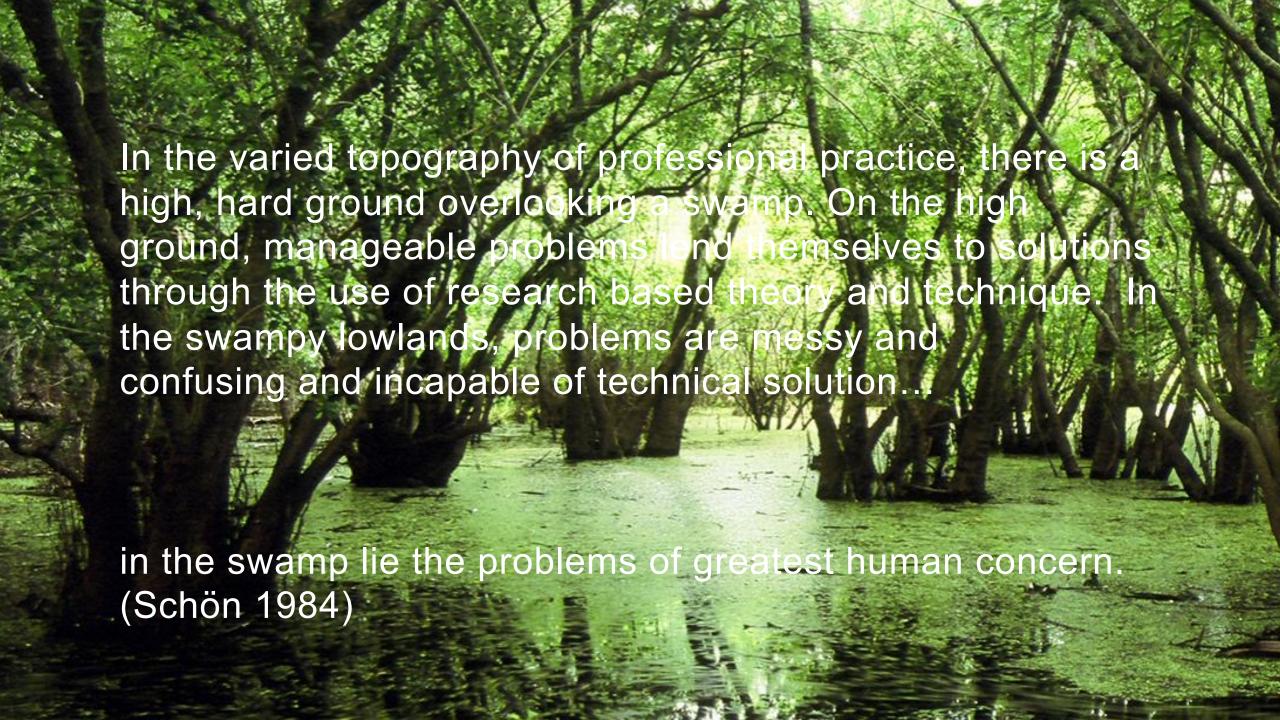


Translating 'practice-into-evidence': Why multimorbidity research needs ethnography.

Deborah Swinglehurst

AIM – Research Support Facility seminar January 2024



What is ethnography?

- ethnos (Gk: people); grapho (Gk: to write) writing culture
- a form of 'idiographic inquiry' (Ingold, 2007)
 - > no prescribed methods or protocols (often multiple methods)
 - > in-depth, first-hand observation 'on the ground'
 - > focus on the *particular* (not *general* propositions)
- small scale, everyday settings
- makes visible aspects of culture/practice that are not readily articulated
- explores subjective meanings / actions / explanations
- 'thick description' (Geertz 1973)
- explores tensions between:
 - > emic (insider) and etic (analyst) perspectives
 - 'familiarity' and 'strangeness' ('making the familiar strange')



What is happening here?



Illustration: Camille Aubrey



To see a world in a grain of sand (Blake)





"the obvious potential for ethnographic approaches to make a contribution to the study of safety and quality in health care has been underexploited...ethnography is especially good at probing into areas where measurement is not easy, where the issues are sensitive and multifaceted, and where it is important to get at the tacit, not the already evident"

Mary Dixon-Woods 2003



APOLLM









REPEAT DISPENSING

A new way to get repeat prescriptions

Do you get the same medicines

regularly? Do you often use the same pharmacy?
Would you like to get your repeat

would you like to get your repeat prescriptions direct from your pharmacy, rather than getting them from the surgery each time?

See inside for more informatio repeat dispensing and how it c you.



Electronic Prescription Service

NHS



General Practice

Community pharmacy

Patients' homes

Editorials

The polypharmacy challenge:

time for a new script?

THE SCALE OF THE CHALLENGE

Polypharmacy, usually defined as the ongoing use of ≥4 medicines by one person, presents one of the most pressing primary care challenges of our time. This simple definition conceals much of the complexity that the concept evokes in the mind of the GP. Polypharmacy is not a new challenge for general practice, but the scale and complexity of the challenge is increasing. One Scottish study showed that about 20% of adults are dispensed ≥5 drugs (this has doubled since 1995) and about 6% of adults are dispensed ≥10 drugs (this has

"The search for evidence to underpin the recent NICE guideline on multimorbidity illustrates the stark reality of the evidence desert: specific recommendations regarding stopping medicines were only possible for one group of preventive drugs (bisphosphonates)."

and two-thirds of females without existing cardiovascular disease in the age group 60–74 years, and all males and females in

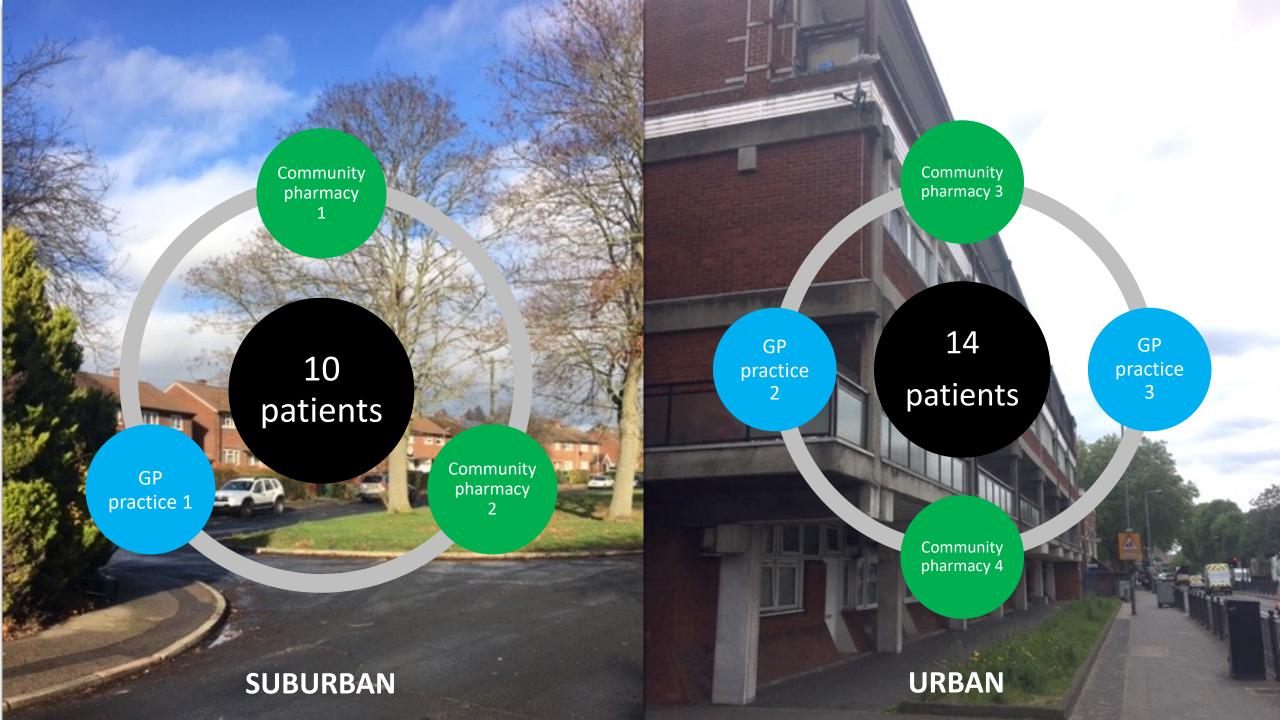
pharmacists in making these complex decisions.⁶ This finding resonates with the work of Sinnott *et al*, who explored GP

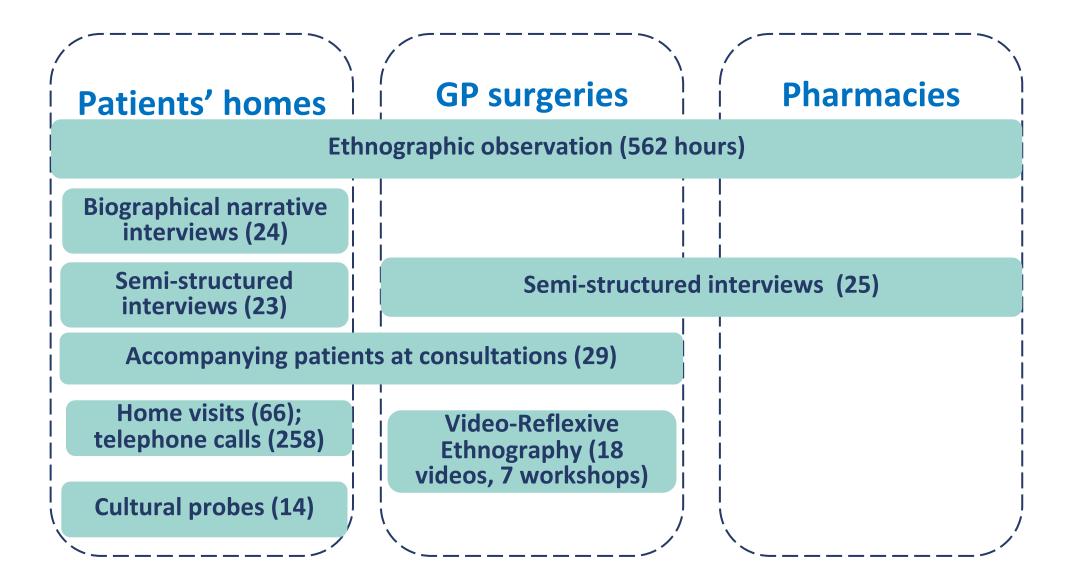


Wicked problem (Rittel 1973)











BMJ Open Organising polypharmacy: unpacking medicines, unpacking meanings—an ethnographic study

Deborah Swinglehurst 0, Nina Fudge 0

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Prepublication history for this paper is available online. To view these files, please visit the journal online (http://dx.doi. /10 1100/hminner 2001

ABSTRACT

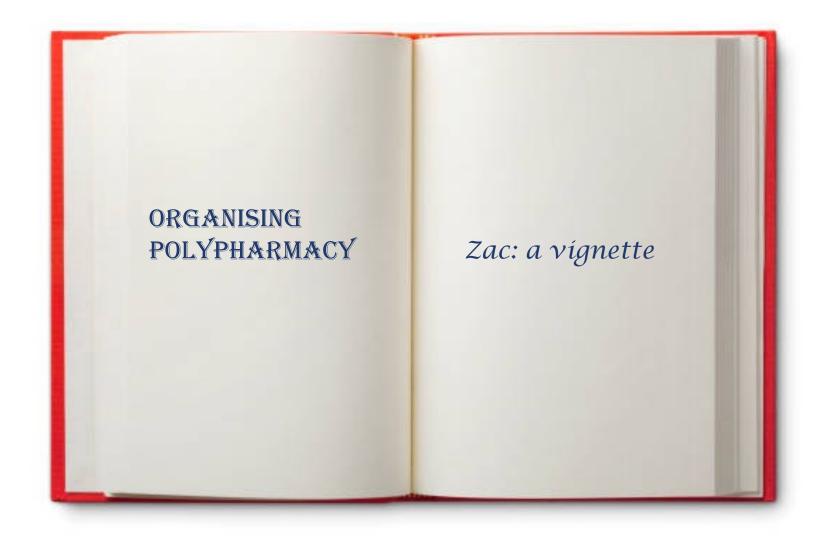
Objectives We explore how older patients affected by polypharmacy manage the 'hidden work' of organising their medicines, how they make sense of this work and integrate it into their lives.

Design and setting Ethnographic study observing patients over 18–24 months in patients' homes, general practice and community pharmacy, in England, UK. Participants and methods Ethnographic case study including longitudinal follow-up of 24 patients aged 65 or older and prescribed ten or more items of medication. Our dataset includes: 562 hours of ethnographic observation

Strengths and limitations of this study

- Gathers rich qualitative data from a range of community settings and is grounded in the everyday experiences of participants.
- Reveals decision-making and practices around medication management which are often hidden from view and unknown to professionals who prescribe and dispense medicines.
- Uses innovative qualitative methods to explore aspects of everyday life which might be difficult to









Clinicians have been incentivised through initiatives such as the **Quality and Outcomes** Framework to manage disease and disease risk according to the 'single disease' model, while at the same time being encouraged to address the harms of problematic polypharmacy which may emerge directly from their efforts at 'quality'

Negotiating the polypharmacy paradox: a video-reflexive ethnography study of polypharmacy and its practices in primary care

Deborah Swinglehurst (1), 1,2 Lucie Hogger, 1 Nina Fudge (10) 1

ABSTRACT

Background Polypharmacy is an important safety concern. Medication reviews are recommended for patients affected by polypharmacy, but little is known about how they are conducted, nor how clinicians make sense of them. We used video-reflexive ethnography (VRE) to: illuminate how reviews are conducted; elicit professional dialogue and concerns about polypharmacy; invite new transferable understandings of polypharmacy and its management.

Methods We conducted 422 hours of fieldwork (participant observation), filmed 18 consultations between clinicians and patients receiving 10 or more regular items of medication

WHAT IS ALREADY KNOWN ON THIS TOPIC

- ⇒ Polypharmacy is a global safety concern.
- ⇒ Regular medication reviews are recommended but little is known about how reviews are conducted in practice.

WHAT THIS STUDY ADDS

⇒ Problematic polypharmacy is not just a technical problem but a relational



Polypharmacy: it's time to think differently.

Written by: Prof Deborah Swinglehurst and Dr Nina Fudge.

















medicinestalk.co.uk

A collection of stories to inspire new avenues for discussion between clinicians and patients about their medicines and care.









I LOOK AFTER MYSELF

There is another thing that bothers Adam. Since he came out of hospital, someone – he doesn't know who – decided that he should have a dosette box. It is delivered every Wednesday through his letterbox. He cannot understand how this has happened. Nobody discussed it with him. Sure, ..., one knows by now that he does not want a dosette box any more than he wants insulin! Hadn't he made that clear? *Doctors really*

Experiences of working-age adults with multiple, long-term health conditions



Esca van Blarikom PhD student

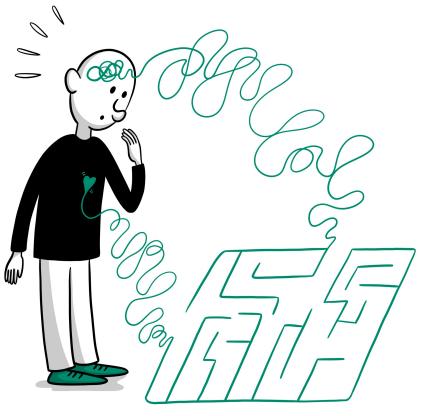


Illustration: Camille Aubrey

BioSocieties

https://doi.org/10.1057/s41292-022-00285-5



ORIGINAL ARTICLE

The emergence of multimorbidity as a matter of concern: a critical review

Esca van Blarikom¹ · Nina Fudge¹ · Deborah Swinglehurst¹



A novel understanding...

"an **experience** that manifests through the discrepancy between medical policy and life-as-lived, brought to the fore by people's attempts to bridge fissured care systems" (van Blarikom, 2022)



Study Design





2 Interviews

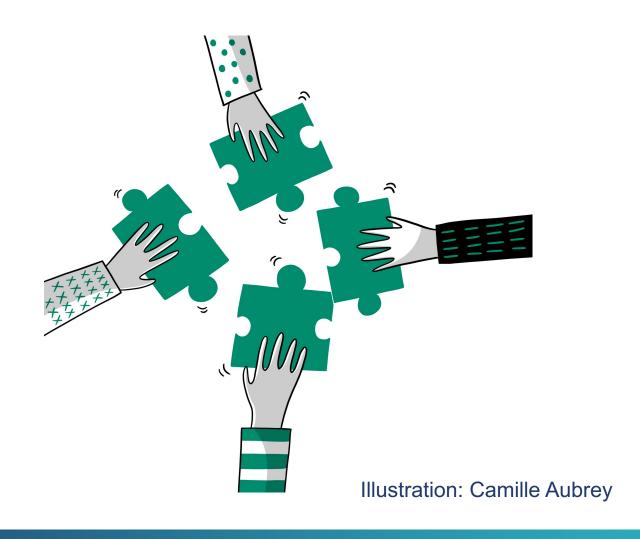
Ethnographic observations





Photography project

Collaborative documentary film



DOI: 10.1111/1467-9566.13729

ORIGINAL ARTICLE



Multimorbidity as chronic crisis: 'Living on' with multiple long-term health conditions in a socially disadvantaged London borough

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Abstract

Contemporary health services are primarily designed around single diseases. People with multimorbidity (multiple long-term health conditions) often become burdened by accumulated treatments. Through multi-



'Existential stuckness'



Sarah "If it's this much now how much more will I be on when I'm older?"

Trapped – uncertain – silenced – side-effects – disappointment - scared



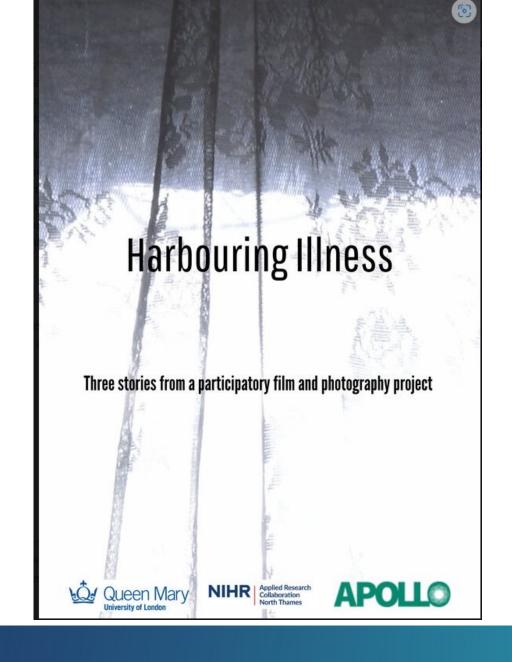
Aisha's story

"Everything happened fast. They gave me medication and they gave me, uhm, antidepressants as well, because I couldn't really cope. Uhm... Yeah. And then I just started taking my medication and uhm... It was really tough because I was also having, like, eating problems. So the only way I could cope was through my eating. Obviously it wasn't great because it put my sugar up, and yeah... And... It just got to a point in sixth form where I gained so much weight and it... I don't know if it was due to the anti-depressants, it might be they helped me gain weight. And there was another medication I was taking for diabetes that made me gain weight too. So I felt like everything was just going the opposite direction to what I wanted to achieve"



Beyond existential stuckness...









Who We Are

Patients, Public and Healthcare Professionals





Ethnographic exploration of interdisciplinary working practices



Evidence "Translational Gap" Practice

Practice-into-Evidence



Thanks to our research participants, advisory group and patient panel.









Thank you

