and for professionals to understand the right questions to ask. Insights help shape these questions. For instance, pharmacists undertaking NMS should be asking patients how they feel about taking new medicines. Patients would also be asking more questions: What is the medicine for? What are the side effects?

**More time?** people had mixed views on whether this would take more time

**Organise for continuity of care:** people recognised that equal, collaborative relationships with patients support medicines optimisation. This meant pharmacy organising itself around the principle of continuity of care – especially for those with long-term conditions. Technology might help, but it would not replace face-to-face conversations.

**Change language:** insights show that patients do not always understand what professionals say - especially when the language they use is medical. Removing this language barrier and giving information in plain English with no abbreviations was critical to the success of medicines optimisation. Professionals also need to avoid assumptions about what people know or believe.

**Improve information:** to support them to take control, people needed consistent messages re-enforcing the positive benefits of medicines, especially when newly diagnosed. Families need

simple, easy to read leaflets and support from peer networks and their family.

## Underpinning factors

The following are required to underpin changes:

**Different education and training:** people recognised that this new approach would need to improve consultation skills. Education and training needed to touch patients, carers, medical professionals as well as pharmacists.

**Improved communication and relationships:** everyone had to take responsibility and communicate better: professional to professional; patient to professional and visa versa. Building relationships was very important:

*“We have a medicine management pathway but we need an integrated communication pathway alongside it that clarify roles and responsibilities”*

## Declaration of interests

Honorarium: Pharmacy Management Regional Roadshow (London), May 2015.

## References

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