

# Costing statement: Medicines adherence: involving patients in decisions about prescribed medicines and supporting adherence

The guidance on medicines concordance (NICE clinical guideline 76) is unlikely to result in a significant change in resource use in the NHS.

The recommendations within the guideline focus on involving patients in making decisions about prescribed medicines, assessing adherence and tailoring interventions for supporting adherence to the needs of individual patients.

## Background

Reviews across different disease areas report that between 30% and 50% of patients do not take or use their prescribed medicines as recommended by their prescriber<sup>1</sup>. The World Health Organization identified several chronic conditions in which levels of medicines adherence in developed countries are a particular problem. These include asthma, depression, diabetes, epilepsy and hypertension.

Medicines supplied on prescription cost the NHS £8.1 billion in 2007–08<sup>2</sup>. If as many as 50% of patients don't take their medicines as recommended, this could mean that £4.0 billion of medicines are not used correctly.

Implementation of the guideline could affect this figure in a number of ways:

- The number of prescriptions filled might increase following the introduction of short interventions that reduce the number of patients not adhering to their medicines.

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<sup>1</sup> World Health Organization (2003) Adherence to long-term therapies: evidence for action. Geneva: WHO.

<sup>2</sup> Prescription Pricing Authority (2008) Update on growth in prescription volume and cost in the year to March 2008. Prescription Pricing Authority.

- Healthcare professionals might issue fewer prescriptions as a result of joint decisions with patients not to prescribe medicines.
- Costs to the NHS of prescribed medicines do not alter, but shared decision-making and tailored interventions may mean more medicines are taken as recommended by the prescriber.

### **Resource impact**

The expert opinion of the Guideline Development Group (GDG) is that simple interventions for supporting adherence do not always increase the overall length of the consultation. In addition, if an initial consultation is increased because of discussion of an intervention, the time taken for follow-up consultations may be reduced. It is not possible to quantify any additional cost implications from simple interventions for supporting adherence as these costs will depend on the type of intervention used.

The Government white paper 'Pharmacy in England: building on strengths - delivering the future' proposes initiatives such as medicines use reviews (MURs), which have already been costed in the DH impact assessment<sup>3</sup>. Implementation of this NICE guidance may help ensure that resources identified for future pharmacy initiatives are used appropriately.

Healthcare professionals may need additional training in communication skills and adapting their consultation styles to the needs of individual patients, and also in simple interventions to improve adherence. This may have an additional resource impact, or it may be possible to include such training within existing CPD programmes. Not all medicines-related problems will be at the point of prescribing, and so healthcare professionals other than the prescriber (for example, the issuing pharmacist) may also need training in simple interventions to improve adherence.

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<sup>3</sup> Department of Health (2008) Pharmacy in England: building on strengths - delivering the future

Recent research shows that 3–4% of UK hospital admissions are a result of avoidable medicine-related illness<sup>4</sup>. Between 11 and 30% of these admissions result from patients not using their medicines as recommended by the prescriber<sup>56</sup>.

NHS expenditure on hospital admissions (excluding critical care costs) was approximately £16.4 billion in 2006–07<sup>7</sup>. Therefore, the costs of admissions resulting from patients not taking medicines as recommended is estimated to be between £36 million and £196 million in 2006–07. These admissions and associated costs would be expected to decrease as medicines adherence increases. However, if more people opt not to receive medicines, there may be an increase in admissions for complications of untreated conditions.

### **Summary**

It is not possible to estimate the financial impact of implementing this guideline. However, the current costs to the NHS associated with patients not adhering to prescribed medicines are large and the potential savings from reducing hospital admissions associated with non-adherence are also large. There is the potential to reduce the costs associated with non-adherence, perhaps by redirecting some of these resources into additional training in consultation skills and interventions. The net cost or saving of implementing this guideline is not likely to be significant, although it cannot be quantified because as resources are deployed savings from reducing the number of adverse events are anticipated.

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<sup>4</sup> Meyer J (2001) Concordance: and opportunity for partnership in medicine-taking. *Nursing Times Research* 6: 564–5.

<sup>5</sup> Col N, Fanale JE, Kronholm P (1990) The role of medication non-compliance and adverse drug reactions in hospitalisations of the elderly. *Archives of Internal Medicine* 150: 841–5.

<sup>6</sup> Wasserefallen JB, Livio F, Buclin T et al. (2001) Rate, type and cost of adverse drug reactions in emergency department admissions. *European Journal of Internal Medicine* 12: 442–7.

<sup>7</sup> NHS Reference Costs 2006–07.