INTRODUCTION

• “40% of patients who have been discharged from hospital may subsequently experience medicines-related problems [1].
• Patients often lack knowledge of their medicines following hospital discharge [2].
• Many patients report not receiving important medicines-related information [3].
• As a consequence, in the UK, patient medicines helpline services (PMHS) are available from some NHS Trusts for patients who have received care.
• However, findings suggest that, due to a lack of resources, considerable variation exists in the operation of PMHS. Also, the access, availability, and promotion of PMHS do not meet national standards regarding helpline provision [4,5]
• Aim: to examine pharmacy professionals’ views regarding the future of PMHS, to develop recommendations for service improvement.

Research question: What are pharmacy professionals’ perceptions of the future of NHS patient medicines helpline services?

METHODS

Invitations to participate in an online qualitative survey and subsequent semi-structured telephone interview were sent via email to pharmacy services at all Trusts that provided a PMHS (n=117).

Within the survey and the interview schedule was the question “How do you see patient medicines helplines at NHS Trusts developing in the future?” Only the data generated from this open-ended question were analysed for this study.

Survey data were collected via SurveyMonkey (n=100). Individuals interested in participating in an interview contacted the research team (n=34).

Interviews were audio-recorded and transcribed verbatim. Braun and Clarke’s inductive reflexive thematic analysis was used to analyse the data [6].

RESULTS

MAIN THEMES

- Enhancing value for service users
- Improving efficiency

SUB-THEMES

- Developing PMHS based upon service users’ needs
- The need for an ‘active’ service
- The need for improved access to support
- Centralisation may be more cost-effective
- The need for improved information sharing
- The need for collaboration

QUOTES

- “I wouldn’t know where we can go next with it [PMHS], without knowing what they [patients] need.”
- “It’s only patients with a really burning question that would contact us… It might be better if we’re a bit more active to ask patients if they’re ok once they’ve gone home.”
- “I quite like the idea of having [video consultations]… You lose a significant proportion of communication just by doing it over the phone or over email.”
- “We would like to see a national generic medicines helpline…this would be more cost-effective.”
- “If we all share the same system, and if we all read the same thing when we’re looking at the screen, then it [a centralised service] might work.”
- “What I’d really like to see is a networking or triaging sort of situation where community pharmacies are the first port of call, and then we back them up if they can’t deal with it.”

CONCLUSIONS

- PMHS are perceived as likely to become centralised in the future (i.e., provided regionally or nationally).
- Recommendation: establish how PMHS are perceived as likely to become centralised in the future (i.e., provided regionally or nationally).
- Future research: establish the best way to support all patients/carers with medicines following hospital discharge.

REFERENCES