

Do healthcare professionals use the new Trust MI service based at one hospital following a merger, if so why and if not why not?

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Introduction

Following the merger of hospitals to form the LNWH NHS Trust, the Medicines Information (MI) Services were centralised at one site (Northwick Park Hospital). It was not clear what impact this would have on MI use, though it was noted that enquiry numbers reduced from one hospital site where there was no longer a physical MI centre.

The aim of this research project was to evaluate the use of the LNWH NHS Trust MI service by healthcare professionals in all Trust hospitals. The objectives were:

- To determine the proportions of doctors, nurses and pharmacists who use the MI service at each trust
- To assess what healthcare professionals value about the MI service
- To explore any barriers to healthcare professionals using the service

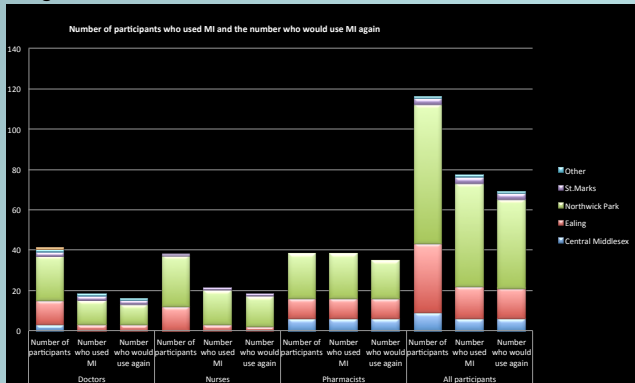
Methods

This was a prospective, descriptive research project. All doctors, nurses and pharmacists LNWH NHS Trust were invited by email to complete an on-line survey in June 2016. Data was downloaded into Excel for quantitative data analysis and thematic analysis of qualitative data was completed.

Results

A total of 116 healthcare professionals completed the survey (40 doctors, 38 nurses and 38 pharmacists), and overall 77 (66%) had used the MI service, and 69 (90% of users) would use MI again. Most respondents were from Ealing (34) and Northwick Park (69), but included respondents from Central Middlesex (3 doctors and 6 pharmacists), St.Mark's (2 doctors and 1 nurse), and other (1 doctor from a Community hospital). The number and proportion of healthcare professionals who reported using the MI service varied between professions and hospitals as shown in Figures 1, 2 and 3. In Figures 2 and 3 no column is present where there were no respondents or no respondents who used MI.

Figure 1.



Participants gave a range of reasons why they would and would not use the MI service again. Details are given in Figures 4 and 5 respectively.

The main reasons participants (doctors and nurses) had never used MI were because they: had never heard of the MI service (52%, 22/42); hadn't needed it (26%, 11/42); didn't know how to contact MI (21%, 9/42); were not familiar with the service as it was not at their base hospital (21%, 9/42); and, didn't know it was available to staff at other hospitals (19%, 8/42).

The themes of respondents' suggestions and comments (a selection of which are presented below), included: access to the service, enquiry intake, speed of response to enquiries, awareness of and promotion of the service.

Suggestions included:

"I usually contact them by phone and not sure if email is possible which would be helpful" (Doctor)
 "It would be useful in future to email enquires" (Pharmacist)

"...more flexibility in answering certain queries – some perhaps do not require extensive literature searches... more faith that a clinical pharmacist would be able to interpret the data and adapt it to an individual patient" (Pharmacist)

"It would be useful to review the process if queries are needed urgently. Majority of people do not call MI as they believe the process is very long and too many questions are asked which are important from an enquiry answering point of view however the enquirer (including pharmacists) is unaware of the reasoning behind this" (Pharmacist)

"...would be good for senior pharmacists to get a refresher in MI too. This would give us an insight into the processes an Enquiry goes through before a the answer is given etc." (Pharmacist)

"The medicines information department should market itself more as many junior doctors and nurses are no longer aware of its existence. Previously the contact details for MI were available in the printed BNF however with the electronic BNF non-pharmacy staff seem to not remember that the service exists" (Pharmacist)

"It would be useful to advertise the service to nurses and Drs and explain the process in terms of what they can expect from MI" (Pharmacist)

Figure 2.

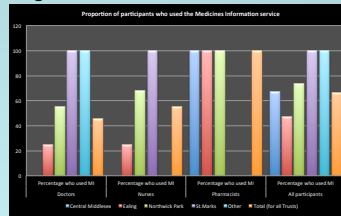


Figure 3.

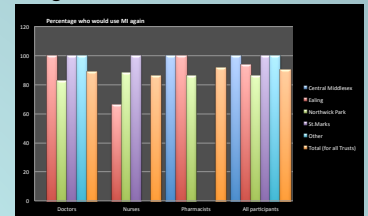
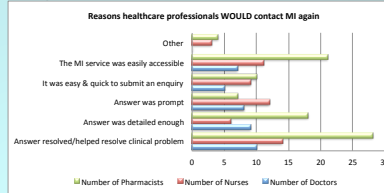
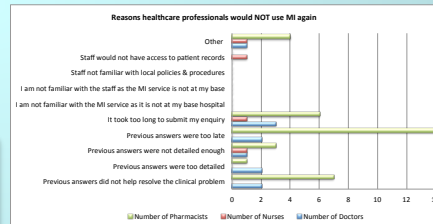


Figure 4.



Other reasons given for contacting MI again:
 "Quick answer valuable as work in a very busy department that does not always allow a lot of time on one task" (nurse)
 "Evidence-based answers" (pharmacist)
 "Detailed review and answer when need" (pharmacist)
 "Previous queries answered" (pharmacist)
 "Opportunity to discuss query with pharmacist for a second opinion" (pharmacist)

Figure 5.



Other reasons for not contacting MI again
 "The ward pharmacist is preferable" (doctor)
 "Not always able to answer a paediatric questions (would speak to paediatric pharmacist)" (nurse)
 "Did not answer question asked" (pharmacist)
 "Takes too long to get an answer which is often needed quickly" (pharmacist)
 "Not very friendly or approachable" (pharmacist)
 "Lack of familiarity with local hospital practice so takes too long to submit as need to explain" (pharmacist)

Comments included:

"I find the service very helpful and a valuable asset to the hospital" (Doctor)

"Very valuable resource that has always answered my queries" (Doctor)

"Great Service :)" (Pharmacist) "Excellent" (Nurse)

"MI always have been very helpful" (Nurse)

"The MI team are very helpful and the answers to queries are excellent. I'm very happy with the service and recommend to colleagues" (Pharmacist)

"Although I have not used the MI service frequently it is good to know it is there if you need it" (Nurse)

"The speed of the service is important..." (Pharmacist)

"Takes time to get an answer which is often needed quickly" (Pharmacist)

"The MI staff are usually prompt in replying with an answer and do so within the time frame given" (Pharmacist)

"When the MI service was at base hospital, I would pick up the phone more frequently. Now that it is based at NPH I feel I should be having a go myself first, even when I don't have the time" (Pharmacist)

Conclusion

Overall two thirds of healthcare professionals used the LNWH NHS Trust MI service based at Northwick Park Hospital, including all pharmacists and over half of all nurses, and the majority would use MI again. However, less than half of doctors were aware of and used MI, and lower proportions of doctors and nurses at Ealing hospital accessed the service.

Users valued the quality and promptness of MI advice, and the ease of access to the service. Barriers for a small number to the use of MI included ease and speed of submission of enquiries, usefulness and timeliness of answers. Familiarity of MI staff with local policies and procedures in other hospitals in the Trust did not appear to be a concern for the majority of staff.

It is of concern that over half of those who had not used MI had never heard of the service, and around a fifth didn't know how to contact the service. A small number of responses from non-users (indicating that they were not aware MI service available to other hospitals and/or not familiar with the service/staff as not at base hospital) suggested that the MI service not being based in their hospital could contribute to staff not accessing the service, so promotion of the MI service would need to address these issues.

It was clear from many responses that doctors and nurses valued pharmacists' advice and that the ward pharmacists were seen as a valuable first point of contact for advice about medicines issues. This reinforces the importance of MI's key role in supporting ward pharmacists' information needs. Whilst the MI service was used by all pharmacists and valued by them, some of their comments and suggestions could be used to help improve the MI service further, for example an appreciation of the urgency of enquiries, ease of submission (including via email), and ensuring pharmacists understand the need for comprehensive background information.

A limitation of this study was the small number of respondents, particularly from Central Middlesex, St.Mark's and the Community hospitals in the Trust.

Overall, the findings of this study suggest that the MI service is well used and valued by users, but needs to be promoted across the Trust to ensure that all healthcare professionals are aware of the service and use it optimally, in particular targeting doctors throughout the Trust, and doctors and nurses at Ealing hospital. No insurmountable barriers were identified to the use of MI across the LNWH NHS Trust. A high quality, prompt, responsive, easily accessible service is a major driver for optimal use of MI services within the Trust.