

## Pharmacy professionals' perceptions of patient medicines helplines. Interview Schedule

### SECTION 1: Introduction and consent

Thank you for taking the time to speak to me today. Your help with this study is greatly appreciated.

This interview will involve me asking you some questions about patient medicines helpline services. Overall, the interview is likely to take about 10-20 minutes, although if you would like to pause at any point, please let me know. Also, your participation in this study is voluntary so if you decide that you no longer want to take part, please also let me know, and we can stop the interview.

As mentioned in the information sheet, I would like to audio-record the interview if that's ok with you. The audio recording will be written up word for word so that any identifying information which you may mention in the interview can be edited out before the data is analysed. This will ensure that your data is anonymous.

Before we begin the interview I need to check that you consent to take part in this study. This will involve me reading out some statements to you and checking whether you agree with them. I would also like to audio-record the consent process, so that I have a record of it.

Are you ready to begin?  
I will start recording this now.

*[Start recording the consent process]*

First of all, please could you tell me your name and today's date?

*[If 'yes', continue. If 'no', address the concerns and repeat the above consent statement. If still 'no', explain that it is a requirement of the study. Thank them for their time and end the call].*

Do you confirm that you have received information about this study, that you have had the opportunity to consider the information, ask questions about the study, and have had these answered satisfactorily?

*[If 'yes', continue. If 'no', address the concerns and repeat the above consent statement. If still 'no', explain that it is a requirement of the study. Thank them for their time and end the call].*

Do you understand that your participation is voluntary and that you are free to withdraw

from the study at any time without giving a reason?

*[If 'yes', continue. If 'no', address the concerns and repeat the above consent statement. If still 'no', explain that it is a requirement of the study. Thank them for their time and end the call].*

Do you understand that your anonymised data may be retained for at least 10 years in accordance with the University of Bath Research Data Policy, and that it may be shared and used to support other research in the future?

*[If 'yes', continue. If 'no', address the concerns and repeat the above consent statement. If still 'no', explain that it is a requirement of the study. Thank them for their time and end the call].*

Do you understand that parts of your interview may be used verbatim in future publications or presentations and that such quotes will be anonymised (i.e., they will not mention you personally)?

*[If 'yes', continue. If 'no', address the concerns and repeat the above consent statement. If still 'no', explain that it is a requirement of the study. Thank them for their time and end the call].*

Do you agree to take part in the study?

*[If 'yes', continue. If 'no', address the concerns and repeat the above consent statement. If still 'no', explain that it is a requirement of the study. Thank them for their time and end the call].*

*[Stop recording the consent process]*

Thank you for consenting to take part. The consent process is now complete and I have stopped recording. I will restart the recording shortly. This is to ensure that the interview recording does not contain your name so that the interview data is anonymous. After I press record, I will begin by saying your unique participant ID number and the date.

*[Start recording]*

This is the interview with participant *[ID number]* on *[date]*.

## SECTION 2: Interview questions

<b>Q1</b>	<b>To begin, could you please tell me about your role within your NHS Trust's Pharmacy Services?</b>
<b>Q2</b>	<b>Please could you tell me about your role in relation to the patient medicines helpline service?</b>
	Probe – [For pharmacists, not chief pharmacists] Please could you tell me your responsibilities in terms of the patient medicines helpline? Probe – [For both pharmacists and chief pharmacists] Did you help to set up the patient medicines helpline? If so, please could you describe what your involvement was in setting the service up?
<b>Q3</b>	<b>Please could you describe why your patient medicines helpline service was developed?</b>
	Probe – Research studies? Guidelines? (If so, which?) Awareness of national standards? Probe – What do you consider to be the purpose of the patient medicines helpline service? (Has its purpose changed over time? If so, in what ways? And Why?)
<b>Q4</b>	<b>Please could you tell me your thoughts about your patient medicines helpline service?</b>
	For example, meeting its aims. Probe - Is there anything you'd like to say about the cost of running the service? Probe - Is there anything you'd like to say about how the service may have developed since it first began?
<b>Q5</b>	<b>Please could you tell me what you consider to be the positive aspects of operating a patient medicines helpline service?</b>
	For example... Probe – Aspects that are positive for service users. Probe – Aspects that are positive for you/the MI team (e.g., learning from adverse patient experiences). Probe – Aspects that are positive for the hospital/NHS Trust (e.g., learning from adverse patient experiences; service improvement initiatives as a result of operating a PMH). Probe – Are there any other positive aspects of operating your patient medicines helpline which you haven't mentioned so far?
<b>Q6</b>	<b>Please could you tell me about any challenges of operating a patient medicines helpline service?</b>
	For example... Probe – Aspects that are negative/unhelpful/risks/safety issues for service users. Probe – Aspects that are negative/unhelpful for you/the MI team Probe – Aspects that are negative/unhelpful for the hospital/NHS Trust. Probe – Are there any other challenges of operating your patient medicines helpline service which you haven't mentioned so far?
<b>Q7</b>	<b>Please can you tell me your thoughts regarding whether the patient medicines helpline service meets the needs of patients and carers?</b>

	<p>For example, their medicines information needs; their support needs.          Probe – Please could you explain why?/why not?          Probe – Is there anything you'd like to say about the uptake of the service?          (If they mention lack of use: Probe - Do you have any suggestions as to why this might be? Probe – Lack of promotion; lack of need; use of other services (if so, which?)).          Probe – Is there anything you'd like to say about the types of patients/people who use the service?          Probe – Are there any types of patients/people who you think could benefit from the service but who don't typically use it? (If so, who? And why?)</p>
<i>(If not already known from previous answers)</i>	
<b>Q8</b>	<b>Can you tell me your thoughts regarding the cost-effectiveness of the patient medicines helpline?</b>
	Probe – <i>(If not already known)</i> Please could you say how your helpline service is funded?
<b>Q9</b>	<b>Please could you tell me about any aspects of your patient medicines helpline service that you think could be improved?</b>
	<p>Probe - If so, why? / In what way?</p> <p><i>For example....</i></p> <p>Probe – Service user access. (Alternative methods? Online chat? Email? Skype / facetime?)          Probe – Helpline availability.          Probe – Helpline promotion.          Probe – Procedures you use (e.g., documenting the calls; use of a SOP).          Probe –IT systems and technology you use.          Probe – Service user involvement (e.g., including feedback/satisfaction surveys).          Probe – Mechanisms to feed back to the Trust any issues/errors which become apparent during the operation of the service.</p> <p>Probe – (If not already mentioned) Are you aware of the national standards which are available for operating a patient medicines helpline service? Have you used them to develop your service? If so, in what ways?</p>
<b>Q10</b>	<b>Research suggests that sometimes people contact a patient medicines helpline service if there is an error with their medicines. Please could you describe any process that occurs if a helpline call reveals that an error has been made with a patient's medicines?</b>
	Probe – Learning from errors / Service improvement initiatives.
<b>Q11</b>	<b>In what ways do you think the helpline service could be used to improve practice, within Pharmacy Services and the wider organisation?</b>
	<p>Probe – For example, if data is routinely collected about errors, using that information to improve practice.          Probe – [If not yet known] Based upon the examples you've given, are these means of improvement used at your hospital to improve practice?</p>
<b>Q12</b>	<b>What qualities do you perceive to be important in order to provide a successful patient medicines helpline service?</b>

	Probe – (if not obvious) Why are these things important? Probe – What staff skills are important? (Training? Standard operating procedures?)
<b>Q13</b>	<b>How do you see patient medicines helplines at NHS Trusts developing in the future?</b>
	Probe – Developing the service at your NHS Trust, specifically (e.g., additional ways of accessing the service; availability of the service; promotion; procedures; IT/technology to provide the service; service user involvement). Probe – Developments within the UK generally (e.g., move towards regional/shared services - Carter Report / 5 year forward review / sustainability and transformation plans). Probe – Any perceived financial/funding issues in the future.
<b>Q14</b>	<b>In what ways is local knowledge needed in order to deal with helpline enquiries? By ‘local knowledge’, I mean knowledge that is available at your hospital or NHS Trust only (e.g., patient records, local policies and procedures, advice from clinicians who cared for the patient).</b>
	Probe – patient records; access to relevant clinical staff; local policies and procedures.
<b>Q15</b>	<b>What do you think the impact would be if patient medicines helpline services became regional or national in the future, instead of local to hospitals?</b>
	Probe – Impact of this upon the service / quality of the service / the type of information that could be provided?
<b>Q16</b>	<b>Those are all of the questions that I have about patient medicines helpline services. Although, is there anything else which you would like to say about patient medicines helpline services, which you feel would be important to share at this point?</b>

Before we finish, I would like to collect some background information about you. I will stop the recording now, so that your interview recording remains anonymised.

### **SECTION 3: Collecting background information and finishing the interview**

Before we finish this call, I would like to collect some background information from you if that is ok.

*[Use the ‘Background Information Data Collection Form’ to collect participants’ background information]*

Would you like to receive the results of the study, once they become available? They can be sent to you by email or post – whichever you prefer. Participants’ contact details are destroyed at the end of the study. However, if you would like to receive the results of the study, this would mean that I would retain your contact details for a little longer, until the results have been sent to you. Your contact details would be stored securely at the University of Bath and would only be accessible to the research team, which comprises of me and my three supervisors.

*[If “yes”, collect their desired means of receiving the results – email or postal address. If “no”, continue below].*

Thank you once again for your time today, this has been a really helpful conversation.

*[End the conversation/call]*