Medicines and Healthcare products Regulatory Agency
Board Meeting – public session

12 September 2016

Strategic Direction for Medicines Information

Issue/ Purpose: This paper updates the Board on the current position with statutory medicines information, reviews the outcome of the "shortcomings" report and proposes options for developing a medicines information strategy to benefit patients and healthcare professionals. The proposals fit within the wider Patient Safety and Vigilance Strategy under the communications work stream.
Summary: Statutory medicines information is the public face of the marketing authorisation and is an essential part of risk minimisation to ensure medicines can be used safely and effectively. Research sponsored by MHRA and a report commissioned within the EU both point to the need for quality improvements in this area.
Resource implications: Within existing budget
EU Referendum implications: Exit from the EU could enable the UK to develop a more patient-centric approach to medicines information.
Timings: Routine
Action required by Board: To consider the research and wider recommendations and to agree to further exploration of the options to improve medicines information in the widest sense.
Links:
Author(s): Jan MacDonald
Which of the five themes in the Corporate Plan 2013/2018 does the paper support? Vision and Scope of our Role Achieving Excellence **If relevant, which Business Plan strategic activity does it support?**
CET Sponsor: June Raine

STRATEGIC DIRECTION FOR MEDICINES INFORMATION – A PROPOSAL FOR DISCUSSION

1. Issue

This paper updates the Agency Board on the current position with statutory medicines information in the UK, reviews recent research in the area (some of which was funded by MHRA) and sets out the recommendations from the "shortcomings" report commissioned by the European Commission in line with article 59 of Council Directive 2001/83/EC. The proposals fit within the wider Patient Safety and Vigilance Strategy under the communications workstream.

2. Recommendation

The Board is asked to note the current position and recent research in the area of statutory medicines information in the UK, to consider the recommendations emerging from the "shortcomings report" and to agree that the MHRA develop an aspirational strategy to put the patient at the centre of the development of information provided to support the safe and effective use of medicines in the UK.

3. Regulatory History

Patient information has evolved significantly over the years since the principal leaflet regulations were set out in statute in the UK in 1977. At that time the provision of additional information with a medicine was unusual and supplied on a voluntary basis by the licence holder.

It was not until 1992 that a patient information leaflet became a statutory requirement for all medicines (unless all the necessary information could be legibly included on the labelling). The purpose of including additional information with the product was so that patients could be supplied with full and comprehensiblee information to enable them to use the medicine safely and to best effect with support from their health care provider.

The legislation was amended in 2005 to take account of research which indicated that the information was not presented in a logical order [article 59(1) of Council Directive 2001/83/EC] and to introduce the requirement to ensure that the final documents reflected the results of consultation with target patient groups – user testing – to demonstrate that people who were likely to rely on the information could find and understand key messages for safe use [Article 59(3) of Council Directive 2001/83/EC].

In 2010 a statutory obligation was directed at the European Commission (EC) to review the shortcomings of statutory medicines information to produce a report [Article 59(4) of Council Directive 2001/83/EC]. This was a key change in the legislation which provided opportunity for research in this area to influence regulation for the benefit of the patient. At the time EC were commissioning the "shortcomings" report MHRA took the opportunity to

contribute to the call for evidence to support what we knew from our work and from the research we had sponsored. Our letter to EC outlining our position is attached at Annex A.

To complement the changes in legislation the UK proactively developed and published best practice guidance in the patient information provision together with key recommendations in the publication *"Always Read the Leaflet – getting the best information with every medicine"*. Much of this has been translated and used in wider EU guidance in this area over the years. To encourage innovation in information design the UK separately published electonicially examples of good practice in our "PIL of the Month" feature on our website. Regrettably the move to GOV.UK has meant this important resource has been lost but we are exploring how this could be delivered via other means moving forward as it was recognised by industry and in the "shortcomings" report as a valuable resource.

4. UK Research on patient information

In 2011 MHRA jointly funded a PhD Studentship with the School of Healthcare at Leeds University. The title of the thesis published in 2015 was *"The inclusion of a headline section and information about benefits of medicines in written medicines information"*. These two complementary topics were selected to explore the issues most refective of the views of patients in the legally required user testing

- the difficulty people had in assimilating very long sets of information without a summary of the key points, and
- the overly negative perception readers had due to the long lists of possible side effects in the absence of a balance of possible benefits.

In addition to a detailed scoping literature review qualitative research explored the way in which patients would use headline information in the leaflet and their understanding of benefit information when included in the body of the leaflet. In summary the qualtitative research indicated that a headline section was viewed positively and that participants in user testing used the headlines to help navigate the documents and find key information. Benefit information was similarly welcomed but many people found the perceived low levels of benefit difficult to engage with. Nonetheless participants in the focus groups pointed to the need to explore this further to enable them to better understand the likelihood of them experiencing side effects in the context of possible benefit and make informed decisions about their medicines. Publications continue to emerge following this and further work has been taken forward in Leeds University.

In addtion, Professor Mackay and Jan MacDonald produced a paper entitled *"Communicating Risk and Benefit in the regulation and use of medicines"* published in Pharmacology Matter from the British Pharmacological Society in 2012. This paper focussed on the need for balanced medicines information which clearly communicated the likelihood of risk in a meaningful manner to the reader to enable informed decisions to be made with the help of a healthcare professional.

5. The European Commission "Shortcomings" Report

Under article 59(4) of Council Directive 2001/83/EC an obligation was placed on EC to "*present to the European Parliament and the Council an assessment report on current shortcomings in the summary of product characteristics and the package leaflet and how they could be improved in order to better meet the needs of patients and healthcare professionals. The Commission shall, if appropriate, and on the basis of the report, and consultation with appropriate stakeholders, present proposals in order to improve the readability, layout and content of these documents."* The report – expected by 1 January 2013 – was submitted to the Pharmaceutical Committee in October 2015. In advance of this and to inform the UK position on the content of these documents the Commission on Human Medicines and their Expert Advisory Group on Patient and Public Engagement provided advice. The extract from the CHM minutes is as Annex B.

In short the reports recognised the difficulties with the current offering of statutory medicines information and made recommendations for the development of additional guidance for those who produce the information to help drive up quality. Mention was made of ensuring progress made in the UK was delivered more widely. The report was written in two parts – the first considered the overall impression made by both the Summary of Product Characteristics (SmPC) and the statutory Patient Information Leaflet (PIL).

The second part of the report focussed on the use of a "headlines" section within the PIL as the main study identified a number of those responding recommending some kind of summary would be helpful. A number of recommendations emerged from this second report. The recommendations from the "shortcomings report" are at Annex C.

These reports now need to be transmitted to the Parliament and the Council so that further work can be taken forward. It is disappointing that progress in this important patient-facing area has not been more rapid.

6. EU Influence on the quality of UK patient information

Guidance has been in existence for assisting those drafting patient information for many years. The focus, however, has been on ensuring that text follows the strict order of the provisions with the EU template. This stifles innovation in the way in which the information is designed and provided. The main thrust is a box-ticking exercise which can often result in stilted and poor quality information.

A separate difficulty is the need for information coming from European procedures to be able to be translated into all official languages in the EU. This impacts adversely on the ability of MHRA assessment staff to secure colloquial and accessible language for UK patients as marketing authorisation holders feel unable to translate the "harmonised" information into good quality English for the UK patient even though the "harmonised" English is translated into all other languages across the EU. This is a significant barrier to quality improvements in the information patients in the UK are able to access.

The recent referendum result gives MHRA the opportunity to reconsider how to optimise the provision of risk minimisation measures more generally so that

all information provided to healthcare professionals and patients meet high standards of information quality for UK healthcare professionals and citizens.

7. Patient safety and Vigilance Strategy

The agency is working on a wide-reaching patient safety and vigilance strategy (PSVS), the vision of which is: *Safer healthcare products through a world-leading system of proactive, digital safety management*

It is envisaged that this will be achieved by working in partnership with the NHS, across the health and care system, and internationally, using and exploiting digital technologies. Within the PSVS there are three project work streams. Project team 3 is looking at improving the delivery, targeting and audit of the safety messages and risk communications sent out from MHRA. So far the work has concentrated on how MHRA communicates safety messages to healthcare professionals and patients, the channels we use and how we measure the impact. As part of this there is an opportunity to consider how, in the light of the "shortcomings report", we can improve how statutory product information is delivered to patients and healthcare professionals.

Recommendations from the PSVS work will be reported to a subsequent board meeting.

8. Discussion

Patient information is the public face of the marketing authorisation and of the work of the MHRA. The labelling and the patient information are key risk minimisation measures as safe use of all medicines relies on high quality information at the point of supply. Whilst the regulatory framework requires a paper document to be provided within the packaging and similarly with other risk minimisation measures, we recognise that at the time of supply one of the key pillars of quality information – being up-to-date – fails as it may be some time between the information being agreed and new packs appearing in the supply chain. Separately long documents make it increasingly difficult for the reader to easily navigate the information. A digital offering would enable users to readily interrogate the information and make it more accessible.

It is also clear that communicating with people in the space in which they operate is essential if patients are going to obtain maximum value from the information they receive. This points to the need for the provision of information in the digital space. The recommendations from the "shortcomings" report recognise that an electronic supply of information would benefit both patients and healthcare professionals and whilst there will always be a need for a hard copy, we should explore how best to communicate the key messages for safe and effective use in the digital space alongside standard printed documents.

9. Proposals for action

Statutory product information and wider patient support materials are the public face of the marketing authorisation and are key risk minimisation

measures for the safe and effective use of medicines. The following proposals would form the key elements of a refreshed patient information strategy and are put forward for discussion:

I. The development of a UK strategy for the optimisation of medicines information at all stages of the product lifecycle aligning with the Agency Communications Strategy

II. Enable a state-of-art an online offering and resource tool (to complement the written document) supported by the wider Agency Digital Transformation Strategy

III. To develop consistent information sets for generic medicines to improve patient confidence in MHRA-authorised information

IV. Working with healthcare and professional bodies as well as communications experts, explore the scenarios in which high risk products, including medical devices, can be provided with timely, bespoke information which empowers patients to make informed decisions about medical interventions.

These elements are aspirational and a starting point for discussions. We would propose to test the proposals, once agreed, with a range of stakeholders, focussing on building a rounded perspective relevant to all medicines and healthcare products users. The strategy would be a long term one, and involve measuring and validating the tools in terms of public health protection.

10. Next steps

Moving forward it would be important also to consider a wider stakeholder engagement exercise to ensure any strategy was patient centric and was confidence-building and empowering.

11. Recommendation

These proposals are aspirational and once discussed and tested would require engagement with stakeholders and business case development. The Board is asked to discuss and provide views on the proposals.

Jan MacDonald
VRMM
September 2016

ANNEX A

Dear Sir or Madam.

REVIEW OF THE SHORTCOMINGS OF PRODUCT INFORMATION FOR MEDICINES – UK MHRA VIEW

Thank you for providing a copy of the reports prepared under article 59(4) of Council Directive 2001/83/EC on the shortcomings of product information. I am writing to advise you of the position of the UK Medicines and Healthcare products Regulatory Agency (MHRA), informed and endorsed by the Commission on Human Medicines (CHM), on the European Commission's review of the shortcomings of product information for medicines. We welcome this report and strongly support the need for taking forward the recommendations within in it to improve information for patients and healthcare professionals as rapidly as possible.

Background

The MHRA is the UK Government Agency which is responsible for ensuring that medicines and medical devices work, and are acceptably safe. MHRA is the national competent authority in the United Kingdom for the regulation of medicines under Council Directive 2001/83/EC (as amended). The MHRA is responsible for the assessment of the safety, quality and efficacy of all medicines placed on the UK market. Part of the role of the MHRA involves the assessment and approval of statutory patient information leaflets (PILs) as required within Title V of Council Directive 2001/83/EC.

We know from research that patients, healthcare professionals and regulators agree that in an ideal environment PILs should follow the principles below:

- High quality
- Appropriately targeted
- Timely provision
- Balanced

Together the Summary of Product Characteristics (SmPC) and the PIL should provide healthcare professionals (HCPs) and patients with an unbiased easy to read summary of the benefits and harms of medicines to help them reach a decision on the most suitable treatment for an individual. These documents should also support people to take their medicines safely and with optimal effect and should encourage the reporting of any possible side effects.

There is an increasing evidence base on how to effectively communicate information on the risks and benefits of medicines but with a few exceptions the pharmaceutical industry has not kept pace with this in producing product information fit for the 21st century healthcare setting.

We recognise that the current provision of statutory medicines information does not enable the optimal application of the principles as outlined above. As such, it fails to maximise the potential impact of the legislation to support the safe and effective use of medicines.

MHRA comments

In reviewing the reports members of the CHM were disappointed to note that these reports did not fully reflect the body of evidence and advice already available on promoting health literacy and in optimising risk communication.

Commissioners also noted that in the stakeholder survey only a small number of patients were consulted and that those consulted did not represent the medicine-taking population at large. There was insufficient representation of elderly patients, those with mental health issues and young people. Commissioners considered that any future work in this area should focus on addressing health inequalities and should be better informed by patient involvement.

The MHRA strongly supports the recommendations in the two reports. In particular we take the view that the following topics warrant further exploration and the development of guidance to support those who are responsible for drafting these documents:

- Guidance should be developed to accommodate the principles of good information design
- A key information box , reflecting the need for information hierarchy, that would allow users to drill down into detail as it applies to them is supported
- Exploiting digital media in all forms, to ensure timely access at different points in the patient/HCP journey whilst recognising that not all patients will have access to the internet
- Balanced information in the leaflet so the likelihood of benefit is put in the context of the possibility of harm
- Encouraging greater involvement and engagement with users in the development of documents early in the process to ensure that the resources developed meet needs and use accessible language
- Develop a “best practice” resource to highlight evidence-based examples of information resources which are valued by users

The MHRA’s position is that the legislative framework has considerable power in setting out the framework within which information must be provided. Whilst it is disappointing that the two reports do not recommend a change in the law to require consideration of topics such as information design and the inclusion of benefit information in the PIL we nevertheless recognise the potential value of new guidance being developed in this area.

We would welcome the opportunity to work closely with the Commission and other member states in sharing our expertise and learnings to enable patients and HCPs access state of the art information that truly meets their needs for safe and effective use of medicines.

Yours faithfully

Dr I Hudson

CEO

ANNEX B

EXTRACT OF THE MINUTES OF THE CHM MEETING JUNE 2015

12.3 Study on the Package Leaflets and the Summaries of Product Characteristics of Medicinal Products for Human Use – a report prepared for the European Commission

12.3.1 The Commission noted Tabled Paper IV.

12.3.2 The Commission considered a report prepared for the European Commission on 'A Study on the Package Leaflets and the Summaries of Product Characteristics of Medicinal Products for Human Use'.

12.3.3 Commissioners noted the following concerns about the report:

- There had only been very limited patient involvement in the preparation of the report.
- It was important that patients were involved in the development of PILs at an early stage
- While welcoming the proposals relating to online access to information, concerns were raised that disadvantaged individuals may not be able to access online information and no recommendations were made in the report to address this health inequality issue.
- The report did not adequately reflect the body of evidence and advice already available on promoting health literacy and conveying risk.
- The report did not adequately consider the importance of information on the label, particularly for over-the-counter products.

12.3.4 Commissioners endorsed the proposed response to the European Commission and requested expansion of the first three bullets above to the proposed response to the Commission. They welcomed the proposal to develop further guidance in this area, to be overseen by the Expert Advisory Group on Patient and Public Engagement.

Annex C

RECOMMENDATIONS FROM THE "SHORTCOMINGS" REPORT

The report has identified six main themes which the EC is asked to take forward

1. Focus on improvement of the PIL rather than on the SmPC.

2. Consider reformulating the guidelines so that they include more principles of good information design and consider allowing for more flexibility in the information recommended in the QRD template between medicines as long as legislation allows it. Include guidelines on translation that go beyond the principle of faithful translation, in order that the lay language introduced through user testing in the original language is not lost during translation.

3. Further strengthen the input from patients during the development process for example by requiring to:

- make the user testing process more iterative;

- user test changes in information required by regulators after the initial user testing

4. Make best practice examples of aspects of leaflet design (anonymised) available for pharmaceutical companies and include not only the end product but also information on the process of development where possible.

5. Examine the potential to use electronic media in the (near) future as more EU-citizens are able access to these media:

a) Explore opportunities these media offer for optimizing the PIL in terms of flexibility of information provided and design.
b) In doing so, explore and research the opportunities for the PIL to be part of the care process rather than a stand-alone source of information.
c) Consider how mechanisms to alert patients taking long-term medicines to changes in the PIL could be developed through electronic media.

6. Consider those countries with more than one official language in the electronic media strategy.

RECOMMENDATION OF THE REPORT ON THE USE OF A KEY INFORMATION SECTION

1. Do not introduce a key information section as a mandatory requirement, bearing in mind the current level of evidence.

2. Allow the use of key information sections in PILs which have been user tested with a particular focus on the key information section. This will help gather more evidence on what such section should look like and what information it should include.

In order to further facilitate an introduction of such a section in the future, the following recommendations are made:

3. Retrieve and stimulate evidence from the implementation of headline sections in the UK

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4. Facilitate EU-wide evaluation of a variety of key information sections, preferably on high risk medicines, on selected PILs and SmPCs, through user testing and wider research.

5. Develop criteria for the inclusion of points of information in these sections based upon further surveying of the stakeholders (primarily patients and health professionals) and the outcome of the above testing.

6. Explore the development and impact of key information sections first in electronic versions of the PIL and SmPC.