

Health and Adult Social Care Overview and Scrutiny Committee

13 March 2025

Med-Eze Medicine Distribution

Report from: Raj Chopra, medicine distribution project team

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Summary

This report provides background to the Med-Eze medicine distribution system. A presentation will be given to the Committee.

1. Recommendation

1.1. The Committee is asked to note the report.

2. Budget and policy framework

2.1. Under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 the Council may review and scrutinise any matter relating to the planning, provision and operation of the health service in Medway. In carrying out health scrutiny a local authority must invite interested parties to comment and take account of any relevant information available to it, and in particular, relevant information provided to it by a local Healthwatch. The Council has delegated responsibility for discharging this function to this Committee and to the Children and Young People's Overview and Scrutiny Committee as set out in the Council's Constitution.

3. Background

3.1. The principle of Med-Eze is to provide factual data on patient compliance to medication therapy.

3.2. NICE (the National Institute for Health and Care Excellence) guidelines currently state that around a third to half of all prescribed medication prescribed for long term therapy are not taken as recommended.

3.3. Local studies undertaken by Kyndi Ltd, a company wholly owned by Medway Council, which provides care related services to both the public and private

sectors, indicates savings of around £5,500 gross per annum per patient using the Evondos compliance system (unverified), with community paid carers indicating compliance being far below the 50% compliance indicated by NICE guidelines (unverified).

- 3.4. Though no factual data exists in the UK, a systematic review undertaken in the US based upon five disease states indicates non-adherence to prescribed therapy costing between \$439 to \$3682 per month per patient, adjusted for health expenditure comparisons, this equated to an average of (at \$2060 pm/patient) as \$901 per month or around £725 per month per patient.
- 3.5. The basis of software developed is that there is no definitive data as to the extent of non-compliance to therapy in primary care and its effects economically to the NHS, its burden on resources and impact to individual health.
- 3.6. The figures quoted above give some insight as to the economic consequences to non-compliance to therapy in the UK, there is yet to be any definitive factual data.
- 3.7. The Med-Eze system would provide this based upon witnessed recorded data on medication compliance, more importantly non-compliance and reasons as for not adhering to therapy with reasoning.
- 3.8. This data shall allow Pharmacy, along with other healthcare providers to tailor bespoke therapy to individuals thus increasing compliance, subsequently reducing economic burden on the NHS and morbidity to patients.
- 3.9. A small pilot has been undertaken between the project team and Kyndi. Savings have been in the region of around £78k. The team wanted the opportunity to show the Committee this innovation, which has been developed by pharmacists in Medway.
- 3.10. The opportunity was also being sought to possibly discuss further pilots with the Council and its Adult Social care resource and the Kent and Medway Integrated Care Board.
- 3.11. The Med-Eze free pilot study would be based upon a sufficient sample size, using robust scientific criteria. It should provide somewhat definitive data on medication non-compliance, the burden on UK healthcare and potential cost savings based upon intervention.

4. Risk management

- 4.1. There are no risks to Medway Council directly arising directly from the recommendations of this report.

5. Climate change implications

- 5.1. There are no climate change implications for Medway Council arising directly from the recommendations of this report.

6. Financial implications

- 6.1. There are no financial implications to the Council arising directly from the recommendations of this report.

7. Legal implications

- 7.1. There are no legal implications to the Council arising directly from the recommendations of this report.

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Appendices

None

Background papers

None