Following a framework for good practice helps achieve concordance

Recent editions of *Pharmacy in Practice* have highlighted the importance of partnership with patients regarding medicines taking. This article describes a framework for good practice for achieving concordance and discusses the skills pharmacists need to actively support people with taking their medicines.

Introduction

Since 1997, when the Royal Pharmaceutical Society of Great Britain published *From compliance to concordance*[1] the concept of concordance has been defined, re-defined, explored and discussed. Though some may quibble about the finer conceptual basis of concordance, it is generally accepted by most clinicians that a patient-centred approach to prescribing and medicine-taking is desirable.

However, the experience that patients have in the NHS does not always seem to match up to the ideals and principles of concordance. The Picker Institute and the Health Foundation have both recently reported on what patients tell us about the care they receive from the NHS and the extent to which it is patient-centred. Both organisations have sought to integrate data on patient experience of primary and secondary care gathered over the last few years. The Picker Institute reports[2] that patients are very appreciative of the care they receive from the NHS. However, aspects of their care that could be improved include involvement in decision-making, involvement in medication choices and information about side-effects.

In 2006, 32% of primary care patients and 48% of hospital patients said they had not been sufficiently involved in decisions about their care. Again in 2006 only 55% of primary care patients prescribed new medicines said they had definitely been involved in decisions about which medicines would be best for them (a decrease from 59% in 2004 and 2005). In secondary care settings in 2006 just 37% of hospital patients discharged with new medicines reported that they were told 'completely' about any side-effects. There is little evidence of significant change in NHS care in these areas since 2002 when the national NHS survey programme was introduced. The Health Foundation covers similar ground in its report[3] and names engagement of the patient in shared decision-making about treatment options as one of four areas that the NHS should prioritise to improve patient experience.

Why has there been no improvement in patient involvement in prescribing and medicines-taking?

What does concordance look like? Despite acceptance of the concept of concordance there is little evidence in recent years — from large-scale patient surveys at least — of any demonstrable change in the experience of patients in involvement in decisions about their medicines. Practical implementation of the principles of concordance is not keeping up with the rhetoric. While reliable and valid measures of concordance have been developed,[4] there is no clear agreement about how concordance can be achieved.

Establishing a consensus

The Medicines Partnership Programme, now at NPC Plus, has sought to establish a consensus about how to go about involving patients in prescribing and medicines-taking, and the skills that clinicians need to achieve concordance with patients about medicines. We asked professional groups of clinicians to describe the behaviours that are characteristic of a good concordant consultation. We also asked a group of patients with long-term conditions to describe a 'good' consultation with a health care professional. After a process of sorting and sifting the concordant behaviours were grouped into themes and tested with another multi-professional group. The resulting *Competency framework for shared decision-making: achieving concordance for taking medicines*[5] is a guide to good practice for concordance. It describes 59 behaviours in eight areas of competence that support concordant practice.

The framework[5] is summarised in Figure 1. The behaviours are intended to be relevant to consultations between patients and any health care professional in any setting across the full range of medical conditions. It is not assumed, however, that every behaviour in the competency framework should be evident in every consultation; rather that clinician behaviour will adapt to the individual patient and moment of care.

How pharmacists can use the concordance competency framework: primary care

Involving patients in decision-making about medicines matters not only during prescribing consultations, but also after the point of prescription — when medicines are dispensed, reviewed, stopped or changed. Pharmacists can make a real difference to patients' experience of health care by increasing the extent to which they involve and support patients in their medicines taking and by using behaviours that support concordance.

Building a partnership

1. Listening
Listens actively to the patients

2. Communicating
Helps the patient to interpret information in a way that is meaningful to them

Managing a shared consultation

3. Context
With the patient defines and agrees the purpose of the consultation

4. Knowledge
Has up-to-date knowledge of area of practice and wider health services

Sharing a decision

5. Understanding
Recognises that the patient is an individual

6. Exploring
Discusses illness and treatment options, including no treatment

7. Deciding
Decides with the patient the best management strategy

8. Monitoring
Agrees with the patient what happens next

Figure 1. Summary of competency framework for shared decision-making with patients. Eight areas of competence (1 to 8 above), each with a specific, overarching statement, support concordance practice.[5]

In primary care and in community pharmacy, pharmacists can use the concordance competency framework as a guide to practice for medication reviews. The competencies in area 6 of 'Exploring: discuss illness and treatment options, including no treatment' are particularly relevant to medication review. Likewise, in disease management clinics in primary care, or testing services for diabetes, high blood pressure, and cholesterol in the community pharmacy, the concordance competency framework can guide the pharmacist to build a partnership with the patient. It can help ensure that the consultation covers the patients concerns as well as their own; and guide the pharmacist to offer advice and guidance based on an understanding of individual patients' specific concerns, beliefs and priorities.

The Medicines Partnership Programme at NPC Plus has run a number of training programmes to assist pharmacists in primary care and community pharmacy to develop and refine consultation skills that are consistent with the competency framework. The training courses have given pharmacists an opportunity to practice and rehearse their skills for concordance with simulated patients and to later observe their consultation on DVD for further learning and reflection. Through a combination of self-assessment, peer-supervision and guidance from course leaders, participants learn to incorporate new skills, behaviours and consulting styles into their day-to-day practice.

Secondary care and the concordance competency framework

Pharmacists in secondary care may consider admission and discharge from hospital as two key moments when patient involvement can have a crucial impact on treatment effectiveness and patient safety. The draft NICE guideline on medicines reconciliation at admission (now at the consultation stage, full guidance is expected in December 2007)[6] recommends that when a patient is admitted to hospital, pharmacists should be involved in medicines reconciliation as early as is possible.

In addition to reconciling paper and electronic medicines records on admission, collecting a medication history with the patient is important. Based on the competency framework, a concordant medication history would involve the pharmacist listening to the patient's views, treating the patient as an equal partner, using open questions to elicit information, and exploring and confirming the patient's understanding about medicines. A concordant consultation with the patient to gain a medication history may be more likely to result in an accurate account of the medicines and dose that the patient is currently taking. Although this may be at odds with paper and electronic records, it may be more accurate. Medication errors may be less likely to occur as a result of a concordant medication history taking. Further, when a medication history is conducted in a manner likely to facilitate concordance, patients' beliefs about prescribed medicines and their effects can form the basis of an ongoing dialogue with patients about their conditions and treatment during their time in hospital.

The competency framework can also guide good practice with medicines at discharge. The competency area 2 — 'Communication: help the patient to interpret information in a way that is meaningful to them' is useful here. This includes the proviso that we should share information in a way the patient understands, and explore and confirm the patient's understanding of medicines. Patients who are engaged and involved are more likely to be able to identify and prevent medication errors, for example, by having sufficient information, understanding and commitment to following a new medicines regimen on discharge.

Pharmacists have much to offer patients by using the competency framework — as do other clinicians. The concordance resources for foundation doctors, available from e-Learning for Healthcare (e-LfH), authored by the Medicines Partnership Programme at NPC Plus and Medicines Management at Keele University, are based on the shared decision-making and concordance competency framework described here. By establishing a consensus about what concordance looks like in practice, and seeking to support and train clinicians in concordance consultation skills, we hopefully won't have to wait too long before we are able to say that we have a more patient-centred NHS — as far as medicines are concerned at least. ✣

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References

1. Royal Pharmaceutical Society of Great Britain. *From compliance to concordance: achieving shared goals in medicine taking*, RPSGB, London, 1997.
2. Richards N, oulter A. *Is the NHS becoming more patient-centred: Trends from the national surveys of NHS patients in England 2002-07*. Picker Institute Europe, Oxford, 2007. http://www.pickereurope.org/Filestore/Publications/Trends_2007_final.pdf.
3. Leatherman S, Sutherland K. *Patient and public experience in the NHS*. The Health Foundation, London, 2007. http://www.health.org.uk/publications/research_reports/patient_and_public.html .
4. Elwyn G, Edwards M, Hood K, Atwell C, Grol R. Shared decision making: developing the OPTION scale for measuring patient involvement. *Quality and Safety in Health Care* 2003; **12:** 93–9.
5. Clyne W, Granby T, Picton C. *A competency framework for shared decision-making: achieving concordance for taking medicines*, 2007. Medicines Partnership Programme/NPC Plus, Keele. http://www.keele.ac.uk/schools/pharm/npcplus/medicinespartner/compframwork_decisionmaking.htm
6. National Institute for Health and Clinical Excellence. *Clinical and cost-effectiveness of interventions in medicines reconciliation at the point of admission: consultation*, 2007. http://guidance.nice.org.uk/page.aspx?o=452714.