Implementation and Evaluation of a Pilot Medicines Helpline for Patients Discharged from the Belfast Health and Social Care Trust

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Introduction

In recent times review of the healthcare system in Northern Ireland has recognised the need to change the profile of NHS services, to provide patient-centred care and to deliver a high quality, evidence based service.1 The Medicines Optimisation Quality Framework 2015 aims to support development and implementation of new evidence based practice in Northern Ireland and identifies a patient helpline for advice on medicines as a best practice initiative which should be implemented.2

Up to 50% of discharged patients will forget what they were told by their hospital doctor or pharmacist.3 A recent survey in England found that 14% of patients and 18% of relatives did not know who to contact for additional help after discharge from hospital.4 Previous work carried out by UMKi with NHS Direct showed that patients value the ability to contact a healthcare professional for advice, either by e-mail or telephone.

The first formal medicines information helpline was introduced in Leeds in 1992.5 By 2000 there were 82 helplines established in the UK and this has continued to grow.6 The majority of these helplines are run by Medicines Information Centres.

Methods

The helpline was confidentially operated from the Belfast Trust RMPIS by medicines information pharmacists. It was open from 8.00 am - 10.00 pm Monday-Friday with an answerphone outside of these hours. The pilot was carried out in 2 hospitals within the Belfast Trust, Royal Victoria Hospital (RVH) which provides Regional Acute and Specialist Services and Musgrave Park Hospital (MPH) which is the Regional Orthopaedic, Musculoskeletal and Rehabilitation Centre. The pilot commenced in 3 clinical areas initially: cardiology, emergency surgical admissions unit and respiratory over a one month period. It was then extended to acute stroke wards in RVH and patients discharged from MPH for the remaining 2 months of the pilot. Patients from these areas received a promotional card on discharge providing details of the helpline service and were advised to call if they had any questions about their medicines. Promotional leaflets were also added to the patients' bag of discharge medication in dispensary for MPH only. Patients accessing the helpline were offered a feedback questionnaire returned by e-mail or post.

Results

- 22 patients accessed the helpline, 2 of which were not from the pilot areas.
- 14 patients completed feedback questionnaires.
- The average time taken to complete and enquire including documentation on MiDatabase was 53 minutes.
- The highest proportion of calls came from cardiology patients (n=11).
- Of those surveyed only 64% of patients felt they were given enough information about their medicines to take them home and were discharged from hospital.
- 100% of respondents found the helpline easy to contact, thought the advice was helpful and were confident in the answer given.
- Patients reported a number of positive outcomes from accessing the helpline (Figure 1).
- When asked what the patient would have done without the helpline, 62% (n=9) of patients would have contacted the hospital ward or GP, 14% (n=2) of patients stated their problem would not have been resolved (Figure 2).
- The medicines information pharmacist utilised local hospital resources to assist in answering 7.7% of the helpline enquiries. This included 93% where patient records or local guidelines were accessed and 18% enquiries which involved discussion or advice with an expert in the clinical area e.g. clinical pharmacist or consultant.

Discussion

- Cardiology patients were the highest proportion of callers which may reflect the number of new medicines commenced following an episode which can be sudden. This reflects findings from another study which also found cardiology patients to be the highest users of a helpline service.7
- Overall the helpline was highly valued by service users confirming that a medicines helpline is a service which patients find useful and an important source of patient support.
- For the majority of patients, reassurance about their medicines was a key outcome following their helpline call. It can be seen from the numbers of patients stating this as an outcome that reassurance is something that patients both need and value. Reassurance about medicines has been a common theme of other helpline surveys.8
- Other key outcomes included patients being able to start taking their medicines and changing how they took their medicines; problems with medicines were avoided as a result of the advice given. This has important implications for patients health and with 30-50% of patients not taking their medicines as intended, any service which can improve patient adherence and optimise how patients take their medicines should be valued. It follows that any improvements to medication adherence can contribute to a lowering of medication related readmission rates and therefore constitutes a potential cost saving for the hospital trust.9
- A significant number of calls to the helpline required access to local hospital resources and a small proportion of calls also required discussion or advice from experts in the clinical area within the Belfast Trust. These results demonstrate the positive impact of operating a medicines helpline locally within the hospital Trust.
- Patient helpline enquiries were answered within a short timeframe by medicines information pharmacists who had access to a range of resources to answer these enquiries. This enabled provision of accurate, informed and timely advice. If patients contacted the hospital ward or GP surgery for advice, these areas would not have the access to the comprehensive range of resources to answer enquiries. Furthermore, with no specific designated contact for advice in these areas, the process would be more complicated for the patient and enquiries may not be answered in a timely manner.
- Patient numbers were small, which may be reflective of barriers to implementation of the pilot and buy in to the project from pharmacy management.

Conclusion

- Although patient numbers were small, results show that a medicines helpline for patients can improve outcomes for patients and other services.
- Access to local resources and knowledge from within the Trust are valuable assets to the effective running of a medicines helpline for patients. This supports the need to maintain a medicines information helpline locally within the Trust.
- A permanent medicines helpline for patients would support the Belfast Trust in meeting the needs of patients discharged from the Trust in accordance with the aims set out in the Medicines Optimisation Framework; improving medicines information and advice for patients.
- Future development of this service would require pharmacy management support to be secured in order to address the issues arising from the pilot, such as distribution of promotional material.

References

1. King, R.J. - Right time the right place. An expert examination of the application of health and social care governance arrangements for enrolment of patients discharged from hospital and care settings. 2013; 21 7-37.
5. England Q. Recent times review of the healthcare system in Northern Ireland has recognised the need to change the profile of NHS services, to provide patient-centred care and to deliver a high quality, evidence based service.1 The Medicines Optimisation Quality Framework 2015 aims to support development and implementation of new evidence based practice in Northern Ireland and identifies a patient helpline for advice on medicines as a best practice initiative which should be implemented.2
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Figure 1 - Outcome of patients after contacting the helpline

Figure 2 - How patients would resolve their query if the helpline didn’t exist

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