Seamless Care Between Community Pharmacy and Pharmacy of Your Choice Service

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Together, let's aim for the stars!

Abstract

Malta's Pharmacy of Your Choice (POYC) scheme provides free medicine and medical devices. Improving care transitions across various healthcare settings is essential for improving patient outcomes. This study aimed to reduce fragmentation and maximise the efficient use of POYC services using a three-phase mixed methodology. Phase 1 was the development of flowcharts illustrating the patient's journey within the POYC scheme. Phase 2 was a focus group discussion (FGD) with healthcare providers in the POYC scheme. Fifteen were initially recruited via convenience sampling; to increase participants, 9 organisations were emailed; 7 accepted; however, only 3 joined. Phase 3 was questionnaire dissemination to POYC patients. Invitation emails were sent to 131 community pharmacies; 17 accepted; however, only 5 participated generating 39 responses. To increase responses, 13 community pharmacists were given hard copies of the questionnaire which generated 70 responses. In phase 1, six flowcharts were developed outlining the general processes of POYC. In phase 2, the FGD revealed fifteen major themes related to healthcare providers' perceptions of the current system, familiarity and gaps in the flowcharts, knowledge and experiences in the POYC system, barriers such as medication supply challenges, care continuity issues, and communication challenges, and recommendations for improving the POYC system. In phase 3, 109 POYC patients answered the questionnaire. Participants have adequate knowledge [mean rating score (MRS) 3.82 ± 1.1] of registering with POYC and moderate knowledge of logistics (MRS 3.28 ± 1.25) and renewal of entitled documents (MRS 3.03 ± 1.32). Sixty-six (60.6%) need more information about POYC services. Forty-eight (44%) waited 8-14 days to receive the medications they were first prescribed, while 50 (45.9%) received newly added medications within 2–7 days.

Eighty-one (74.3%) participants faced disruptions, mainly due to stock shortages. Sixty-four (84.2%) suggested developing a contingency plan to substitute unavailable medications with suitable alternatives, and 90 (82.6%) proposed adding more medications and devices to enhance POYC services. Analysing medication acquisition streamlines complex processes within the POYC scheme. Incorporating healthcare providers' and patients' insights allows a comprehensive understanding of challenges in the current scenario, enabling the identification and resolution of issues to enhance seamless care transition.

Keywords: Seamless care, Care continuity, Pharmacy of Your Choice Scheme

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List of Abbreviations

AI	Artificial Intelligence
CARE	Centralised Aid of Repository Entitlement
COREQ	Consolidated Criteria for Reporting Qualitative Research
CPSU	Central Procurement and Supplies Unit
DPA	Directorate for Pharmaceutical Affairs
EHR	Electronic Health Record
FGD	Focus Group Discussion
GFL	Government Formulary List
GP	General Practitioner
HIE	Health Information Exchange
ICT	Information and Communication Technology
IoT	Internet of Things
MAS	Medicines Approval Section
MRS	Mean Rating Score
NHS	National Health Service
OECD	Economic Co-Operation and Development
POYC	Pharmacy of Your Choice
Rx	Prescription
SDGs	Sustainable Development Goals
SMS	Short Message Service
SOP	Standard Operating Procedure
UHC	Universal Health Coverage
WHO	World Health Organisation

Chapter 1

Introduction

1.1 Universal Health Coverage

Countries worldwide struggle with the challenges of an increasingly ageing population in their healthcare systems (Fleming & Haney, 2013; Scrutton et al, 2015; Rowe et al, 2016; McPake & Mahal 2017). The global percentage of people aged over 60 is anticipated to nearly double from 12% to 22% between 2015 and 2050.[1] As this demographic shift unfolds, health systems must prepare to address the surge in chronic illnesses associated with ageing (Dall et al, 2013). Inequality continues to exist and persist, leaving approximately 2 billion people worldwide without access to essential medications in low-income and middle-income countries.[2] This signifies that nearly a quarter of the global population faces barriers such as unavailability, high costs, and unacceptable, or low-quality essential medications (Ozawa et al, 2019; Sengxeu et al, 2021; Yenet et al, 2023).

In response to these challenges, the World Health Organisation (WHO) advocates for universal health coverage (UHC), grounded in the 1948 WHO Constitution, which asserts health as a fundamental human right.[3] UHC ensures that individuals can access all types of comprehensive, high-quality health services without encountering financial hardships (Ranabhat et al, 2023). Encompassing essential health services from promotion to palliative care throughout one's life, UHC is a pivotal target in the 2030 Sustainable Development Goals (SDGs) with its promise

[1] World Health Organization. Ageing and Health [Internet]. World Health Organization. 2022. Available from: https://www.who.int/news-room/fact-sheets/detail/ageing-and-health

[2] World Health Organization. More than half a billion people pushed or pushed further into extreme poverty due to health care costs [Internet]. 2021. Available from: https://www.who.int/news/item/12-12-2021-more-than-half-a-billion-people-pushed-or-pushed-further-into-extreme-poverty-due-to-health-care-costs

[3] World Health Organization (WHO). Universal health coverage (UHC) [Internet]. World Health Organization. 2023 [cited 2023 Oct 23]. Available from: https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-(uhc)

"Leave no one behind.".[4] The WHO aims to extend UHC benefits to an additional one billion people by 2025.[5]

A crucial aspect of improving healthcare is the concept of seamless care, which prioritises enhancing transitions for patients as they navigate various healthcare environments (Vrijhoef, 2019). This approach, supported by stakeholders across diverse healthcare settings seeks to ensure continuity and coordination in healthcare service delivery (Marcotte et al, 2015). By doing so, it aims to enhance patient outcomes and reduce overall healthcare costs (Radhakrishnan et al, 2018).

1.2 Overview of the Maltese Healthcare System

In 2023, findings from the Organisation for Economic Co-operation and Development (OECD) and European Observatory on Health Systems and Policies indicated that Malta's public healthcare framework provides near-universal coverage to its population, characterised by minimal instances of unmet healthcare needs attributable to financial constraints, geographical accessibility, or prolonged waiting periods. The system is primarily funded through general taxation ensuring broad population coverage.[6] Public healthcare providers mostly handle secondary and tertiary care, while the private sector is vital in supporting service provision,

[4] World Health Organization (WHO). SDG Target 3.8 | Achieve universal health coverage (UHC) [Internet]. World Health Organization. [cited 2023 Nov 1]. Available from: https://www.who.int/data/gho/data/themes/theme-details/GHO/universal-health-coverage

[5] European Parliament. The 76th World Health Assembly [Internet]. European Parliament. 2023 [cited 2023 Nov 11]. Available from: https://www.europarl.europa.eu/RegData/etudes/IDAN/2023/740084/IPOL_IDA(2023)740084_EN.pdf

[6] Malta [Internet]. EU-healthcare.fi. 2022 [cited 2024 May 17]. Available from: https://www.eu-healthcare.fi/health-services-abroad/country-specific-information-about-health-services/malta/

especially in primary and ambulatory care.[7]

Despite these strengths, Malta faces unique challenges due to an ageing population and increasing immigration, which may shift population demand for healthcare in the coming years (Grech, 2017; Lebano et al, 2020). Thus, it is vital to have timely solutions to address and fulfil the evolving healthcare needs of its growing and diverse population.

Malta strives to enhance the health services it provides to the public. A case in point would be during the COVID-19 pandemic, Malta has augmented its capacity to deliver care remotely through teleconsultations, with around 25% of adults reporting having had remote medical consultations since the onset of the pandemic (Cassar et al, 2021). A recent advancement would be the private digital application platform, Digimed®, launched in the latter part of 2023.[8] It enables teleconsultations and offers a repository of the subscriber's electronic health records and electronic prescriptions which paved the way to unite healthcare professionals, patients, and chemists inside a single ecosystem.[9]

[7] European Commission. Synthesis Report 2023 State of Health in the EU Health and Food Safety. Luxembourg: Publications Office of the European Union; 2023 [cited 2024 May 17]; Available from: https://health.ec.europa.eu/system/files/2023-12/state_2023_synthesis-report_en.pdf

[8] Secretary General. Digimed - a patient record and telemedicine platform built in Malta [Internet]. Malta College of Family Doctors. 2023 [cited 2024 May 17]. Available from: https://mcfd.org.mt/2023/07/digimed-a-patient-record-and-telemedicine-platform-built-in-malta

[9] Times of Malta. Doctors start embracing Digimed's potential [Internet]. Times of Malta. 2024 [cited 2024 May 17]. Available from: https://timesofmalta.com/article/doctors-start-embracing-digimed-potential.1085752

1.3 Pharmacy of Your Choice Scheme in Malta

In Malta, the government has established the Pharmacy of Your Choice (POYC) scheme to provide free medicinal treatment under Schedule V and Schedule II legislation.[10] Forming part of the Social Security Act (Cap 318, Article 23) and its amendment (Act No. I of 2012) and the Fifth Schedule to the same Act, patients suffering from the 83 listed chronic conditions are entitled to receive free pharmaceutical products, regardless of their age or income.[11] Before the implementation of the POYC Scheme, government pharmacies located in five health centres and hospitals across Malta and Gozo were operating as pharmaceutical dispensers, where the cost of services and medicines was covered by the government.[12] As of August 2019, approximately 147,000 patients benefit from the POYC scheme[13], with 222 participating private community pharmacies.[14] Upon the implementation of the POYC scheme, the healthcare system transitioned towards a more patient-centred approach, increasing patient access to free medications through the private community pharmacy of their choice.

To be eligible for free medication under the Schedule V scheme, a patient must first consult a medical professional to evaluate and diagnose the condition requiring

[10] Government of Malta. The Pharmacy of Your Choice National Scheme [Internet]. [cited 2023 Jan 24]. Available from: https://deputyprimeminister.gov.mt/en/poyc/Pages/poyc-scheme.aspx
[11] Government of Malta. Chapter 318: Social Security Act [Internet]. Malta; 1987 [cited 2023 Jan 22]. Available from URL: https://deputyprimeminister.gov.mt/en/pharmaceutical/Documents/cap_318.pdf
[12] National Audit Office (NAO). Performance Audit: An Analysis of the Pharmacy of Your Choice Scheme [Internet]. 2012 [cited 2023 Jan 27]. Available from: https://nao.gov.mt/loadfile/4bd31498-d5ae-4261-bce2-60e7206d4a40
[13] Vassallo A. 147,000 patients use Pharmacy of Your Choice scheme [Internet]. Television Malta. 2019 [cited 2023 Jan 25]. Available from: https://tvmnews.mt/en/news/147000-patients-use-pharmacy-of-your-choice-scheme/
[14] Government of Malta. List of Community Pharmacies Providing POYC services in Malta and Gozo [Internet]. [cited 2023 Jan 25]. Available from: https://deputyprimeminister.gov.mt/en/poyc/Documents/New%20content%20VA/Website%20list.pdf

treatment.[15] The medical professional will then refer to the Government Formulary List (GFL), which outlines the conditions and corresponding treatments, and complete a medicines request form. However, between January 2012 and October 2020, a total of 36,108 non-approvals were recorded in the non-approval databases maintained by POYC-Medicines Approval Section (POYC-MAS), resulting in delayed timely access to medicinal treatments of patients due to an increasing number of non-approvals of entitlement applications (Ayran, 2021). After the application approval, patients must register at the pharmacy of their own choice within their locality by filling in a POYC scheme Registration Form and presenting the necessary documentation.[16] The POYC process of registration takes 2-4 days to be able to collect their medications as long as the pharmacy has stock.[17] The timeframe of acquiring the entitled medications in time is not experienced by patients. For instance, discharged patients from Mater Dei Hospital receive only a 3-day supply of medications as per the hospital policy (Borg, 2018). Recurring problems with out-of-stock items in the POYC scheme due to shortages of medications around the globe may impose health risks to patients depending on the severity of their condition due to delayed medicinal treatment.[18] Patients have the option of purchasing their medications and paying out-of-pocket in the meantime, but some may experience financial difficulties and defer treatment until they receive the free medication through the POYC scheme.

[15] Government of Malta. Schedule V [Internet]. [cited 2023 Jan 29]. Available from: https://deputyprimeminister.gov.mt/en/poyc/Pages/Schedule-V.aspx

[16] Government of Malta. Frequently Asked Questions [Internet]. [cited 2023 Jan 29]. Available from: https://healthservices.gov.mt/en/poyc/Pages/POYC-Scheme/Frequently-Asked-Questions.aspx

[17] Remedies Corporate and Clinic. POYC [Internet]. [cited 2023 Jan 25]. Available from: https://remedies.com.mt/service/poyc/

[18] Times of Malta. 22 medicines on government formulary are currently out of stock [Internet]. 2023 [cited 2023 Jan 26]. Available from: https://timesofmalta.com/articles/view/22-medicines-government-formulary-currently- stock.1006249

1.4 Rationale of the Study

The provision of healthcare is a complex, discontinuous, and fragmented process that creates challenges for communication (Pham,2009 et al; Kern et al, 2018). The achievement of seamless care across different healthcare settings is crucial for improving patient outcomes. Challenges arise at every transition of care, due to limited and unshared patient information across healthcare settings.[19] To bridge the gap in different healthcare environments, various recommendations to improve seamless care have been proposed. Recommendations include establishing a comprehensive set of standardised guidelines when implementing a programme; ensuring resource availability, including medically relevant infrastructure, equipment, and technically trained personnel; promoting patient self-care through education and empowerment; enhancing provider training; good communication through interprofessional collaboration; and a comprehensive and updated patient-centric electronic health record (EHR) integrated into one system accessible to approved healthcare providers and patients are necessary (Hammond, 2010; Robben et al, 2012; Foo et al, 2023). This helps ensure that all relevant information is available to all members of the healthcare team, leading to better coordination of care and improved patient outcomes. The EHR also allows patients to access their health information, providing them with more control and involvement in their care. As the patient is the only constant factor in the process, patient empowerment is the key to the care continuum (van Mil, 2019). Enhancing electronic health information exchange (HIE) across different healthcare settings can improve transitions of care,

[19] Said A, Azzopardi L, Serracino-Inglott A. Evaluating Shared Care Practice in Pharmacy [Internet]. Malta: University of Malta. Department of Pharmacy; 2015 [cited 2023 Jan 26]. Available from: https://www.um.edu.mt/library/oar/bitstream/123456789/48834/1/Evaluating_shared_care_practice_in_pharma cy_2015.pdf

leading to reduced morbidity, mortality, healthcare costs, and hospital admissions (McLean & Sullivan, 2000; Adler et al, 2010).

In Malta, The National Health Systems Strategy of 2014 emphasizes the significance of expanding the utilisation of information and communication technology (ICT) in the Maltese healthcare system.[20] The island has invested in digital health tools, capacity, and infrastructural improvements to enhance health system resilience. The myHealth system, which gives patients access to their electronic medical records through a designated doctor, has been upgraded and widely adopted since its launch in 2012 (Agius et al, 2019). The government has devised an investment plan for e-health infrastructure that includes the creation of electronic patient records in primary care, nationwide e-prescription services, patient registries, and the health data exchange backbone (Azzopardi-Muscat et al, 2017). This will result in the development of comprehensive national electronic health records that gather data from all electronic patient records. However, the current process for the adoption of new medications and technologies is slow, cumbersome, and hindered by persistent limitations in funding and resources (Senbekov et al, 2020).[21] The existing system has resulted in various unmet needs that require attention and must be addressed.

[20] Government of Malta. Digital Malta: National Digital Strategy 2014-2020 [Internet]. 2014 [cited 2023 Jan 28]. Available from: https://digitalmalta.org.mt/en/Documents/Digital%20Malta%202014%20-%202020.pdf

[21] Government of Malta. A National Health Systems Strategy for Malta 2023 - 2030: Investing successfully for a Healthy Future [Internet]. 2022 [cited 2023 Jan 27]. Available from: https://deputyprimeminister.gov.mt/en/Documents/National-Health-Strategies/NHSS-EN.pdf

1.5 Aim of the Study

The study aims to improve seamless care received by the patients under the POYC scheme to reduce fragmentation and maximise the efficient use of POYC services.

The objectives are:

- To create a flowchart of how a patient can acquire free pharmaceutical products through the POYC scheme.
- To identify perceived barriers and facilitators that affect the continuum of care between healthcare providers and patients involved in the POYC scheme.

Chapter 2

Methodology

2.1 Study Design

The study employed a mixed-method approach including data analysis to develop a validated flowchart, focus group discussion, and questionnaire dissemination to yield qualitative and quantitative data. The study was divided into 3 phases (Figure 2.1).

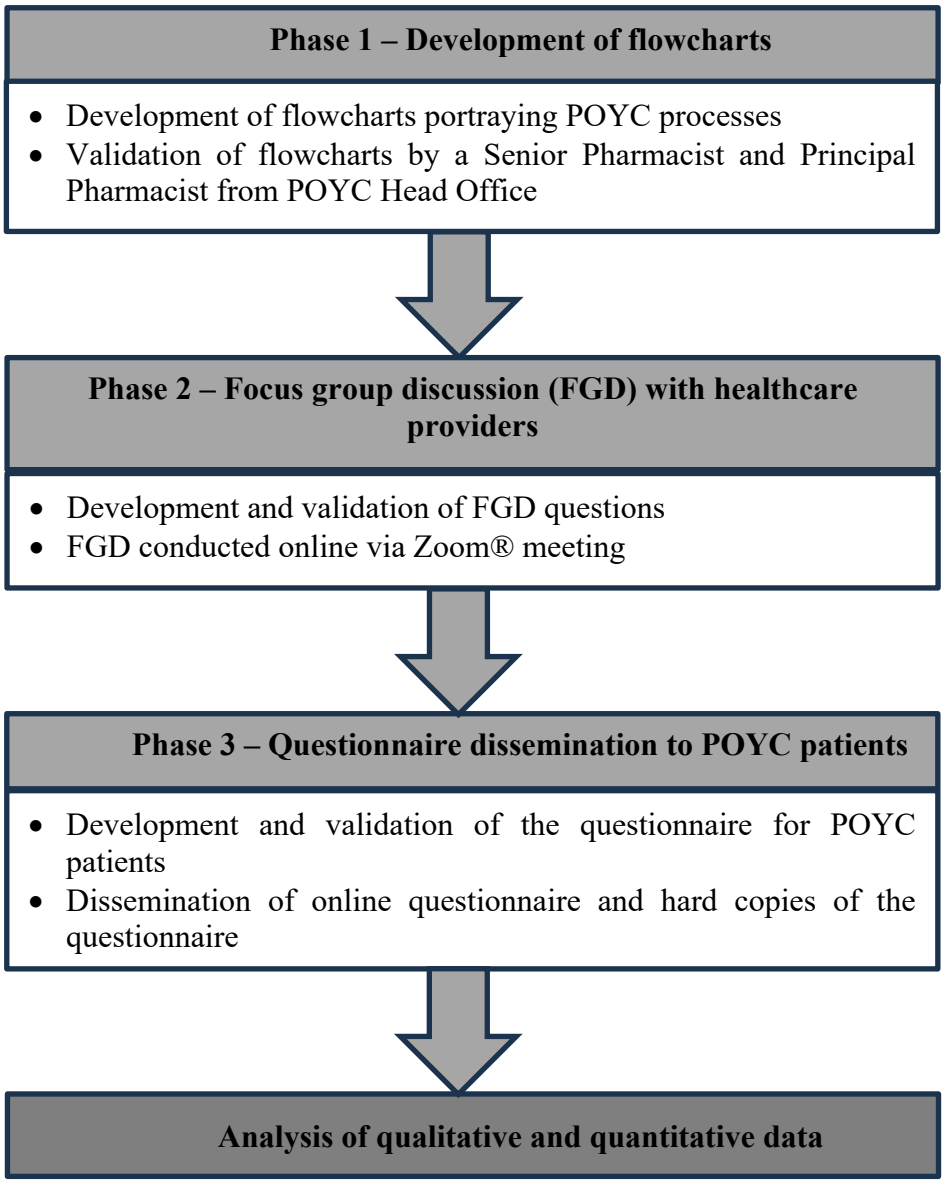


Figure 2.1 Flowchart of methodology

2.2 Ethics Approval

Ethics approval was obtained from the Faculty Research Ethics Committee (FREC) of the University of Malta before the commencement of the study [MED-2023-00159] (Appendix 1).

2.3 Phase 1: Development of Flowcharts

In phase 1 of the study, the development of validated flowcharts delineates the patient journey within the POYC scheme in Malta. The validated flowcharts outlined the procedures for obtaining medications for POYC patients in various situations. It covered processes such as acquiring POYC medication, obtaining a glucose monitor for diabetic patients, opting for home delivery of complete nutrition, acquiring newly added medication or medical devices, changing the pharmacy of their choice, and the process for Schedule II medication acquisition for eligible patients.

2.3.1 Development of Tool

The flowcharts were developed following a review of pertinent online sources obtained from reputable platforms, including online pharmacy websites[17,22] and the official government website[16] available to the public. Additionally, the flowchart was supplemented by insights drawn from the researcher's personal experience as a pharmacist, providing valuable context and practical knowledge. The integration of information from both official online sources and practical expertise aimed to create a robust and practically applicable representation of the processes involved in patients acquiring pharmaceutical products through the POYC system.

[22] JV Pharma. POYC [Internet]. JV Pharma. [cited 2023 Jan 25]. Available from: https://jvpharma.eu/service/poyc/

2.3.2 Validation of the Tool

The flowchart on how patients obtain free pharmaceutical products from different scenarios through the POYC service was validated by a panel of experts from the POYC Head Office which consists of one Senior Pharmacist and one Principal Pharmacist to enhance the accuracy and validity of the constructed flowcharts and ensure alignment with the operational realities of the POYC system.

2.4 Phase 2: Focus Group Discussion

Phase 2 was an FGD with healthcare providers involved in the POYC scheme. The validated flowchart from Phase 1 served as a visual aid for the FGD in Phase 2, where participants utilised the flowchart to identify familiarity with the developed flowcharts reflecting the current process of acquiring medications through different routes and to identify and discuss areas that lack clarity. The flowchart helped facilitate the discussion and opened more related discussions on the POYC system such as the healthcare provider's knowledge of the POYC scheme, familiarity with flowcharts presented, experiences with the POYC system, and identification of barriers and facilitators in care continuity, and recommendations for improving the POYC system.

An adopted 32-item COREQ (Consolidated Criteria for Reporting Qualitative Research) checklist (Appendix 2) by Tong et al. (2007) was utilised to systematically address key aspects of the focus group discussion and to enhance the credibility and robustness of the qualitative findings.

2.4.1 Sampling

A diverse group of healthcare providers, including consultants, general practitioners (GPs) in private and public practice, outpatient hospital pharmacists, and community pharmacists, were invited to participate in the focus group discussion (FGD). Initially, 15 healthcare providers were invited, comprising 5 consultants, 3 GPs, 3 hospital pharmacists, and 4 community pharmacists. Additional outreach efforts were made to increase participation, including emails to 3 hospitals, 1 health clinic, 3 chains of pharmacies, and 2 health councils. Ultimately, 7 healthcare providers accepted the invitation, consisting of 1 consultant, 2 GPs, 3 hospital pharmacists, and 1 community pharmacist. However, only 3 participants joined the FGD.

The FGD included representatives from various sectors, such as a general practitioner from both private and public sectors, an outpatient hospital pharmacist, and a community pharmacist.

2.4.2 Setting

The FGD was conducted virtually via Zoom® meeting.

2.4.3 Development of Tool

The validated focus group discussion guide questions (Appendix 3) revolved around the healthcare provider's current experience with the POYC scheme, where they learned about POYC, perceived factors that impeded the continuity of care, the facilitators needed to overcome the barriers identified to provide a more seamless transition of care, and their recommendations to improve the POYC system.

2.4.4 Validation of the Tool

The FGD guide questions were validated by a panel of experts consisting of one community pharmacist, one academic pharmacist, and one medical practitioner. Changes were made based on the feedback and recommendations that the validators provided after reviewing the document sent via email.

2.4.5 Data Collection

Before the commencement of the FGD, explicit consent was obtained from all participants. The FGD lasted approximately 2 hours.

The data from the focus group discussion was recorded in audio format and transcribed.

2.4.6 Data analysis

Thematic analysis was employed to examine the data collected from the focus group discussion.

2.5 Phase 3: Questionnaire Dissemination

Phase 3 evaluated the knowledge, experiences, barriers and facilitators to care continuity, and recommendations to improve POYC services through the use of a questionnaire.

2.5.1 Sampling

The questionnaire was distributed to patients registered with the POYC through the aid of community pharmacists acting as intermediaries. The managing pharmacists

guided eligible participants, 18 years old and above, through the questionnaire, ensuring accurate and comprehensive responses.

2.5.2 Setting

In Phase 3 of the study, the questionnaire was distributed to POYC patients through a multi-step approach.

1. Initially, an invitation email was sent to 131 community pharmacies across Malta's different geographical districts. Managing pharmacists who agreed to participate could access the questionnaire online via a provided link or QR code.
2. Out of these, 17 pharmacists accepted the invitation, but only five, located in the Western District (Attard), Northern harbour (Birkirkara) and Northern Districts (Naxxar, Mosta, and St. Paul's Bay), generated responses, resulting in 39 completed questionnaires (Table 2.1).

Table 2.1 Online Questionnaire Dissemination

Inivitation Sent Via Email to Pharmacies (N)	Pharmacists that Accepted Invitation Online (N)	Pharmacists Who Were Actual Intermediaries N(%)	Response generated from participants (N)
131	17	5 (29.4%)	39

3. To further increase the response rate, 80 printed copies of the questionnaire were distributed to 13 community pharmacists selected through convenience sampling, which yielded 70 completed questionnaires (Table 2.2). These pharmacists were located in the Western Districts (Attard, Zebbug), Northern harbour (Birkirkara, Hamrun, Msida), Northern Districts (Mellieha, Mosta, St. Paul's Bay, 2 in Sliema), and Southern harbour (Valletta, 2 in Paola).

Table 2.2 Hard Copy Questionnaire Dissemination

Questionnaires Disseminated (N)	Pharmacists Who Accepted Questionnaire Dissemination (N)	Pharmacists Who Were Intermediaries N(%)	Response rate N(%)
80	13	13 (100%)	70 (87.5%)

Notably, the pharmacists in Attard and St. Paul's Bay participated in both online and physical distribution, serving as intermediaries for both dissemination methods.

2.5.3 Development of Tool

The developed validated questionnaire for POYC-registered patients has been translated into English (Appendix 5) and Maltese (Appendix 6) to optimise patient engagement and solicit a broader spectrum of responses.

2.5.4 Validation of the Tool

The questionnaire was validated by a different panel of experts comprising one layperson, one academic pharmacist, and a principal pharmacist from POYC. A validation questionnaire (Appendix 7) was utilised on a 5-point Likert scale. The Likert scale ranged from 1-5 wherein 5 denotes extreme relevance and the strongest level of agreement in the questionnaire's appropriateness based on the study's objectives. The developed questionnaire was validated for appropriateness by using markers such as (i) Clarity and Directions of Items, (ii) Presentation and Organisation of Items, (iii) Suitability of Items, (iv.) Adequateness of the Content, (v) Attainment of Purpose, (vi) Objective, (vii) Scale and Evaluation Rating, and (viii) Time Feasibility. A remarks section was also provided for suggestions for improving the questionnaire. After receiving the feedback and recommendations

from validators, the questionnaire was revised according to the panel's recommendations.

2.5.5 Data Collection

For the dissemination of the questionnaire, invitation letters were sent via email to managing community pharmacists across the different geographical districts of Malta, inviting them to participate in the study. Once a managing pharmacist agreed to partake, they acted as an intermediary and facilitated the dissemination of the questionnaire with voluntarily participating POYC-registered patients. The questionnaire was completed in approximately 5 to 10 minutes.

2.5.6 Data analysis

Descriptive statistics were used to analyse the quantitative data from the questionnaire.

2.6 Data Handling

All data collected, alongside any disclosed information during the FGD and questionnaire, were handled with utmost confidentiality.

Chapter 3

Results

The study was divided into 3 phases. The obtained data from each phase were:

- Phase 1 – six validated flowcharts outlining the general processes within the POYC scheme
- Phase 2 – thematic analysis of the FGD with healthcare providers
- Phase 3 – results of the questionnaire disseminated to POYC patients

3.1 Phase 1: Six Flowcharts of the General Processes Encountered in the POYC Scheme

Six flowcharts about general POYC processes were developed in the study:

1. How Patients Acquire POYC Medications
2. How Diabetic Patients Acquire Glucose Monitor
3. How Patients Can Opt for Home Delivery of Complete Nutrition Preparation
4. How Patients Can Acquire Newly Added Medication/s and/or Medical Devices
5. How Patients Can Change the Pharmacy Selected for the POYC Scheme
6. Where Patients Entitled to Schedule II Acquire Their Medications

3.1.1 Flowchart 1: How Patients Acquire POYC Medications

The process of acquiring medications starts with patient consultation with an authorised prescriber as shown in Figure 3.1. The authorised prescriber conducts an assessment and diagnosis, selecting appropriate treatment options from the outpatient GFL. Following this, the prescriber completes the necessary documentation, which may include:

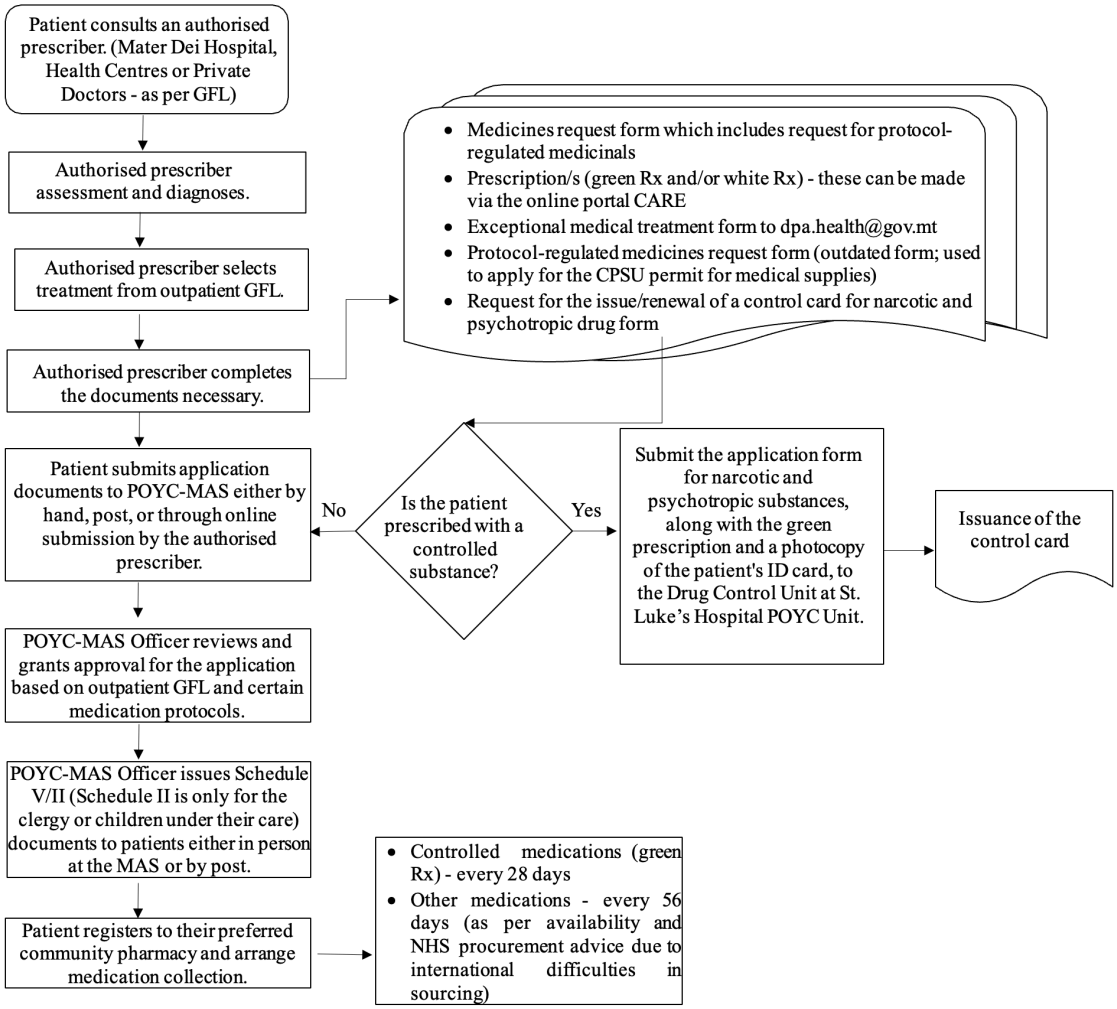
a. Medicines request form which includes request for protocol-regulated items

b. Green or white prescriptions (these can be made via the online portal, CARE - Centralised Aid of Repository Entitlement)

c. Exceptional medical treatment form to dpa.health@gov.mt

d. Protocol-regulated medicines request form for a CPSU permit application for medical supplies

e. Request for the issue or renewal of a control card for narcotic and psychotropic drug form



Authorised Prescriber - general practitioner (GP) or consultant; CPSU - Central Procurement and Supplies Unit; GFL - Government Formulary List; NHS - National Health Service; POYC-MAS - Pharmacy of Your Choice - Medicines Approval Section; Rx – Prescription

Figure 3.1 Flowchart of How Patients Acquire POYC Medications
(continued to page 22)

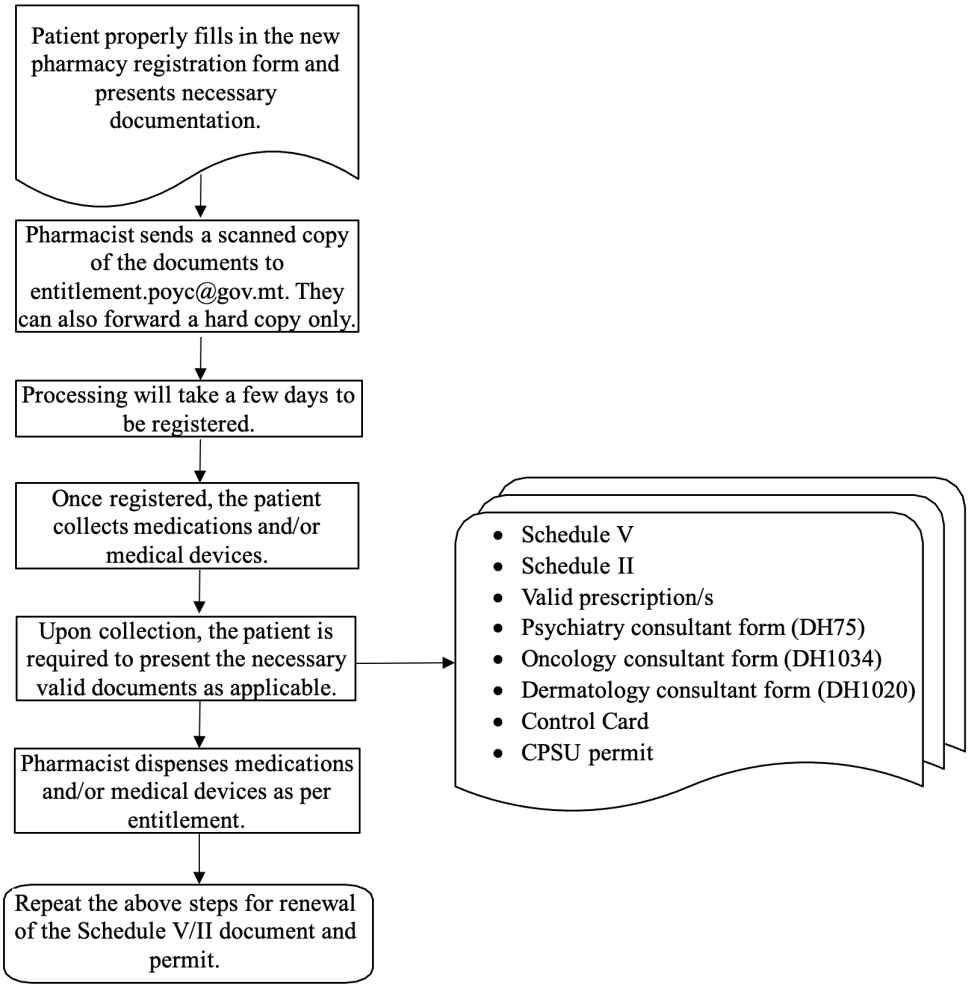


Figure 3.1 Flowchart of How Patients Acquire POYC Medications
(continuation from page 21)

The specific documentation required depends on the patient's individual needs. If controlled substances are prescribed, the application form for narcotic and psychotropic drugs must be submitted along with the green prescription and a photocopy of the patient's ID card to the Drug Control Unit at St. Luke's Hospital POYC Unit. Subsequently, the authorised prescriber can apply online, or the patient can submit the documents either in person or by post to the POYC-MAS.

The review and approval of the application by the POYC-MAS officer occurs once the authorised prescriber has properly completed the application following the

outpatient GFL and specific medication protocols, along with the submission of all necessary documentation. A Schedule V (yellow card) is issued, or a Schedule II (pink card) is provided for members of the clergy or children under their care. However, processing may take several days, and a hard copy of the Schedule V (yellow card) is received by post.

Following this, the patient can register at a pharmacy of their choice and arrange for medication collection. For controlled medications, a green prescription and a control card (white card) are required, with collection every 28 days. Other medications are collected every 56 days. It is important to note that this process is subject to medication availability and NHS procurement advice, which may be affected by international sourcing difficulties.

The patient completes the new pharmacy registration form and submits the required documentation. The pharmacist emails a scanned copy to entitlement.poyc@gov.mt or sends the hard copy of the form. Processing takes a few days. Once registered, the patient can collect their entitled medications and medical devices.

When patients collect their entitled medications and medical devices, they must present valid supporting documents, which include:

a. Schedule V (yellow card)

b. Schedule II (pink card)

c. Valid prescriptions

d. Psychiatry consultant form (DH75)

e. Oncology consultant form (DH1034)

f. Dermatology consultant form (DH1020)

g. Control Card

h. CPSU permit

It is important to note that some patients may possess multiple yellow cards, and some of these cards may be outdated. Pharmacists now have access to CARE, an online portal, that provides real-time information on patient entitlements.

Once the pharmacist verifies that the entitlement medications are valid and up to date, and the necessary supporting documents are presented, they can dispense the medications accordingly.

In cases where Schedule V, Schedule II, or a permit has expired, action must be taken. Schedule V typically remains valid for 10 years, except for foreigners, whose cards are valid for only one year, requiring annual renewal. In such instances, the pharmacist may refer the patient to consult with the authorised prescriber, repeating the aforementioned steps as necessary.

3.1.2 Flowchart 2: How Diabetic Patients Acquire Glucose Monitor

The process by which a diabetic patient acquires a glucose monitor is delineated in Figure 3.2. Initially, the patient presents the Schedule V and loan agreement form to the pharmacist. Subsequently, the patient completes the Europharma blood glucose monitor loan agreement form, ensuring to fill out two copies—one designated for the pharmacy and the other for personal records. The pharmacy's copy may be forwarded to the Europharma representative upon delivery. Consequently, the pharmacist dispenses blood sugar monitoring supplies, such as strips, syringes, alcohol wipes, and pen needles, per the patient's entitlement.

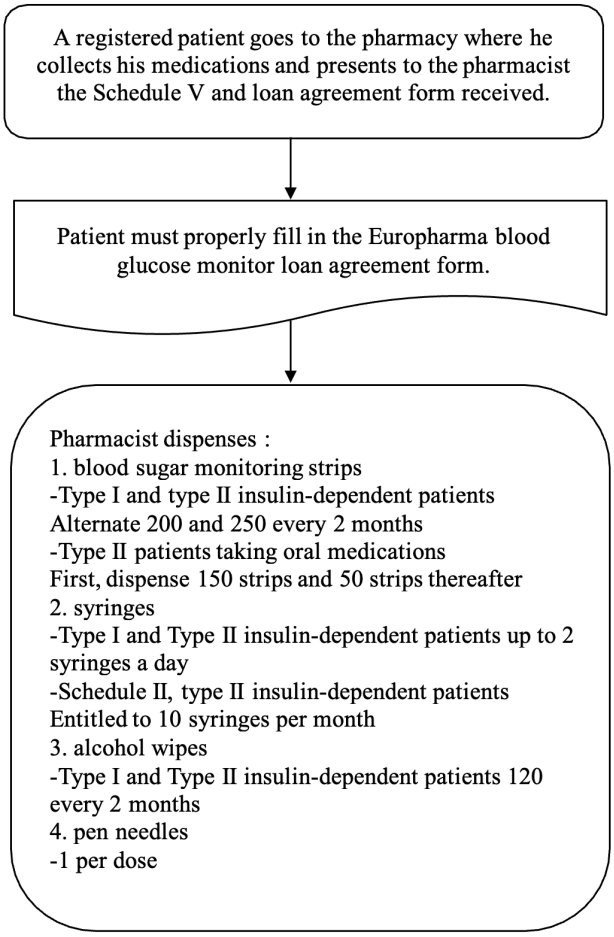


Figure 3.2 Flowchart of How Diabetic Patients Acquire Glucose Monitor

3.1.3 Flowchart 3: How Patients Can Opt for Home Delivery of Complete Nutrition Preparation

Patients eligible for complete nutrition preparation can choose to have it delivered to their respective homes once they are registered with their preferred pharmacy as showcased in Figure 3.3. The patient completes the home delivery form for complete nutrition. Subsequently, the pharmacist forwards the completed form to orders.poyc@gov.mt. Following the established procedure, the pharmacist places the order by 7 AM, three business days before the pharmacy's scheduled delivery day. Consequently, the patient receives the complete nutrition preparation at the specified home address.

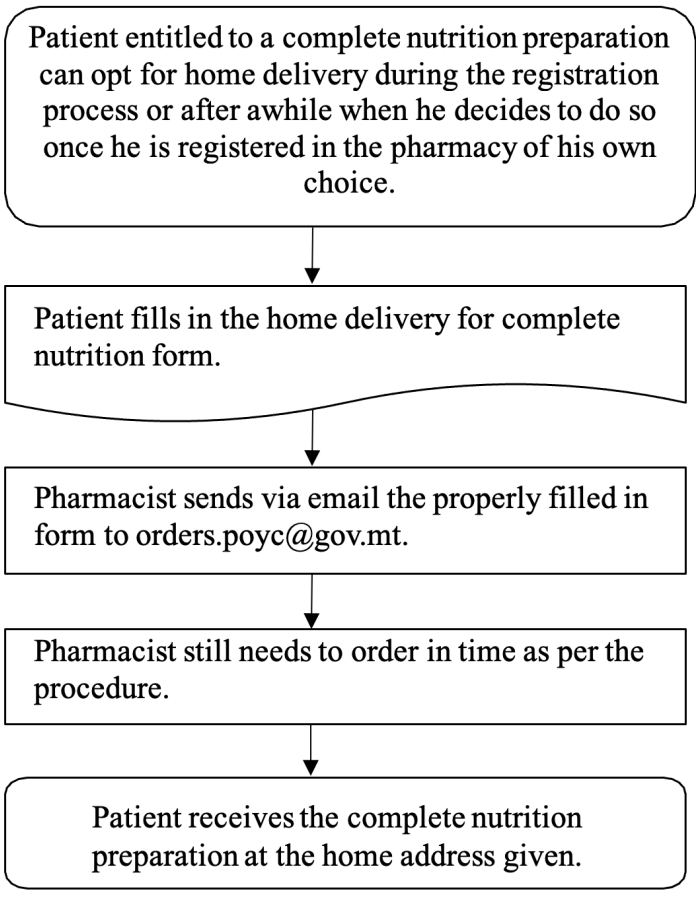


Figure 3.3 Flowchart of How Patients Can Opt for Home Delivery of Complete Nutrition Preparation

3.1.4 Flowchart 4: How Patients Can Acquire Newly Added Medication/s and/or Medical Devices

In situations where a patient's existing entitlement has been altered following consultation with an authorised prescriber, the patient visits the pharmacy where they are registered as illustrated in Figure 3.4. The patient presents the pharmacist with either the new prescription or the consultant form received. The pharmacist then verifies the new Schedule V received or checks on CARE to confirm approval or assess whether the patient has a Schedule II entitlement. After confirming entitlement validity, the pharmacist adjusts dosages, regimens, or open treatments as needed. If the pharmacy lacks stock, the pharmacist can place an order through orders.poyc@gov.mt following standard procedure.

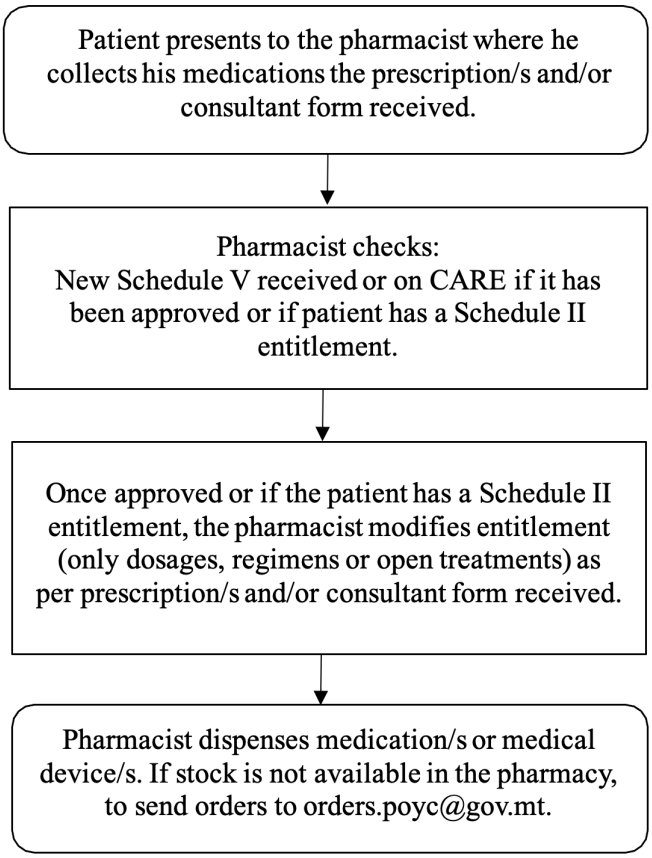


Figure 3.4 Flowchart of How Patients Can Acquire Newly Added Medication/s and/or Medical Devices

3.1.5 Flowchart 5: How Patients Can Change the Pharmacy Selected for the POYC Scheme

The process for patients to change the pharmacy of their own choice is outlined in Figure 3.5. To make the change, the patient needs to visit the preferred new pharmacy and complete the change in pharmacy form or the patient's person of trust. The pharmacist then forwards the filled-out form to entitlement.poyc@gov.mt or schedulev.poyc@gov.mt for processing, which typically takes a few days. Once registered with the new pharmacy, the patient follows the same collection schedule, typically every 56 days. However, this timeline may vary depending on the specific medication entitlement; for example, controlled medications are dispensed every 28 days, while others like goserelin 10.8mg are dispensed every 3 months, and medications such as abiraterone 500mg are dispensed monthly.

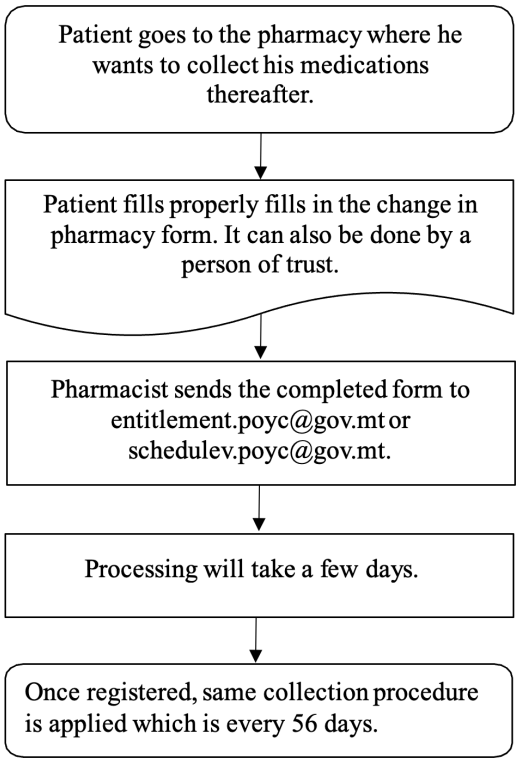


Figure 3.5 Flowchart of How Patients Can Change the Pharmacy Selected for the POYC Scheme

3.1.6 Flowchart 6: Where Patients Entitled to Schedule II Acquire Their Medications

The process when a patient is entitled to a pink card and the collection site of the prescribed medication is illustrated in Figure 3.6. The pharmacist can verify the validity of Schedule II on CARE when a patient is registered with the pharmacy. The pharmacist assesses the prescription and checks the outpatient GFL to determine if items are pink-positive, falling into categories A, B, or C. Category A items are for acute conditions requiring rapid onset and short-duration treatment. Category B items cater to both acute and chronic conditions, suitable for short-term or ongoing use. Category C items are for chronic conditions requiring ongoing or recurrent treatment. Acute treatment items are collected from health centres, while chronic treatment items are collected at the patient's registered pharmacy. Pharmacists advise patients on the appropriate collection site based on the pink card category. If the patient is not registered with the pharmacy, the patient needs to follow the new pharmacy registration process. Conversely, if the patient is registered with the pharmacy, the pharmacist can modify the entitlement as per the prescription received. In instances where the prescribed item falls within either Category B or Category C, the pharmacist proceeds with dispensing. If stock is unavailable, the pharmacist emails orders.poyc@got.mt and orders as per usual procedure.

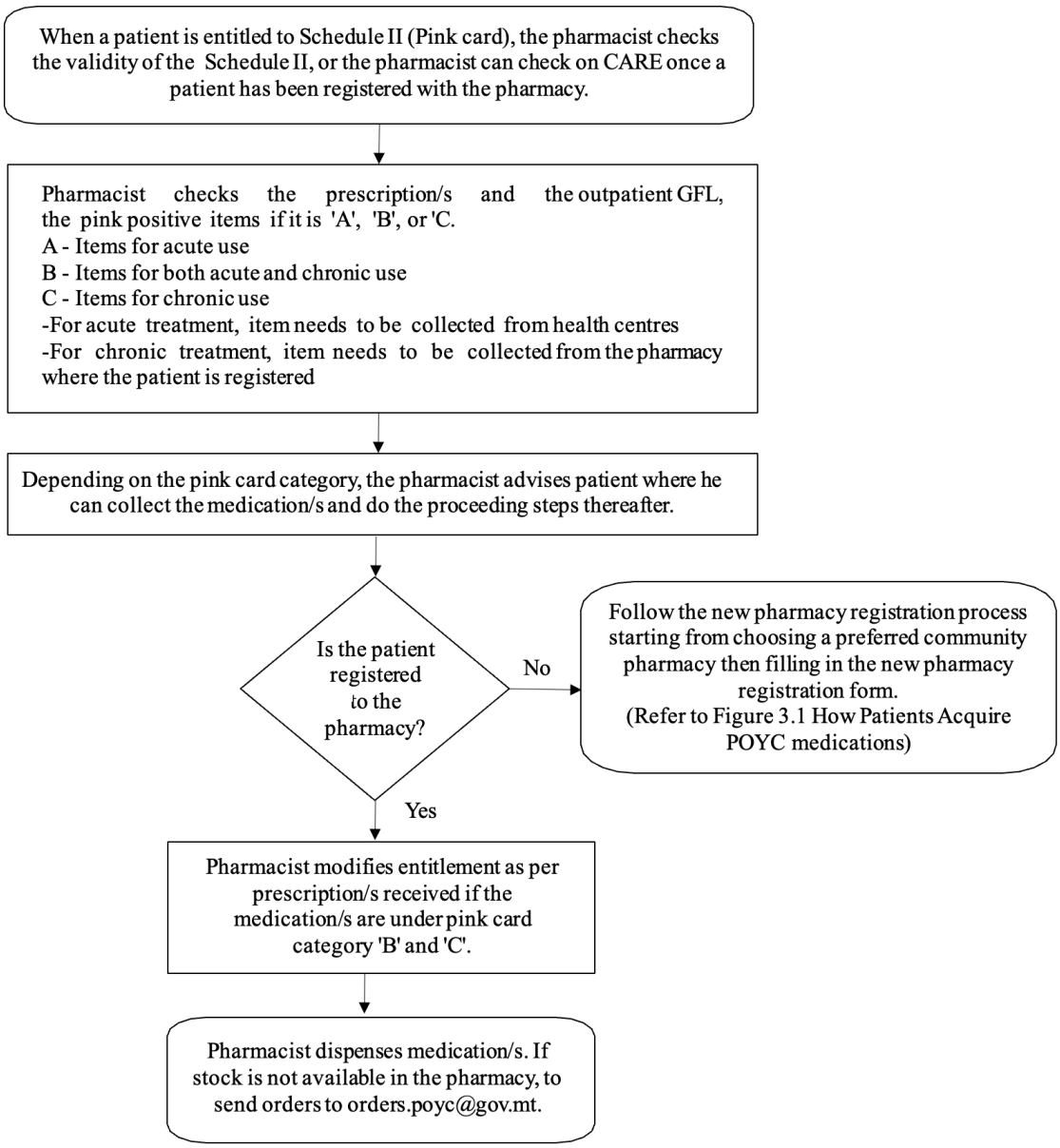


Figure 3.6 Flowchart of Where Patients Entitled to Schedule II Acquire Their Medications

3.2 Phase 2: Focus Group Discussion with Healthcare Providers

This section presents demographic data of the healthcare providers alongside the thematic analysis derived from the focus group discussion.

3.2.1 Demographic Information of the Healthcare Providers

Healthcare providers including a community pharmacist, an outpatient hospital pharmacist, and a general practitioner in both private and public practice involved in the POYC scheme accepted the invitation to participate and join in the focus group discussion. The community pharmacist is practising in the Southern harbour and has been practising for 4 years. The outpatient hospital pharmacist has been working at Mater Dei Hospital for more than 10 years. The general practitioner has been in public practice for 8 years at Mater Dei Hospital and has commenced private practice in the Western locality for 6 years. The participants' age ranges from 31 to 50 years.

3.2.2 Thematic Analysis of the FGD with Supporting Quotes

Fifteen themes were extracted from the focus group discussion with healthcare providers: "Awareness and understanding", "Process clarity", "Ease of access", "Source of knowledge", "Lack of up-to-date information", "Validated flowchart understanding", "Application processing", "Foreign patient consideration", "Medication supply challenges", "Ensuring constant medication supply", "Continuity of care issues", "Communication challenges", "Improving communication and knowledge dissemination", "Discontinuity in transition of care points", and "Optimising medication access and profession development".

3.2.2.1 Perception of the Current Process of Acquiring Medications from POYC

The perceptions of POYC patients regarding the current POYC scheme are presented in Table 3.1. There is a significant information gap in patients' knowledge regarding which medications are available through POYC. Many patients, despite long-term use of certain medicines, are unaware that these can be obtained for free which is why patients often experience confusion regarding the POYC system's procedures. Additionally, there is a lack of clear protocols within the POYC process, leading to healthcare providers being unaware of standard procedures. For instance, where to refer patients on parenteral nutrition once their entitlement expires. General practitioners also exhibit insufficient knowledge when it comes to using and referring to the outpatient GFL for POYC medications Schedule V application. This lack of clarity from the start creates a chain reaction, leaving patients unaware of the correct procedure. Consequently, patients often skip the initial steps and mistakenly go directly to the pharmacy to request their newly prescribed medications. These steps include registering with the new pharmacy and waiting for the Schedule V office to approve the medications prescribed by the authorised prescriber. The ease of the POYC scheme is evident as some patients are aware of which medications are available for free and proactively visit a consultant to apply for these specific medications.

Table 3.1 Perception of the Current Process of Acquiring Medications from POYC

Theme	Subthemes	Supporting Quotes
Awareness and understanding (N=2)	Lack of information (n=1)	"You also find the cohort of patients who have been taking a medication for a long term but wouldn't know that they are entitled for free medicinals. So, then kind of this is made aware either by the caring physician or then some other relative might pointed out to them along the years. So yes, there's no direct streamline. It could be a bit confusing for the person, I think." *– Participant S (GP)*
	Lack of protocol (n=2)	"Actually, there is no definite protocol for the POYC system with regards to the process." *– Participant L (community pharmacist)* "The sectors, who suffer most from my opinion, are people in institutions, people on parental nutrition, where as I said they can't speak up for themselves, first of all, so that is an issue and, they are applied for at time X, 10 years ago for parenteral nutrition equipment or stoma bags or whatever and these expire and, as a physician, I mean, I wouldn't know where to refer the person, under which speciality to refer 'cause I can't refer them to the medical consultant clinic at the health centre and neither to a particular speciality at Mater Dei." *– Participant S (GP)*
	Insufficient healthcare provider knowledge (n=1)	"We're supposed to have an access to an outpatient and a community-based formulary which I think a good number of doctors don't know about it." *– Participant S (GP)*
Process clarity (N=1)	Lack of guidance (n=1)	"Sometimes in the pharmacy it happens as well that there are patients that are misguided or like they didn't get enough information. They come to the pharmacy and just bring the prescription and they wanted to collect free medications." *– Participant L (community pharmacist)*

Ease of access (N=1)	Accessibility (n=1)	"Patients present in multiple ways. So, obviously most of them have an idea that some medicines can be given for free. They go through one of 2 processes usually either they asked the consultant to start the medicine immediately if they, it can be given for free. If it was started within a hospital setting in secondary care, most of the time thankfully the consultant applies for the scheme themselves or the resident specialist in the firm." *– Participant S (GP)*

3.2.2.2 Knowledge of POYC

The healthcare providers have gained their knowledge of the POYC system through mentorship, professional experience, and pre-inception awareness of the program before its public implementation as revealed in Table 3.2. However, this knowledge is often outdated, as some older GPs are unaware of recent changes in the POYC system, such as the ability to prescribe medications like antihypertensives and statins.

Table 3.2 Knowledge of POYC

Theme	Subthemes	Supporting Quotes
Source of knowledge (N=3)	Mentorship (n=1)	"I've learned about POYC from my colleagues when I first got here in Malta and eventually, I learned about the system when I was working in the pharmacy." *– Participant L (community pharmacist)*
	Professional experience (n=1)	"When I went to primary healthcare setting that's where I got to know more about the formulary and who was entitled for what and who can prescribe what." *– Participant S (GP)* "I would get to know some updates because I work both with the government and private services." *– Participant S (GP)*

	Pre-inception awareness (n=1)	"We've learned about it ages ago. I mean, before its inception basically because they had been so they had been wanting to implement this change since I was a student and that was way back in 1990s." – *Participant U (outpatient hospital pharmacist)*
Lack of up-to-date information (N=1)	Limited information dissemination (n=1)	"Now, the thing is that a lot of the older GPs, where I think we're not made aware of this change. They are still, this is another obstacle kind of, they are still sending a lot of patients to have the POYC entitlement to the health centre so a medical consultant can start someone to hypertensives or some statins. I was speaking to an older GP recently. He wasn't aware that there was this change. I think that is an obstacle we face sometimes. I would get to know some of updates because I work both with the government and private services. So, that is a plus in that aspect, but some GPs who are solely private maybe will not be aware of certain developments." *– Participant S (GP)*

3.2.2.3 Familiarity with Validated Flowchart

During the focus group discussion, six validated flowcharts were presented, showcasing participants' feedback and comments on the intricate processes outlined in Table 3.3. There appears to be a lack of familiarity with the detailed procedures, particularly among doctors who may not receive thorough guidance on the system, like other aspects. Notably, authorised prescribers can choose to apply for prescribed medications online, providing a more structured approach to determining eligibility categories. However, there is no established procedure for directing patients with specific needs, such as those with expired entitlements on certain equipment. Patients with refugee status can obtain free medications from

polyclinics, even without a yellow card. Additionally, not all medications are dispensed through the POYC scheme; some are provided by Mater Dei Hospital.

Table 3.3 Familiarity with the Current Steps Patients Go Through as Depicted in the Flowchart

Theme	Subthemes	Supporting Quotes
Validated flowchart understanding (N=2)	Lack of familiarity (n=1)	"I wasn't aware of this elaborate process, basically. I'm sure that most doctors aren't as well." – *Participant S (GP)*
	Limited guidance (n=1)	"To us, no, we are not guided thoroughly on the system like a lot of other things to be honest." – *Participant S (GP)*
	Online system Schedule V application (n=1)	"The fact that it's an online system kind of guides you a little bit more as to which category you can apply for." – *Participant S (GP)*
	Challenges in special cases (n=1)	"What personally I get confused on is sometimes when dealing with certain people with special needs who need, for example, have certain equipment expired like pack tubes and lines and crocodiles, and all this stuff." – *Participant S (GP)*
	Polyclinic medication collection process (n=1)	"The immigrants who do not own a yellow card, but they are given a refugee status, and they would collect their medications I mean, sort of like a POYC system but they do not have a Schedule V card but then they collect it through the polyclinics from Raħal Ġdid and Floriana." – *Participant U (outpatient hospital pharmacist)*
	Medication not dispensed through POYC (n=1)	"The majority is dispensed through the POYC but not all is dispensed through that system." – *Participant U (outpatient hospital pharmacist)*

3.2.2.4 Flowchart Gap Identification

The flowchart analysis in Table 3.4 revealed several gaps and areas lacking clarity. One such gap pertains to the Schedule V application approval processing timeframe, which typically averages around two weeks. Patients may also check with the pharmacy where they applied for registration to ascertain if they have been successfully registered, as the physical yellow card may not be received until a few weeks later, although the Schedule V office can process it beforehand. Additionally, it was suggested that the flowchart should include information regarding the required documentation for foreign patients, such as payslips and other supporting documents, before issuance for the first time. Hospitals typically advise patients to contact the Schedule V office for further information on the necessary documents to be presented.

Table 3.4 Identification of Gaps or Areas Lacking Clarity in the Flowchart

Theme	Subthemes	Supporting Quotes
Application processing (N=3)	Timeframe expectation of Schedule V application (n=3)	"The processing usually takes for a couple of days but can you specify because from experience when we send an email to POYC entitlement for new applicants or change in pharmacy, it takes like, we always tell the patients that to wait 1 to 2 weeks. But it takes more than that sometimes, you know, for the application to be approved." *– Participant L (community pharmacist)* On average I find that most people will receive the form at home within a couple of weeks more or less, give or take, sometimes they receive it before that. *– Participant S (GP)* "The card is usually received after 2 weeks, on average, on average, give or take, but usually they would process it before the Schedule V Office." *– Participant U* *(outpatient hospital pharmacist)*

		"The patient can always check with the pharmacy, even if they don't receive the Schedule V card at home, they can check with the pharmacy they would give the patient, I mean the pharmacist, the ID number and the date of birth and they can check the status whether it's it has been included or not." *– Participant U* *(outpatient hospital pharmacist)*
Foreign patient consideration (N=1)	Documentation requirement (n=1)	"For new patients who are foreigners, they would need to present some other documents before it is issued the first time." *– Participant U* *(outpatient hospital pharmacist)* "Usually, we tell them to phone the Schedule V office so that they could give them more information what documents they would need to present." *– Participant U* *(outpatient hospital pharmacist)*

3.2.2.5 Barriers and Facilitators in the POYC System

The barriers and facilitators identified in the POYC scheme are summarised in Table 3.5. Concerning medication supply challenges, the 3-day supply policy creates difficulties for discharged patients until Schedule V approval, which typically takes around two weeks. Consequently, patients often buy medications temporarily. This policy aligns with hospital standard operating procedures (SOPs) and restricts the provision of more than a 3-day supply. Another identified challenge is the occurrence of out-of-stock items in POYC, which can be problematic as healthcare professionals are not promptly notified about medication availability status or provided with alternative options, potentially disrupting patient medication supply. Limited hospital stock of certain medications further complicates matters, especially in fulfilling out-of-stock requests as the main priority of the hospital remains on patients in their wards, allocating limited stock accordingly. Factors impacting continuity of care include instances where no 3-day

supply is provided at all and sudden removal of patient entitlements without notification, resulting in medication unavailability. Although a short message service (SMS) or alert system now notifies patients of expired entitlements, delays in securing referral appointments by GPs or family doctors extend periods of medication unavailability for patients. Another barrier involves communication challenges between primary and secondary care. Sometimes, it's difficult to reach the doctor or consultant who issued the prescription or who initiated the medication. They usually do not have direct access to the consultant for amending prescriptions or addressing other concerns.

The identified facilitators encompass proposals such as extending the supply duration in hospitals to one week instead of three days. Addressing out-of-stock items presents a challenge influenced by factors such as the availability of raw materials. One suggestion to alleviate out-of-stock issues involves implementing a comprehensive system that tracks all medications, including non-POYC items, to ensure healthcare providers are well-informed about which medication is unavailable. Enhancing the renewal process entails establishing a streamlined system that allows easy communication with involved parties to facilitate patient renewal for specific medications. Additionally, it has been proposed to establish a specialised clinic at Mater Dei where a resident specialist conducts periodic reviews and renewals of permits. Furthermore, there is a need to improve information sharing about the POYC process, including updates on out-of-stock items.

Table 3.5 Barriers and Facilitators in the POYC System

Theme & Subthemes	Supporting Quotes	Theme & Subthemes	Supporting Quotes
Medication supply challenges (N=3) 3-day supply standard operating procedure (SOP) in Mater Dei Hospital (n=2)	"In the pharmacy we often, not always, but sometimes we encounter prescriptions from Mater Dei for discharged patients and they go to the pharmacy and basically they buy the prescribed medications because they don't have enough supplies." – *Participant L (community pharmacist)* "These are SOPs from hospital. I mean, we cannot give more than 3 days because we are guided by the SOPs." – *Participant U (outpatient hospital pharmacist)*	**Ensuring constant medication supply (N=2)** Increase supply duration in Mater Dei Hospital (n=1)	"Instead of 3 days, make it a week, if possible." – *Participant L (community pharmacist)*
Out of stock items (n=2)	"So for me, from experience in the community pharmacy, the out of stock medicines from POYC. As, at the moment there are a lot of, you know, out of stock items or say limited supplies. So, that can be very challenging, especially to, for us." – *Participant L (community pharmacist)*	Addressing out-of-stock items (n=1)	"Sometimes it's an issue of availability of raw materials from abroad. Don't forget that Malta is a small country. So, sometimes it is a problem in itself that we've got the bad the end of it, you know, that we're not given the, maybe a supply versus a much bigger country, of course. So, that might be

	"A massive obstacle we find is that we are not informed what is out of stock." – *Participant S (GP)* "I take care of an elderly home and all of a sudden they told me that Digoxin was out of stock, for example, and to give an alternative. I mean there wasn't, first of all. They have to tell what alternative there is, and what's available for free and there's no exact alternative to that." *– Participant S (GP)*		the issue, nothing we can do about that, I think." *– Participant S (GP)* "I think there should be more communication, not just for POYC items, even from other items in the pharmacy. There should be some sort of system between pharmacists and doctors where they're made aware of what's in stock and what's not." *– Participant S (GP)*
Limited hospital stock (n=1)	"Unfortunately, we have very limited stocks because our stocks are meant to be for the wards. So, we wouldn't be able to accommodate their, I mean these patients because sometimes we even end up without supply to the patients who are in the wards themselves." – *Participant U (outpatient hospital pharmacist)*		
Continuity of care issues (N=2) No 3-day medication supplied (n=1)	"Sometimes, they're discharged from the ward and on a number of occasions they're not given the medication for free at all." *– Participant S (GP)*		

Expired entitlements (n=2)	"We sometimes encounter that the entitlement is being removed from the patient's entitlement, and it's like the patient is not aware that it was removed." – *Participant L (community pharmacist)* "An issue that might occur is for example they were, they are given a particular medication, a rheumatological drug for example and they are discharged from the care of the consultant and the permit expires. So, that might be an issue because then I have to and they don't of course want to go privately to see the consultant. So, the only thing I can do is issue a ticket of referral. It takes ages sometimes to get the appointment despite explaining everything in the ticket of referral to hospital and the patient might not be taking the medications for X amount of months sometimes." – *Participant S (GP)*	Improved renewal processes (n=1)	"There should be a more streamlined, a system, where we can have easy access to at least discuss with the firm involved to facilitate the process of the patient reapplying for a particular medication. There should be a special, a clinic, not part and parcel of outpatients, of course, so as not to waste time where the resident specialist, for example, once a week does a clinic at Mater Dei to renew permits or to review the medications, of course. Maybe there should be a specialised clinic just for this. Not simply as a follow-up, so as not to waste an appointment for other patients who need it more acutely mainly." – *Participant S (GP)*

Communication challenges (N=1) Primary-secondary care communication (n=1)	"Obviously, also communication between primary and secondary care. From my part because sometimes it is difficult for us to reach the doctor or the consultant who issued the prescription or started the medication. We wouldn't always have access, direct access, to the consultant toward the firm to amend the prescription or what not." *– Participant S (GP)*	**Improving communication and knowledge dissemination (N=1)** Enhanced information sharing (n=1)	"I think that the most important thing, to communicate and to collaborate with one another." *– Participant L (community pharmacist)* "To give out more information for example as to the process and also with regards to out-of-stock that they're going to relay it to the pharmacy, to the primary healthcare clinic, to the hospital, everyone, in the healthcare system is aware." *– Participant L (community pharmacist)*

3.2.2.6 Care Points Prone to Discontinuity

Transition care points susceptible to care discontinuity within the Maltese healthcare system are identified in Table 3.6, with a particular focus on the transition from hospital to home. This pertains to patients discharged from Mater Dei Hospital, who are provided with only a 3-day supply of medication. Subsequently, they are expected to wait before procuring their medication through the POYC scheme or purchase them independently in the meantime until Schedule V has been approved. However, financial constraints may hinder some patients from purchasing these medications. Furthermore, there can be delays in the approval of entitlement and it typically takes an average of 2 weeks to be

approved. As a result, patients may experience extended periods without enough medication, especially those who cannot afford it.

Table 3.6 Transition of Care Points Prone to Discontinuity in the Healthcare System

Theme	Subtheme	Supporting Quotes
Discontinuity in transition of care points (N=1)	Hospital to home transition (n=1)	"Probably from what we have discussed the transition of care points from hospital to home maybe. Like once patient is discharged and from the hospital, they were given those 3-days of medicines and then the rest would be supposed they can avail from POYC or either they buy but not everyone maybe can afford to buy, you know, those medicines and then during the time the, 3 days, the entitlement will not be approved right away. So, I think that's one of the issue that can contribute to the discontinuity of care." *– Participant L* *(community pharmacist)*

3.2.2.7 Recommendations in the POYC System

Recommendations to enhance POYC services for the public are presented in Table 3.7. Proposed improvements include expanding the range of medications that primary care physicians are authorised to prescribe to decrease the load on secondary care, streamlining the process for providing alternative medications when items are out-of-stock to ensure patients' continuous supply of medications, and offering training for new healthcare professionals.

Table 3.7 Recommendations for Improvement in the POYC System

Theme	Subthemes	Supporting Quotes
Optimising medication access and professional development (N=2)	Expand medication prescribing (n=1)	"Physicians of primary care, should, should be given a bit of a wider array of medications that can be prescribed through POYC. I mean, why shouldn't we be able to start Ventolin® for a patient? Why should we send them to a respiratory physician? It is a bit ridiculous because it will decrease the load on secondary care."– *Participant S (GP)*
	Streamline alternative medications (n=1)	"If POYC found out that, for example, they are out of stock of medications, like for example something for the blood sugar they have to inform right away like the pharmacies, community pharmacies, and even the primary health care, even the hospital, and then along with it, they are going to suggest the alternative that they're going to send. So at least, you don't leave the patients, you know, empty handed and at least they can still continue taking the medications to control the sugar, for example. So, rather than they say it's out of stock or they put it in the paper, not available, and not saying anything at least they can provide that, the patients will have something." *– Participant L (community pharmacist)*
	Provide training for healthcare professionals (n=1)	"Every year we produce new, you know, medical professionals, for example, pharmacists, doctors, so these new individuals they don't have the knowledge, the like a more detailed information about POYC. So, at least if POYC is going to offer trainings to medical professionals, everyone will get to know the system properly." *– Participant L (community pharmacist)*

3.3 Phase 3: Results of the Questionnaire Disseminated to POYC Patients

The participants in the questionnaire were individuals of both genders, aged at least eighteen years old, who obtained their medications through the POYC scheme. There are 169,890 patients registered in POYC as of December 2023. Using Raosoft®, the required minimum sample size was determined to be 384, based on a 95% confidence level, assuming a 50% response distribution, and a margin of error of ±5%. Despite this, the actual sample size achieved was only 109 participants. A sample size of 109 can still provide useful insights but with greater uncertainty and a larger margin of error compared to the desired sample size of 384. It may not fully represent the population as accurately as the sample proportion has a margin of error of ±9.38%. This section presents the findings from the questionnaire distributed to POYC patients, covering patients' demographic details, knowledge of POYC services, experience with POYC services, perceived barriers and facilitators in care continuity, and recommendations to improve POYC services.

3.3.1 POYC Patients' Demographics

The participant profiling survey in the study offers a comprehensive snapshot of the demographics of the participants as illustrated in Table 3.8. The age distribution showed that the largest group of participants were over 60 years old (n=43; 39.4%). Gender-wise, there is a higher proportion of female participants (n=66; 60.6%) compared to males (n=43; 39.4%). Geographically, the participants are mainly from the Western District (n=37; 33.9%). Regarding the participants' years of registration, the largest group has been registered for more

than 9 years (n=37; 33.9%). Educational background varies significantly among participants with the largest segment holding a Bachelor's degree (n=32; 29.4%).

Table 3.8 Participant Demographics (N=109)

Section 1: Participant Demographics	**Frequency n(%)**
Age	
18-45	38(34.9%)
46-60	28(25.7%)
More than 60	**43(39.4%)**
Sex	
Male	43(39.4%)
Female	**66(60.6%)**
Locality	
Northern	29(26.6%)
South Eastern	3(2.8%)
Western	**37(33.9%)**
Northern harbour	21(19.3%)
Southern harbour	19(17.4%)
Years registered with the POYC scheme	
0-2 years	25(22.9%)
3-6 years	34(31.2%)
7-9 years	13(11.9%)
9+ years	**37(33.9%)**
Level of education	
Primary education	5(4.6%)
High school diploma	21(19.3%)
Secondary education	25(22.9%)
Bachelor's degree	**32(29.4%)**
Master's degree	9(8.3%)
Doctoral degree	3(2.8%)
Vocational or technical education	12(11%)
No formal education	2(1.8%)

3.3.2 Knowledge of POYC Services

The knowledge of the respondents on POYC services is highlighted in Table 3.9. Participants exhibited adequate knowledge about how to register with the POYC to collect medications and/or medical devices, as indicated by an average score of 3.82 out of 5. However, their understanding of how to change the pharmacy for collecting free medicines and equipment was moderate, with an average score of 3.28. Similarly, their knowledge about renewing entitlement documents such as Schedule V/II, MAS permits, and CPSU permits was also moderate, scoring an average of 3.03.

Table 3.9 Knowledge of POYC Services (N=109)

Section 2: Knowledge of POYC Services	**MRS ± Sd (Interpretation)**
6. I know how to register with Pharmacy of Your Choice to collect medications/s and/or medical devices.	3.82 ± 1.1 (Adequate knowledge)
7. I know how to change the pharmacy where I collect free medicines and equipment.	3.28 ± 1.25 (Moderate knowledge)
8. I know how to renew entitlement documents such as Schedule V/II (Yellow/Pink Card), MAS permit for protocol-regulated items, CPSU permit for medical equipment or devices, consultant forms (dermatology/oncology/psychiatry), and/or Drug (white) control card for dangerous drugs.	3.03 ± 1.32 (Moderate knowledge)

1.00-1.80 No knowledge; 1.81-2.60 Minimal knowledge; 2.61-3.40 Basic knowledge; 3.41-4.20 Adequate knowledge; 4.21-5.00 Superior knowledge

When asked about specific entitlements (Table 3.10), 41.3% (n=45) of participants were entitled to open treatments under Schedule V. Among these, 66.7% (n=30) were aware that a consultant form is required to collect the listed medications.

Table 3.10 Entitlements and Knowledge of Required Documents (N=109)

Section 2: Knowledge of POYC Services	**Frequency n(%)**
9. Are you entitled to an open treatment (Psychiatric Treatment as Prescribed,Oncological Treatment as Prescribed,Topical Steroids as Prescribed,etc.) on Schedule V?	
Yes	45(41.3%)
Need a consultant form to collect the medications listed	*30(66.7%)*
Does not need a consultant form to collect the medications listed	*15(33.3%)*
No	64(58.7%)
10. Are you entitled to medical equipment or devices (gauze swabs, catheters, urine bags, syringes, etc.)	
Yes	24(22%)
Knows that you need a valid Schedule V, prescription/s, and CPSU permit (one-year validity) before collection	*6(25%)*
Does not know that you need a valid Schedule V, prescription/s, and CPSU permit (one-year validity) before collection	***18(75%)***
No	85(78%)
11. Are you entitled to a Europharma blood glucose monitor?	
Yes	50(45.9%)
Knows the need to fill in the Europharma blood glucose monitor loan agreement prior to collection	*30(60%)*
Does not know the need to fill in the Europharma blood glucose monitor loan agreement prior to collection	*20(40%)*
No	59(54.1%)
12. Are you entitled to Complete Nutrition Preparation E.g. Resource Energy®, Ensure®, Clinutren®, EnergieShake®, etc.?	
Yes	11(10.1%)
Knows that they can opt for complete nutrition preparation home delivery by filling in a complete nutrition delivery form	*8(72.7%)*
Does not know that they can opt for complete nutrition preparation home delivery by filling in a complete nutrition delivery form	*3(27.3%)*
No	98(89.9%)

13. Are you entitled to controlled substances e.g. morphine, bromazepam, diazepam, nitrazepam, etc?	
Yes	54(49.5%)
Knows how to acquire a control card	*49(90.7%)*
Does not know how to acquire a control card	*5(9.3%)*
No	55(50.5%)
14. Where did you learn about POYC services?	
a. Healthcare professionals (doctors, pharmacists, nurses, etc.)	**70(64.2%)**
b. Pharmacies	27(24.8%)
c. News/ Media Outlets	4(3.7%)
d. Local health agencies	7(6.4%)
e. Because of husband who worked before in POYC	1(0.9%)
15. Do you need more info about POYC services or processes?	
Yes	**66(60.6%)**
a. Pamphlets and/or brochures	***53(80.3%)***
b. Posters	*25(37.9%)*
c. Infographics	*32(48.5%)*
d. Videos	*41(62.1%)*
e. Social media	*2(3%)*
f. TV	*3(4.5%)*
g. Instructions from health professionals	*1(1.5%)*
h. To ask personally the pharmacist	*1(1.5%)*
No	43(39.4%)

The participants entitled to medical equipment or devices amounted to 22% (n=24). Of these, only 25% (n=6) knew that valid Schedule V, prescriptions, and a CPSU permit are required before collection, while 75% (n=18) were unaware of these requirements.

Europharma blood glucose monitor was entitled to 45.9% (n=50) of participants, with 60% (n=30) of these knowing that a loan agreement form must be filled out before collection.

Eleven participants (10.1%) were entitled to complete nutrition preparations such as Resource Energy® and Ensure® with 72.7% (n=8) of participants being aware of the home delivery option service by properly filling in a complete nutrition delivery form.

Regarding controlled substances, 49.5% (n=54) of participants were entitled to medications such as morphine, diazepam, diazepam, bromazepam, etc., with 90.7% (n=49) of these knowing how to acquire a control card.

The primary source of information about POYC services for most participants (n=70; 64.2%) was healthcare professionals. There is a clear demand for more information about POYC services, with 60.6% (n=66) of participants expressing this need. The preferred formats for receiving this information were through pamphlets or brochures (n=53; 80.3%).

3.3.3 Correlation Analysis of Age and Level of Education with Knowledge

Correlational analysis using Spearman Rho is illustrated in Table 3.11, when age is correlated with the level of knowledge, the result showed that the R=0.021 which signifies a negligible relationship. Furthermore, the significant test has an associated probability of P=0.831. This means that the relationship is not statistically significant.

Educational attainment was also correlated with knowledge, and the result showed an R=0.076 which also suggests a negligible correlation. The

significance test showed a p-value of 0.435 which is greater than 0.05. Therefore, the relationship showed no statistical significance.

Table 3.11 Age and Level of Education Correlation with Knowledge (N=109)

Spearman's rho		**Knowledge**
Age	Correlation Coefficient	0.021
	P-value	0.831
Education	Correlation Coefficient	0.076
	P-value	0.435

3.3.4 Experience with POYC Services

Experiences of POYC services are showcased in Table 3.12. In the study, the participants reported significant benefits from the scheme, with 85.3% (n=93) citing improved access to free medications and medical devices and a reduced financial burden. The time it took for participants to start receiving their medications or medical devices after registering at a pharmacy for the first time for 44% (n=48) of participants was within 8-14 days. Regarding the addition of newly prescribed medications or medical devices to their entitlements, 45.9% (n=50) of participants reported that this process took 2-7 days.

Table 3.12 Experience with POYC Services (N=109)

Section 3: Experience with POYC Services	**Frequency n(%)**
16. What are the benefits or advantages of participating in the POYC scheme?	
Improved access to free medications and medical devices	**93(85.3%)**
Reduced financial burden	**93(85.3%)**
Better coordination of care.	38(34.9%)
18. How long did it take you to start receiving your medication or medical devices after registering at a pharmacy for the first time?	
0-4 days	3(2.8%)

5-7 days	18(16.5%)
8-14 days	**48(44%)**
15-21 days	19(17.4%)
22-28 days	9(8.3%)
More than 28 days	12(11%)
19. How many days did it take for a new prescribed medication/medical device to be added to your entitlement to be collected from the pharmacy?	
Within a day	6(5.5%)
2-7 days	**50(45.9%)**
8-14 days	28(25.7%)
15-21 days	9(8.3%)
I have no new entitled medication/s or medical device/s since I have registered in the pharmacy.	16(14.7%)

The ranking of the steps taken by participants to acquire their first medication through the POYC scheme reveals a clear sequence of actions, reflecting their experiences and the process's structure as revealed in Table 3.13. The initial and most crucial step, ranked first with a mean rank of 1.064, was visiting a consultant or general practitioner to apply for the POYC service.

The second-ranked step, with a mean rank of 2.200, involved the patient submitting completed documents to the Medicines Approval Section either by hand or by post. This suggests that documentation and approval are critical subsequent steps in accessing the service. Ranked third, with a mean rank of 2.347, was the scenario where the consultant or general practitioner submitted the documents online on behalf of the patient, indicating an alternative, potentially more convenient method for some participants.

Following these initial steps, participants then went to the pharmacy with their ID card to start the medication collection process, which was ranked fourth with

a mean of 2.957. Receiving Schedule V (Yellow Card) or Schedule II (Pink Card) was ranked fifth, with a mean of 3.219, underscoring the necessity of obtaining these authorisation cards before collecting medications.

Table 3.13 Sequence of Events in Acquiring POYC Entitlement

17. How did you acquire your first medication through the POYC scheme? Rank the sequence of events starting from the first step to the last step until you acquire the medication based on your experience	**Mean Rank**	**Final Rank**
I visited a consultant/ general practitioner to apply for the POYC service.	1.064	1
Submission of the completed documents was done by the patient to the Medicines Approval Section either by hand or by post.	2.200	2
I did not submit the completed documents as the consultant/ general practitioner applied online for me.	2.347	3
I went to the pharmacy with the ID card and demanded to start taking medication.	2.957	4
Schedule V (Yellow Card)/ Schedule II (Pink card) received.	3.219	5
Registration with the preferred pharmacy where I would collect my medication/s.	4.272	6
I went to St. Luke's with a list of medicines and demanded to get them on the yellow card.	4.400	7
Presentation of the necessary valid documents (prescription/s, consultant form/s, control card, and/or CPSU permit).	5.125	8
The pharmacist dispensed medication/s and/or medical devices.	6.140	9

Registration with the preferred pharmacy, where participants would collect their medications, was ranked sixth with a mean of 4.272. This step is crucial for establishing a point of ongoing medication collection. Ranked seventh, with a

mean of 4.400, was going to St. Luke's with a list of medicines and demanding to get them on the yellow card, highlighting a specific, perhaps less common, path taken by some participants.

The presentation of the necessary valid documents, such as prescriptions, consultant forms, control cards, and CPSU permits, was ranked eighth with a mean of 5.125. This step ensures that all required documentation is in place for medication dispensing. Finally, the actual dispensing of medications and/or medical devices by the pharmacist was ranked ninth, with a mean of 6.140, marking the culmination of the acquisition process.

3.3.5 Perceived Barriers to Continuity of Care

The perceived barriers that impede care continuity are revealed in Table 3.14. Disruptions when accessing medications or medical devices were reported by 74.3% (n=81) of participants. The most common barrier affecting 69.7% (n=76) of participants was stock shortages or the unavailability of specific medications.

Table 3.14 Perceived Barriers to Care Continuity (N=109)

Section 4: Perceived Barriers to Continuity of Care	**Frequency n(%)**
20. Have you ever experienced disruptions when trying to access medicine/s or medical device/s?	
1. Yes	**81(74.3%)**
a. Stock shortages or unavailability of specific medication/s.	**76(69.7%)**
b. No alternative to the out-of-stock medication/s.	46(42.2%)

c. Communication issues between healthcare professionals and patients.	43(39.4%)
d. Issues with renewals (yellow cards, permits, consultant forms, etc.)	41(37.6%)
2. No	28(25.7%)

3.3.6 Facilitators of Barriers Identified

To overcome the perceived barriers, Table 3.15 indicates the facilitators of the barriers identified. A key facilitator to addressing stock shortages is developing a contingency plan to substitute unavailable medications with suitable alternatives, a strategy supported by 84.2% (n=64) of participants.

Table 3.15 Perceived Facilitators to Care Continuity (N=109)

Section 5: Perceived Facilitators to the Continuity of Care	**Frequency n(%)**
21. With reference to question 20, how can the situation be improved? Please tick all that apply.	
a. Stock shortages or unavailability of specific medication/s.	**76(69.7%)**
i. Collaborate with multiple suppliers or distributors to ensure a stable medication supply.	*53(69.7%)*
ii. Develop a contingency plan to substitute unavailable medications with suitable alternatives.	***64(84.2%)***
iii. Implement a system for early detection of stock shortages and timely ordering of supplies.	*49(64.5%)*
b. No alternative to the out-of-stock medication/s.	46(42.2%)
i. Engage with healthcare providers to identify potential alternative treatments or medications.	*39(84.8%)*
ii. Develop clear guidelines and protocols for medication substitution.	*38(82.6%)*
iii. Educate patients and healthcare professionals on potential alternatives to manage their conditions.	*36(78.3%)*

c. Communication issues between healthcare professionals and patients.	43(39.4%)
i. Implement shared electronic health records.	*38(88.4%)*
ii. Provide training and education about POYC services	*30(69.8%)*
iii. Ensuring all current medications are checked and organised using a structured list to prevent mistakes and harmful interactions (medication reconciliation).	*31(72.1%)*
d. Issues with renewals (yellow cards, permits, consultant forms, etc.)	41(37.6%)
i. Develop a digital renewal system.	*39(95.1%)*
ii. Send timely reminders to patients and healthcare professionals about upcoming renewal.	*41(100%)*
iii. Offer online resources and guidance to assist with the renewal process.	*30(73.2%)*

3.3.7 Recommendations for Improving POYC Services

Table 3.16 illustrates that 82.6% (n=90) of participants suggested expanding the range of medications and medical devices available through the POYC scheme.

Table 3.16 Recommendations to Improve POYC Services (N=109)

Section 6: Recommendations for Improving POYC Services	**Frequency n(%)**
22. Are there any additional services or support that you would like to be incorporated into the POYC scheme to enhance the continuity of care?	
a. Telehealth services for remote consultations e.g. on the phone or through secure online chat.	86(78.9%)
b. Home healthcare services for those who are unable to visit healthcare facilities.	71(65.1%)
c. Access to comprehensive primary care services such as regular check-ups, preventive screenings, and health assessment.	64(58.7%)
d. Add more medications and/or medical devices that could be collected from POYC to reduce the financial burden and expenditures.	**90(82.6%)**

Chapter 4

Discussion

4.1 Current Realities of the Maltese Healthcare System

This section underscores the use of the developed flowcharts, continuous education and training initiatives, and the barriers and facilitators affecting the care continuum within the POYC system.

4.1.1 Need for Further Education Related to POYC Processes

Insufficient awareness of the standardised procedures and processes emerged as a significant issue during the FGD with healthcare providers. This lack of clarity leads to confusion among healthcare professionals exacerbating challenges in the POYC system. Addressing this issue requires establishing clear protocols and guidelines to streamline processes and improve overall efficiency to better guide patients along the POYC system. The discussion also highlighted the diverse sources from which healthcare providers obtain their knowledge, indicating a need for a cohesive and accessible resource especially since patients rely heavily on healthcare professionals regarding their knowledge of POYC services. Currently, there are no publicly accessible flowcharts outlining the complete process of obtaining medications from the POYC. An initiative to gain a deeper understanding of how the POYC system works was highlighted in the results. Therefore, the six flowcharts were developed to outline standard procedures within the POYC system that could serve as a key reference for patients and healthcare professionals and as valuable training tools, offering clarity and guidance in navigating the system. Flowcharts are essential in health systems as they standardise processes, enhance communication, improve training, facilitate problem-solving, support quality improvement, ensure compliance with regulatory requirements, and improve the patient experience by streamlining operations and reducing wait times (Dias et al, 2017; Domova & Sander-Tavallaey,

2019; Abdellatif & Mohamed, 2020). Another solution to this is continuous education and training initiatives for addressing these barriers to knowledge. A more responsive and patient-centric healthcare system can be built by equipping healthcare professionals with the necessary knowledge and skills and empowering patients with information about their entitlements and procedures.

4.1.2 Care Continuity Barriers and Facilitators in the POYC System

Furthermore, challenges related to medication supply due to out-of-stock items and limited hospital stocks were identified as pressing concerns. These issues not only disrupt patient care and continuous medication supply but also impose greater health risks to patients, thereby jeopardising the goal of universal health coverage (Olaniran et al, 2022). Worldwide, including in South Africa, the public sector is facing a scarcity of medicines as a result of supplier problems and errors in the electronic inventory management system used in hospitals (Modisakeng et al, 2020). For healthcare professionals and patients involved in the scheme, recommendations to mitigate this issue are to send immediate alerts on alternatives to medications that are out of stock. A government website provides regular updates on the medications currently unavailable, estimated delivery times, and their underlying causes; however, it falls short of offering alternative options when items are out of stock.[23] Giving real-time alerts to patients who are entitled to them and informing immediately a group of healthcare professionals specialising in the condition that medication is under is vital so an immediate course of action can be taken and streamlined alternatives can be discussed and shared among concerned individuals (Zuma, 2022). Aside from out-of-stock alerts, another suggestion was to hasten the

[23]Central Procurement & Supplies Unit. POYC Information [Internet]. Government of Malta ; [cited 2024 May 21]. Available from: https://healthservices.gov.mt/en/cpsu/Pages/POYC-OOS.aspx

renewal process of expired entitlements. SMS alerts are now issued ahead of entitlement expiration; however, exploring additional channels like postal delivery, involving a trusted contact person for older patient cohorts within the scheme, and utilising email notifications could enhance communication effectiveness.

Another area of focus is continuity of care, particularly during transitions from hospital to home. The current 3-day policy supply of medications upon discharge poses a risk of medication shortages for patients. Implementing measures to increase the 3-day hospital supply and facilitate smoother transitions can help alleviate this issue and enhance patient outcomes.

Due to the influx of migration and the ageing population, there is a pressing need for a more responsive healthcare system that can adapt to the evolving needs of patients and healthcare providers (Wiig & O'Hara, 2021). This situation places immense pressure on the healthcare system. For instance, the typical waiting period to receive medication from POYC has increased to 8-14 days, up from the usual 2-4 days, which falls short of the expected timeframe for obtaining medicines after registering at their chosen pharmacy. Conversely, the healthcare system's dependence on an increasingly limited workforce is exacerbating patient care delays, highlighting the critical need for greater investment in health workers (De Vries et al, 2023). This investment should include incentives to attract, retain, and reduce staff turnover, thereby fostering sustainable health systems (Rao et al, 2011).

Doctors could already apply and submit Schedule V applications online to expedite the approval process for patients' entitled medications. However, the second-ranked

step that patients go through when they acquire their medication for the first time is still personal submission of the completed documents to the Medicines Approval Section themselves, either by hand or post, following a consultant visit. This warrants medical prescribers to embrace technological advancements to hasten the Schedule V application approval process. By leveraging existing online platforms or developing a dedicated portal, integrating real-time tracking capabilities into the system could provide patients with visibility into the status of their medication approval, reducing anxiety and uncertainty (Trenfield et al, 2022). Embracing technology in this way, healthcare providers can not only expedite the approval process but also enhance patient satisfaction and prevent delays in medication supply. According to a study by Ikhtiyorovna (2023), to have a better future, one must be willing to learn, embrace, and adapt to the new developments brought about by the digital era.

By addressing the identified challenges and implementing targeted interventions, stakeholders can revolutionise the POYC system and enhance the overall quality of care for all patients.

4.2 Revolutionising the Healthcare System

Despite advancements in digitalisation within the Maltese healthcare system, such as digital health platforms, CARE for healthcare providers in the POYC scheme, and myHealth for patients, communication issues remain. A transformative approach would involve adopting advancements from other countries' healthcare systems, such as Finland’s My Kanta with its centralised patient data repository, and the ongoing

improvements in telemedicine seen in Croatia, Denmark, and Estonia.[24][25] Fundamental to this revolution is the adoption of advanced digital health solutions. Telemedicine, remote monitoring, and EHRs are revolutionising patient-provider interactions, enabling seamless communication and access to care regardless of geographical constraints (Adeniyi et al, 2024). By leveraging telehealth platforms, patients can consult with healthcare professionals remotely, leading to improved convenience and timely interventions.

Data analytics through artificial intelligence (AI) plays a pivotal role in driving informed decision-making across the healthcare continuum (Papachristou et al, 2023). According to a study by Batko & Ślęzak (2022), by harnessing the power of big data and artificial intelligence, healthcare organisations can extract actionable insights, identify disease trends, and optimise resource allocation. Predictive analytics enables early intervention and preventive care strategies, ultimately reducing morbidity and mortality rates (Razzak et al, 2020). Leveraging the Internet of Things (IoT), which connects physical devices and sensors to the Internet, and integrating these sensors with analytical tools enables the delivery of personalised recommendations based on patient biometrics (Awad et al, 2021). This approach facilitates the remote monitoring of various patient health parameters, empowering patients and healthcare providers to effectively track and manage health conditions (Aghdam et al, 2021).

[24] Kanta Services, The Social Insurance Institution of Finland. Service providers using the Patient Data Repository [Internet]. Kanta.fi. 2024 [cited 2024 May 21]. Available from: https://www.kanta.fi/en/health-care-units-using-patient-data-repository

[25] European Commission. Case study on the Digitalisation of health (eHealth) [Internet]. 2023 [cited 2024 May 21]. Available from: https://commission.europa.eu/document/download/652a3175-d410-4608-8f0e-642049433c35_en?filename=case-study-on-the-digitalisation-of-health-ehealth.pdf

However, this revolution in the healthcare system is not without its challenges. Data privacy concerns, interoperability issues, and regulatory complexities pose significant hurdles to the seamless integration of digital health solutions (Giebel et al, 2023). Moreover, resistance to change within traditional healthcare systems necessitates a cultural shift towards embracing innovation and adopting evidence-based practices (Leonard et al, 2020; Evans & Britt, 2023). However, to navigate these challenges, collaboration among stakeholders is imperative. Adequate funding is essential to support these digitalisation milestones and implement the proposed plans and strategies (Adekugbe & Ibeh, 2024). Policymakers, healthcare providers, technology developers, and patients must collaborate to develop robust regulatory frameworks, establish interoperability standards, and promote digital literacy among healthcare professionals and patients through training programs (Okolo et al, 2024).

4.3 Role of Patient-Specific Factors in Care Continuity

Patients remain the constant factor in every care transition. It is crucial to consider how patient factors impact the effectiveness of the POYC system. Financial constraints due to rising commodity prices can delay treatment, but the POYC scheme has alleviated financial burdens and improved medication access. However, not all medications are available through POYC, prompting patient recommendations to expand the range of medicines offered. This expansion would significantly reduce the financial burden on patients by providing access to a broader array of necessary treatments and devices at no additional cost, an area which is under the jurisdiction of the Directorate of Pharmaceutical Affairs (DPA).[26] Insufficient knowledge about POYC procedures leads to misunderstandings that

[26] Government of Malta. Pharmaceutical Affairs [Internet]. [cited 2024 Jun 1]. Available from: https://healthservices.gov.mt/en/pharmaceutical/Pages/pharmaceutical-affairs.aspx

necessitate patient education on the POYC processes and procedures. Despite these challenges, patient empowerment is vital to encourage active participation, as patients must recognise they are the primary drivers of their health. Many diseases are more attributable to lifestyle factors than genetic risks (Khera et al, 2016). Thus, safeguarding health through preventive measures, inspired by the "Power of 9" longevity lessons from blue-zone regions, can alleviate the strain on the healthcare system and lower health expenditures. (Buettner & Skemp, 2016; GBD 2019 Diseases and Injuries Collaborators, 2020). The approach includes: i.) move naturally; ii.) purpose; iii.) downshift; iv.) 80% rule; v.) plant slant; vi.) wine @ 5; vii.) belong; viii.) loved ones first; and ix.) right tribe.[27] Challenges will persist, but patients must work collaboratively with healthcare providers to navigate the path to achieve better health outcomes. Although healthcare systems are established, active patient engagement and self-management are crucial for optimal results.

4.4 Limitations and Recommendations of the Study

The study has certain limitations that should be mentioned. Since the number of participants in this study is small, conclusions extrapolated may not be a representative of the general population. The data gathered through the questionnaire relied on participants' recall of events, this could lead to bias related to self-reported data. Another aspect that led to the limited number of participants was the participants' unavailability due to a fast-paced and busy working environment. The researcher's restricted time to complete the study may have also influenced data collecting and participant response collection.

[27]Buettner, D. Power 9 - Blue Zones [Internet]. Blue Zones. 2019 [cited 2024 May 21]. Available from: https://www.bluezones.com/2016/11/power-9/

The developed flowcharts can be used to develop a booklet or document guidelines for healthcare professionals. The researcher also recommends disseminating more questionnaires to increase the sample size for data collection and incorporating POYC staff perspectives on the POYC scheme.

4.5 Conclusion

Awareness of the standardised processes and procedures, continuous education, effective utilisation of technological advancements, constant collaboration and communication with all the stakeholders, empowering patients to actively participate in their health, and maintaining a responsive healthcare system focused on continuous improvement can augment seamless care transitions in every healthcare setting. Identifying these key drivers in the care continuum can ensure that patients receive their medications on time and that their care is not interrupted by solvable process inefficiencies. Analysing how patients acquire their medications with the aid of flowcharts can streamline complex processes within the POYC scheme and reduce inefficiencies such as delays, unnecessary work, duplicated efforts, increased expenses, and communication breakdowns. By incorporating the perspectives of both healthcare providers and patients involved in the POYC scheme, a more comprehensive understanding of challenges to the current scenario can be obtained, enabling the identification and resolution of issues to enhance the seamless transition of care.

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Appendices

Appendix 1

Ethics Approval

L-Università ta' Malta

Faculty of Medicine & Surgery

University of Malta
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Ref No: MED-2023-00159

10 July 2023

Ms Elmery Gem Estorque
83, Superior Crt,
Flat 2, Triq Tal-Ħriereb,
L-Imsida, MSD1671

With reference to your application submitted to the Faculty Research Ethics Committee in connection with your research entitled:

Seamless Care Between Community Pharmacy and Pharmacy of Your Choice Service

The Faculty Research Ethics Committee is granting ethical approval for the above-mentioned application.

Professor Anthony Serracino Inglott
Chair
Faculty Research Ethics Committee

Appendix 2

Focus Group Discussion – COREQ: 32-item Checklist

Category	Question	Answer
Personal Characteristics		
Interviewer/ facilitator	Which author/s conducted the interview or focus group?	Researcher
Credentials	What were the researcher's credentials?	Master of Pharmacy
Occupation	What was their occupation at the time of the study?	Qualified community pharmacist and 3rd year PharmD student
Gender	Was the researcher male or female?	Female
Experience and training	What experience or training did the researcher have?	None
Relationship with participants		
Relationship established	Was a relationship established prior to study commencement?	The researcher introduced herself before study commencement.
Participant knowledge of the interviewer	What did the participants know about the researcher?	Participants were informed that the researcher was conducting the focus group as part of the researcher's PharmD course.
Interviewer characteristics	What characteristics were reported about the interviewer/facilitator?	Participants were told that the researcher wanted to identify their perception of the current POYC scheme, knowledge of POYC, familiarity with the validated flowcharts, areas lacking clarity with the flowcharts presented, barriers and facilitators in the POYC scheme, and recommendations to improve the POYC services.
Theoretical Framework		
Methodological orientation and theory	What methodological orientation was stated to underpin the study?	Thematic analysis
Participant selection		
Sampling	How were participants selected?	Initial participants were selected using convenience sampling. To

		increase more attendees, emails were sent to 3 hospitals, 1 health clinic, 3 chains of pharmacies, and 2 health councils.
Method of approach	How were participants approached?	Participants were recruited via email and personal invitation.
Sample size	How many participants were in the study?	Three healthcare providers took part in the focus group discussion.
Non-participation	How many people refused to participate or dropped out? Reasons?	Four participants refused to participate on the day selected as they are not available.
Setting		
Setting of data collection	Where was the data collected?	Data was collected via Zoom online meeting which started 8:30PM last 4th of April 2024.
Presence of non-participants	Was anyone else present besides the participants and researchers?	None
Description of sample	What are the important characteristics of the sample?	Demographic information is presented in the results.
Data collection		
Interview guide	Were questions, prompts, guides provided by the authors? Was it pilot tested?	A validated focus guide questions was utilised.
Repeat interviews	Were repeat interviews carried out? If yes, how many?	No
Audio/ visual recording	Did the research use audio or visual recording to collect the data?	Audio and video recording was conducted with informed consent of participants prior to commencement of the focus group discussion.
Field notes	Were field notes made during and/or after the interview or focus group?	Field notes were made during the focus group to identify the main points in every question and was utilised in the succeeding questions to get more elaborate answers from participants.

Duration	What was the duration of the interviews or focus group?	The focus group lasted nearly 2 hours.
Data saturation	Was data saturation discussed?	It was an interactive session due to a limited number of participants and the themes have been raised that is useful for the results.
Transcripts returned	Were transcripts returned to participants for comment and/or correction?	No
Data analysis		
Number of data coders	How many data coders coded the data?	The researcher coded the transcript.
Description of coding tree	Did authors provide a description of the coding tree?	No
Derivation of themes	Were themes identified in advance or derived from the data?	Themes were derived from the data itself.
Software	What software, if applicable, was used to manage the data?	None
Participant checking	Did participants provide feedback on the findings?	No
Reporting		
Quotations presented	Were participant quotations presented to illustrate the themes / findings? Was each quotation identified?	Yes, quotations were used to illustrate the findings and were identified by intials and their corresponding occupation.
Data and findings consistent	Was there consistency between the data presented and the findings?	Yes
Clarity of major themes	Were major themes clearly presented in the findings?	Yes
Clarity of minor themes	Is there a description of diverse cases or discussion of minor themes?	Yes

Appendix 3

Focus Group Discussion Guide Questions

Focus Group Discussion Guide Questions for Healthcare Professionals

1. What do you think of the current process of acquiring free pharmaceuticals through the POYC scheme?
2. Where did you learn about the POYC services?
3. Now that you've had a chance to review the flowchart, could you share your thoughts on the depicted process? How familiar are you with the current steps patients go through?
4. Moving on, do you notice any gaps or areas in the presented flowchart where there might be a breakdown or lack of clarity in the process?
5. Have you encountered any barriers or challenges in the continuity of care for patients participating in the POYC scheme? If yes, please describe them.
6. In your opinion, what are the key factors that contribute to the fragmentation of care for patients in the POYC scheme?
7. Are there any specific healthcare settings or transitions of care points that you believe are more prone to experiencing discontinuity or gaps in the POYC scheme? Why?
8. Given what we have discussed, and the flowchart presented, what recommendations do you have for addressing any issues identified in the POYC scheme?
9. Overall, based on your experience and perspective, what recommendations would you propose to improve the POYC services and enhance the continuity of care for patients?

Appendix 4

English Questionnaire

Seamless Care Between Community Pharmacy and Pharmacy of Your Choice Service

Elmery Gem Estorque
PharmD student
Department of Pharmacy, University of Malta

Dear Participant,

You are invited to participate in a research project entitled "Seamless Care Between Community Pharmacy and Pharmacy of Your Choice Service". This research is being conducted by Elmery Gem Estorque under the supervision of Professor Anthony Serracino-Inglott and Dr. Nicolette Sammut-Bartolo.

The questionnaire aims to assess the knowledge, experiences, barriers, facilitators, and recommendations about the Pharmacy of Your Choice Service provided to POYC-registered patients.

Should you have any queries, kindly contact the researcher, Elmery Gem Estorque:

Email: elmery-gem.estorque.20@um.edu.mt
Contact number: +35699196578

Thank you very much for your participation.

SECTION 1: PARTICIPANT DEMOGRAPHICS

1. **Age (years) ____**
2. **Gender** ☐ Male ☐ Female ☐ Other
3. **Locality**

☐ Southern harbour (Valletta, Il-Birgu, L-Isla, Bormla, Ħaż-Żabbar, Il-Fgura, Il-Furjana, Il-Kalkara, Ħal Luqa, Il-Marsa, Paola, Raħal Ġdid, Santa Luċija, Ħal Tarxien, Ix-Xgħajra)

☐ Northern harbour (Ħal Qormi, Birkirkara, Il-Gżira, Il-Ħamrun, L-Imsida, Pembroke, Tal-Pietà, San Ġiljan, San Ġwann, Santa Venera, Tas-Sliema, Is-Swieqi, Ta' Xbiex)

☐ South Eastern (Iż-Żejtun, Birżebbuġa, Il-Gudja, Ħal Għaxaq, Ħal Kirkop, Marsaskala, Marsaxlokk, L-Imqabba, Il-Qrendi, Ħal Safi, Iż-Żurrieq)

☐ Western (L-Imdina, Ħaż-Żebbuġ, Is-Siġġiewi, Ħ'Attard, Ħal Balzan, Ħad-Dingli, L-Iklin, Ħal Lija, Ir-Rabat, L-Imtarfa)

☐ Northern (Ħal Għargħur, Il-Mellieħa, L-Imġarr, Il-Mosta, In-Naxxar, San Pawl Il-Baħar)

4. **Years registered with the POYC scheme**

☐ 0-2 years

☐ 3-6 years

☐ 7-9 years

☐ 9+ years

5. **Level of education**

☐ No formal education

☐ Primary education

☐ Secondary education

☐ High school diploma

☐ Vocational or technical education

☐ Bachelor’s degree

☐ Master’s degree

☐ Doctoral degree

SECTION 2: KNOWLEDGE OF POYC SERVICES

On a Likert scale of 1 (no knowledge), 2 (minimal knowledge), 3 (basic knowledge), 4 (adequate knowledge) to 5 (superior knowledge), rate the following statements by ticking the appropriate box.

N°	Statement	1	2	3	4	5
6.	I know how to register with Pharmacy of Your Choice to collect medications/s and/or medical devices.					
7.	I know how to change the pharmacy where I collect free medicines and equipment.					
8.	I know how to renew entitlement documents such as Schedule V/II (Yellow/Pink Card), MAS permit for protocol-regulated items, CPSU permit for medical equipment or devices, consultant forms (dermatology/oncology/psychiatry), and/or Drug (white) control card for dangerous drugs.					

For each of the following questions, tick the box that corresponds to your answer.

9. **Are you entitled to an open treatment, e.g. 'Psychiatric Treatment as Prescribed', 'Oncological Treatment as Prescribed', 'Topical Steroids as Prescribed', etc. on Schedule V?**

☐Yes

☐No

*If **yes**, do you know that you need a consultant form to collect the medications listed?*

☐Yes

☐No

10. **Are you entitled to medical equipment or devices (gauze swabs, catheters, urine bags, syringes, etc.)?**

☐Yes

☐No

*If **yes**, do you know that you need a valid Schedule V, prescription/s, and CPSU permit (one-year validity) before collection?*

☐Yes

☐No

11. Are you entitled to a Europharma blood glucose monitor?

☐Yes

☐No

*If **yes**, do you know that you need to fill in the Europharma blood glucose monitor loan agreement prior to collection?*

☐Yes

☐No

12. Are you entitled to Complete Nutrition Preparation E.g. Resource Energy®, Ensure®, Clinutren®, EnergieShake®, etc.?

☐Yes

☐No

*If **yes**, do you know that you can opt for complete nutrition preparation home delivery by filling in a complete nutrition delivery form?*

☐Yes

☐No

13. Are you entitled to controlled substances e.g. morphine, bromazepam, diazepam, nitrazepam, etc?

☐Yes

☐No

*If **yes**, do you know how to acquire a control card?*

☐Yes

☐No

14. Where did you learn about POYC services?

☐ Healthcare professionals (doctors, pharmacists, nurses, etc.)

☐ Pharmacies

☐ News/ Media Outlets

☐ Local health agencies

☐ Others (Please elaborate in space below)

_____

_____

_____

15. Do you need more info about POYC services or processes?

☐ Yes

☐ No

*If **yes**, what way would you like to be informed? (You may select more than one option)*

☐ Pamphlets and/brochures

☐ Posters

☐ Infographics

☐ Videos

☐ Others (Please specify)

_____

_____

_____

SECTION 3: EXPERIENCE WITH POYC SERVICES

16. What are the benefits or advantages of participating in the POYC scheme? Please tick all that apply.

☐ Improved access to free medications and medical devices.

☐ Reduced financial burden.

☐ Better coordination of care.

☐ Others (Please elaborate in space below)

_____

_____

_____

17. How did you acquire your first medication through the POYC scheme? Rank the sequence of events starting from the first step to the last step until you acquire the medication based on your experience. Please tick all that apply.

☐ I visited a consultant/ general practitioner to apply for the POYC service.

☐I went to the pharmacy with the ID card and demanded to start taking medication.

☐Submission of the completed documents was done by the patient to the Medicines Approval Section either by hand or by post.

☐I did not submit the completed documents as the consultant/ general practitioner applied online for me.

☐ Schedule V (Yellow Card)/ Schedule II (Pink card) received.

☐ I went to St. Luke's with a list of medicines and demanded to get them on the yellow card.

☐Registration with the preferred pharmacy where I would collect my medication/s.

☐Presentation of the necessary valid documents (prescription/s, consultant form/s, control card, and/or CPSU permit).

☐The pharmacist dispensed medication/s and/or medical devices.

18. How long did it take you to start receiving your medication or medical devices after registering at a pharmacy for the first time?

☐0-4 days

☐5-7 days

☐8-14 days

☐15-21 days

☐22-28 days

☐More than 28 days

19. How many days did it take for a new prescribed medication/medical device to be added to your entitlement to be collected from the pharmacy?

☐I had no new entitled medication/s or medical device/s since I have registered in the pharmacy.

☐Within a day

☐2-7 days

☐8-14 days

☐15-21 days

☐22-28 days

☐More than 28 days

SECTION 4: PERCEIVED BARRIERS TO THE CONTINUITY OF CARE

20. Have you ever experienced disruptions when trying to access medicine/s or medical device/s?

☐Yes

☐No

*If **yes**, what was the reason? Please tick all that apply.*

☐Stock shortages or unavailability of specific medication/s.

☐No alternative to the out-of-stock medication/s.

☐Communication issues between healthcare professionals and patients.

☐Issues with renewals (yellow cards, permits, consultant forms, etc.)

☐ Others (Please elaborate in space below)

_____

_____

_____

SECTION 5: PERCEIVED FACILITATORS TO THE CONTINUITY OF CARE

21. With reference to question 20, how can the situation be improved? Please tick all that apply.

Stock shortages or unavailability of specific medications

☐Collaborate with multiple suppliers or distributors to ensure a stable medication supply.

☐Develop a contingency plan to substitute unavailable medications with suitable alternatives.

☐Implement a system for early detection of stock shortages and timely ordering of supplies.

☐ Others (Please elaborate in space below)

_____

_____

_____

No alternative to the out-of-stock medication.

☐Engage with healthcare providers to identify potential alternative treatments or medications.

☐Develop clear guidelines and protocols for medication substitution.

☐Educate patients and healthcare professionals on potential alternatives to manage their conditions.

☐ Others (Please elaborate in space below)

_____

_____

_____

Communication issues between healthcare professionals and patients

☐Implement shared electronic health records.

☐Provide training and education about POYC services.

☐Ensuring all current medications are checked and organised using a structured list to prevent mistakes and harmful interactions (medication reconciliation).

☐ Others (Please elaborate in space below)

_____

_____

_____

Issues with renewals (yellow cards, permits, consultant forms, etc.)

☐Develop a digital renewal system.

☐Send timely reminders to patients and healthcare professionals about upcoming renewals.

☐Offer online resources and guidance to assist with the renewal process.

☐ Others (Please elaborate in space below)

_____

_____

_____

Others

☐ Please elaborate in space below

_____

_____

_____

SECTION 6: RECOMMENDATIONS FOR IMPROVING THE POYC SERVICES

22. Are there any additional services or support that you would like to be incorporated into the POYC scheme to enhance the continuity of care? Please tick all that apply.

☐Telehealth services for remote consultations e.g. on the phone or through secure online chat.

☐Home healthcare services for those who are unable to visit healthcare facilities.

☐Access to comprehensive primary care services such as regular check-ups, preventive screenings, and health assessment.

☐Add more medications and/or medical devices that could be collected from POYC to reduce the financial burden and expenditures.

☐ Others (Please elaborate in space below)

_____

_____

_____

Appendix 5

Maltese Questionnaire

Kura bla Xkiel (*Seamless*) bejn is-Servizz tal-Ispiżerija fill-Komunità u l-Iskema tal-Ispiżerija tal-Għażla Tiegħek (*POYC*)

Elmery Gem Estorque
Studenta tal-PharmD
Dipartiment tal-Farmaċija, Università ta' Malta

Għażiż Parteċipant,

Int mistieden tipparteċipa fi proġett ta' riċerka bl-isem "Kura bla Xkiel (Seamless) bejn is-Servizz tal-Ispiżerija fill-Komunità u s-Servizz tal-Ispiżerija tal-Għażla Tieghek (POYC). " Din ir-riċerka qed issir minn Elmery Gem Estorque taħt is-superviżjoni tal-Professur Anthony Serracino-Inglott u Dr Nicolette Sammut-Bartolo.

Il-kwestjonarju għandu l-għan li jevalwa l-għarfien, l-esperjenzi, l-ostakli, il-faċilitaturi, u r-rakkomandazzjonijiet dwar is-Servizz tal-Ispiżerija tal-Għażla Tiegħek ipprovdut lill-pazjenti reġistrati mal-POYC.

Jekk għandek xi mistoqsijiet, ġentilment tista' tikkuntattja lir-riċerkatriċi, Elmery Gem Estorque:

Email:elmery-gem.estorque.20@um.edu.mt
Mowbajl: +35699196578

Grazzi ħafna tal-parteċipazzjoni tiegħek.

TAQSIMA 1: DEMOGRAFIKA TAL-PARTEĊIPANTI

1. **Età (snin) ____**
2. **Sess** ☐Raġel ☐Mara ☐Oħrajn
3. **Lokalità**

☐Southern harbour (Valletta, Il-Birgu, L-Isla, Bormla, Ħaż-Żabbar, Il-Fgura, Il-Furjana, Il-Kalkara, Ħal Luqa, Il-Marsa, Paola, Raħal Ġdid, Santa Luċija, Ħal Tarxien, Ix-Xgħajra)☐Northern harbour (Ħal Qormi, Birkirkara, Il-Gżira, Il-Ħamrun, L-Imsida, Pembroke, Tal-Pietà, San Ġiljan, San Ġwann, Santa Venera, Tas-Sliema, Is-Swieqi, Ta' Xbiex)

☐South Eastern (Iż-Żejtun, Birżebbuġa, Il-Gudja, Ħal Għaxaq, Ħal Kirkop, Marsaskala, Marsaxlokk, L-Imqabba, Il-Qrendi, Ħal Safi, Iż-Żurrieq)

☐Western (L-Imdina, Ħaż-Żebbuġ, Is-Siġġiewi, Ħ'Attard, Ħal Balzan, Ħad-Dingli, L-Iklin, Ħal Lija, Ir-Rabat, L-Imtarfa)

☐Northern (Ħal Għargħur, Il-Mellieħa, L-Imġarr, Il-Mosta, In-Naxxar, San Pawl Il-Baħar)

4. **Snin reġistrat mal-iskema POYC**

☐0-2 snin

☐3-6 snin

☐7-9 snin

☐9+ snin

5. **Livell ta' edukazzjoni**

☐L-ebda edukazzjoni formali

☐Edukazzjoni Primarja

☐Edukazzjoni Sekondarja

☐ Certifikat tal-Edukazzjoni Sekondarja (O-Level)

☐ Livell Intermedju tal-Matrikola (Intermediate)

☐ Livell Avvanzat tal-Matrikola (A-Level)

☐Edukazzjoni vokazzjonali jew teknika

☐Baċellerat

☐Master's degree

☐Dottorat

TAQSIMA 2: GĦARFIEN FUQ IS-SERVIZZI TAL-POYC

Fuq skala Likert ta' 1 (l-ebda għarfien), 2 (għarfien minimu), 3 (għarfien bażiku), 4 (għarfien adegwat) sa 5 (għarfien superjuri), agħti grad lid-dikjarazzjonijiet li ġejjin billi timmarka l-kaxxa xierqa.

N°	Dikjarazzjoni	1	2	3	4	5
6.	Naf kif nirreġistra mal- Pharmacy of Your Choice biex niġbor mediċini/i u/jew apparat mediku.					
7.	Naf kif nibdel l-ispiżerija fejn niġbor mediċini u apparat mediku b'xejn.					
8.	Naf kif inġedded dokumenti ta' intitolament bħal Skeda V/II (Kartun Isfar/Roża), permessi tal-MAS għal mediċini regolati bi protokoll, permess tas-CPSU għal tagħmir jew apparat mediku, formoli ta' konsulenti (dermatoloġija/onkoloġija/psikjatrija), u/jew Dokument ta' Kontroll għal Drogi Perikoluż (Kartuna Bajda).					

Għal kull waħda mill-mistoqsijiet li ġejjin, immarka l-kaxxa li tikkorrispondi mat-tweġiba tiegħek.

9. **Inti intitolat għal trattament ġeneraliżżat, eż. 'Trattament Psikjatriku kif Preskritt' (*Psychiatric Treatment as Prescribed*), 'Trattament Onkoloġiku kif Preskritt' (*Oncological Treatment as Prescribed*), 'Sterojdi Topiċi kif Preskritti' (*Topical Steroids as Prescribed*), eċċ. fuq il-Kartuna Safra?**

☐ Iva

☐ Le

Jekk iva, taf li għandek bżonn karta tal-konsulent biex tiġbor il-mediċini elenkati?

☐ Iva

☐ Le

10. **Inti intitolat għal tagħmir jew apparat mediku (gareż, kateters, boroż tal-awrina, siringi, eċċ.)?**

☐ Iva

☐ Le

Jekk iva, taf li għandek bżonn Kartuna Safra valida, riċetta/i, u permess tas-CPSU (validità ta' sena) qabel il-ġbir?

☐Iva

☐Le

11. Inti intitolat għall-monitor taz-zokkor fid-demm tal-Europharma?

☐Iva

☐Le

Jekk iva, taf li għandek bżonn timla l-Kuntratt ta' self tal-Europharma għall-monitoraġġ taz-xokkor fid-demm qabel il-ġbir?

☐Iva

☐Le

12. Inti intitolat għal xi nutriment speċjali f'forma ta' ħalib Eż. Resource Energy®, Ensure®, Clinutren®, EnergieShake®, eċċ.?

☐Iva

☐Le

Jekk iva, taf li tista' titlob li jitwassallek id-dar billi timla formola apposta?

☐Iva

☐Le

13. Inti intitolat għal mediċini kontrollati eż. morfina, bromazepam, diazepam, nitrazepam, eċċ?

☐Iva

☐Le

Jekk iva, taf kif takkwista d-Dokument ta' Kontroll għal Drogi Perikoluż i (Kartuna Bajda)?

☐Iva

☐Le

14. Fejn sirt taf dwar is-servizzi tal-POYC?

☐Professjonisti tal-kura tas-saħħa (tobba, spiżjara, infermiera, eċċ.)

☐Spiżeriji

☐Aħbarijiet/ Sors tal-Midja

☐Entitajiet tas-Saħħa

☐ Oħrajn (Jekk jogħġbok elabora fl-ispazju t'hawn taħt)

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15. Għandek bżonn aktar informazzjoni dwar servizzi jew proċessi tal-POYC?

☐ Iva

☐ Le

Jekk iva, b'liema mod tixtieq tkun infurmat? (Tista' tagħżel aktar minn għażla waħda)

☐ Pamflets jew fuljetti

☐ Posters

☐ Stampi informattivi

☐ Vidjows

☐ Oħrajn (Jekk jogħġbok speċifika)

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TAQSIMA 3: ESPERJENZA TAS-SERVIZZI TAL-POYC

16. X'inhuma l-benefiċċji jew il-vantaġġi tal-parteċipazzjoni fl-iskema POYC? Jekk jogħġbok immarka dak kollu li japplika.

☐ Aċċess ahjar għal mediċini u apparat mediku b'xejn.

☐ Piż finanzjarju mnaqqas.

☐ Koordinazzjoni aħjar tal-kura.

☐ Oħrajn (Jekk jogħġbok elabora fl-ispazju t'hawn taħt)

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17. Kif akkwistajt l-ewwel trattament tiegħek permezz tal-iskema tal-POYC? Poġġi f'sekwenza il-proċessi, mill-ewwel pass sal-aħħar pass, li wassluk biex tibda takkwista t-trattament abbażi tal-esperjenza tiegħek. Jekk jogħġbok immarka dak kollu li japplika.

☐Żort konsulent/tabib biex napplika għas-servizz tal-POYC.

☐Mort l-ispiżerija bil-karta tal-identità u tlabt biex nibda nieħu t-trattament.

☐Is-sottomissjoni tad-dokumenti mimlija saret mill-pazjent ġenerali lill-*Medicines Approval Section* bl-idejn jew bil-posta.

☐Jien ma ppreżentajtx id-dokumenti mimlija peress li l-konsulent/it-tabib tieghi applika *online* għalija.

☐Irċevejt l-iSkeda V (Karta Safra)/ Skeda II (Karta Roża).

☐Mort l-Isptar San Luqa b'lista ta' mediċini u tlabt biex inġibhom fuq il-Kartuna Safra.

☐Reġistrazzjoni mal-ispiżerija preferuta fejn kont niġbor il-medikazzjoni tiegħi.

☐Preżentazzjoni tad-dokumenti validi meħtieġa (riċetta/i, karta tal-konsulent, Kartuna Bajda, u/jew Permess tas-CPSU).

☐L-ispiżjar taghni l-mediċina/i u/jew l-apparat mediku.

18. Kemm domt biex tibda tingħata l-mediċini jew l-apparat mediku tiegħek wara li irreġistrajt fi spiżerija għall-ewwel darba?

☐0–4 ijiem

☐5–7 ijiem

☐8–14-il jum

☐15–21 jum

☐22–28 jum

☐Aktar minn 28 jum

19. Kemm-il ġurnata domt tistenna biex il-mediċina/l-apparat mediku ġdid preskritt jiġi miżjud mal-intitolament tiegħek biex jinġabar mill-ispiżerija?

☐Ma kelli l-ebda medikazzjoni jew apparat mediku ġdid minn meta irreġistrajt fl-ispiżerija.

☐Fi żmien ġurnata

☐2-7 ijiem

☐8-14-il jum

☐15-21 jum

☐22-28 jum

☐Aktar minn 28 jum

TAQSIMA 4: OSSTAKLI LI INT KONXJU MINNHOM GĦALL-KONTINWITÀ TAL-KURA

20. Qatt esperjenzajt tfixkil meta ppruvajt taċċessa mediċini jew apparat mediku?

☐Iva

☐Le

Jekk iva, x'kienet ir-raġuni? Jekk jogħġbok immarka dak kollu li japplika.

☐Nuqqas ta' stokk jew indisponibbiltà ta' trattament speċifiku.

☐Meta ma jkunx hemm xi alternattiva għall-medikazzjoni out-of-stock.

☐Kwistjonijiet ta' komunikazzjoni bejn professjonisti tal-kura tas-saħħa u pazjenti.

☐Kwistjonijiet rigwardtiġdid (karti sofor, permessi, formoli ta' konsulenti, eċċ.)

☐Oħrajn (Jekk jogħġbok elabora fl-ispazju t'hawn taħt)

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TAQSIMA 5: FAĊILITATURI LI INTI KONXJU MINNHOM GĦALL-KONTINWITÀ TAL-KURA

21. B'referenza għall-mistoqsija 20, kif tista' titjieb is-sitwazzjoni? Jekk jogħġbok immarka dak kollu li japplika.

Nuqqas ta' stokk jew indisponibbiltà ta' mediċini speċifiċi

☐Kollaborazzjoni ma ' fornituri jew distributuri diversi biex tiġi żgurata provvista ta' medikazzjoni stabbli.

☐Żvilupp ta' pjan ta' kontinġenza biex tissostitwixxi mediċini li mhumiex disponibbli b'alternattivi xierqa.

☐Implimentar ta' sistema li tbassar meta ser ikun hemm nuqqas ta' stokk u tordna l-provvisti f'waqthom.

☐Oħrajn (Jekk jogħġbok elabora fl-ispazju t'hawn taħt)

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Meta ma jkunx hemm xi alternattiva għall-medikazzjoni out-of-stock.

☐Involviment ta' professjonisti tas-saħħa biex jiġi identifikattrattamentjew mediċini alternattivi potenzjali.

☐Żviluppar ta' linji gwida u protokolli ċari għas-sostituzzjoni tal-medikazzjoni.

☐Edukar ta' pazjenti uprofessjonistias-saħħa dwar alternattivi potenzjali biex jimmaniġġjaw il-kundizzjonijiet tagħhom.

☐Oħrajn (Jekk jogħġbok elabora fl-ispazju t'hawn taħt)

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Kwistjonijiet ta' komunikazzjoni bejn il-professjonisti tal-kura tas-saħħa u l-pazjenti

☐Implimentar ta' rekords tas-saħħa elettroniċi li jkun aċċessibli għall-partijiet kollha konċernati

☐Provediment ta' aħriġ u edukazzjoni dwar is-servizzi tal-POYC.

☐Li jiġi żgurat li l-mediċini kollha li qed jitqassmu bħalissa jiġu verifikati u organizzati bl-użu ta' lista strutturata biex jiġu evitati żbalji u interazzjonijiet perikolużi bejn il-mediċini (rikonċiljazzjoni tal-medikazzjoni).

☐Oħrajn (Jekk jogħġbok elabora fl-ispazju t'hawn taħt)

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Kwistjonijiet ta'tiġdid (karti sofor, permessi, formoli ta' konsulenti, eċċ.)

☐Żviluppar ta' sistema diġitali ta' tiġdid.

☐Tfakkiriet f'waqthom lill-pazjenti u lill-professjonisti tas-saħħa meta jkun irid isir xi tiġdid.

☐Offerta ta' riżorsi online u gwidi li jgħinu fil-proċess ta' tiġdid.

☐Oħrajn (Jekk jogħġbok elabora fl-ispazju t'hawn taħt)

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Oħrajn

☐Jekk jogħġbok elabora fl-ispazju t'hawn taħt

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TAQSIMA 6: RAKKOMANDAZZJONIJIET GĦAT-TITJIB TAS-SERVIZZI TAL-POYC

22. Hemm xi servizzi jew appoġġ addizzjonali li tixtieq li jkun inkorporat fl-iskema tal-POYC biex titjieb il-kontinwità tal-kura? Jekk jogħġbok immarka dak kollu li japplika.

☐Servizzi ta' telesaħħa għal konsultazzjonijiet remoti eż. fuq it-telefon jew permezz ta' chat onlajn sigur.

☐Servizzi tal-kura tas-saħħa fid-dar għal dawk li ma jistgħux iżuru faċilitajiet tas-saħħa.

☐Aċċess għal servizzi komprensivi tal-kura primarja bħal check-ups regolari, screenings preventivi, u assessjar tas-saħħa.

☐Żieda fin -numru ta' mediċini u/jew apparat mediku li jistgħu jinġabru minn POYC biex jonqos il-piż finanzjarju u l-infiq.

☐Oħrajn (Jekk jogħġbok elabora fl-ispazju t'hawn taħt)

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Appendix 6

Guide Questions for the Validation of Questionnaire

Adapted from:

University of Mindanao

Bolton St, Poblacion District, Davao City, 8000 Davao del Sur, Philippines

Validation Sheet

Name of Validator:
Degree:
Occupation:

Please check (✓) the appropriate box for your ratings.
Scale: 5 – Strongly agree 4 – Agree 3 – Neutral 2 – Disagree 1 – Strongly disagree

	5	4	3	2	1
1. Clarity and Directions of Items. The vocabulary level, language, structure, and conceptual level of participants. The test directions and the items are written in a clear and understandable manner.					
2. Presentation and Organisation of Items. The items are presented and organised in logical manner.					
3. Suitability of Items. The item appropriately presented the substance of the research. The questions are designed to elicit a response from the participant to achieve the research objectives.					
4. Adequateness of the Content. The number of questions per section is a representative enough of all the questions needed for the research.					
5. Attainment of Purpose. The instrument fulfills the objectives needed for the research.					
6. Objective. Each item elicits a clear and specific response.					
7. Scale and Evaluation Rating. The scale adapted is appropriate for the item.					
8. Time Feasibility The semi-structured interview questions can be completed within 5 to 10 minutes.					

REMARKS:

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_____

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Validator's Signature