Operating a Patient Medicines Helpline. Exploring current practice in England using the RE-AIM evaluation framework

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UNIVERSITY OF BATH · Established 1966

INTRODUCTION

The first hospital-based patient medicines helpline service (PMHS) was established in the UK in 1992 to provide patients with support following hospital discharge (1). Since then, PMHS have become available at some, but not all, NHS Trusts throughout the UK (2). Additionally, studies suggest PMHS may be underused (2).

Aim/Objective:
The RE-AIM evaluation framework (Reach, Effectiveness, Adoption, Implementation, and Maintenance; (3)) was used to obtain key data regarding the provision and use of PMHS in NHS Trusts in England. This included the extent to which the delivery of helplines meet with Royal Pharmaceutical Society endorsed national standards (4).

Study question:
"What is the reach, effectiveness, adoption, implementation, and maintenance of hospital-based PMHS in England?"

METHODS

Design: Cross-sectional online survey.

Ethics: Approved by the University of Bath Research Ethics Committee.

Participants: Pharmacists and Chief Pharmacists from acute, mental health, specialist, and community Trusts were invited to participate.

Materials & Procedure: Two surveys were developed using Surveymonkey. First, Survey 1 was sent via email to the pharmacy team at all included NHS Trusts in England (227 Trusts). Survey 1 was to be completed by a Pharmacist at the Trust (*Aim*: to answer questions pertaining to the reach, effectiveness, adoption, implementation and maintenance of their PMHS, if they provide one). We aimed to collect a 100% response rate to establish what proportion of NHS Trusts provide patients with access to a patient medicines helpline (*RE-AIM Adoption*). Non-responders to Survey 1 were therefore contacted via email or telephone to collect this data. Next, Survey 2 was sent to Chief Pharmacists via email at those NHS Trusts which operate helplines, as established from Survey 1 (*Aim*: to also explore Chief Pharmacists' perceptions of PMHS effectiveness). Data were analysed using SPSS.

RESULTS

Response rates: 89% of NHS Trusts completed Survey 1. Additionally, 11% answered whether or not they provide patients with access to a PMHS. 54% of Trusts which operate a helpline completed Survey 2.

Reach: Median number of enquiries per week was five (*n* = 107). PMHS were predominantly available for discharged inpatients (98%, *n* = 110/112), outpatients (95%, *n* = 106/112), and carers (93%, *n* = 104/112).

Effectiveness: *Perceived benefits of PMHS.*

Proposed benefits of patient medicines helplines	% who see it as a major benefit		
	Pharmacists (*n* = 87)	Chief Pharmacists (*n* = 66)	Total (*n* = 156)
Avoiding harm to patients (e.g., adverse effects, interactions)	93%	80%	88%
Identifying errors	85%	64%	75%
Learning from patient experiences	55%	56%	55%
Helping the organisation avoid complaints and possible litigation	44%	42%	43%
Improving patient medication adherence	89%	80%	85%
Supporting patient discharge	78%	71%	76%
Providing assurance to patients that they can access professional help from home	84%	80%	83%
Improving the patient experience (e.g., patient satisfaction)	84%	76%	80%
Adhering to the NHS constitution (e.g., patients have a right to receive information)	40%	30%	37%
Reducing visits to other healthcare services (e.g., GPs, A&E)	52%	53%	51%
Reducing medicines-related readmissions	67%	62%	65%
Improvement in Trust targets and in national surveys	22%	26%	23%
Optimising medicines	76%	73%	75%

Adoption: 52% of NHS Trusts provide patients with access to a PMHS (67% acute; 29% mental health; 18% community; 41% specialist). At 87% of Trusts, the helpline was provided by a MI centre. At 4% of Trusts, the helpline was provided by the dispensary.

Implementation: *Do NHS Trusts meet recommended national standards for operating a PMHS? (n = 108)*

Access ('Satisfactory' Standards)	Proportion meeting this
Phone line allows direct dialling from outside.	**97%**
Calls charged at local rate or Freephone.	**99%**
Contact with a pharmacy professional is always available during advertised hours.	**71%**
An answerphone allows a message to be left outside of advertised hours.	**81%**
Total compliance with access 'satisfactory' standards.	**54%**

Availability ('Satisfactory' Standards)	Proportion meeting this
Access to patients/carers for a minimum of 4 hours per day.	**86%**
The helpline is available 5 days per week.	**96%**
Total compliance with availability 'satisfactory' standards.	**86%**

Promotion ('Satisfactory' Standards)	Proportion meeting this
Promotional methods agreed with patients locally.	**6%**
The helpline is promoted at all the healthcare organisation's sites.	**59%**
Promotional materials identify access times and types of enquiries people can make.	**40%**
Total compliance with promotion 'satisfactory' standards.	**3%**

No. calls per week was significantly correlated with total no. hours that the helpline was available per week, when controlling for no. patients per NHS Trust (r (99) = .31, p < .01).

Maintenance: Helplines were operated for a median of six years.

CONCLUSIONS

64% of acute and specialist NHS Trusts provide their patients with access to a PMHS, which is the same proportion found by the Healthcare Commission ten years ago (5). Lack of resources was cited as the main reason why some NHS Trusts do not currently operate a patient medicines helpline.

The greatest discrepancy between current practice and national standards is regarding Helpline promotion. Simple changes to the advertising of PMHS might increase their use. It would also be useful to ask patients for their reasons for not seeking support via the Trust's PMHS (i.e., are they simply not aware that the service exists?).

The perceived benefits suggest that some pharmacists may not be fully aware of the evidence as to the impact that PMHS can have. For example, studies suggest that patients would seek the advice of their GP had the PMHS not been available (6). Yet, only 51% of pharmacists perceive PMHS as being beneficial for reducing visits to other healthcare services. **A systematic review which brings together the available evidence could be advantageous**. Additionally, 80% of pharmacists perceive that PMHS can improve the patient experience, yet current evidence is based upon single-item satisfaction ratings. **A qualitative interview study would be beneficial to explore in greater depth patients' experiences of using PMHS**. Our team is currently in the process of conducting these studies.

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