

Patient and carer access to medicines at end of life: the ActMed mixed-methods study

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Plain English summary

The ActMed mixed-methods study

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Plain English summary

Patient access to medicines during the last 12 months of life – commonly known as end of life – is critical for controlling symptoms and reducing distress. Medicines may also prevent the need to use health services in an emergency. Our recent studies suggested that patients, their families and their carers have problems obtaining medicines to manage symptoms at home.

We aimed to evaluate health-care services designed to help people access medicines at the end of life.

Methods included:

- a review of previous research studies
- an online survey of 1327 health-care professionals
- four case studies of different types of end-of-life services, including –
 - patient, family/carer and health-care professional interviews
 - extracting details of medicines and services used from patients' records to analyse the costs and outcomes for each type of service
- telephone interviews with 24 community pharmacists and eight pharmaceutical WDs
- a workshop with 19 end-of-life experts to discuss our findings and their implications.

We found that accessing medicines required considerable co-ordination work for patients, families, carers and/or health-care professionals. This was often because parts of the access process were functioning poorly. Co-ordinating access often depended on good relationships between health-care professionals and between health-care professionals and patients and their families/carers.

Delays in access were associated with:

- general practitioner services
- lack of medicines in community pharmacies
- palliative care nurse specialists' lack of access to electronic prescribing
- health-care professionals' limited access to shared electronic patient records.

The differences in cost per prescription across services were substantial when considering the overall population and number of prescriptions per year.

Key implications are:

- the need for streamlined co-ordination through more single points of access
- expanding and diversifying the prescriber workforce
- greater access to electronic prescribing and shared patients records
- improved availability of medicines in community pharmacies.

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