

Pharmacy professionals use shared decision making approaches to help patients better understand their medicines

The MAGIC team – Newcastle

This case study describes how the team in Newcastle working on the Health Foundation's MAGIC programme to implement shared decision making worked with pharmacy staff to incorporate shared decision making approaches into their service.

Patients make a decision about their medication every time they receive a prescription or are scheduled to take a dose of medicine. They are faced with a personal choice of whether to start or continue with treatment. At the same time, there is evidence that shared decision making about prescribed medication increases adherence¹ and therefore reduce waste in the NHS – an imperative for a healthier population and effective use of resources.

Pharmacists are well placed to talk with patients to increase their understanding of their medication and its potential side-effects and to answer associated questions. Add to this the shared decision making skills that encourage both health professional and patient to consider what is important to a person, and there is much greater scope to improve adherence, or to help a patient to consider stopping or changing a prescription to better fit their lifestyle and needs and to help embed and spread better patient involvement in primary and secondary care settings.

In the Newcastle MAGIC Programme, we have worked with the Pharmacist Practitioner at Collingwood Health Group GP Practice and with the Senior Lead Clinical Pharmacist for older people's medicine and community health based in Newcastle Hospitals, who has taken a lead role in implementing SDM in the Trust.

Incorporating shared decision making into Newcastle Upon Tyne Hospitals NHS Trust Pharmacy Directorate

The NUTH Pharmacy directorate has achieved a number of successes in incorporating shared decision making into their routine work:

- Incorporation of shared decision making into patient information about medicines
- Formalising processes for offering choice of anticoagulant in atrial fibrillation
- Shared decision making is incorporated into Pharmacist-led clinics for anticoagulation monitoring and bisphosphonate review
- 'Tell me 3 things about your medicines' awareness campaign appears in waiting areas

Can you tell me 3 things about your medicine?

If not, please ask us when we give your medicine to you.

What is the medicine for?

What is the best way to use it?

What are the common side effects? (and what do I do if I get one of them?)



Pharmacy & Medicines Management
Making choices about your medicines

MAGIC
Making good decisions in collaboration

¹ See, for example: Cushing A and Metcalfe R. Optimizing medicines management: From compliance to concordance. *Therapeutics and Clinical Risk Management*, 2007.

Available at: <http://personcentredcare.health.org.uk/resources/optimizing-medicines-management-compliance-concordance>

In the future, the Pharmacy directorate are planning to re-design their services, and as part of this will train pharmacy staff to work more closely with in-patients, supporting them to better understand their medicines and any changes in their prescription. The training will include shared decision making skills so that support staff understand the importance of patient values in relation to the medicines options available, and their possible consequences.

Incorporating shared decision making into primary care prescribing

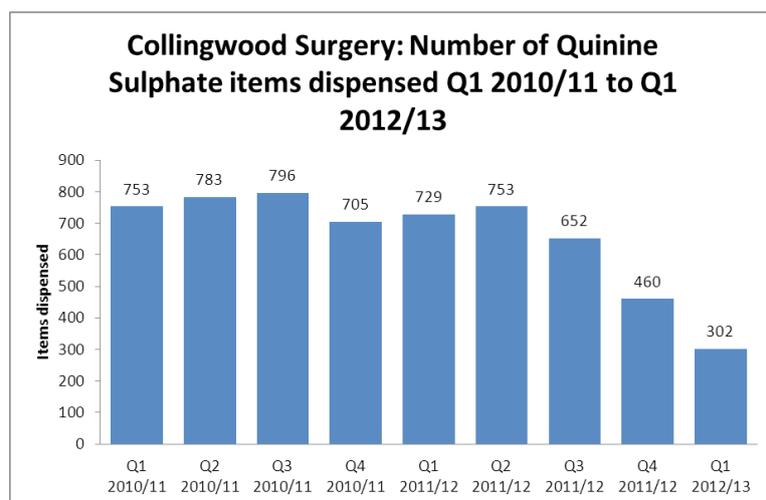
The community Pharmacist Practitioner worked with GP colleagues at Collingwood Health Group Practice using decision support materials to help patients to consider the value to them personally of prescribed medication and therefore whether to continue.

Following an alert from the Medicines and Healthcare Products Regulatory Agency, 800 patients prescribed quinine for nocturnal leg cramps were sent The Brief Decision Aid (BDA) for leg cramps.² The Brief Decision Aid identifies potential side effects of quinine and other options for easing leg cramps and notes that quinine may prevent only one episode of cramp per week. Patients were asked to consider the information and then contact the surgery if they wanted to discuss their medication and how well it was working for them.

The exercise resulted in a reduced number of patients choosing to take quinine: prescribing figures show 193 patients on quinine in quarter two of 2011/12; but following the intervention this dropped to 81 patients on quinine by quarter four of 2012/13.

The number of quinine sulphate items dispensed was on average 753 between quarter one 2010/11 and quarter two 2011/12. This dropped to 652 and 460 in quarter three and quarter four 2011/12 respectively, reaching 302 in quarter one 2012/13 staying at that level to date. (See chart 1 below)

Chart 1



Patient case study – working with a pharmacist to make a good decision

A 71 year old female patient with severe atrial fibrillation had undergone a number of surgical and drug treatments to ease her symptoms. At hospital out-patient follow-up the patient expressed a preference to stop taking warfarin as the need for constant visits for blood tests and other limiting factors of medication were interfering with her recently resumed social life. The discharge letter from the hospital mentioned the patient's preference and that she had been strongly advised to continue on warfarin.

The practice pharmacist talked with the patient, who reiterated that she was feeling well and wanted to get on with and enjoy her life. The patient and pharmacist talked about what was most important to the patient and the benefits and risks of different options including stopping medication. They decided together that changing to a different anticoagulant that had different risks but no need for test visits, would make the patient's quality of life much better.

Spreading the word

There is growing interest in shared decision making from pharmacy professionals who in the future NHS will have greater opportunities as healthcare providers for face to face patient consultation and support. Engagement with pharmacists is increasing in all health care settings, their interest

² <http://cdn.patient.co.uk/treatment-options/cramps.pdf>

being based on evidence in relation to adherence, management of long term conditions and generally seeking more effective medicines management.

Following a presentation on shared decision making to the Gateshead and South Tyneside Local Pharmaceutical Committee there has been:

- A request to create an shared decision making page on the group's website
- Interest in using the Ask 3 Questions materials including those modified for pharmacy use in collaboration with NuTH shared decision making Pharmacy lead
- Interest in developing within the South Tyneside, Gateshead and Sunderland CCGs, pharmacy SDM trainer/champions who can help embed shared decision making in community settings
- Pharmacists from primary and secondary care who are working with the MAGIC team seeking further engagement with pharmacy organisations/groups

Further requests have been received from other organisations including East & South East England Specialist Pharmacy Services who want to use shared decision making to improve patient safety related to medicines and develop the skills required to take part in discussions with patients about their treatment choices.

Conclusions

- Clinical Pharmacists/Technicians are well placed to encourage patient involvement in preference-sensitive decisions.
- More can be done to involve pharmacy colleagues and therefore spread the practice of shared decision making in community and acute settings
- Pharmacy colleagues are keen to link up with partner health care professionals and commissioners in terms of offering shared decision making as part of routine healthcare provision

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