

### Manchester University NHS Foundation Trust

# Patient helpline analysis at a local Medicines Information centre

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# Introduction

# Results

This local Medicines Information Service at MFT Oxford Road Campus (ORC) has an established patient helpline of a number of years. The helpline is promoted to the public e.g. on the Trust website, and with business cards included in dispensed discharge prescriptions.

Previous research at other centres regarding the effect of hospital patient helplines has reported a positive effect on patient care. As one of few local MI centres which conduct monthly patient user surveys, both as paperbased forms sent by post and electronically, we identified a unique opportunity to characterise and evaluate this service.

## Aims & questions

Locally, we want to accurately characterise and evaluate our patient helpline service in terms of the nature of the calls, role in patient care, and impact on MI workload. In particular, questions we would like to answer are:

#### What topics do patients enquire about?



- Why do patients ring us and what topics do they enquire about?
- How complex are their calls?
- Where else would they go for medicines advice?
- What are their thoughts and opinions of the service?
- How many calls do we get?
- How long do we spend answering them?

# Methods

Metadata from helpline enquiries (filtered by enquiry origin) on MiDatabank from a two year period (2016 to 2017) were retrospectively evaluated to describe the total workload, frequency of each core topic category, breakdown of enquiry levels, and average time spent on enquiries. Data were obtained using the Reporter function of MiDatabank and

## Impact on the MI workload

In total 538 helpline enquiries were taken during the two year period: 291 in 2016, and 247 in 2017. The majority of these were level 1 enquiries. As expected, a small total of 4 level 3 enquiries were taken via the helpline.



The mean time taken to complete each enquiry was 37 minutes, but this value may be skewed by the small number of level 3 queries. Level 1 enquiries took the least time to complete (20 min), with level 3 enquiries taking the most (208 min). Level 2 enquiries took on average 72 minutes to answer.

## What do our patients say?

Most patients reported that they would contact their GP if the MI helpline wasn't available. Interestingly, 21 % of the 19 survey respondents reported that they don't know where else they would go.

#### "What you would have done if the helpline didn't exist?"



84.2 % of MI helpline patients surveyed rated the service 6 out of 6. The lowest score received was 4 (1 of 19 respondents).

#### Comments received included:

"Staff are friendly and personable, whilst being professional and highly knowledgeable."

#### analysed using Microsoft Excel.

Patient survey data were used to summarise patient satisfaction scores and characterise their opinions about the service, and where else they would go for advice. "The helpline does a vital service. Thank you."

"I would have felt isolated and worried about the interactions of my medication to such an extent that I would have been thinking of leaving one off."

# Discussion

The most common reasons patients call the helpline is for help regarding administration and side effects of medications. As expected most enquiries were level 1, with a small number of level 3 enquiries taking markedly longer to complete. One source of bias in this project is the sole use of MiDatabank as a record of helpline calls – many calls are received which are not enquiries, and facile enquiries may not always be logged. There is a risk of misclassification of categories, e.g. if there is some ambiguity, and they are not mutually exclusive so some overlap will exist. The number of user surveys received (19) is small due to a poor response rate, which may introduce acquiescence bias. Increasing the number of surveys sent is one possible solution to this issue.