Problem solvers and hand-holders: the impact of the UHS medicines helpline

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Introduction

Medicines Information-led hospital pharmacy helplines are well described in the literature. With the first helpline being established in Leeds in 1992, the Healthcare Commission had identified medicines helplines in more than 64% of acute hospitals across the UK by 2006. Their potential advantages are numerous including:

- Providing patients with access to individualised advice about their medicines, reassuring them and enabling them to take their medicines as intended.
- Acting as early warning systems detecting prescribing and dispensing errors before patients have suffered harm and enabling Trusts to learn from common mistakes.
- Helping to trouble-shoot problems with medicines across the primary/secondary care interface.
- Preventing unnecessary GP visits, A&E attendances or hospital readmissions.
- Providing positive publicity for the host Trust to commissioners, local GPs and patients.

Medicines helplines have been shown to have a positive impact upon patients’ lives and reported levels of satisfaction are generally high. What is less well known, is the outcome after patients have spoken to such helplines, including whether they followed the advice given, whether their problem was resolved or whether they needed to seek further help.

Method

The primary aim of this study was to establish the outcome of patients who contacted the newly-established UHS medicines helpline for advice.

The specific objectives were to:

- Establish what happened to patients after they spoke to the helpline.
- Find out whether patients followed the advice given by the helpline pharmacists.
- Measure patient satisfaction with regard to the accessibility of the helpline, how the call was handled and the advice given.

Patients or carers calling the medicines helpline were invited to take part in the study, and if they consented, were sent a questionnaire. Outcome measures included whether a problem with a medicine was avoided, whether the patient felt reassured, whether they were able to start taking their medicines safely post-hospital discharge, or whether indeed they could stop taking a medicine.

Results

Interim analysis of the responses received so far (43 patients and 14 carers), has shown that patients and their carers follow the advice given by the helpline either fully or partly in 93.0% (n=53) of cases.

For patients ringing the helpline, they rated their problem as having been resolved as the most frequent outcome (54.8%, n=23), followed by feeling reassured about their medicine or illness in nearly half of cases (45.2%, n=19), and being able to start taking their medicine (31.0%, n=13).

For carers ringing the helpline, the most frequent outcomes were that they felt reassured (71.4%, n=10), the problem was resolved (57.1%, n=8) and that a problem with a medicine was avoided (42.9%, n=6).

On a 6-point rating scale (where 1 was poor and 6 was excellent) 75% of respondents (n=43) rated the helpline service as 6, and a further 17.5% (n=10) as 5.

Respondents were asked an open question about what they would have done if the helpline didn’t exist. Common themes were that they would have sought help from their GP or another healthcare professional, or that they would have worried about their medicines.

Discussion

The UHS medicines helpline was established to provide information and advice to patients and their carers during the critical time immediately post-hospital discharge. Medication regimes are often changed during a hospital admission with some medicines being newly prescribed and others discontinued.

This interim analysis has shown that patients and their carers follow the advice given by the medicines helpline and value the service highly. Importantly callers are reassured by the advice given and their medication-related problems are resolved, avoiding potential harm and helping them to start taking their medicines as intended.

In addition this study has shown that the medicines helpline prevents patients and their carers having to consult their GP or another healthcare professional for advice, and so ensures that their problems are resolved more efficiently.

UKMi should standardise procedures for capturing patient outcome after contact with helpline services and this methodology could act as a model.

References