

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

Clinical guideline

Published: 28 January 2009

[nice.org.uk/guidance/cg76](https://www.nice.org.uk/guidance/cg76)

Your responsibility

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Contents

| | |
|---|----|
| Introduction | 4 |
| Patient-centred care | 6 |
| Key principles..... | 7 |
| 1 Guidance | 8 |
| 1.1 Patient involvement in decisions about medicines | 8 |
| 1.2 Supporting adherence | 13 |
| 1.3 Reviewing medicines..... | 15 |
| 1.4 Communication between healthcare professionals..... | 15 |
| 2 Notes on the scope of the guidance | 17 |
| 3 Implementation | 18 |
| 4 Research recommendations | 19 |
| 4.1 Developing effective, equitable interventions to support adherence to appropriate prescriptions | 19 |
| 4.2 Informed choice and shared decision-making | 19 |
| 4.3 Support processes: prescribing-related consultations and medicines review | 20 |
| 5 Other versions of this guideline..... | 22 |
| 5.1 Full guideline..... | 22 |
| 5.2 Information for the public | 22 |
| 6 Related NICE guidance..... | 23 |
| 7 Updating the guideline | 24 |
| Appendix A: The Guideline Development Group | 25 |
| National Collaborating Centre for Primary Care..... | 26 |
| Appendix B: The Guideline Review Panel | 27 |
| Appendix C: The care pathway | 28 |
| Changes after publication..... | 29 |
| About this guideline | 30 |

This guideline is partially replaced by NG5.

This guideline is the basis of QS149.

Introduction

It is thought that between a third and a half of all medicines^[1] prescribed for long-term conditions are not taken as recommended. If the prescription is appropriate, then this may represent a loss to patients, the healthcare system and society. The costs are both personal and economic.

Adherence presumes an agreement between prescriber and patient about the prescriber's recommendations. Adherence to medicines is defined as the extent to which the patient's action matches the agreed recommendations. Non-adherence may limit the benefits of medicines, resulting in lack of improvement, or deterioration, in health. The economic costs are not limited to wasted medicines but also include the knock-on costs arising from increased demands for healthcare if health deteriorates.

Non-adherence should not be seen as the patient's problem. It represents a fundamental limitation in the delivery of healthcare, often because of a failure to fully agree the prescription in the first place or to identify and provide the support that patients need later on.

Addressing non-adherence is not about getting patients to take more medicines per se. Rather, it starts with an exploration of patients' perspectives of medicines and the reasons why they may not want or are unable to use them. Healthcare professionals have a duty to help patients make informed decisions about treatment and use appropriately prescribed medicines to best effect.

There are many causes of non-adherence but they fall into two overlapping categories: intentional and unintentional. Unintentional non-adherence occurs when the patient wants to follow the agreed treatment but is prevented from doing so by barriers that are beyond their control. Examples include poor recall or difficulties in understanding the instructions, problems with using the treatment, inability to pay for the treatment, or simply forgetting to take it. Intentional non-adherence occurs when the patient decides not to follow the treatment recommendations. This is best understood in terms of the beliefs and preferences that influence the person's perceptions of the treatment and their motivation to start and continue with it. It follows that to understand adherence to treatment we need to consider the perceptual factors (for example, beliefs and preferences) that influence motivation to start and continue with treatment, as well as the practical factors that influence patients' ability to adhere to the agreed treatment.

Applying this approach in practice requires:

- a frank and open approach which recognises that non-adherence may be the norm (or is at least very common) and takes a no-blame approach, encouraging patients to discuss non-adherence and any doubts or concerns they have about treatment
- a patient-centred approach that encourages informed adherence
- identification of specific perceptual and practical barriers to adherence for each individual, both at the time of prescribing and during regular review, because perceptions, practical problems and adherence may change over time.

This guideline makes recommendations about how healthcare professionals can help patients to make informed decisions by facilitating the involvement of patients in the decision to prescribe, and how they can support patients to adhere to the prescribed medicine. We have not made separate recommendations for carers and families. The principal relationship is between patient and healthcare professional, and the patient has a right to decide who should be involved in their care. With the patient's consent, carers should have access to appropriate levels of information and support.

An increasing number of healthcare professionals are now involved in the prescribing, dispensing and reviewing of medicines. It is not within the remit of a guideline to recommend which healthcare professional carries out these roles. All healthcare professionals should be aware of and work within legal and professional codes. Information and tools are [available](#) to support healthcare professionals.

^[1] In this guideline 'medicines' is used as a general term to refer to prescribed medicines that are self-administered and includes tablets, syrups, ointments, eyedrops and suppositories.

Patient-centred care

This guideline offers best practice advice on how to involve patients in decisions about prescribed medicines and how to support adherence.

All NICE clinical guidelines state that treatment and care should take into account patients' needs and preferences and patients should have the opportunity to make informed decisions about their care and treatment, in partnership with their healthcare professionals. Good communication between healthcare professionals and patients is essential. It should be supported by evidence-based written information tailored to each patient's needs.

If the patient agrees, families and carers should also have the opportunity to be involved in decisions about treatment and care. Families and carers should be given the information and support they need.

If patients do not have the capacity to make decisions, healthcare professionals should follow the [Department of Health's advice on consent](#) and the [code of practice that accompanies the Mental Capacity Act](#). In Wales, healthcare professionals should follow [advice on consent from the Welsh Government](#).

Key principles

- 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, large print, different languages, an interpreter or a patient advocate).
- 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.
- Be aware that increasing patient involvement may mean that the patient decides not to take or to stop taking a medicine. If in the healthcare professional's view this could have an adverse effect, then the information provided to the patient on risks and benefits and the patient's decision should be recorded.
- 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.
- Be aware that patients' concerns about medicines, and whether they believe they need them, affect how and whether they take their prescribed medicines.
- Offer patients information that is relevant to their condition, possible treatments and personal circumstances, and that is easy to understand and free from jargon.
- 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.
- Be aware that although adherence can be improved, no specific intervention can be recommended for all patients. Tailor any intervention to increase adherence to the specific difficulties with adherence the patient is experiencing.
- 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. Offer repeat information and review to patients, especially when treating long-term conditions with multiple medicines.

1 Guidance

The following guidance is based on the best available evidence. The [full guideline](#) gives details of the methods and the evidence used to develop the guidance.

[Recommendation 1.4.2 has been replaced by recommendations in the NICE guideline on medicines optimisation.](#)

These recommendations apply to all healthcare professionals who prescribe, dispense or review medicines or who have a role in making decisions about medicines with patients. Healthcare professionals are reminded of their duty under the Disability Discrimination Act (2005) to make reasonable adjustments to ensure that all people have the same opportunity for health.

1.1 *Patient involvement in decisions about medicines*

Communication

Good communication between healthcare professionals and patients is needed for involvement of patients in decisions about medicines and for supporting adherence. Some patients may find it easier to communicate with their healthcare professional than others.

- 1.1.1 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.
- 1.1.2 Consider any factors such as physical or learning disabilities, sight or hearing problems and difficulties with reading or speaking English, which may affect the patient's involvement in the consultation.
- 1.1.3 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, large print, different languages, an interpreter or a patient advocate).
- 1.1.4 Encourage patients to ask about their condition and treatment.
- 1.1.5 Ask patients open-ended questions because these are more likely to uncover patients' concerns.

- 1.1.6 Be aware that the consultation skills needed for increasing patient involvement can be improved.

Increasing patient involvement

Patient involvement in the decision-making process requires that healthcare professionals acknowledge patients' views about their condition and its treatment, and that both healthcare professional and patient have a role in making decisions about treatment. Simple interventions to increase patient involvement do not necessarily increase the overall length of consultation and may be justified by benefits, particularly over the course of a long-term condition.

- 1.1.7 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.
- 1.1.8 Discuss with the patient why they might benefit from the treatment. Clearly explain the disease or condition and how the medicine will influence this.
- 1.1.9 Explain the medical aims of the treatment to patients and openly discuss the pros and cons of proposed medicines. The discussion should be at the level preferred by the patient.
- 1.1.10 Clarify what the patient hopes the treatment will achieve.
- 1.1.11 Avoid making assumptions about patient preferences about treatment. Talk to the patient to find out their preferences, and note any non-verbal cues that may indicate you need to explore the patient's perspective further.
- 1.1.12 Healthcare professionals have a duty to help patients to make decisions about their treatment based on an understanding of the likely benefits and risks rather than on misconceptions.
- 1.1.13 Accept that patients may have different views from healthcare professionals about the balance of risks, benefits and side effects of medicines.
- 1.1.14 Be aware that increasing patient involvement may mean that the patient decides not to take or to stop taking a medicine. If in the healthcare professional's view this could have an adverse effect, then the information

provided to the patient on risks and benefits and the patient's decision should be recorded.

- 1.1.15 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.
- 1.1.16 Assess the patient's capacity to make each decision using the principles in the [Mental Capacity Act \(2005\)](#). To lack capacity patients must: (a) have an impairment of or disturbance or malfunction of brain and mind, and (b) demonstrate lack of capacity to:
- understand the information relevant to the decision
 - retain information for long enough to use it in the decision
 - use or weigh information as part of the process of making the decision
 - communicate the decision (whether by talking, using sign language or any other means).
- 1.1.17 If the patient has specific concerns, record a summary of the discussion, because this may be helpful in future consultations.
- 1.1.18 Encourage and support patients, families and carers to keep an up-to-date list of all medicines the patient is taking. The list should include the names and dosages of prescription and non-prescription medicines and herbal and nutritional supplements. If the patient has any allergic or adverse reactions to medicines, these should be noted.

Understanding the patient's knowledge, beliefs and concerns about medicines

There is evidence that patients make decisions about medicines based on their understanding of their condition and the possible treatments, their view of their own need for the medicine and their concerns about the medicine.

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

- 1.1.20 Ask patients what they know, believe and understand about medicines before prescribing new treatments and when reviewing medicines.
- 1.1.21 Ask if the patient has any specific concerns about their medicines, whenever you prescribe, dispense or review medicines. These may include concerns about becoming dependent on medicines and concerns about adverse effects. Address these concerns.
- 1.1.22 Be aware that patients may wish to minimise how much medicine they take.
- 1.1.23 Be aware that patients may wish to discuss:
- what will happen if they do not take the medicine suggested by their healthcare professional
 - non-pharmacological alternatives to medicines
 - how to reduce and stop medicines they may have been taking for a long time, particularly those known to be associated with withdrawal symptoms
 - how to fit taking the medicine into their daily routine
 - how to make a choice between medicines if they believe they are taking too many medicines.

Providing information

Patients need information about their condition and possible treatments if they are to be involved in making informed decisions about medicines. The format and content of the information provided should meet the needs of individual patients.

- 1.1.24 Offer patients information about medicines before the medicines are prescribed.
- 1.1.25 Offer patients information that is relevant to their condition, possible treatments and personal circumstances, and that is easy to understand and free from jargon.
- 1.1.26 Check that patients have any information they wish about medicines when the medicines are dispensed.

- 1.1.27 Discuss information on medicines with the patient rather than just presenting it. The discussion should take into account what the patient understands and believes about the condition and treatment.
- 1.1.28 Do not assume that the patient information leaflets (PILs)^[2] that patients receive with their medicines will meet each patient's needs. Address concerns that patients may have after reading the standard PILs.
- 1.1.29 Patients differ in the type and amount of information they need and want. Therefore the provision of information should be individualised and is likely to include, but not be limited to:
- what the medicine is
 - how the medicine is likely to affect their condition (that is, its benefits)
 - likely or significant adverse effects and what to do if they think they are experiencing them
 - how to use the medicine
 - what to do if they miss a dose
 - whether further courses of the medicine will be needed after the first prescription
 - how to get further supplies of medicines.
- 1.1.30 Be careful not to make assumptions about a patient's ability to understand the information provided. Check with the patient that they have understood the information. Information for patients should be clear and logical and, if possible, tailored to the needs of the individual patient.
- 1.1.31 Suggest where patients might find reliable information and support after the consultation: for example, by providing written information or directing them to other resources (for example, [NHS Choices](#)).
- 1.1.32 Provide inpatients with the same information as patients in other settings. Information should include:
- what the medicine is

- how the medicine is likely to affect their condition (that is, its benefits)
- likely or significant adverse effects and what to do if they think they are experiencing them
- how to use the medicine
- what to do if they miss a dose
- whether further courses of the medicine will be needed after the first prescription
- how to get further supply after discharge.

1.2 *Supporting adherence*

Assessing adherence

Patients do not always take their medicines exactly as prescribed, and healthcare professionals are often unaware of how patients take their medicines. The purpose of assessing adherence is not to monitor patients but rather to find out whether patients need more information and support.

- 1.2.1 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.
- 1.2.2 Consider assessing non-adherence by asking the patient if they have missed any doses of medicine recently. Make it easier for them to report non-adherence by:
- asking the question in a way that does not apportion blame
 - explaining why you are asking the question
 - mentioning a specific time period such as 'in the past week'
 - asking about medicine-taking behaviours such as reducing the dose, stopping and starting medicines.
- 1.2.3 Consider using records of prescription re-ordering, pharmacy patient medication records and return of unused medicines to identify potential non-adherence and patients needing additional support.

Interventions to increase adherence

Patients may need support to help them make the most effective use of their medicines. This support may take the form of further information and discussion, or involve practical changes to the type of medicine or the regimen. Any interventions to support adherence should be considered on a case-by-case basis and should address the concerns and needs of individual patients.

- 1.2.4 If a patient is not taking their medicines, discuss with them whether this is because of beliefs and concerns or problems about the medicines (intentional non-adherence) or because of practical problems (unintentional non-adherence).
- 1.2.5 Be aware that although adherence can be improved, no specific intervention can be recommended for all patients. Tailor any intervention to increase adherence to the specific difficulties with adherence the patient is experiencing.
- 1.2.6 Find out what form of support the patient would prefer to increase their adherence to medicines. Together, you and your patient should consider options for support.
- 1.2.7 Address any beliefs and concerns that patients have that result in reduced adherence.
- 1.2.8 Because evidence supporting interventions to increase adherence is inconclusive, only use interventions to overcome practical problems associated with non-adherence if a specific need is identified. Target the intervention to the need. Interventions might include:
- suggesting that patients record their medicine-taking
 - encouraging patients to monitor their condition
 - simplifying the dosing regimen
 - using alternative packaging for the medicine
 - using a multi-compartment medicines system.
- 1.2.9 Side effects can be a problem for some patients. If this is the case you should:
- discuss how the patient would like to deal with side effects

- discuss the benefits, side effects and long-term effects with the patient to allow them to make an informed choice
- consider adjusting the dosage
- consider switching to another medicine with a different risk of side effects
- consider what other strategies might be used (for example, timing of medicines).

1.2.10 Ask patients if prescriptions charges are a problem for them. If they are, consider possible options to reduce costs.

1.3 *Reviewing medicines*

Patients may use medicines long term. The initial decision to prescribe medicines, the patient's experience of using the medicines and the patient's needs for adherence support should be reviewed regularly. The patient's own list of medicines may be a useful aid in a medicines review.

1.3.1 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. Offer repeat information and review to patients, especially when treating long-term conditions with multiple medicines.

1.3.2 Review at regular intervals the decision to prescribe medicines, according to patient choice and need.

1.3.3 Enquire about adherence when reviewing medicines. If non-adherence is identified, clarify possible causes and agree any action with the patient. Any plan should include a date for a follow-up review.

1.3.4 Be aware that patients sometimes evaluate prescribed medicines using their own criteria such as their understanding of their condition or the symptoms most troubling to them. They may, for example, stop and start the medicine or alter the dose and check how this affects their symptoms. Ask the patient whether they have done this.

1.4 *Communication between healthcare professionals*

Patients may be under the care of healthcare professionals from different disciplines and specialties at the same time; responsibility for patients' care may be transferred between

healthcare professionals, and medicines reviews may be carried out by healthcare professionals other than the prescriber. Therefore good communication between healthcare professionals is required to ensure that fragmentation of care does not occur.

- 1.4.1 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.
- 1.4.2 This recommendation has been replaced by recommendations in section 1.2 in the NICE guideline on [medicines optimisation](#).
- 1.4.3 Healthcare professionals involved in reviewing medicines should inform the prescriber of the review and its outcome. This is particularly important if the review involves discussion of difficulties with adherence and further review is necessary.

^[2] Patient information leaflets (PILs) contain information for patients on how medicines should be used. It is a legal requirement that this information is included on the label or within the packaging of a medicine.

2 Notes on the scope of the guidance

NICE guidelines are developed in accordance with a [scope](#) that defines what the guideline will and will not cover.

How this guideline was developed

NICE commissioned the National Collaborating Centre for Primary Care to develop this guideline. The Centre established a Guideline Development Group (see appendix A), which reviewed the evidence and developed the recommendations. An independent Guideline Review Panel oversaw the development of the guideline (see appendix B).

There is more information about [how NICE clinical guidelines are developed](#) on the NICE website. A booklet, 'How NICE clinical guidelines are developed: an overview for stakeholders, the public and the NHS' is [available](#).

3 Implementation

The Healthcare Commission assesses how well NHS organisations meet core and developmental standards set by the Department of Health in [Standards for better health](#). Implementation of clinical guidelines forms part of the developmental standard D2. Core standard C5 says that NHS organisations should take into account national agreed guidance when planning and delivering care.

NICE has developed tools to help organisations implement this guidance (listed below). These are available on our [website](#).

- Slides highlighting key messages for local discussion.
- National costing statement - gives some financial background and context to the guideline.
- Guide to resources - gives information about a selection of resources available from NICE, government and other national organisations.
- Patient information resource - an information sheet for display in healthcare settings.
- Audit support for monitoring local practice.

4 Research recommendations

The Guideline Development Group has made the following recommendations for research, based on its review of evidence, to improve NICE guidance and patient care in the future. The Guideline Development Group's full set of research recommendations is detailed in the full guideline (see section 5).

4.1 *Developing effective, equitable interventions to support adherence to appropriate prescriptions*

What are the most clinically effective and cost-effective methods for identifying and addressing the perceptual barriers (such as beliefs and concerns about medicines) that influence motivation to start and continue with treatment, and the practical barriers (such as limitations in personal capacity and resources) that limit an individual's ability to implement intentions to adhere to medicines?

Why this is important

The Guideline Development Group identified a priority for the systematic development of effective, realisable, efficient and equitable interventions to facilitate informed choice and optimal adherence to appropriately prescribed medicines.

Systematic reviews of adherence interventions show that although adherence can be improved, the effects were generally modest and there is considerable room for improvement. Few previous interventions have been developed systematically using appropriate theoretical models, and they have not been modelled and piloted with assessment of process variables as well as outcomes.

Interventions should be developed using an appropriate theoretical framework with a phased approach to testing that includes assessment of process (that is, the things that are targeted for change) as well as outcomes and a need for an individual approach^[3].

4.2 *Informed choice and shared decision-making*

What are the most clinically effective and cost-effective ways of communicating the potential benefits and risks of medicines to promote informed choice and optimal adherence?

Why this is important

The principles of informed choice and shared decision-making have largely been developed from theoretical and conceptual models. The competencies listed for shared decision-making consist of a number of different skills, and patients have shown that they may value different aspects of shared decision-making. Although the right of patients to be involved in decision-making in regard to their own healthcare is accepted, the practice of shared decision-making may mean that healthcare professionals and patients play different roles than they have to date in healthcare consultations. This may have implications for legal and professional responsibility and accountability. Patients and professionals enter decision-making with very different levels of knowledge and access to information. Improving patient knowledge and information may require structural changes to health services and their delivery. Patient-reported outcomes also need to be included.

4.3 *Support processes: prescribing-related consultations and medicines review*

How can practitioners and patients be supported to improve the quality of prescribing-related consultations and medicines reviews so that they facilitate informed choice and optimal adherence to medicines?

What are the effects of medicines reviews by healthcare professionals other than the prescriber on patients, prescribers and outcomes? How can the process of medicines review be enhanced or improved to address issues of informed choice and adherence?

Why this is important

Non-adherence is often a hidden problem. Many patients are reluctant to express doubts and concerns about medicines because they fear that it will displease the healthcare professional. We need better methods for overcoming this problem and promoting honest and open discussions about medicines and adherence.

There are an increasing number of non-medical prescribers (such as pharmacists and nurses) This is a key context issue and there are a range of questions relating to patient perspectives on new prescribers and to new and existing prescribers' perceptions and skills. The effects of new prescribers on patient adherence to medicines should be included in any studies designed to evaluate new prescribers. The inclusion of formal procedures for medicines review within the Pharmacy Contract in England provides an opportunity for improved support for patients. We need a better understanding of the effects of non-prescriber reviews on medicines usage and outcomes, and how reviews might be improved to benefit patients and society.

^[3] Campbell NC, Murray E, Darbyshire J et al. (2007) Designing and evaluating complex interventions to improve health care. *BMJ* 334: 455–9.

5 Other versions of this guideline

5.1 *Full guideline*

The full guideline, [medicines adherence: involving patients in decisions about prescribed medicines and supporting adherence](#), contains details of the methods and evidence used to develop the guideline. It is published by the National Collaborating Centre for Primary Care.

5.2 *Information for the public*

NICE has produced [information for the public](#) explaining this guideline.

We encourage NHS and voluntary sector organisations to use text from this information in their own materials about enabling and supporting patients to make informed decisions about prescribed medicines.

6 Related NICE guidance

There is no related guidance for this guideline. For a full list of NICE guidance visit [our website](#).

7 Updating the guideline

NICE clinical guidelines are updated as needed so that recommendations take into account important new information. We check for new evidence 2 and 4 years after publication, to decide whether all or part of the guideline should be updated. If important new evidence is published at other times, we may decide to do a more rapid update of some recommendations.

Appendix A: The Guideline Development Group

Dr Henry Smithson (Chair)

General Practitioner; Senior Clinical University Teacher, Academic Unit of Primary Medical Care, Sheffield

Professor Rob Horne

Professor of Behavioural Medicine, Head of Department of Practice and Policy, The School of Pharmacy, University of London

Dr John Benson

Senior Lecturer in General Practice, General Practice and Primary Care Research Unit, Department of Public Health and Primary Care, University of Cambridge

Mr Shaun Johnson

Patient representative; Mind Link National Advisory Panel; Trustee, LAMP (the Leicestershire Action for Mental Health Project)

Mrs Alison Bowser

Patient representative; independent patient advocate; patient representative for Medicines and Healthcare products Regulatory Authority, Cornwall and Isles of Scilly Primary Care Trust and Royal College of General Practitioners

Dr Mahendra Patel

Lecturer/Research Fellow, Institute of Pharmaceutical Innovation, University of Bradford

Mr Stephen Hemingway

Senior Lecturer in Mental Health, University of Huddersfield

Mrs Bunis Packham

Nurse Consultant – Thrombosis and Anticoagulation, Barnet and Chase Farm Hospitals NHS Trust

Mr Jim Blair

Senior Lecturer in Learning Disabilities, Kingston University/St George's University of London; Interim Consultant Nurse (Learning Disabilities) St George's Healthcare NHS Trust

Professor Peter Crome

Professor of Geriatric Medicine, Keele University; Honorary Consultant Geriatrician, North Staffordshire Combined Healthcare NHS Trust

Dr Peter Haddad

Consultant Psychiatrist, Greater Manchester West Mental Health NHS Foundation Trust; Honorary Senior Lecturer in Psychiatry, University of Manchester

Dr Jonathan Steel

General Practitioner, Gloucestershire; Chairman, GP Network, Royal College of Physicians

Dr Sean Kelly

Consultant Physician and Gastroenterologist, York Hospital; Honorary Senior Lecturer, Hull York Medical School

Dr Wendy Clyne

Assistant Director, Medicines Partnership Programme, NPC Plus, Keele University

National Collaborating Centre for Primary Care

Dr Norma O'Flynn

Guideline Lead and Clinical Director

Ms Elizabeth Shaw

Guideline Lead (until February 2007) and Deputy Chief Executive (until February 2008)

Ms Vanessa Nunes

Senior Health Services Research Fellow/Project Manager

Ms Julie Neilson

Health Services Research Fellow

Ms Stefanie Kuntze

Health Economist (until October 2008)

Dr Neil Calvert

Senior Health Economist

Appendix B: The Guideline Review Panel

The Guideline Review Panel is an independent panel that oversees the development of the guideline and takes responsibility for monitoring adherence to NICE guideline development processes. In particular, the panel ensures that stakeholder comments have been adequately considered and responded to. The panel includes members from the following perspectives: primary care, lay, public health and industry.

Professor Mike Drummond (Chair)

Professor of Health Economics, University of York

Ms Catherine Arkley

Chief Executive, Children's Liver Disease Foundation

Dr David Gillen

Medical Director, Pfizer

Dr Graham Archard

General Medical Practitioner, Royal College of General Practitioners

Ms Karen Cowley

Practice Development Nurse, York Health Services NHS Trust

Appendix C: The care pathway

The recommendations from this guideline have been incorporated into a [NICE pathway](#). The [full guideline](#) also contains a care pathway overview and algorithms.

Changes after publication

March 2015: Recommendation 1.4.2 has been replaced by recommendations in section 1.2 in the NICE guideline on [medicines optimisation](#).

March 2013: minor maintenance

January 2012: minor maintenance

About this guideline

NICE clinical guidelines are recommendations about the treatment and care of people with specific diseases and conditions in the NHS in England and Wales.

The guideline was developed by the National Collaborating Centre for Primary Care. The Collaborating Centre worked with a group of healthcare professionals (including consultants, GPs and nurses), patients and carers, and technical staff, who reviewed the evidence and drafted the recommendations. The recommendations were finalised after public consultation.

The methods and processes for developing NICE clinical guidelines are described in the [guidelines manual](#).

The recommendations from this guideline have been incorporated into a [NICE pathway](#). We have produced [information for the public](#) explaining this guideline. Tools to help you put the guideline into practice and information about the evidence it is based on are also [available](#).

Your responsibility

This guidance represents the view of NICE, which was arrived at after careful consideration of the evidence available. Healthcare professionals are expected to take it fully into account when exercising their clinical judgement. However, the guidance does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer, and informed by the summary of product characteristics of any drugs they are considering.

Implementation of this guidance is the responsibility of local commissioners and/or providers. Commissioners and providers are reminded that it is their responsibility to implement the guidance, in their local context, in light of their duties to avoid unlawful discrimination and to have regard to promoting equality of opportunity. Nothing in this guidance should be interpreted in a way that would be inconsistent with compliance with those duties.

Copyright

© National Institute for Health and Clinical Excellence 2009. All rights reserved. NICE copyright material can be downloaded for private research and study, and may be reproduced for educational and not-for-profit purposes. No reproduction by or for commercial organisations, or for commercial purposes, is allowed without the written permission of NICE.

ISBN: 978-1-4731-1123-3

Accreditation

