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Medicines helplines should prioritise seven-day opening for extended hours with queries answered the same day

A discrete choice experiment to identify patient preferences for the provision of NHS medicines helpline services

Background

Medicines helplines for patients discharged from hospital can prevent medicines-related harm. They are **underused**, which is partially attributed to **under-resourcing** & consequent **inability to meet NHS standards**. There is no evidence to inform standards that should be **prioritised to increase patient access**.

Aim: To measure **patient preferences** for different **attributes** of the provision of medicines helpline services using a **discrete choice experiment**.

Methods

Attributes and levels

Seven key helpline attributes each with 2 to 4 associated levels selected from recent research & consultation with helpline managers

Experimental design

D-efficient experimental design produces 2 blocks of 10 choice pairs of helplines described by differing levels of the 7 attributes

Data collection

460 participants complete pre-tested online survey containing one of the two blocks of 10 choice pairs

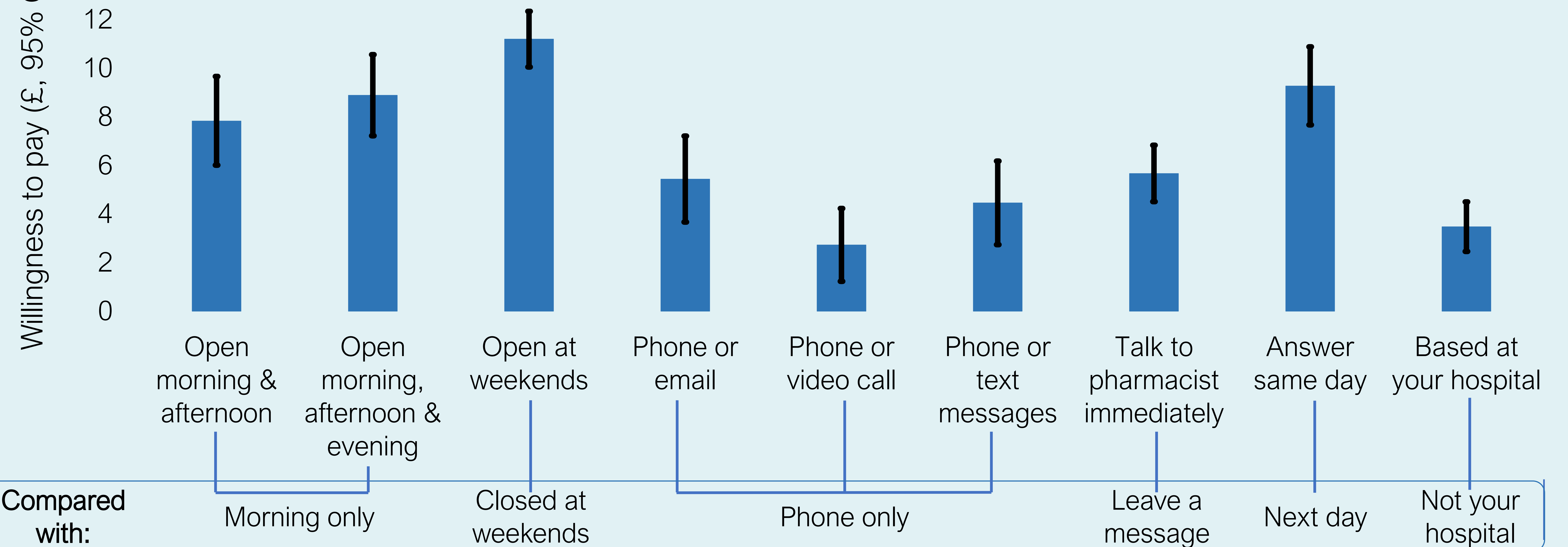
Inclusion criteria

Adult members of the NHS 'Research for the Future' database who regularly take ≥ 1 prescribed medicine

Statistical analysis

Preferences for each attribute level obtained using conditional logit regression & expressed as willingness for the NHS to pay

Greater willingness to pay = attribute valued more highly



Participant characteristics

53% female, aged 20-91 years, 95% white ethnicity, 56% university educated, 52% retired, mean number of medicines: 6.0 (SD = 4.8)



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