

ALL-PARTY PHARMACY GROUP

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CONCORDANCE & WASTED MEDICINES

A report to Health Ministers

Background

The failure by patients to take prescribed medicine to best effect is a well-recognised problem. Its scale is enormous; research suggests that as many as 50% of patients fail to comply with the terms of their prescriptions. The outcome is higher morbidity, premature mortality, and a huge amount of wasted medicines. Around £230 million worth of medicines are returned to pharmacies each year for disposal; it is estimated that a great deal more is disposed of by patients themselves, often in environmentally harmful ways.

The costs of this problem are not only financial; patients and their families often suffer serious health and lifestyle consequences as a result of non-compliance or inappropriate use of medicines.

The issue for policy makers and health professionals is how best to tackle this problem. Traditionally, achieving compliance on the part of patients has been seen as the principal objective. Increasingly, however, health professionals are beginning to re-examine this approach, and in the process are recognising that a different relationship is required between health professional and patient. It is from this thought process that the concept of concordance has developed.

In 1997, a working party brought together by the Royal Pharmaceutical Society of Great Britain comprising academics, medical practitioners, pharmacists and the pharmaceutical industry, produced a working definition of concordance:

The clinical encounter is concerned with two sets of contrasted but equally cogent health beliefs – that of the patient and that of the doctor. The task of the patient is to convey her or his health beliefs to the doctor; and of the doctor, to enable this to happen. The task of the doctor or other prescriber is to convey his or her (professionally informed) health beliefs to the patient; and of the patient, to entertain these. The intention is to assist the patient to make as informed a choice as possible about the diagnosis and treatment, about benefit and risk and to take full part in a therapeutic alliance. Although reciprocal, this is an alliance in which the most important determinations are agreed to be those that are made by the patient.

From Compliance to Concordance: achieving shared goals in medicine taking
(Royal Pharmaceutical Society of Great Britain, 1997)

We considered it important to examine the concept of concordance and its role in tackling drug wastage and improving health outcomes. In particular, we wanted to determine how pharmacists could play a part in achieving that partnership of understanding between patient and health professional.

Our deliberations

The Group met on 14th June 2000 to discuss these issues. We were fortunate to be joined by the chairman of the concordance working party and visiting professor at the Guy's, King's College and St Thomas's Hospitals Medical and Dental School, Professor Marshall Marinker. Also present were a broad range of health professionals, NHS managers, journalists and parliamentarians.

Following an excellent presentation by Professor Marinker, the following points were agreed:

- The present level of wasted medicines and inappropriate use of medicines is unacceptable and measures urgently need to be taken to improve the situation.
- Concordance touches upon a range of complex issues and problems. More research is needed, for example, into
 - non-compliance
 - patients' beliefs about medicines
 - their motivations and reactions to information-giving and health professionals
 - how best patients' understanding of illness and medicine can be improved
 - the role of health professionals other than doctors in improving understanding
 - and the most effective method of delivering information to patients.
- The wide-ranging research agenda should be supported by the government and should be nationally co-ordinated.
- If concordance is to be achieved, dialogue between patients and health professionals needs to be encouraged and improved. This implies an education process in which both parties participate. Patients need to understand more about medicines and about their illness, and they need encouragement to discuss any concerns or issues with health professionals. For their part, health professionals need to be trained to be more sensitive to the views of patients. Concordance should become a major component of the education and training process for doctors and pharmacists.
- A programme is needed to raise public awareness of the importance of concordance. Such a programme would require a broad range of skills and careful

co-ordination. It would span patient representative groups, health care professionals, the media, education authorities, voluntary organisations. Given the nature of the task, it is a role for government.

- The dialogue that patients have with their community pharmacist is different from the formal consultation they have with a GP. The accessibility and the informality of community pharmacy makes it an ideal vehicle for building concordance.
- Many of the objectives behind concordance are reflected in the principles behind the community pharmacy medicines management proposal (addressed in our report, *Medicines Management in Community Pharmacies*, April 2000).
- Community pharmacists should be seen as part of the seamless pathway of care that patients – especially those with chronic conditions – need to be able to rely upon. Traditional boundaries between healthcare professionals should be set aside in order to achieve this seamless pathway.
- The National Institute for Clinical Excellence should be encouraged to play a part in fostering concordance since it has a strong interest in ensuring that drugs prescribed on the NHS, and therefore at public cost, are taken correctly.
- NHS Direct should refer patients to community pharmacies if they have medication queries or problems.
- Positive steps need to be taken to reduce over-prescribing. For example, shorter prescribing periods would help to reduce inappropriate use of medicines and wastage. Co-equivalence (i.e. providing a standard number of tablets for each medication on a prescription) should be encouraged.
- Lifestyle changes can, in some cases, be more effective than medication. Expectations on the part of patients that a consultation with a prescriber will always lead to the issuing of a prescription need to be managed and changed.

Our conclusions

Concordance is a refreshing and innovative approach to achieving the best possible use of medication and promoting better understanding between patients and health professionals.

Many of the ideas and issues raised at our meeting and summarised above need to be acted upon. In some cases action is the responsibility of the health professions, in others it fall to health authorities, PCTs and PCGs, and in others the government.

There is, however, a need for planning and co-ordination of the various actions that are required.

We have therefore concluded that the most valuable and appropriate step to ensure the development of concordance is the appointment by the government of an individual with overall responsibility for planning and co-ordinating action, and ensuring implementation.

Reporting to ministers, this ‘concordance tsar’ would have wide-ranging responsibilities which would include the following areas:

- The development and implementation of a research programme.
- Changes to the education of health professionals such as pharmacists and GPs, including fostering a more flexible attitude towards prescribing activity.
- The planning and execution of a multi-organisational public awareness campaign.

If concordance is to be achieved, orchestration of effort and pooling of resources and ideas is essential. In our view, this co-ordination function must rest in one place. We therefore urge ministers to appoint an NHS concordance tsar, with the necessary support team, and with a clear brief drawn up in consultation with the health professions, patient organisations and health authorities.

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