

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

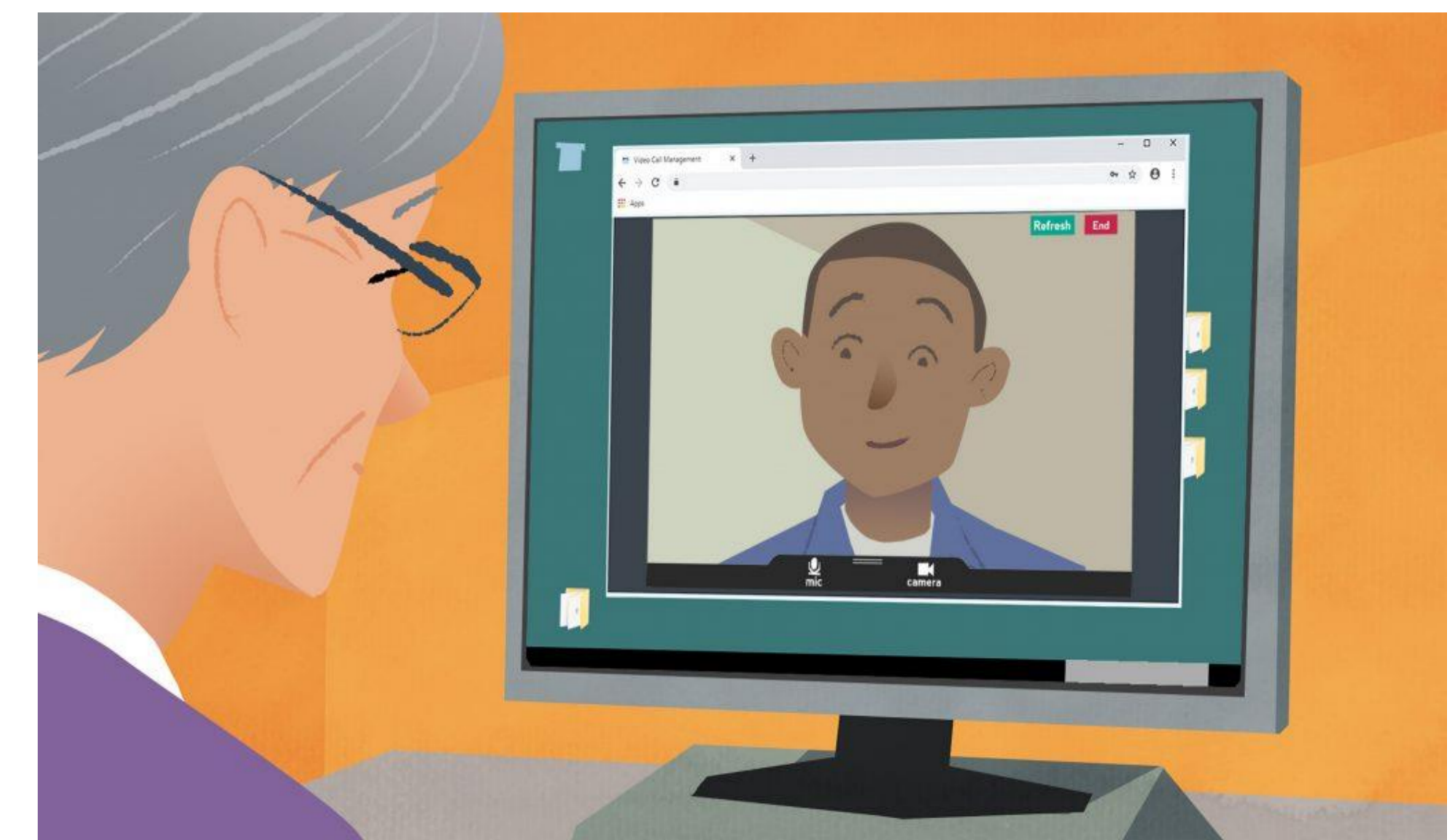
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## Background

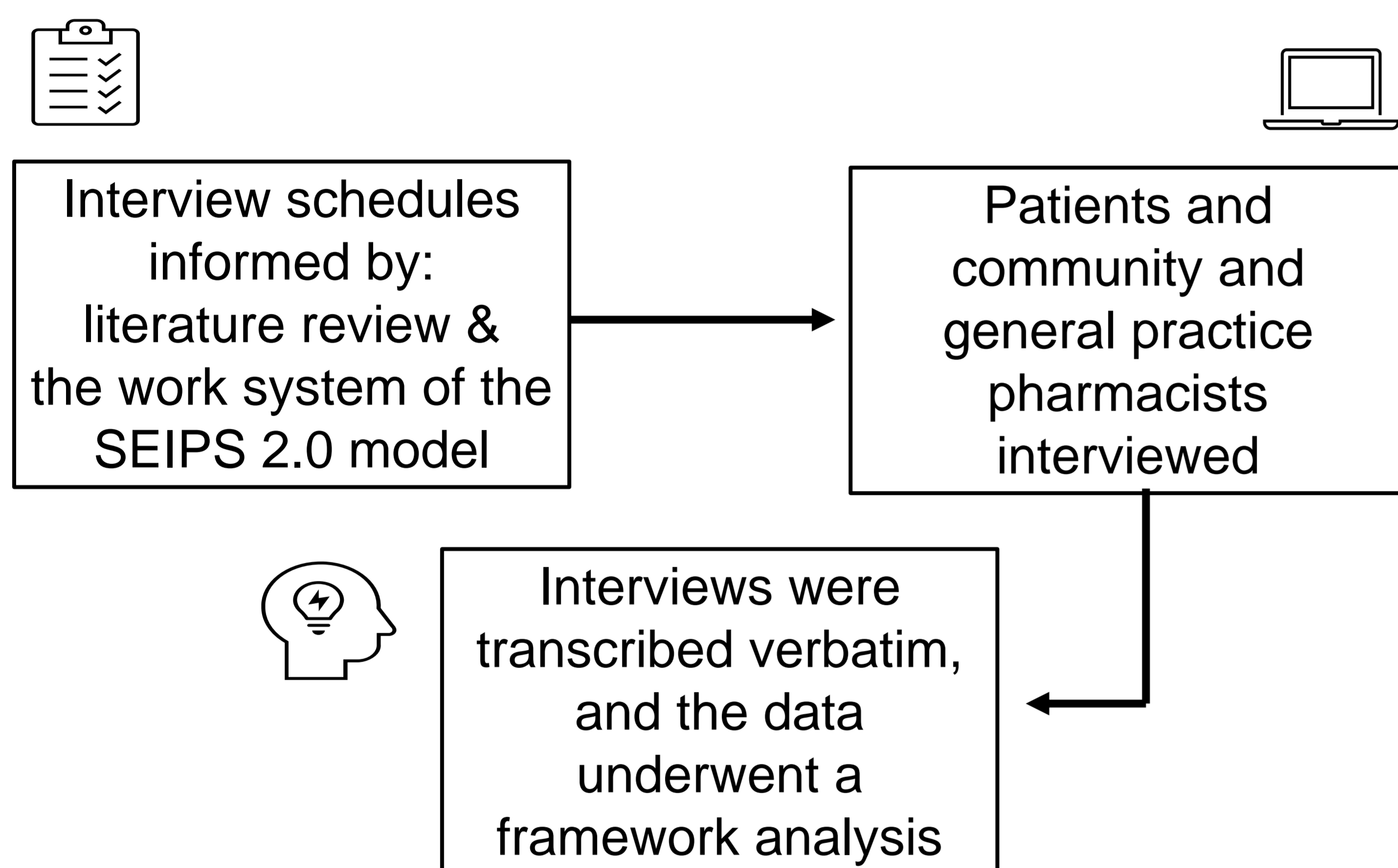
Although over 80% of patients and 94% of healthcare professionals feel video consultations should be offered for healthcare appointments, use in pharmacy has been limited both before and during the COVID-19 pandemic (1, 3). Human Factors is the study of the interactions between humans, the tools and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



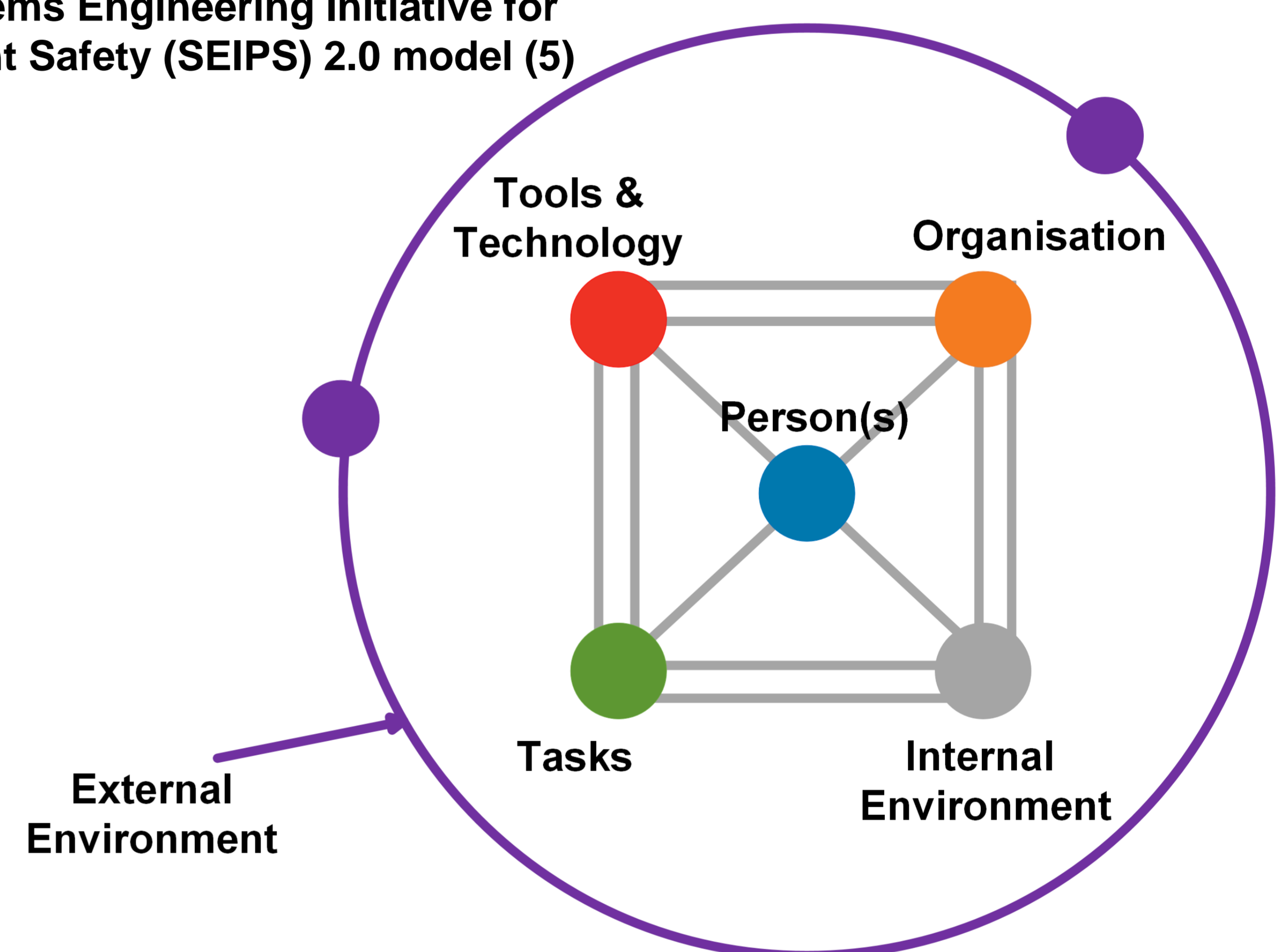
NHS Near Me platform (2)

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 model. This poster will only present results in relation to the person(s) component.

## 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



Only 2 pharmacists had experience of VCs with patients



Pharmacists perceived a lack of patient demand for VCs



Patients were unaware the service was available



VCs convenient for pharmacists as they would not have to travel to patients homes



VCs convenient for patients unable to leave their home due to mobility issues or other responsibilities



The majority of pharmacists said they would not mind using VCs to speak to new patients



Patients felt using VCs with an unknown pharmacist was fine as is the norm in healthcare. Although may be easier if they already know and trust the pharmacist



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



Views on patient IT skills in relation to age were varied – although some expected older patients would not have the necessary skills, others highlighted the importance of not making this assumption as it is not always the case

## 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.

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