DELIVERY OF THE DEMENTIA FRIENDS PROGRAMME ON THE MPHARM DEGREE COURSE: A QUALITATIVE EXPLORATION OF PHARMACY STUDENTS' PERSPECTIVES

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Introduction: A person-centred approach to dementia care has been advocated[1], but limited literature exists on integration of this into pharmacist undergraduate education. The Alzheimer's Society Dementia Friends programme was developed to change peoples' perceptions and promote understanding of living with dementia. In 2019, the School piloted provision of Dementia Friends training; Level 3 MPharm students (n=102) were invited by email to participate as an optional part of a Clinical Therapeutics module. Sixty-three students (61.8%) attended the workshop, which combined Dementia Friends training with an interactive session facilitated by a person living with dementia (PLWD).

Aim: To explore undergraduate pharmacy students' views and experiences of the Dementia Friends pilot.

Methods: All students who had attended the workshop were invited by email to participate in a focus group during February 2020. Participants provided written informed consent. The topic guide focused on students' views of workshop delivery, improvements that could be made, their understanding of person-centred care, and the impact of the workshop on their clinical practice. The focus group was audio-recorded, transcribed verbatim, and analysed using thematic analysis.

Results: One focus group was conducted with eight students. Three overarching themes were identified: learning from an expert patient; importance of person-centred care; and dementia education during MPharm degree. Students valued the opportunity to learn from a PLWD and felt it allowed them to relate the condition to a real person: "*it felt more personal so you could really connect with them* [PLWD] *and understand their experience*". Hearing about the 'lived experience' helped to contextualise learning from other methods of delivery, e.g. lectures: "*you don't know what's going on in someone else's life, and sometimes we're all a bit quick to judge, I think* [the workshop] *put that into perspective*". Students described having greater understanding of person-centred care and taking a holistic approach to pharmaceutical care provision for PLWD: "*it's very important to take into account their quality of life…we can focus on the clinical but looking at the person as a whole actually helps their treatment*" and "*one of the things I found most interesting was that they might not remember the interaction but they will* [retain] *the feeling or emotion*". Students reported feeling more confident in engaging with PLWD following the workshop, which is something they would not have had the opportunity to learn from lectures alone: "*If we hadn't had that dementia training, I feel like I would still have no confidence chatting to dementia patients*". Students suggested that future Dementia Friends training should be delivered earlier in the MPharm degree course.

Conclusion: This study has shown that Dementia Friends training complemented students' existing knowledge of dementia and increased their confidence to communicate with PLWD. The use of an expert patient was an effective way of supporting MPharm students to develop a person-centred approach to their professional practice. The study was limited to one university so findings may not be generalisable. However, these data provide a good basis for future development and evaluation of Dementia Friends training provision to MPharm students.

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SERVICE OR INTERVENTION DESIGN AND EVALUATION

EVALUATING THE UTILISATION OF A SERVICE DESIGNED TO ENHANCE CARE WITH MEDICINES FOLLOWING ACUTE HOSPITAL DISCHARGE: A RETROSPECTIVE STUDY.

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Introduction: Medication safety challenges are common after hospital discharge and an important global health care improvement target [1,2]. 'Transfers of Care Around Medicines' (TCAM) services have been suggested as an intervention that may help address this problem, and are designed to enable the referral of patients on discharge from the hospital to a named community pharmacy in the surrounding Clinical Commissioning Group (CCG). A TCAM service was launched by a large NHS Trust in England in February 2019 to enhance medicines communication and optimisation between primary and secondary care following hospital discharge. The TCAM service is delivered through the PharmOutcomes™ platform, and the initial focus of the service was to support patients with new or existing Monitored Dosage Systems (MDS).

Aim: To evaluate the utilisation of the TCAM service in the host NHS Trust and surrounding CCG through the examination of the nature and outcome of referrals made to community pharmacy.

Method: Anonymised service delivery data of patients referred from the TCAM service via the PharmOutcomes™ platform between March 2019 – February 2020 were retrospectively examined. The data comprised important variables, including patient demographics, status and time of referrals, and referral outcomes including problems/errors identified with medications and services provided by the community pharmacy such as medicines reconciliation. Study approvals were obtained from the host NHS Trust and the Health Research Authority (HRA); the study was exempt from the University Research Ethics Committee (UREC) approval [2019-7048-10983].

Results: A total of 3,033 TCAM referrals to 67 community pharmacies were analysed. Most referrals were for patients aged 70 and above (72%, n=2,195) and 56% (n=1,713/3,033) of the referrals were for female patients. The number of referrals varied between 215 and 310 per

month (median 246, Inter quartile range [IQR] 234 - 268). Most referrals (67%, 2,038/3,033) were marked as 'completed' by the community pharmacies, with 32.8% (n=995) left uncompleted. The rate of referral completion varied between 59 and 80% per month (median 66.4, IQR 64.5 - 70). Five (0.2%) patients were identified by community pharmacies that had adverse drug reactions (ADRs) from the cohort of 2,038 patients with completed referrals, with 45 (2%, n=45/2,038) identified as having issues that necessitated referral to the general practitioner (GP). The most common reason for referral to GP was medication changes identified from hospital, incorrect repeat prescriptions following discharge, to request a new prescription or weekly MDS, and to inform the GP that the patient has stopped taking their medication. The most common services carried out in community pharmacies following referral were reported as medicines reconciliation (47%, n=954/2,038), followed by review of information (46.7%, n=952/2,038), home delivery of medication (39%, n=798/2,038), review MDS arrangements (23.6%, n=482/2,038), commence MDS (18.6%, n=380/2,038), and pharmacy managed repeat service (12%, n=254/2,038). The main strength of this study is the inclusion of referral data that occurred over a one-year period, while the data were limited in generalisability due to inclusion of one geographical region and only patients using MDS.

Conclusion: The findings of this study may inform the ongoing development of electronic pharmacy referral systems for use at hospital discharge.

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ADVANCING MENTAL HEALTH PROVISION IN PHARMACY (AMPLIPHY)

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Introduction: Improvement of mental health is a priority in the NHS Long Term Plan (1), and pharmacists and their teams could provide enhanced support for people who take medicines for anxiety or depression, two of the most common mental health problems in the UK. However, a recent Cochrane review (2) identified no community pharmacy services focused on mental health.

Aim: We aimed to pilot a mental health support service, in community pharmacy: Advancing Mental Health Provision in Pharmacy (AMPLIPHY) to assess its feasibility and potential benefit

Methods: The AMPLIPHY service was codesigned through a workshop involving people with lived experience, pharmacists and researchers. The resultant programme is a series of consultations, beginning at the presentation of the qualifying prescription for an antidepressant, after a further 1–2 weeks and then as further prescriptions are presented, up to 3 months. People are eligible to enter the service if they are newly prescribed antidepressants for depression or anxiety, or have a change in medication, dose or quantity. Pharmacists and their teams identified people who met this criterion and invited them to participate. The service was intended to be patient-led, with the pharmacist helping the patient to define tangible aims and/or outcomes that they wanted to focus on, and providing signposting where required. Following brief one-day training, the pilot ran across ten pharmacies in Greater Manchester from November 2019 through March 2020. We triangulated results from: a) quantitative analysis of consultation data; b) content analysis of consultation records; and c) template analysis of semi-structured interviews with participating pharmacists at the start and end of the service. We aimed to obtain feedback from people on exit from the AMPLIPHY service, but this was curtailed due to the coronavirus pandemic. Consultations were recorded via the Pharmoutcomes system (a,b) and interviews were recorded and transcribed, with NVivo used to manage the interview dataset (c).

Results: Seventy-six patients participated in the service, across 9 of the 10 pharmacies. Seventy-five percent of patients had just one consultation. The median age was 39 (IQR 28–47) and 62% of patients were women. Most patients entered the service due to new prescription of antidepressant (74%), 17% due to a change in dose and the remainder due to change in medication or quantity. Sertraline was the most commonly prescribed medication (46%). The content analysis is indicating that consultations centred around one of five areas: health (n=31), lifestyle (n=62), medication (n=45), support (n=37) and patient's descriptions of their feelings (n=31).

Conclusion: AMPLIPHY was accessed by a range of people, mainly on initiation of a new antidepressant. Parallels might be drawn with the New Medicines Service in England, but this does not currently extend to antidepressants. Consultations were not restricted to health and medication, but extended to other social and lifestyle aspects thus indicated that participants felt comfortable to disclose their personal situations to the pharmacist. This could support tailored interactions. However, more work is warranted to understand why most patients did not attend multiple consultations, and the immediate/ long-term impact from the patient's perspective.

References

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