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INTRODUCTION

The University of Strathclyde is funded to provide input into the Macmillan Rural Palliative Care Pharmacist Practitioner Project for 2 years. The project pilots the role of one full-time Macmillan Rural Palliative Care Pharmacist Practitioner (MRPP) to be located in the Skye, Kyle & Lochalsh area and test their ability to: develop community pharmacy to support the needs of palliative patients/carers; improve services ensuring opportunities for training/support; and provide quality information to support practice. The aim of the project is to evaluate the impact this Pharmacist can have on the current service.

METHODS

Part 1:

- Interviews with 3 GPs (dispensing and non-dispensing practices), 1 dispensing practice staff and 8 Key Service Leads focused on service benefits and challenges
- A simulated dispensing process was observed in dispensing practices
- Community pharmacy staff (n=3) and community nursing staff (n=2) recorded palliative medicine issues in a log over 8 weeks. Follow-up telephone calls were made for more in-depth discussions.

Part 2:

- An audit of 11 calls about palliative medicines received by the Highland Hospice Phone Line over 4 months were collated and analysed.

Part 3:

- Staff from 5 of the 7 care homes (one declined and one closed) in the area were asked to complete questionnaires about their palliative medicines use.

RESULTS

Part 1:

- Strengths of the service include: good healthcare professional planning; good access and use of medicines and equipment; good continuity of care; and community spirit
- Gaps in the service include: professionals' education on palliative medicines; and patient education on safe use of opioids
- Participants felt there was a need for the MRPP to influence medicines management and provide support for healthcare professionals and patients.

Part 2:

- Eleven enquiries were logged in the Phone Line Audit over 8 weeks
- Most calls (72.7%) were made by GPs and were made during working hours (63.6%)
- Callers were either seeking advice or seeking support for decisions already made.

Part 3:

- Four care homes (67%) returned 21 questionnaires
- The patient's GPs and NHS 24 are the most popular resources used by staff needing information about medicines
- Neither the Community Pharmacist nor the Specialist Palliative Care Pharmacist was considered as a source of advice.
- There was a need for more training around palliative medicines.

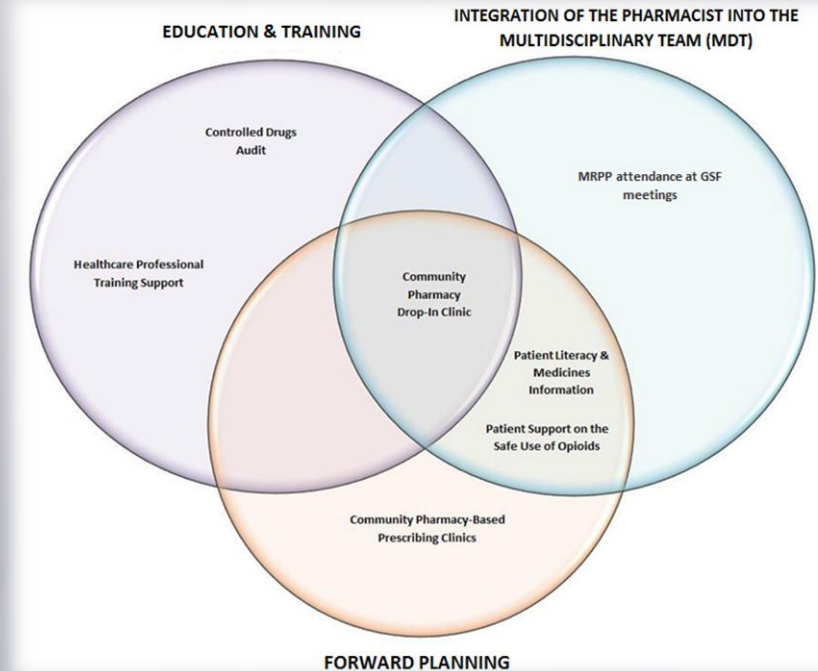


Figure 1: Initiatives Currently in Place and Areas for Further Work

CONCLUSIONS

- A number of initiatives are currently in place and planned for the future (Figure 1)
- Evaluation highlighted a need for a role like the MRPP to positively impact pharmacy palliative care services in the area.

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