

## **The New Medicines Service**

### **Why?**

We all know that adherence to medicines is about 50% (fully adherent defined as taking 80% of the medicines at right time and regularly). E.g. not compliant; Arthritis 30%, Asthma 40%, Breast cancer 50%, Heart disease 50%, Statins 58% 2years, Depression 50% discontinue their treatment prematurely, Diabetes 66% (metformin/sulphonylureas), epilepsy 28%, Osteoporosis/etidronates 50% 1 yr.

DoH Waste Report: 'medicines wastage in England is currently in the order of £300 million per year', 'Improving adherence in medicine taking can improve health outcomes in just five therapeutic contexts is in excess of £500 million per annum' in asthma, statin to prevent heart disease, hypertension, schizophrenia and diabetes.

In UK 6.5% of adult hospitalisations are caused by medicines adverse events, 30% can be attributed to non-adherence.

UK evidence suggests indicator for long term non-adherence greatest in the first 10days, 30% non-adherent.

### **How to tackle new medicine non adherence?**

45% of non-adherence was intentional

For intentional non-adherers beliefs about the medicine was the strongest predictor of compliance

Interventions by pharmacists caused a relative reduction of non-adherence by 43% (9% v 16%), as increased the intervention groups positive beliefs significantly (5 vs 3.5). Patients reporting medicine related problems decreased in the intervention group by a relative percentage of 32% (23% vs 34%).

Interventions reduced costs at 2 month follow up (by reducing in the main hospitalisations, 8.9 vs 3.9), by £104 (relative reduction 36%, £188 vs £282).

Canada has a 'Trial prescription service', this has been in place since 2000, it has shown reasonable patient involvement 58%, and cost savings.

### **What will the New Medicines Service Look Like?**

The UK evidence was based on an initial face to face consultation with a further two telephone consultations, 10-14 days after starting and then another contact around 4 weeks after the new medicine was issued.

The second consultation takes on average 12 minutes.

The first consultation was a semi structured interview, pharmacists used a patient centred (concordance) advice. Focussing on listening to patients problems and providing brief advice if necessary. Second call was data collection, to find out if the patients were still taking the medicines.

Patient groups, cardiovascular (angina, high blood pressure, high cholesterol), arthritis, asthma, diabetes. COPD? Depression (Canadian)? NSIADs (Canadian) ? Gastrointestinal (Canadian)?

The funding is £55million over 2 years, which works out at approximately £5000 per pharmacy per year.

### **What issues will the discussions disclose?**

66% will report an issue with medicine: 50% side effects, concerns about the medicine 43%, 17% difficulties with practice aspects of taking the medicine (e.g. swallowing, remembering complicated regime, half tablets).