

People Shielding and Household Medication practices (The PS-HOME study)

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Plan of session

- Background to study
- Brief methods
- Participant overview
- Interview with patient 1
- Findings
- Interview with patient 2
- Recommendations
- Forthcoming paper
- Q and A

Background

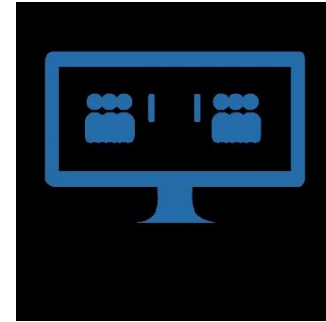
- During the Covid-19 pandemic, people who are “shielding”, and/or over the age of 70, may be at increased risk of medication related harm
 - Altered household mobility affecting supply and monitoring of medicines
 - Medicines shortages
 - Disrupted routine healthcare practices
 - Misinformation about medicines

Aim



- To explore if, how and why household medication practices during the Covid-19 pandemic differ from routine practices, and to identify any interventions needed to support medication safety.

Design



- Cross sectional observational study
- 50 x 15-45 minute qualitative interviews carried out by telephone or video conferencing in the UK
- Collaboration with a team in Ireland who are carrying out a further 50 interviews.

Recruitment

- Patients taking at least one long term medicine AND either:
 - Shielding (meets government criteria) AND/OR
 - Over 70
- Mixed approach to recruitment
 - Personal and professional networks of researchers
 - Social media
- Informed consent
 - Electronic signature (e.g smartphone or print/scan OR
 - Posted if have someone to take to post box OR
 - Audio recorded consent if no other option in line with HRA guidelines

Data analysis

- Inductive thematic analysis
- NVivo
- Coding frame developed by 3 researchers.
- Input from patient and public involvement representatives.
 - Remote training
 - Independent open coding
 - Remote nominal group session to agree themes and coding structure
- Collaboration on coding framework with team from Ireland



Participants

50 interviews

- 16 men, 34 women
- Age range 26-93
- 10 participants living alone.
- 7 participants identified themselves as being of a non-white ethnic group



Interview 1

- What have been the main challenges, if any, in managing medicines during the pandemic?
- What, if anything, have pharmacy staff done that has helped?
- What is the most important thing that pharmacists could do to support patients during these times?

Diversity of experiences with managing medicines



- No change
- Transition from one functioning routine to another
- Initial crisis followed by restabilisation
- Pandemic served as a “tipping point”
 - Exacerbation of challenges that were already present pre-COVID – negative
 - Push to change to aspects of medication practices that were not working – positive

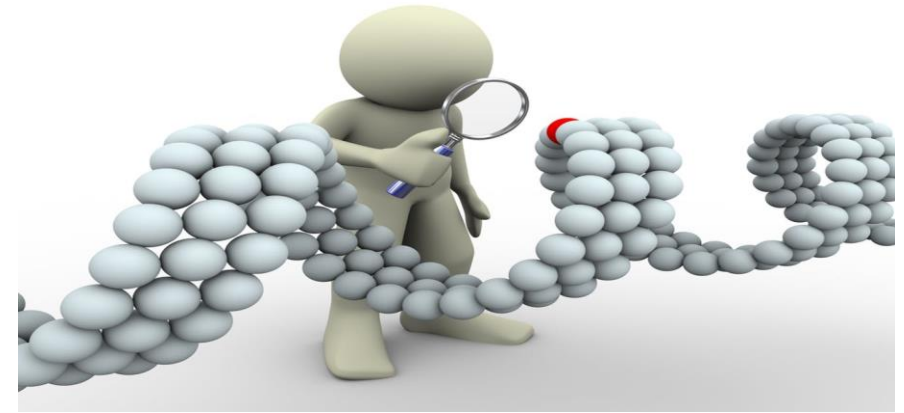
Tipping point: Example

'So when you go to collect sort of all the things the doctor has been prescribing, the other stuff isn't due for repeat, so you are constantly having to go and chase those.' (pre pandemic)

'They would only have half the prescription which they didn't tell you beforehand and we had to, because [name of husband] is shielding, we couldn't go, then we had to ask somebody to pick up the prescription and they would then come back with the slip saying please collect the other half next week or something and it meant asking somebody again and we were perhaps six, seven times in a couple of weeks, there were bits of this and bits of that. You can't keep asking favours all the time, it is quite embarrassing' (post pandemic).

Outcomes

- Medication related incidents
 - Omitted doses
 - Change to less effective formulation
- Health anxiety
 - Catching COVID-19
 - Running out/being able to obtain medication
 - Concern/hassle related to medication monitoring
- Impact on medication adherence
 - Positive – increased compliance
 - Negative/challenging



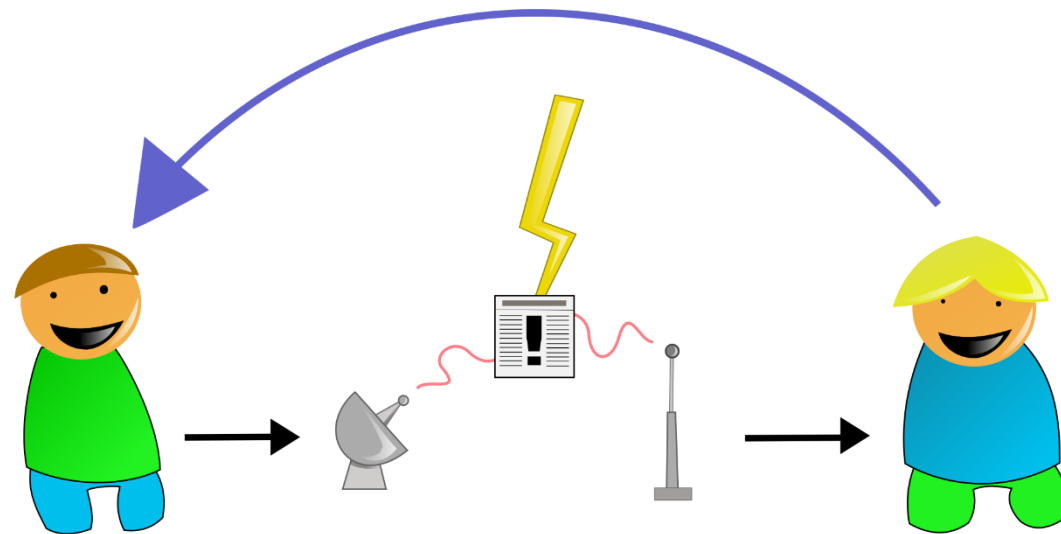
Positive experiences of pharmacy services



- *'Well, I had to have a prescription during the course of the pandemic and so I submitted it in the usual way and they went to the chemist and then I actually rang the chemist, because I was in lockdown, and I rang the chemist, and I do actually know them very well and they know me very well ... and they kindly said they would deliver it, which they did. It wasn't very difficult. I think I'm lucky because I've been going to them for a long time, they're not far away, I know them and there's an awful lot in having a personal rapport with people, when they actually know who they're speaking to, it's a great help'.*
- *'My local pharmacy have been good that they have been trying to deliver if they could. I don't know if I've been flagged up on their system but they phoned me and asked if I wanted it delivered and I said that it was okay, they could deliver to other people that might have needed it before, but they delivered it anyway'.*

Communication: reassurance

'Yeah, I wanted to make sure that it's safe and I will be okay and they assured me, they said which entrance I have to come to, I have to ring the doorbell and then there is hand sanitizer there and so when I go in, I just go in right to where the blood test would be and somebody will call me, somebody will come in who sees me. [When they called] to make the appointment they assured me all these things.'



Negative experiences of pharmacy services



- *'Well, what happened was [name of pharmacy] originally used to a delivery free delivery, then they installed a payment per person for a delivery of £5 and because you know [name of wife] is a person that can't really go out because of her situation, so we were obliged to let them charge as but we objected and within a reasonable period of time, they decided in their wisdom that they weren't going to charge and so far they haven't reintroduced the £5 charge.'*
- *No, they don't seem really keen to be delivering to people either, they try and make you...they say is there no friends or anything that you could ask.'*
- *'So, anyway, I was getting a bit upset really. It made me feel like a nuisance. Yeah, I was a bit miffed about that because you don't want to be made to feel guilty about stuff.'*
- *'They told me during the pandemic that they wouldn't (deliver my medicines) because they have too many deliveries but I did say I live in the same place (as husband who already had his medicines delivered) but they still wouldn't deliver it to me ... because they couldn't guarantee that the prescriptions would be coming at the same time.'*

Communication: misinformation

'Then I came here one day to be told that she'd got a message, or they'd spoken to her, to say that her treatment, her chemo treatment, was going to stop. So, obviously that caused a bit of distress because we didn't really understand it but then I was able to follow that up and send an email. So I think, again, the fact is I had emails for people I knew and then they got back in touch with us the following week to say "oh, that might have been wires crossed and dah, de, dah (daughter of patient)

Communication: Disconnect between healthcare professionals



'The biggest problem I had is with the methotrexate tablets. ...Last week I hadn't heard anything from the nurse to say the prescription is ready or there are problems with the blood test or anything, so I phoned and I had to make about five phone calls, that was backwards and forwards between different departments, [name of hospital 1], [name of hospital 1 pharmacy]. ... First of all I was told the prescription is ready, but [name of hospital 1 pharmacy] was closed, you have to pick it up from [name of hospital 3 pharmacy] and [name of hospital 3 pharmacy] will know that it is ready, so I phoned [name of hospital 3] to check that it was ready. [name of hospital 3 said they got no record of anything, so I phoned back the switchboard at [name of hospital 1] to speak to the person I was speaking to and she said she was speaking to the rheumatology nurse so yes there was a lot of stress getting my medication.'

Unnecessary risk



- *'I went all the way today to pick it up to be told it's not ready so I really haven't started taking them yet. ...To be told yes you can come in,...I'm just so furious it wasn't ready. ...If the hospital was just down the road I could say I could pick it up but I need a bus ride to go'*

Summary:

Factors affecting diversity of experience

- Empowerment and agency of patient/carers
- Community and hospital pharmacy staff
- Support networks
- Connectivity and functioning of system pre pandemic

Interview 2

- What have been the main challenges, if any, in managing medicines during the pandemic?
- What, if anything, have pharmacy staff done that has helped?
- What is the most important thing that pharmacists could do to support patients during these times?

What could community pharmacists do?



- Be proactive in contacting vulnerable patients regarding delivery.
- Consider developing a new informal communication channel for patients who will no longer be calling in to pick up their medicines.
- Offer delivery of over the counter medicines needed together with prescription medicines.
- Liaise with GP practices to help ensure patients' medicine request dates are synchronized to avoid multiple pickup/delivery of medicines each month. Suggest change to 2 month prescriptions where appropriate.
- Be warm and empathic with your patients- build trust.
- Ensure continuity of services. Avoid asking patients to change from localised to centralised system in order to arrange delivery.
- Avoid charging vulnerable patients for delivery who are unable to pick up their prescriptions.
- Find out about community networks that could be helpful for vulnerable patients.



What could hospital pharmacists do?

- Proactively arrange an alternative form of delivery of medicines from the hospital pharmacy.
- Proactively contact patients to ensure they know what will be happening with monitoring tests. Be aware of phlebotomy services that may have closed.
- If patients need to attend the hospital, tell them about the procedures that will be in place to keep them safe.
- If patients need to get their tests done in a different location to usual, make sure there is a system in place for results to be sent to them and/or the relevant healthcare professionals.
- For specialised medicines that require consent, ensure that there will be someone available to organise this before asking patients to collect medicines.

Tips for managing your medicines at home during the COVID-19 pandemic

Findings from the PS-HOME study (People Shielding and their Household Medication practices)

What did we do?

We spoke to 50 people in the UK who had been shielding in Spring 2020 and/or who were over 70 years of age, and their families. These are their tips for managing medicines during the pandemic.

Ordering your medicines

- Put a date in your diary to order your medicines at least a week before they run out
- Regularly check the amount of your medicines you have at home
- Know when your medicines will run out and try to keep ahead
- Ask your GP surgery and pharmacist if they can help arrange your medicines so they all need reordering at the same time.



Getting hold of your medicines

- Find out about the options for medicines home delivery and collection in your area
- You may want to choose a pharmacy that can deliver medicines to your home
- If you use an online grocery service, you may be able to order over-the-counter medicines from the same online service



Taking your medicines

- Try to keep your medicines in a safe place that will remind you to take them
- Some people find it helpful to use a pill box with different compartments to organise their medicines and remind them to take them.



Communicating with your GP and pharmacy

- Find out the different ways you can contact your GP surgery and pharmacy
- Get to know your local pharmacy and the people working there



And...at all stages of managing your medicines

- Ask for help and let others know what you need!



For more information about the PS-HOME study: please contact Dr Sara Garfield at s.garfield@ucl.ac.uk.

Forthcoming article – Drug & Therapeutics Bulletin

Mike Wilcock, Stephen Morris, Barry Jubraj

- **Title:** *How do your patients take their medicines at home and why is it important to know?*
- **Premise:** many doctors and pharmacists know comparatively little about how exactly medicines are taken behind closed doors at home
- **Thrust:** This is a safety issue and requires insight into the patient experience or we will only have some of the necessary information
- **Recommendations and concerns:** Proactively/routinely ask how exactly medicines administration will happen and actually happens at home, and be more curious with our patients.
 - **Concerns:** who should do this? Won't asking this question need lots of proactively gained background knowledge?
 - Is it just health professionals who should be raising the issue of medicines administration? What about patients and carers?