An Audit of Patient Satisfaction of the Medicines Information Patient Helpline at the London Medicines Information Service

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Introduction

Better patient experience leads to improved adherence, safety and better clinical outcomes. One main focus of the RPS's Professional Standards for Hospital Pharmacy is the provision of information about medicines. Medicines information (MI) centres provide a portal for patients to access this information. Advice post-discharge could reduce the 5-8% re-admissions caused by medicines. UKMi has created national standards for patient helplines provided by MI centres, guiding them in providing an effective service.

LMIS provides a helpline to answer medicines-related queries from patients of LNWUH Trust regarding a wide range of topics including adverse effects, interactions and counselling advice. Currently, feedback is not routinely sought from patients using the helpline, so there is no indication national standards are met and whether patients are satisfied.

Aims

Primary: To audit the experience of patients'/carers' with LMIS Patient Helpline and assess their accordance with UKMi standards.

Secondary: To develop a patient-centred audit tool and identify the best route to obtain feedback, in contribution to developing a national tool for UKMi.
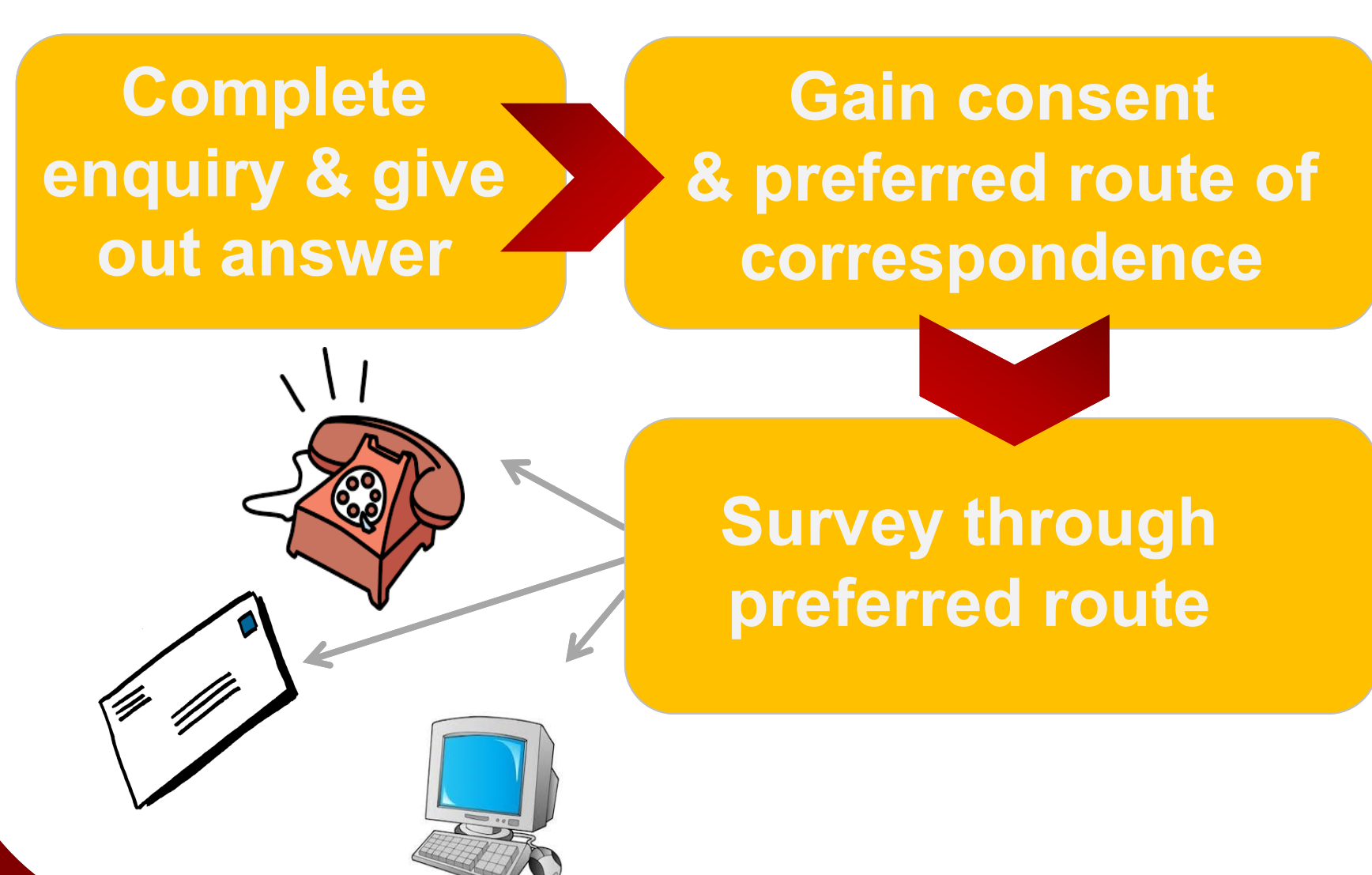
Audit Standards

1. To respond to >98% enquiries from patients or carers within the agreed deadline between enquirer and staff.
2. 100% of patients to be 'likely' or 'extremely likely' recommend the service to their friends and family through a Friends and Family Test (FFT).
3. 100% of patients or carers to find the enquiry answering service met their needs as users.
4. 100% of patients or carers to find the service easily contactable.

Method: Getting Feedback

Background research was conducted expertise in various departments. This research was used to create a questionnaire co-designed with patients in a focus group.

A pilot study was conducted over one week which highlighted staff training needs. Data was collected from all patients that used the service over a 2-month period.

Complete enquiry & give out answer → Gain consent & preferred route of correspondence → Survey through preferred route
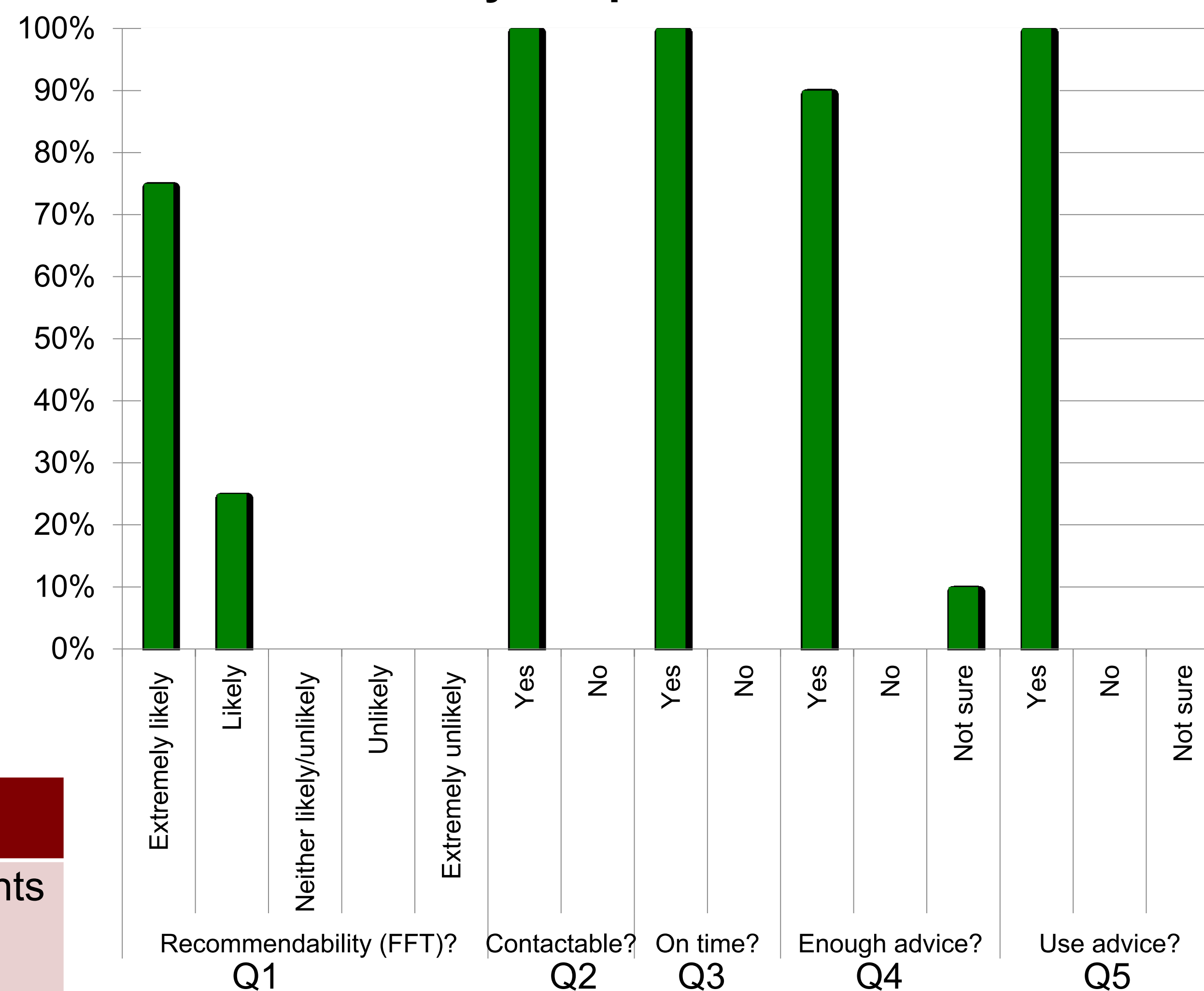
Results

A total of 79 patients used the helpline over the 2-month audit period. Of these, 54 were surveyed. Those not surveyed either did not consent (14%), or consent was not recorded (18%). From the total surveys sent out, 41 surveys were returned (76% response rate).

Response Rate
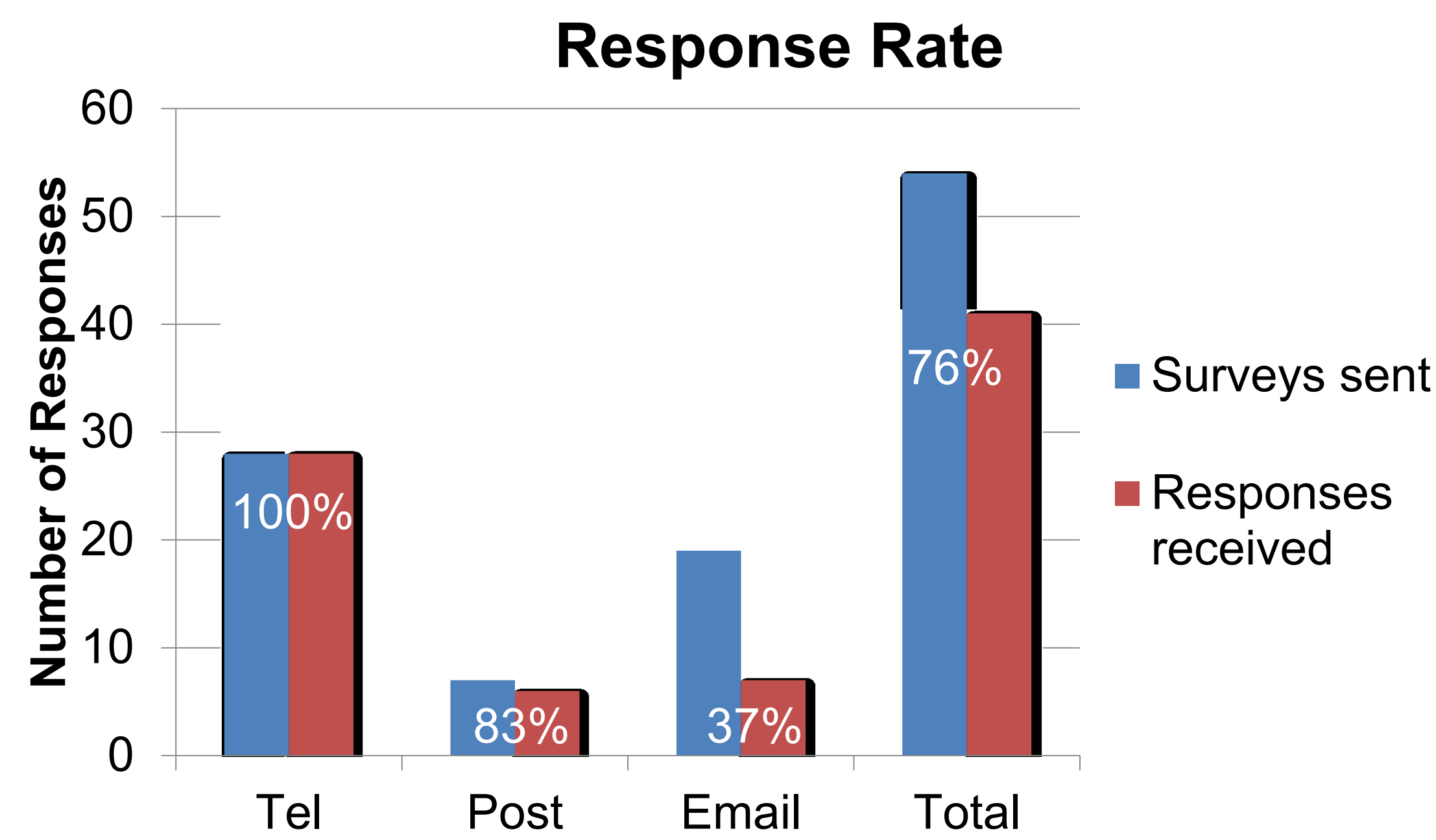
Survey Responses Q1-5

Top Survey Responses Q6&7

General trends in comments	No of related responses
Good points of the service	
Helpful service	13
All points of the service were good	13
Points of the service that could be improved	
None	34
Response could have been quicker	6

Discussion

Primary outcome

Standards 1, 2 and 4 were all achieved, with favourable results from 100% of the sample audited. These results are also reflected in the responses from the open-ended questions where the weighted responses stated that the service was good and no improvements could be recommended. Standard 3 was not achieved. This was assessed in the survey by asking whether users felt that they had been provided with enough advice (question 4). Although none of the sample responded 'no', 10% did respond as unsure. Future audit tools may benefit from including a comments box to identify common trends of needs that the service is not meeting.

This audit also highlighted issues with other services of the Trust through questions 6 and 7, such as a lack of counselling on wards or at outpatients.

Secondary outcome

The majority of the sample (52%) chose telephone surveys. These were relatively time-consuming but allowed for flexibility in the discussion compared with other routes. Email feedback was selected by 35%, yet surprisingly, this had low response of only 37%. It may be beneficial to send read and delivery receipts with survey emails, and prompt patients to check junk. Postal surveys were supported by only 155% but response rates were relatively high (83%), even with expected limitations of lost/ delayed letters. It would be worth exploring further methods in a re-audit (e.g. text messages).

In conclusion, users of the LMIS patient helpline seemed satisfied with the service. The structure of the audit prevents this conclusion from being drawn with 100% certainty, however results are surely promising. Improvements can be made in ensuring the service meets the needs of the users and perhaps improving response times. Furthermore, LMIS should aim to achieve 100% of the sample 'extremely likely' to recommend the service to friends and family, though the variation between 'extremely likely' and 'likely' cannot be clearly defined.

Recommendations

Action	Planned Timeline
Feedback findings to LMIS through team meeting	March 2019
Feedback relevant findings to senior staff members outside of the LMIS.	March 2019
Adapt local procedures and checklist to incorporate the addition of asking enquirers whether they have any additional questions upon giving out the answer to assess whether their needs have been met.	March 2019
Train staff to re-iterate the need to clarify the needs of the user upon taking in an enquiry.	March 2019
Implement a new regular method of obtaining and analysing feedback from members of the public using the LMIS.	December 2019
Re-audit using other methods of obtaining feedback (such as text messaging)	December 2019
Put together a proposed form for obtaining feedback from users of MI services that can be extrapolated to national level (via UKMi Clinical Governance).	January 2020

References

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