

Pharmaceutical information exchange between primary and secondary health care professionals and cancer patients

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Introduction The past decade has seen considerable alterations to how health care is delivered in the United Kingdom. Patients are discharged from the hospital sooner,¹ often with greater dependency on health care professionals (HCPs) than previously. Although some see this movement in health care delivery as a cost saving exercise, cancer patients (often ill for long periods) prefer to stay at home for as long as possible.² In recent publications,^{3,4} the need for good communication between primary and secondary professionals and cancer patients about all aspects of their care has been emphasised.

This study is part of a larger programme of work that explores and maps pathways along which pharmaceutical information is exchanged between professional groups based in primary and secondary care. The work presented here examines pharmaceutical information exchange between HCPs and patients.

Method Semi-structured, qualitative interviews were conducted with cancer patients and HCPs. The patients were purposively selected from those attending a London teaching hospital, to ensure diversity in type and severity of cancer. The HCP groups with input into the pharmaceutical education of cancer patients were identified from literature review and patient interviews. Specific individuals were purposively chosen to ensure diversity in grade and experience. The interview schedules were developed from preliminary fieldwork. Patients were interviewed twice, in the hospital and at home approximately six weeks after discharge. HCPs were interviewed once. The interviews were audiotaped and transcribed verbatim. Repeated reading and content analysis were used to identify and map the nature and range of the factors involved.

Results Interviews were held with 52 patients and 63 HCPs (nine hospital doctors, 11 general practitioners, 12 hospital, 12 district and seven Macmillan nurses, two hospital and 10 community pharmacists).

FOCAL POINTS

- No single professional takes overall responsibility for the pharmaceutical aspects of cancer patient care
- Information given to cancer patients by health care professionals (HCPs) varies depending on the priority of the professional
- Cancer patients primarily approach primary care HCPs for help and advice for their medication
- Training and support must be available to enable HCPs to address individual cancer patients' information needs

Patients identified more community HCPs as their pharmaceutical information source than hospital professionals. They distinguished between the type of information they would seek from different professional groups. For example, hospital staff were identified as giving help and information about diagnosis, prognosis and treatment options, whereas the general practitioner was identified as the professional who prescribed routine medicines and could be asked simple questions about those drugs.

The most common complaints made by patients were concerned with poor communication and inadequate information. Interestingly, patients were more likely to make these claims when they had experienced negative problems with their medication, such as side effects or ineffectiveness.

The HCPs identified eight points of pharmaceutical information which they perceived that cancer patients required. The nurses identified more practical points relating to educating the patient on how to use their medicines effectively, whereas the doctors were more concerned with stressing the importance of the medication in the drug regimen. Hospital doctors particularly commented on the amount of pharmaceutical information given to patients during the doctor-patient consultation, and how this had to relate to information given regarding disease progression. Pharmacists were concerned with issues of supply.

Conclusion It was evident that no single professional took overall responsibility for the pharmaceutical aspects of cancer patient care. Although patients approached various HCPs for help and advice, the information given was variable depending on the priority of the professional.

The information needs identified by patients are relatively simple. However, they expressed dissatisfaction with previously received information when they later experienced an adverse event.

Patients primarily approach primary care HCPs for help and advice regarding their medication. The implications of this are that these HCPs must have sufficient knowledge and expertise to address individual cancer patients' information needs and they are likely to need further training and support to achieve this.

References

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Int J Pharm Pract
2001;9(suppl):R18