Development of the UHS Medicines Helpline: sharing the outcome of calls with patients' healthcare teams

Angela Badiani, Jonathan Hall and Lauren Williams, Southampton Medicines Advice Service

Background

The UHS Medicines Helpline was launched in December 2011 and has now helped nearly 7000 patients and their carers with a range of medication-related concerns. Local research has shown that the service helps to reassure patients and resolve their medication-related problems, and almost certainly reduces harm, complaints and re-admissions by dealing with these concerns and errors.[1-2] There have been cases where it was perceived that it would be beneficial for the wider healthcare team to view the advice given by the Helpline in order to inform and improve the future care of individual patients.

Medicines helpline
If you have any questions about your medicines after your hospital visit our pharmacists are here to help
Telephone: **023 8120 6907**
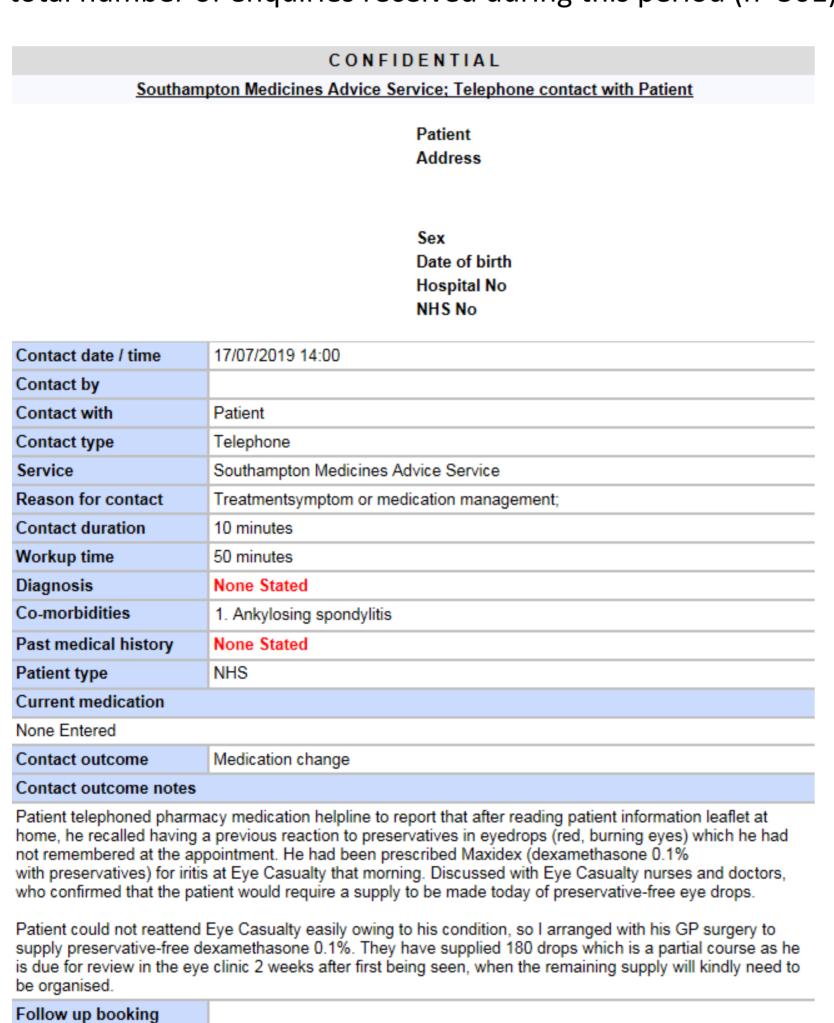Email: medicinesinformation@uhs.nhs.uk

The change in practice

Nurse-led helplines at UHS document all of their telephone calls in each patient's electronic record using a 'Patient Contact' form (Figure 1). We followed this model, liaising with our Trust's IT department to gain access to the necessary programme on patients' digital records, developing a Standard Operating Procedure and training the Helpline on when, and how to record calls. Not all calls to the Medicines Helpline would require documentation in patients' electronic records, but predicted examples included enquiries that:

- Required patients to change to a different medicine

- Required patients to stop or suspend a medicine

- Highlighted additional monitoring needs during a patient's next admission

It was judged important that this facility was not overused by the Helpline team to avoid 'report fatigue' leading to other healthcare professionals not reading key information about the patient's care.

Outcome

Between February and June 2019, 7 helpline enquiries have been recorded in patients' electronic health records, which represents 1.4% of the total number of enquiries received during this period (n=501).

CONFIDENTIAL	
Southampton Medicines Advice Service; Telephone contact with Patient	
	Patient
	Address
	Sex
	Date of birth
	Hospital No
	NHS No
Contact date / time	17/07/2019 14:00
Contact by	
Contact with	Patient
Contact type	Telephone
Service	Southampton Medicines Advice Service
Reason for contact	Treatmentsymptom or medication management;
Contact duration	10 minutes
Workup time	50 minutes
Diagnosis	None Stated
Co-morbidities	1. Ankylosing spondylitis
Past medical history	None Stated
Patient type	NHS
Current medication	
None Entered	
Contact outcome	Medication change
Contact outcome notes	
Patient telephoned pharmacy medication helpline to report that after reading patient information leaflet at home, he recalled having a previous reaction to preservatives in eyedrops (red, burning eyes) which he had not remembered at the appointment. He had been prescribed Maxidex (dexamethasone 0.1% with preservatives) for iritis at Eye Casualty that morning. Discussed with Eye Casualty nurses and doctors, who confirmed that the patient would require a supply to be made today of preservative-free eye drops. Patient could not reattend Eye Casualty easily owing to his condition, so I arranged with his GP surgery to supply preservative-free dexamethasone 0.1%. They have supplied 180 drops which is a partial course as he is due for review in the eye clinic 2 weeks after first being seen, when the remaining supply will kindly need to be organised.	
Follow up booking instructions	

A brief retrospective analysis of the helpline enquiries received during this period was undertaken by 2 medicines advice pharmacists to assess whether entry into a patient's electronic heath record would have been beneficial. Each pharmacist performed this assessment independently, and then met to reach a consensus for enquiries where disagreement occurred. Of the total number of helpline enquiries received, it was judged that in a further 68 of cases it would have been helpful to make an entry into the patient's health record (13.6%). Therefore the total number of enquiries where an entry could have been made was in 15% of cases (n=75).

Common enquiry types that were judged as useful to document in an individual's health record included cases where;

- the patient was potentially suffering a side effect with a medicine

- a change to prescribed medicines post-hospital discharge was required

- the patient may have been confused about their medicines, or there were other concerns about compliance

Enquiry types that were judged as less helpful to document included those that solely required action by a patient's GP surgery, or involved patients requiring urgent review of their symptoms.

Figure 1: Example of a completed Patient Contact Form

Going forward

It is predicted that documenting advice given by the Helpline in patients' electronic records will inform, and may improve their care. This is because the healthcare teams caring for them will have visibility on the problem presented to the Helpline team, and the advice given. Under-reporting is evident. This will be addressed through the refinement of current reporting guidelines, and through team training. It would be helpful to evaluate the usefulness of these entries to the healthcare professionals subsequently involved in a patient's care.

References:
1. Badiani, A. et al. Impact of a Medicines Helpline for Patients. EJHP 2017;24:196-9.
2. Hall, J. Improving patient safety and discharge using Medicines Helpline data. Poster presented at UKMi PDS 2016.

Southampton Pharmacy Research Centre (SPRC)