

## A patient perspective of what is required for effective medicines optimisation

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### Abstract

The requirements, from a patient perspective, for effective medicines optimisation are outlined. Some of the challenges currently experienced by patients are discussed.

The paper provides a brief overview of how the present process of medicines optimisation could be improved and what it may look like in the future.

**Keywords:** patient perspective, medicine, optimisation, effective

### Introduction

For most people, the process of medicines optimisation is simple. They go to a healthcare professional, they get a prescription, it gets dispensed and they take the medicine. However, what if you are one of the '11 million people with a ... long term illness, impairment or disability'?<sup>1</sup> Would that process be quite so easy? Chances are probably not, because at least some of that population are likely to have either a communication difficulty or be reliant on support workers, which could potentially complicate the process. For example, the support worker may not know what medicine is needed,

when it needs to be taken or be able to work out the appropriate and safe dose.

This paper outlines eleven key principles that will help patients optimise their medicines. It also identifies some of the key problems faced by those with disabilities in relation to medicines and proposes what could be done differently to improve medicines optimisation.

It is written from my own perspective as a patient with a long-term condition who is reliant on support workers. I can communicate effectively but I still experience problems.

Problem	Description
A lack of understanding	Support workers, carers and patients sometimes do not understand what different medicines are for, etc.
A lack of appropriate communication	Healthcare professionals don't always effectively communicate with everybody involved in the patient's life. Interestingly, it has been inferred that only 7% of communication is verbal (words), <sup>3</sup> perhaps meaning that it is not 'what is said' but 'the way it is said'. This can also apply to patients i.e. a patient may not know how to describe the side-effects of a particular drug or they may feel that the healthcare professional knows best.
The making of assumptions	People often make assumptions about the patient or the carer. One of the most basic assumptions we make as a society is that all people can read. This is not the case - in fact around 16 percent, or 5.2 million adults in England, can be described as 'functionally illiterate'. <sup>4</sup>
Silo working	In theory, the NHS is one big, national agency. In practice, this is not the case; it's made up of lots of little departments all working, it would appear, autonomously.
The reluctance to embrace technology	The uptake of new technology is slow or problematic, for example the failure of the National Programme for Information Technology (NPfIT).

**Table 1: Current barriers that prevent the optimal use of medicines from a patient's perspective**

## Barriers to optimal medicines usage

The main barriers, from a patient's perspective, that prevent the optimal usage of medicines are shown in Table 1.

## Examples of problems experienced personally in practice

The following provides a couple of examples of what it feels like for a patient when things do not go as they should.

### Problem 1

I remember, on one occasion, being given somebody else's antibiotic (penicillin, to which I'm allergic). It was a liquid medication so I could taste I shouldn't have had it. However, the spoon had been put in my mouth and I had already taken the medication off the spoon so, whilst I could taste it was the wrong medicine, I could not spit it out. As a result of this I was scared as I've had bad reactions in the past. The support worker at the time knew she had administered the wrong drugs because I was able to communicate verbally and say "I shouldn't have had that medicine, it tasted like the one I'm allergic too." She then looked at the label and realised her mistake. You cannot imagine the fear I felt. It was as though I was looking over a cliff with something terrible about to happen. Luckily, I was at a residential college that had 24 hour nursing care attached to it so I just had to go and sit with the nurse for a few hours. I had no long lasting side-effects so, whilst it was annoying and inconvenient, nothing serious occurred. The support worker had her right to administer drugs temporarily suspended and an accident report was made. My trust in that support worker was damaged, so much so that I did not work with her again.

#### *How could this have been avoided?*

Well, quite simply, the support worker did not read the label. If she had she might have realised that it wasn't my antibiotic. Also, the medicines could have been double checked; and unqualified support workers should not, in my opinion, be permitted to administer medication.

#### *What's the lesson here?*

The administration of medication should never be rushed. Great care must be taken. Also, great attention to detail is needed. The five 'rights' of medicine administration could be used as a checklist, which are:

- right patient
- right time
- right drug
- right dose
- right route.<sup>2</sup>

In the above problem, if this checklist had been used, the support worker may have realised it was the wrong patient.

### Problem 2

On another occasion my live-in support worker was assisting me to dispense my evening medications. I direct this procedure by saying to them "This is medication 'a' - I need one of these, this is medication 'b' - I need two of these and so on." However, on this occasion, she objected to me helping her stating that she knew what she was doing. For the sake of good relations I allowed her to continue. When I was taking the medicine I realised that she had misread a box as quetiapine when it actually said co-codamol. Fortunately, I realised she had given me the wrong medication and spat it back into the cup, put it back into the box, made sure that I got out the correct medication and took it myself. Luckily, due to my ability to recognise her error I was able to prevent it. It made me feel annoyed that the support worker hadn't listened but I suffered no long lasting effects. Because I was able to manage it, I did not report the administration error to either the support worker or the care agency involved. I just decided to administer my own medication without the assistance of the support worker for the rest of that week.

#### *How could this have been prevented?*

Quite simply, the support worker failed to do two things; she failed to read the box and failed to listen to a given direction from her client who was, in this case, well able to communicate his needs.

#### *What's the lesson here?*

Check, check and check again. Make sure you clearly read the box and understand its directions. If you don't, seek help. Also, listen to patients who clearly understand their medications. In this situation you could again use the five 'rights' checklist and easily see that the wrong drug was administered.

## Effective medicines optimisation from a patient's perspective

The principles, from a patient's perspective, that may improve medicines optimisation are shown in Figure 1. The following considers each of these in turn from the point of view of what should happen theoretically but then considers what it really looks like from the perspective of a patient.

### 1. Effective communication with multiple stakeholders

#### *In theory*

All stakeholders involved with the patient must communicate effectively by using appropriate language for the person/audience they are talking to. Poor communication could have serious implications, for example, over dosing because what was said wasn't understood.

#### *From the patient's perspective*

This happens most of the time without incident. However, it can and does go wrong (see problems 1 and 2). When problems do occur they can be serious and life threatening just because somebody didn't communicate correctly.



**Figure 1: Some key principles from a patient's perspective that may improve medicines optimisation**

## 2. Access to training for support workers and carers

### *In theory*

Pharmacists and other healthcare professionals should offer basic training to people involved in the patient's life, for example, support workers, family members, etc. A vehicle for delivery of such training could be a Medicines Use Review (MUR).

### *From the patient's perspective*

This doesn't happen unless you are able to communicate and ask for it. I can think of one occasion in my 31 years, when I have been approached to review my medicines by a pharmacist.

## 3. Guidance, advice and knowledge

### *In theory*

It is often said that 'knowledge is power'.<sup>5</sup> Pharmacists and other healthcare professionals have a vital role to play in terms of passing on knowledge to their patient's family members and support workers; this will then empower people to take responsibility for their own medicines regime.

### *From the patient's perspective*

I have no problems accessing the internet or asking for advice and guidance from the pharmacist or doctor. However, I can communicate well and am knowledgeable. I wonder if this would be quite so easy if I had difficulty in communicating.

## 4. Access to both medicines and support when they are needed

### *In theory*

Does this situation sound familiar? Perhaps you are on holiday or visiting relatives, you think you've packed enough medication - turns out you haven't. Pharmacists can help here; a person may not be able to get an appointment with their General Practitioner (GP) or may not want to sit in Accident & Emergency or a Walk-in Centre for several hours just to get a prescription but they may just tolerate going to see the pharmacist who has known them for years.

### *From the patient's perspective*

If you are well-known to the pharmacist you are usually able to get emergency supplies. However, if you are not known to the pharmacist, which happened to me recently, they will need a prescription even to give you emergency supplies. This may get better with the advent of e-prescribing but it will not solve the problem if somebody is on holiday and runs out of medication. A partial solution may be for the person to carry their latest repeat prescription form with them.

## 5. Regular Reviews

### *In theory*

Things change over time, as does our need for medicines but some people are scared to go to the doctors or maybe just can't communicate that one of their medicines actually has terrible side-effects. Pharmacists can conduct regular reviews.

In addition to this, according to Direction 4(2) of The Pharmaceutical Services Directions (2013), regular reviews can help by:

- (a) ...establishing the patient's actual use, understanding and experience of taking drugs;
- (b) identifying, discussing and assisting in the resolution of poor or ineffective use of drugs by the patient;
- (c) identifying side-effects and drug interactions that may affect the patient's compliance with instructions given to them by a healthcare professional for the taking of drugs; and
- (d) improving clinical and cost effectiveness of drugs prescribed to patients, thereby reducing the wastage of such drugs.<sup>6</sup>

#### ***From the patient's perspective***

This needs to be improved; I have only ever been approached once for a MUR.

### **6. Advocacy**

#### ***In theory***

Pharmacists have a role here. They will probably see the patient fairly regularly, at least once a month and maybe more. So, if they think something's not quite right or the patient tells them something that they think other healthcare professionals should know, would it not be sensible to say something?

#### ***From the patient's perspective***

Pharmacists do communicate with doctors, but usually only when there is a problem on the prescription. They often tell people to go back and see their doctor if the person has a problem with the medication.

### **7. All professionals to understand the patient's lifestyle and context**

#### ***In theory***

Get to know your patients a bit; what they like, what they don't like, etc. It may help you to understand why they manage their medicines in the way they do.

#### ***From the patient's perspective***

This does happen; pharmacists often ask how I am. Indeed, the pharmacist who has known me since I was a little boy still asks my mother for updates about me, even though I have moved away to University.

### **8. All professionals to be friendly and approachable**

#### ***In theory***

The body language and tone you use is important. If someone is frowning and talking down to you, would you feel like you could approach them? Remember, '... the total impact of a message breaks down like this: 7 percent verbal (words), 38 percent vocal (volume, pitch, rhythm, etc.) and 55 percent body movements (mostly facial expressions).'<sup>3,7</sup>

#### ***From the patient's perspective***

Most professionals have been friendly and approachable. If they don't appear to be it's usually because they are busy or do not understand what they are being asked.

### **9. All professionals to be pro-active in promoting good medicines optimisation**

#### ***In theory***

Be pro-active, use the knowledge you have to promote good medicines optimisation and stop people slipping into bad habits. A report by the Department of Health estimates that unused medicines cost the NHS around £300 million every year.<sup>8</sup> In a time of austerity this is not acceptable; a pro-active approach may reduce or eliminate waste.

#### ***From the patient's perspective***

This doesn't happen, as I've said twice previously, I've only ever been offered an MUR once.

### **10. A person-centred approach**

#### ***In theory***

'Person-centred care aims to ensure a person is an equal partner in their healthcare. The individual and the health system benefit because the individual experiences greater satisfaction with their care and the health system is more cost-effective...'<sup>9</sup> Medicines help people get well; how can they be managed effectively if those people aren't at the centre of everything healthcare professionals do?

#### ***From the patient's perspective***

This does happen but it seems to me people struggle when the person has severe additional needs e.g. they can't communicate or they have a learning disability.

### **11. Clear and correct labelling**

#### ***In theory***

This is vital to ensure that people understand what the medicine does, the doses they should be taking and how often they should take it. Unclear or incorrect labelling will undoubtedly lead to errors in medicines administration.

#### ***From the patient's perspective***

This is something pharmacists, in my experience, do well. I can never recall having a box of medicine that has been incorrectly labelled or where the instructions were not clear.

## **Conclusions**

It's not all about big complex initiatives. Perhaps it's more about communicating in ways users of the NHS understand; providing simple things like a Medicines Use Review, asking simple questions, like 'How are you?' and 'Did you get any side-effects from the new medication?'

Everybody has a role to play in medicines optimisation by:

- being pro-active
- being approachable
- being a good advocate

- embracing technology and change; for example, electronic prescriptions
- not being afraid to speak up if they see something that could be improved
- reducing waste - if this can be reduced it will save money that can be put back into the NHS.

### Declaration of interests

Honorarium: Pharmacy Management Regional Roadshow (London), May 2015.

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