



Report of the Regional Steering Group on Medicines Adherence (March 2012): Plain Language Summary

1. Background

The Health and Social Care Board is working to improve health and social care services throughout Northern Ireland. There is a growing demand for such services, particularly with older people, those using mental health services and those who require support at home. How people receive medicines is critical to improving health services and the Board is now seeking your views on this.

There are many prescriptions issued each year in Northern Ireland and the Board is continually checking how this is done. There are people who do not use the medicines that they are prescribed, some incorrectly use their medicines for various reasons and sometimes medicines are just wasted. Helping people with medicines-taking and making sure that prescribers look at and manage medicines can also reduce waste. Taking medicines incorrectly leads to poorer results of treatment, increased risk of possible harm and a higher risk of hospital admission.

2. Taking medicines as the prescriber intended (Medicines Adherence)

It is essential that people receive the right medicine for the right reason at the right dose at the right time and take it as the prescriber intended i.e. adhere to it.

Some of the reasons why people fail to take their medicines include: not being able to read the label, uncertain about why they need to take the medicine, difficulties opening the medicine container, not taking a full course of medicine as prescribed, confusion over the number of medications, or switching to similar tablets (but perhaps a different colour or shape). Information shows that a number of different solutions may be required to improve medicines- taking. For example, a reduction in the number of prescribed medicines by a doctor followed by telephone reminders and information about the medicines provided from a pharmacist.

People who deliberately do not take prescribed medicines as intended may not believe that the medicine works for them or that they should take it and may need a different type of explanation or solution.

3. Current Service

In NI there is currently no service to support medicines taking. A “Managing Your Medicines” service is available in community pharmacies for some people. Home care services include some support for medicines taking.

Current legislation (Equality Act 2010) states that reasonable adjustments should be made to services for the provision of medicines to disabled people to help them to access their medicines.

4. Regional Steering Group on Medicines Adherence

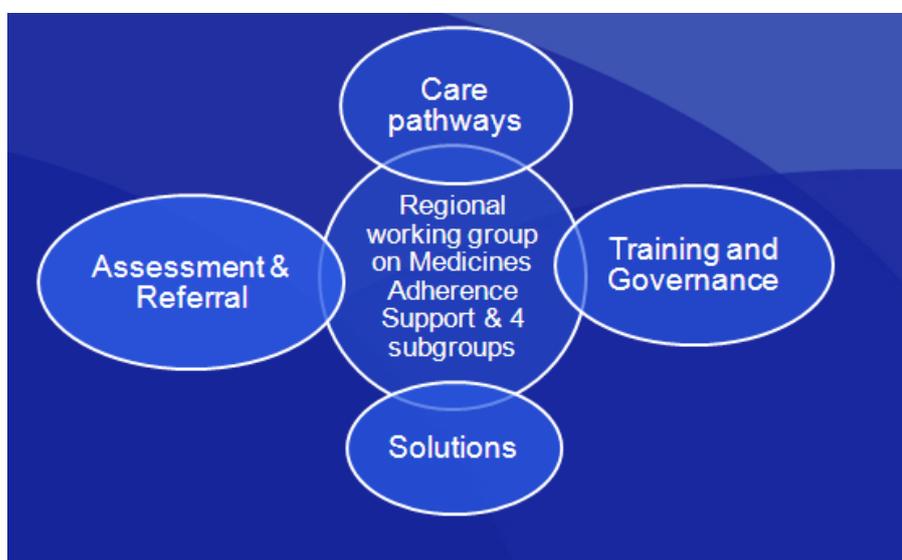
A regional group (this covers all of Northern Ireland) representing different health and social care groups and professions interested in medicines (e.g. Hospital Trusts and doctors) was set up. It looked at ways to improve the health of patients taking prescribed medicines by making sure particularly that support for medicines taking is available for mental health patients and older people who are living in their own homes. The purpose was to:

- To define how people take medicine;
- To develop a way to identify what support people need with medicines-taking

- To develop a method how people are directed to get their medicines
- To develop a way to provide an adherence support service;
- To develop guidance for home care organisations who provide support for medicines taking;
- To develop training for staff providing medicines-taking support in people's own homes;
- To reduce demand for monitored dosage systems (pill boxes) to be supplied for all people who receive home care services.

Four subgroups looked at different aspects of how best to provide a service:

Regional Medicines Adherence Steering Group and Four Subgroups



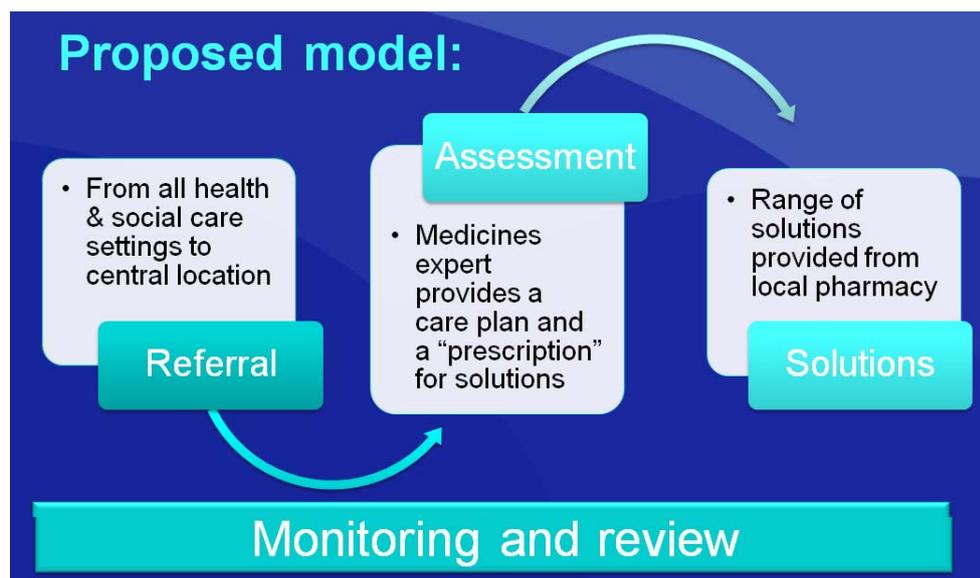
1. Proposed Medicines Adherence Support Service

The group agreed that a regional service to support medicines adherence is needed. They agreed on proposals for care pathways and solutions for medicines-taking. They recommended that a medicines adherence support service should include:

a. Method for directing people to the service (Referral)

A system will be set up to help staff in health and social care to identify people who do not take their medicines as intended. People will be referred (directed), with their consent, for a medicines-taking assessment.

Medicines Adherence Support Service (MASS)



b. Identifying what support people need with medicines-taking (Assessment)

A medicines specialist, who may be based in a community or hospital setting, will conduct a detailed assessment of the person with their family member / carer (if wished).

They will help to identify what specific problems people have with medicines-taking and agree a range of solutions to help them.

c. Providing help with medicines-taking (Solutions)

Most of the medicines-taking solutions will be provided by the person’s usual community pharmacist e.g. they may provide large size labels or easy to open containers.

In some cases, people may be referred to other services to address specific problems e.g. the person is referred to their doctor to look at and/or simplify their medicines regime, or arrangements are made for a home care worker to help with medicines.

Home care staff training for medicines-taking support will be developed across Northern Ireland. Trust representatives agreed to share existing training materials and work with Board staff to develop regional training.

d. Monitoring and Review

Each time medicines are dispensed for a person, the community pharmacist will check their progress to identify any ongoing problems with medicines taking. They may refer back to the medicines expert (assessor) if the solution is not meeting the person's needs or if circumstances change.

2. Recommendations

The four subgroups made 30 recommendations which are described in detail in the main body of the report. These cover the issues about how the service could be provided for people in different settings, how to provide a quick and efficient service, making sure that domiciliary care workers are trained to assist people with medicines safely, the roles and responsibilities of all staff and organisations involved in the service, business planning and how to measure the success of the project.

3. Conclusion

Steering group members and all those involved took part in the project with enthusiasm. All members agreed on the need for a regional solution and on the proposed structure of the service.

A business case should now be developed to secure the funding and resources necessary to take the proposed medicines adherence service model forward. Where possible, alongside the business case preparation, the specific recommendations should be addressed to prepare for providing the full medicines adherence support service.