

Pharmacist and patient perspectives on the use of video consultations in pharmacy in Scotland

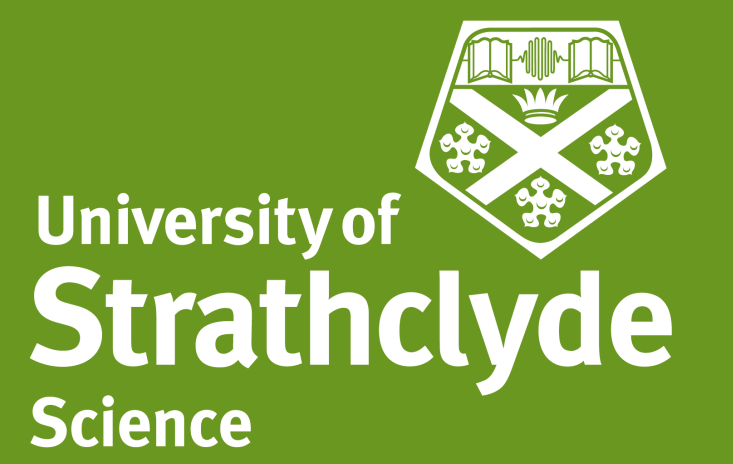
Aimee Ferguson¹, Emma Dunlop¹, Kate Preston¹, Marion Bennie^{1,2}

¹ Strathclyde Institute of Pharmacy and Biomedical Sciences, University of Strathclyde, 161 Cathedral St, Glasgow, G4 0RE, UK

² Public Health Scotland, Gyle Square, 1 South Gyle Crescent, Edinburgh, EH12 9EB, UK.

✉ a.ferguson@strath.ac.uk

✉ @research_aimee



Background

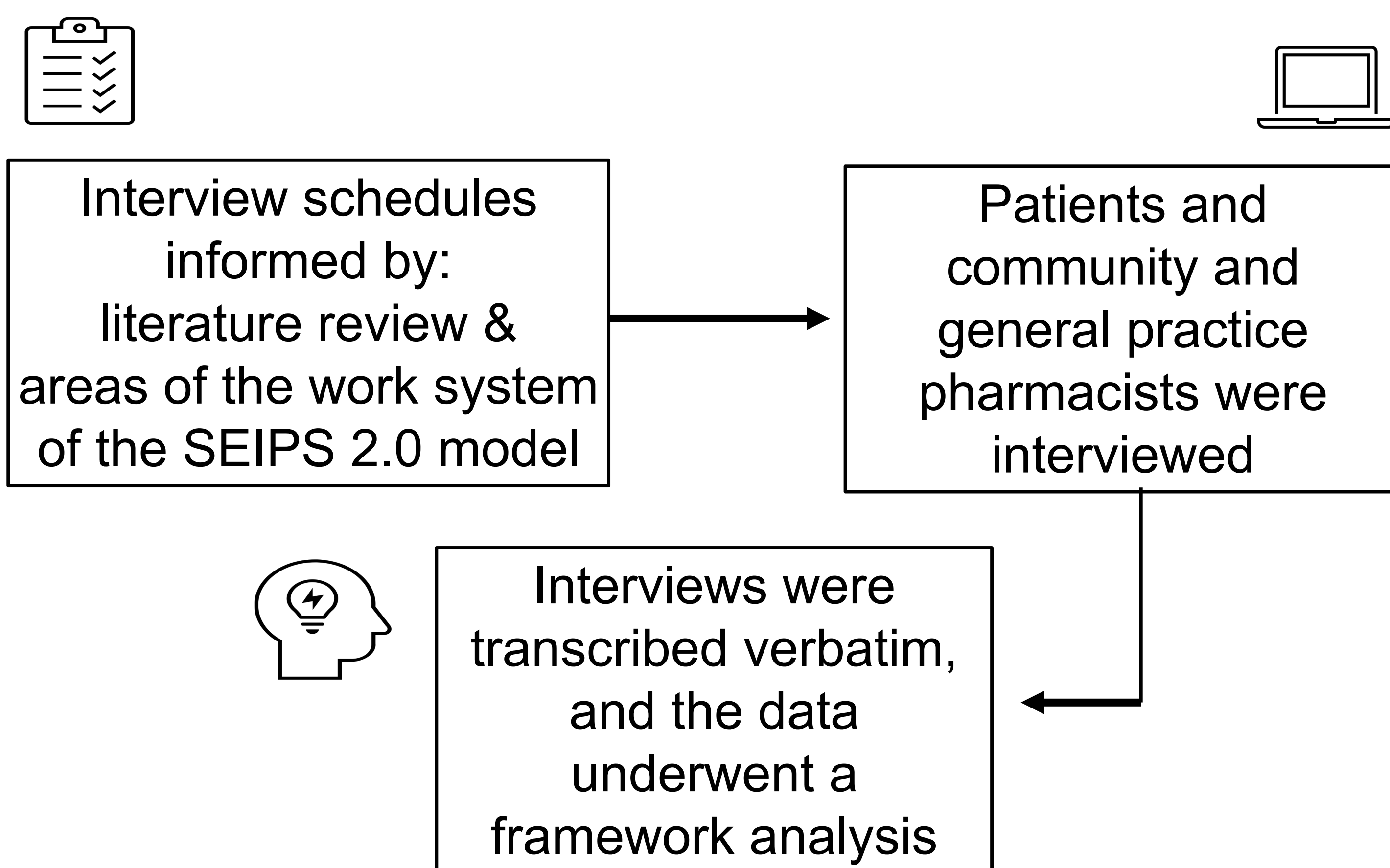
Although over 80% of patients and 94% of healthcare professionals feel video consultations should be offered for healthcare appointments, use in pharmacy has been limited both before and during the COVID-19 pandemic (1, 3). Human Factors is the study of the interactions between humans, the tools and technologies they use and the complex environments in which they work (4). Applying human factors can assist in understanding the influence that each component of a system has on the use of video consultations.



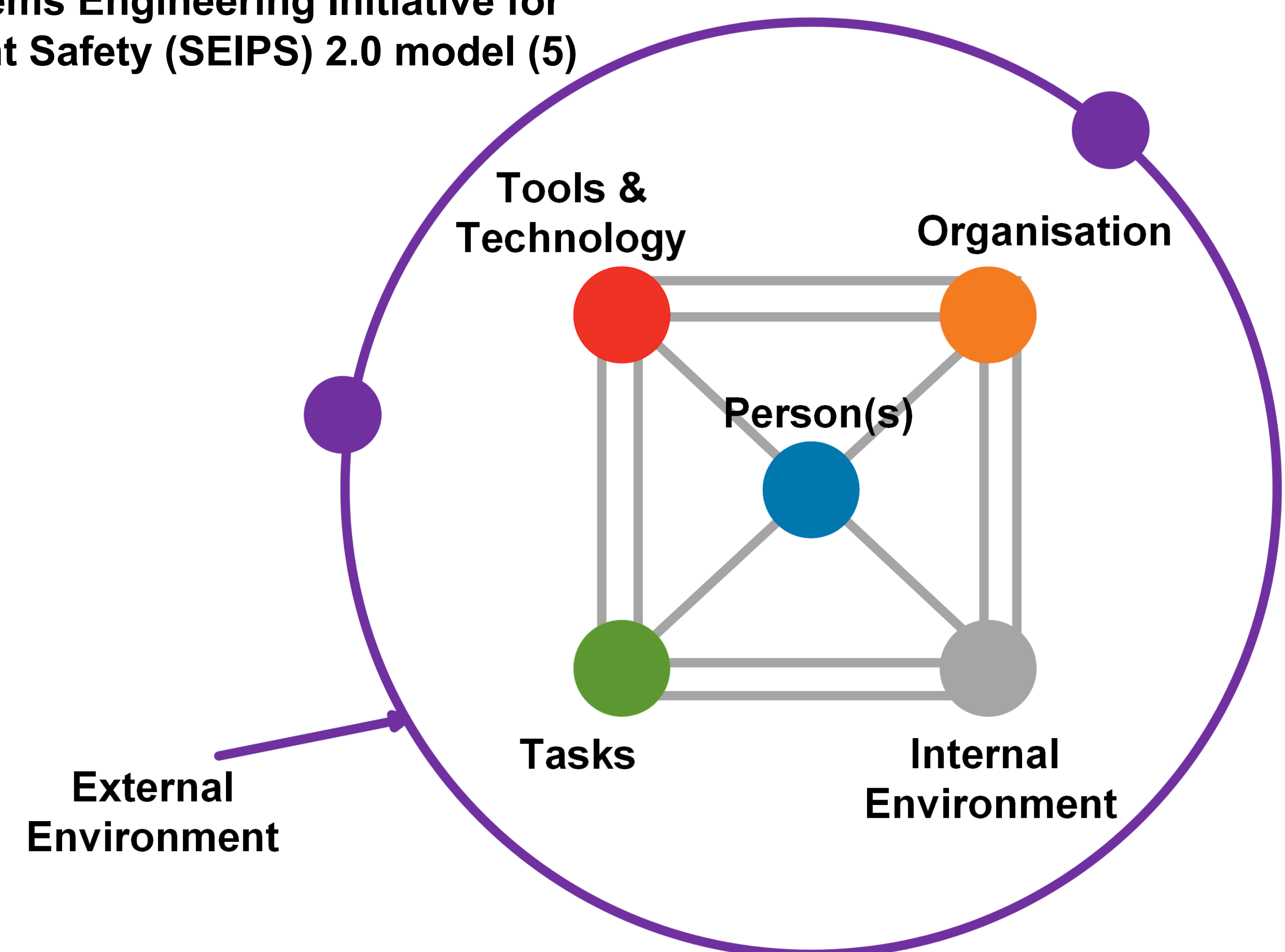
NHS Near Me platform (2)

The aim of this study was to understand the factors influencing patients' and community and general practice pharmacists' use of video consultations (VCs), using a human factors approach.

Methods



Systems Engineering Initiative for Patient Safety (SEIPS) 2.0 model (5)



Preliminary Results

Participants	n
Patients	14
General practice pharmacists	10
Community pharmacists	6
Pharmacists working in both settings	3



n=33 participants, from 10/14 Scottish health boards, with a mix of urban and rural locations, participated



Only 2 (10.5%) pharmacists had experience of VCs with patients



Pharmacists perceived a lack of patient demand for VCs



Having access to a private workspace was an issue for some general practice clinical pharmacists



Patients were unaware that VCs were available, and lacked an understanding of the role of pharmacists overall



Inadequate staffing and difficulties fitting VCs around unpredictable workflow was an issue in community pharmacy



The clinical needs that both patients and pharmacists reported as most suitable for VCs included medication reviews, medication queries and skin concerns



Despite being aware of some existing resources and training, pharmacists expressed a need for further guidance on when VCs may or may not be appropriate to use with patients

Next Steps



Scoping review and content analysis of guidance available to pharmacists working in Scotland, on the use of VCs

References

- (1) Archer H, Morrison, C., Thompson, M., Whoriskey, M. . *Near Me Public Engagement: Public and clinician views on video consulting*. Online: Scottish Government; 2020.
- (2) <https://www.nearme.scot/>
- (3) Weir N, Newham R, Dunlop E, Ferguson A, Bennie M. The impact of the COVID-19 pandemic on pharmacy personnel in primary care. *Prim Health Care Res Dev*. 2022;23:e56.
- (4) Donaldson MS, Corrigan JM, Kohn LT. To err is human: building a safer health system. 2000.
- (5) Holden RJ, Carayon P, Gurses AP, Hoonakker P, Hundt AS, Ozok AA, et al. SEIPS 2.0: a human factors framework for studying and improving the work of healthcare professionals and patients. *Ergonomics*. 2013;56(11):1669-86.

Acknowledgements

Special thanks to

- Supervisors Dr Rosemary Newham, Prof. Marion Bennie and Ms Emma Dunlop
- Fellow PhD student, Ms Kate Preston
- Everyone else in the Pharmacoepidemiology and Healthcare Research group
- Pharmacist and patient participants