

Pharmacy services for shielding patients should act as a blueprint for those who are housebound

Sara Garfield, Rabia Begum, Carly Wheeler & Bryony Dean Franklin

Housebound patients may face several challenges that require pharmacy staff assistance. These may include reduced access to healthcare services and reduced opportunity for communication with healthcare professionals about medicines. In the UK, many pharmacies offer home delivery services as well as domiciliary medication reviews to housebound patients. Domiciliary medication reviews have been evaluated from a pharmacist perspective and been found to be beneficial from their point of view (Latif et al 2018, Kayyali et al 2019). However, few studies have evaluated pharmaceutical care from the perspective of those who are housebound or their family members. We know little about their experiences of home delivery and domiciliary review or whether any additional services may be of benefit to them.

The COVID-19 pandemic acutely highlighted the needs of those who are housebound, when 4 million people were asked to shield and not leave their home, and other vulnerable people tried to stay at home as much as possible. We interviewed 50 people who were either shielding or over the age of 70 during the first wave of the pandemic and asked them about their experiences of managing their medicines and any challenges they faced (ref).

Our findings highlighted the key role that pharmacy staff played in the care of patients during the pandemic. Patients identified home delivery of medicines as being important, as well as other services related to supply, such as synchronisation of medicines ordering and 'medicines are ready' text messages. However, in addition to the services themselves, patients valued empathy, understanding, proactive communication and continuity. Relationships with pharmacy staff were one the key factors identified as enabling a smooth transition once patients were staying at home. People particularly appreciated the 'community' focus of pharmacies, such as having a local pharmacist they had known for a long time and who they trusted to look after them.

The people we spoke to seemed to have had very different experiences in relation to arranging home delivery while staying at home. Some spoke of how their pharmacy had gone out of their way to help by proactively calling them to see if they needed their medicines delivered or arranging delivery quickly and easily when asked. However, not all pharmacies were able to offer this. Some people had found it very difficult to get in contact with their pharmacies as telephone lines were constantly engaged; others found that their pharmacy was unable or reluctant to deliver. Still others found that delivery services were organised through a separate department of a pharmacy

multiple and that they then lost continuity with their local pharmacist. Another important factor for people who had become housebound was how to obtain any over-the-counter-medicines required, particularly those that were only available from pharmacies. . Some people reported that their pharmacists requested these be put on prescription so that they could be delivered together with their other medicines. However, one person said that she would have preferred to continue buying these over the counter.

Medicines supply synchronisation was another key area where pharmacists were able to help. Patients who were able to arrange collection or delivery of all their medicines once a month or less often seemed to find it much easier once they started staying at home. For example one person said she could “get all of them in one fell swoop” whereas another reflected on how much easier things would be “if my medicines were reconciled and really did come at the same time.” One person specifically highlighted the role that the pharmacist working at her GP surgery had played in helping in synchronising her ordering, so that all the medicines could then be delivered at the same time.

A few people reported receiving text messages to indicate when their medication was ready to be collected, which were very helpful. For example, when we asked a person how they were getting along since moving to a different pharmacy, they responded that the pharmacy “would text me when it was ready” which represented an improvement from their previous pharmacy.

Some people had received telephone advice from their pharmacies, for example in response to symptoms. However, while patients appreciated these, they also reported their limitations. For example, one person stated, “part of me that wished that she could look at these rashes, even online.” People reported positive experiences of video consultations with other healthcare professionals. Extending video consultations to pharmacy services for housebound people may be an important development moving forwards.

As well as needing to find alternative approaches to more formal conversations, people staying at home spoke of losing the more opportunistic informal communication they had previously taken advantage of when visiting the community pharmacy. This was further exacerbated due to patients’ concern over how busy healthcare professionals were during the pandemic. For example, one person spoke about how during normal times they might have asked the pharmacist about a medicines query while they were visiting: “if I have a question about my medicines, I would either normally go to see my doctor or the pharmacist at the GP Practice, or I would talk to the pharmacist where I collect my medicines. Would I trouble the pharmacist now who is harassed and overworked and under a lot of pressure? I might not, so that might be a change, whereas normally he has got the

time to talk, I have got the time to talk and we have talked about my medicines from time to time.’ Another said they would usually have asked a pharmacist or other healthcare professional how to gradually reduce one of their medicines as they felt it was no longer. However, as she knew that everyone was very busy, she had retrieved information from the internet instead.

As we begin to emerge from the pandemic, what can learn from these experiences that we can take forwards as pharmacists and pharmacy staff? First of all, we can recognise how important we are as people, as well as the services we provide, to our housebound patients. We can work to build and maintain individual relationships with such patients, and to develop alternative channels for both formal and informal communication. Second, we can communicate to policy makers the importance of our providing services such as home delivery, video consultations and medicines synchronisation services to those who are housebound, and ask for such services to be commissioned. And finally, we can recognise that the little things we do really do matter. Showing empathy, concern and understanding can go a long way to helping our housebound patients feel more positive and empower them to maintain good health.

Kayyali R, Funnell G, Harrap N, Patel A (2019). Can community pharmacy successfully bridge the gap in care for housebound patients?, *Research in Social and Administrative Pharmacy*; 15:425-439.

Latif A, Mandane B, Anderson E, Barraclough C, Travis S (2018) Optimizing medicine use for people who are homebound: an evaluation of a pilot domiciliary Medicine Use Review (dMUR) service in England. *Integr Pharm Res Pract.*;7:33-40;