

PRESS RELEASE

New NICE guidelines to improve patient involvement in decisions about medicines

New NICE guidance being published on 28th January will outline how healthcare professionals can involve and support patients in decisions about taking prescribed medicines.

The guideline will recommend that healthcare professionals encourage patients to engage in a two-way dialogue so that patients are involved in the decision to prescribe and that the patient's decision to use medicines is an informed decision – this includes clearly explaining to the patient about the disease or condition, how the medicine influences this and also clarifying what the patient expects from treatment. The guideline should encourage healthcare professionals to listen to any concerns patients might have about the medicines they have been prescribed – for example possible side-effects and whether they believe the medicine is necessary - and reassure them that support and a follow up review will be provided should they choose not to take medication.

Between 30-50% of medicines prescribed for long term conditions are not used as prescribed. The guideline recognises that non-adherence can occur because of a failure to achieve informed agreement to the prescription in the first place or to identify and provide the support that a patient needs later on. The recommendations apply to all healthcare professionals who prescribe or dispense medicines or who have a role in making decisions about medicines with patients.

Key recommendations from the guideline include:

- Be aware that patients' concerns about medicines, and whether they believe they need them, affect how and whether they take their prescribed medicine.

- Offer all patients the opportunity to be involved in making decisions about prescribed medicines. Establish what level of involvement in decision-making the patient would like.
- Accept that the patient has the right to decide not to take a medicine, even if you do not agree with the decision, as long as the patient has the capacity to make an informed decision and has been provided with the information needed to make such a decision.
- Recognise that non-adherence is common and that most patients are non-adherent sometimes. Routinely assess adherence in a non-judgemental way whenever you prescribe, dispense and review medicines.
- Healthcare professionals involved in prescribing, dispensing or reviewing medicines should ensure that there are robust processes for communicating with other healthcare professionals involved in the patient's care.
- Review patient knowledge, understanding and concerns about medicines, and a patient's view of their need for medicine at intervals agreed with the patient, because these may change over time.
- Healthcare professionals should adapt their consultation style to the needs of individual patients so that all patients have the opportunity to be involved in decisions about their medicines at the level they wish.
- Establish the most effective way of communicating with each patient and, if necessary, consider ways of making information accessible and understandable (for example, using pictures, symbols or an interpreter).

Dr Henry Smithson, senior lecturer in general practice and guideline

development group chair says: "Addressing non-adherence is not just about getting patients to take more medicines. It starts with an understanding of patients' perspectives of medicines and the reasons why they may not want to or are unable to use them. A patient may choose not to take a medication after receiving information and this decision will be respected. If a patient decides not to take a medication, there should be an open discussion with patients about what ongoing support can be offered."

Dr Sean Kelly, consultant physician and guideline development group member

says: "Many patients I speak to are concerned about becoming dependent on medicines. This guideline encourages healthcare professionals to listen hard to concerns that patients may have about their condition and treatment and encourage patients to ask questions. For example, to help increase patient involvement in

decisions, healthcare professionals should clearly explain the pros and cons of treatment and help patients make decisions on likely benefits and risks.”

Jim Blair, consultant nurse for people with learning disabilities, senior lecturer in learning disabilities and guideline development group member says: “I feel the guidance should greatly assist in ensuring that the rhetoric of shared decision-making regarding medicines and treatments can become a reality for all members of society, including people with learning disabilities, through informing healthcare practitioners of ways in which they can make reasonable adjustments to ensure this happens in their daily practice. This guidance can lead to the quality of healthcare being improved for everyone. ”

Dr Mahendra Patel, pharmacist lecturer and researcher and guideline development group member says: “This guideline is a golden opportunity for pharmacists to engage in partnership with other healthcare professionals to help deliver a first class service for patients to achieve the most from their medication and treatment. It recognises the potential barriers and possible needs of patients from all walks of life. This is important amongst those of black and minority ethnic origin, where heart disease and diabetes is highest in the country and compliance to treatment is poor – largely through lack of understanding, poor communication or cultural/religious beliefs. Through Pharmacy, using medication review and appropriate intervention and signposting, the guideline can help monitor and support patients to manage their treatment favourably and effectively.”

Alison Bowser, service user representative and Guideline Development Group member says: “Many patients feel that if they approach their healthcare professional about failure to take their medicines, they will be told off. The reason why they can’t take a particular medicine may be because they can’t open the packaging or their hectic lifestyle may make it difficult to take medicines at the same time each day. The good thing about this guidance is that it opens a path to renegotiate how the patient and healthcare professional communicate about medicine. For example, if after receiving information a patient decides not to take medication, their healthcare professional will discuss with them alternative methods to minimise any risk. In the case of a patient with a heart problem, their healthcare professional may concentrate on trying a diet and exercise programme or give them help to stop smoking.”

Ends

Notes to Editors

1. The guidance will be available on 28th January at www.nice.org.uk/CG76

2. Non-adherence falls into two overlapping categories: intentional (the patient decides not to follow the treatment recommendations) and unintentional (the patient want to follow the treatment but has practical problems).

About NICE

3. The National Institute for Health and Clinical Excellence (NICE) is the independent organisation responsible for providing national guidance on the promotion of good health and the prevention and treatment of ill health.
4. NICE produces guidance in three areas of health:
 - **public health** – guidance on the promotion of good health and the prevention of ill health for those working in the NHS, local authorities and the wider public and voluntary sector
 - **health technologies** – guidance on the use of new and existing medicines, treatments and procedures within the NHS
 - **clinical practice** – guidance on the appropriate treatment and care of people with specific diseases and conditions within the NHS.