Macmillan Pharmacy Service Annual Report October 2014 – December 2015

Service Lead	Kate McCusker (catherine.mccusker@nhs.net)
Service Administrator	Yvonne Coleman (Yvonne.Coleman2@ggc.scot.nhs.uk)

1. Introduction

1.1 Background
The Macmillan Pharmacy Service, the first of its kind in the UK, has been successfully rolled out across all Health and Social Care Partnerships (HSCP) within Greater Glasgow and Clyde (GG&C).[1] The expansion began in August 2013, following successful evaluation of the Macmillan Pharmacy Facilitator pilot project (2009-2013), by the University of Strathclyde.[2]

The Macmillan Pharmacy Service is aligned with the Scottish Governments *NHSScotland Quality Strategy*, *20:20 vision*, and *Living and Dying Well: A national action plan for Scotland*.[3-5] The overarching aim of the service is to support community pharmacy and the wider primary care health and social care team (HSCT) advance person-centered, sustainable, high quality, safe and timely pharmaceutical palliative care (PC) services as close to home as possible for patients, carers and families. Shifting the balance of care away from the acute sector to a more financially sustainable community based service will best serve the growing ageing population, reduce pressure on out-of-hours services and avoid emergency hospital admissions. Moreover, by ensuring patients are informed and equipped for care and self-management at home we will meet the needs and wishes of patients and align with the new direction of travel for PC and Urgent Care in Scotland - as set out in the Scottish governments *Pulling Together: Transforming Urgent Care for the People of Scotland* (Nov, 2015) and *Strategic Framework for Action on Palliative and End of Life Care (Dec, 2015)*.[6,7]

1.2 Team Structure and Setting
The Macmillan Pharmacy Service team comprises of: 0.4wte service lead; 1.0wte administrator; 5 x 0.3wte pharmacist facilitators and 5 x 0.2wte technician facilitators who cover all HSCPs in GG&C (Table 1). The service also benefits from the support and direction of a steering group (appendix 1) and the University of Strathclyde have been re-commissioned to evaluate and inform on key initiatives.

Table 1. Macmillan Pharmacy Service Facilitators

HSCPs	Pharmacist	Technician
Glasgow South/East Renfrewshire	Alex Mcmillan	Carol Pettigrew
Glasgow North East	Nadia Afzal **Maternity leave since Oct 2015** **Post will not be filled**	Leighanne Bee **Maternity leave with no back fill (Sep 2014-Nov 2015)**
Glasgow North West	Pauline Brown	Aileen Gillespie
Inverclyde/Renfrewshire	Sandra Reynolds	Anne Mcgowan
East/West Dunbartonshire	Vacancy since December 2015 **Post will not be filled**	Karen Kelly

2. Aims and Objectives

The Macmillan Pharmacy Services key aims are to:

- Develop community pharmacy capacity to effectively, efficiently and safely support the increasing PC needs of those with cancer and life-limiting illness in local communities.
- Improve the provision and co-ordination of services from all community pharmacies irrespective of whether they provided a locally enhanced PC service, ensuring opportunities are developed for training and peer support.
- Engage with community pharmacy and the wider primary care HSCT to provide quality information and tools to support best PC practice and as well as improve the quality, safety and cost-effectiveness of prescribing.

To deliver our aims, the Macmillan pharmacy team are driving a quality improvement programme across GG&C which engages community pharmacy and the wider primary care HSCT. Aligned with the direction of travel for health and social care in Scotland, and informed from the learning's and recommendations from the pilot project (appendix 2), our programme focuses on 3 key work streams (Figure 1.).

Figure 1 content

1 Design and deliver PC education & training
- Community pharmacy staff
- GP practice staff

2 Develop tools to support best practice
- Patient-facing resources
- Patient resources
- Clinical resources
- Educational resources
- Improvement resources

3 Communication: Raise awareness of PC
- Community pharmacy
- Voluntary sector
- Care homes
- Wider primary care HSCT

Figure 1. Macmillan Pharmacy Service Objectives: 3 Key Work streams

3. Progress against key work streams

Progress during August 2013-October 2014 has been previously reported.[1]

3.1 Design and delivery of palliative care education and training

We have focused our efforts on the development of PC training for front-line healthcare staff as this group of staff interface directly with the public, are best placed to provide pro-active advice and support for palliative care patients and are key to maintaining continuity of services and improving patient care. Furthermore, by up-skilling community pharmacy front line staff we are releasing time for pharmacists to focus on developing an expanded clinical role, as described in the Scottish Governments *Prescription for excellence strategy*, and as a consequence, enable pharmacists to have a greater role within the new multi-disciplinary OOH care teams as described in *Transforming Urgent Care for the People of Scotland.*[6,8]

3.1.1 Community pharmacy front-line staff

In collaboration with NHS Education for Scotland (NES), a sustainable PC training package for community pharmacy support staff in GG&C has been developed. The evolution of this training package is detailed in Figure 2.
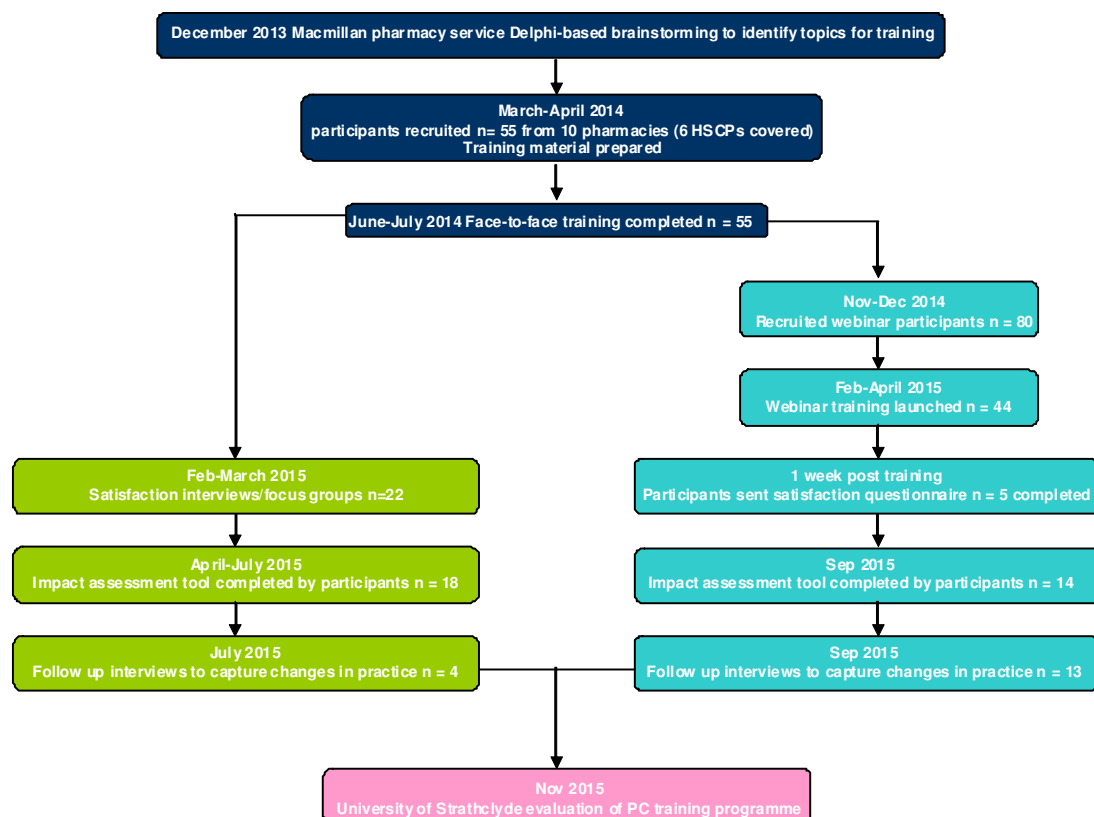
Figure 2 content

- December 2013 Macmillan pharmacy service Delphi-based brainstorming to identify topics for training
- March-April 2014 participants recruited n= 55 from 10 pharmacies (6 HSCPs covered) Training material prepared
- June-July 2014 Face-to-face training completed n = 55
- Nov-Dec 2014 Recruited webinar participants n = 80
- Feb-April 2015 Webinar training launched n = 44
- Feb-March 2015 Satisfaction interviews/focus groups n=22
- 1 week post training Participants sent satisfaction questionnaire n = 5 completed
- April-July 2015 Impact assessment tool completed by participants n = 18
- Sep 2015 Impact assessment tool completed by participants n = 14
- July 2015 Follow up interviews to capture changes in practice n = 4
- Sep 2015 Follow up interviews to capture changes in practice n = 13
- Nov 2015 University of Strathclyde evaluation of PC training programme

Figure 2. Evolution of PC training package for community pharmacy staff

Key points include:
- Face-to-face training delivered and evaluated in year 1 of service
- Progressed to a sustainable training package through the development of PC webinars, accessed *via* NES
- Development of an impact assessment tool to measure changes in pharmacy practice
- Positive evaluation by University of Strathclyde demonstrating improvements in community pharmacy PC practice and patient care[9]
- Learning from this work has shaped the development of an integrated national PC training resource for use by health and social care staff across Scotland – an exciting new initiative currently being developed in collaboration with NES, University of Strathclyde and NHS Highland (note: timelines for this initiative will extend beyond the current funding period of the Macmillan Pharmacy Service).

3.1.2 GP practice managers and GP receptionists

The development of a PC training package for GP practice managers and GP receptionists in GG&C is currently underway. Progress is detailed in Figure 3.
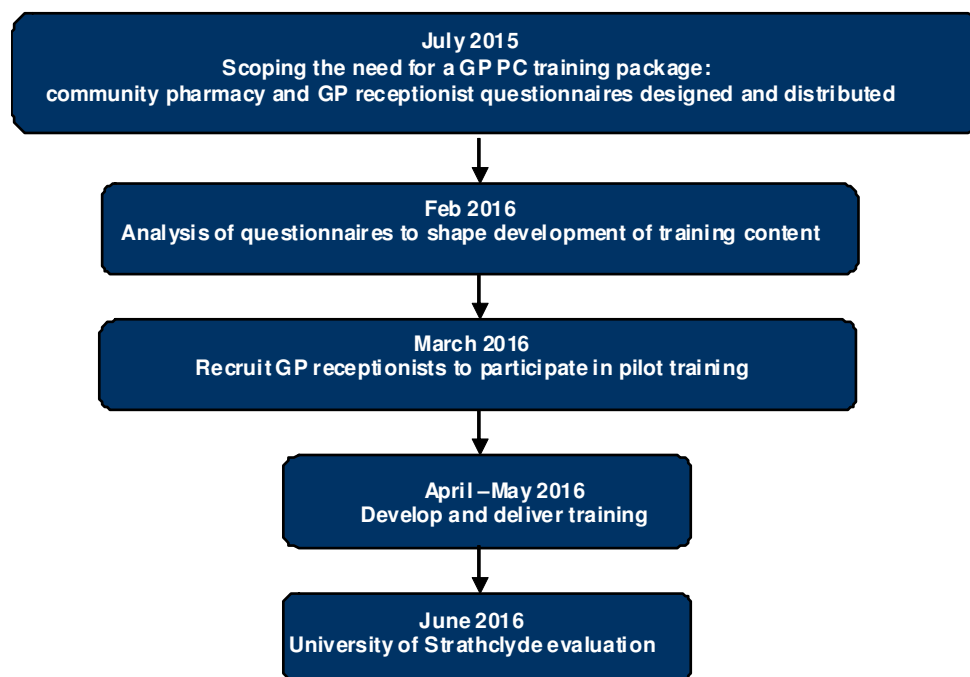

July 2015
Scoping the need for a GP PC training package:
community pharmacy and GP receptionist questionnaires designed and distributed

Feb 2016
Analysis of questionnaires to shape development of training content

March 2016
Recruit GP receptionists to participate in pilot training

April – May 2016
Develop and deliver training

June 2016
University of Strathclyde evaluation

Figure 3. Progress toward the development of a PC training package for GP receptionists

Learning from this work will also shape the development of the integrated national PC training resource as described in section 3.1.1 above.

3.2 Development of tools and resources to support best practice

The Macmillan pharmacy team have developed a number of clinical and patient-facing tools/resources to support best PC practice and improve patient care in response to identified need or gaps in service. Table 2 lists resources that have been developed or updated during 2014/15. Relevant resources have been distributed across HSCT and the third sector *via* PC communication channels previously established by the Macmillan Pharmacy Service.

Table 2. Macmillan Pharmacy Service tools and resources

Patient-facing Resource	Overview
PC resources folder for community pharmacy	• Provides a single comprehensive source of quality PC information for community pharmacy staff and provides a framework to improve the quality and safety of prescribing and dispensing http://www.communitypharmacyscotland.org.uk/media/95616/NHS-GGC-palliative-care-resources.pdf • National version developed and has content relevant across Scotland and the UK http://www.nes.scot.nhs.uk/media/2696635/2014-04-17_pallaitive_care_resources_for_community_pharmacy_final_copy.pdf • Awarded Royal Pharmaceutical Society (RPS) endorsement
Prescription prioritisation flow chart	• Practical tool for use by community pharmacy staff at the point of care to aid the prioritisation and dispensing of PC prescriptions
PC courier flow chart	• Practical tool detailing how and when to access the PC courier service for the transport of urgent PC medication, prescriptions or syringe pumps
Incident report template	• Template for use by community pharmacy staff and Macmillan pharmacy team to encourage recording, sharing and learning from PC incidents
Sign-posting tool for patients/families/carers	• Simple tool for professionals to sign-post patients to relevant PC information sources
Patient Resource	**Overview**
PC patient Information leaflet	• Designed to educate and inform patients of the PC service they can expect from all community pharmacies and empower patients to ask for services • Delivered to all community pharmacies in GG&C • Delivery to wider health and social care staff and voluntary groups within each HSCP ongoing (i.e. GP surgeries, DNs, hospices, Macmillan services)
Clinical Resource	**Overview**
Prescribing aide	• Tool to highlight key PC prescribing errors as well as good practice points to prevent delays in patients accessing PC medication • Distribution to all GP practices, DNs, community pharmacies and other non-medical prescribing groups in GG&C is currently underway
Educational Resource	**Overview**
Electronic PC bi-monthly newsletter for community pharmacy	• Bi-monthly round-up of palliative care news as well as a platform to promote good practice and PC education resources http://www.palliativecareggc.org.uk/?page_id=10 • First issue released *via* social media October 2015, 2nd issue December 2015 • First issue: 4 re-tweets, **reach = 2621**; Second issue: 5 re-tweets, **reach = 1676**
Improvement Resource	**Overview**
PC network community pharmacy audit	• Rolled out to all network pharmacies (71) during 2014 to determine the baseline PC service provided by Network pharmacies and compare to PC standards set out by the Board (service level agreement) • Planned re-audit February 2016 to measure improvements in PC services through implementation of audit recommendations with support from the Macmillan Pharmacy Service
Macmillan Pharmacy Service PC training Webinar Flyer	• Designed to promote the uptake of PC training for community pharmacy staff http://www.staffnet.ggc.scot.nhs.uk/Acute/Division%20Wide%20Services/Pharmacy%20and%20Prescribing%20Support%20Unit/Community%20Pharmacy/Documents/Webinar_flyer-final.ppt

3.3 Communication: Raising Awareness of PC

3.3.1 Engaging with care home staff
Ensuring care homes receive the best pharmaceutical PC service is high on our agenda and is timely given the publication of RPS Improving Pharmaceutical Care in Care Homes (2012) and the recent integration of health and social care services in Scotland.[10]

3.3.1.1 Care home visits
The Macmillan pharmacy facilitators have visited all elderly care homes in GG&C (246 at time of visits December 2014 to January 2015) to promote awareness of PC and facilitate communication between care homes and community pharmacy with the aim of ensuring integrated and equitable delivery of pharmaceutical PC service for care home residents.

Activities included:

- Promotion of enhanced PC services provided by Network pharmacies and core PC service available from all community pharmacies
- Promotion of PC courier service for the delivery of urgent PC medication, prescriptions and syringe pumps accessed *via* Network pharmacies
- Encourage PC incident reporting to Macmillan Pharmacy team to improve practice from both care homes and community pharmacy
- Mapping of community pharmacy services to care homes to establish a communication network for coordinated improvements in services

3.3.1.2 Development of ' Community Pharmacy Palliative Care Good Practice Guide for Care Homes'
Maintaining pharmaceutical PC support to care homes by the Macmillan Pharmacy service is resource intensive and not sustainable. However, sustainability could be achieved by providing community pharmacies that supply care homes a quality framework to standardised and enhance the pharmaceutical PC service that they provide on their quarterly care home visits. Steps to achieve this have included:

- Design and distribution of a questionnaire to community pharmacies in GG&C that supply care homes to establish the baseline pharmaceutical PC service that they provide and identify areas of good practice – completed Nov 2015 (appendix 3)
- Analysis of questionnaire results along with recommendations from a pharmaceutical PC audit carried out by the Macmillan Pharmacy Service in care homes in Inverclyde, West Dunbartonshire and Glasgow North West in 2013
- The analysis will inform the development of a *'Community Pharmacy Palliative Care Good Practice Guide for Care Homes'*
- The good practice guide will be delivered to all community pharmacies in GG&C by August 2016

3.3.2 Engaging with wider primary care health and social care team
The Macmillan pharmacy facilitators proactively seek opportunities to raise awareness of existing and new pharmaceutical PC services and tools to support best practice. This awareness raising within the wider primary care HSCT will ensure an integrated approach to the utilisation of pharmaceutical PC services and improved continuity of care for the benefit of patients and carers. To this end, the Macmillan pharmacy facilitators have established PC communication channels within each HSCP and regularly attend and participate at a variety of local meetings including: prescribing support team meetings, HSCP pharmacy locality meetings, non-medical prescribing forums, care home managers meetings, care home liaison nurse meetings, GP practice meetings, locality GP practice managers meeting, HSCP PC forums and district nurse palliative care meetings. These established communication channels will provide a platform to facilitate integration of PC services and raise awareness of new initiatives driven by the Scottish Governments new PC and urgent care agenda (section 7).

3.3.3 Engaging with community pharmacy staff and third sector
A rolling programme of community pharmacy visits forms the backbone of the Macmillan Pharmacy Service. The benefits of this 'on the ground' approach for patients and carers was recognised in the pilot project and has helped the Macmillan pharmacy facilitators to:
- Raise the profile of PC and maintain the ethos that 'palliative care is everyone's business'
- Promote and support the enhanced PC services provided by network pharmacies and core PC services that all community pharmacies can provide
- Promote existing PC services and tools to make better use of resources and enhance the quality and delivery PC services
- Stimulate and maintain improvements in PC services as a high priority
- Identify areas of good practice to share with pharmacy and wider primary care HSCT
- Identify gaps in PC service provision from local intelligence gathered on visits and provide solutions
- Facilitate communication and engagement with community pharmacy and wider primary care HSCT including the third or voluntary sector

To date all community pharmacies in GG&C (291 at time of writing this report) have had a minimum of seven visits from their local Macmillan pharmacy facilitator (October 2013 to December 2015). Visits one to three have been reported elsewhere.[1] Table 3 gives an overview of key priorities for visits four to eight. Appendix 3 provides detailed activities towards the key priorities listed in table 3.

Table 3. Summary of Community Pharmacy Visits

Pharmacy Visit	Priority
4th Visit Jan 2014	• Targeted visits for the recruitment of participants for pilot PC webinar training (section 3.1.1)
5.th Visit Mar 2015	• Promoted and raised awareness of local PC initiatives/services to ensure community pharmacy staff proactively engage and connect patients with PC services, including third sector services, available within their local area • Promoted new PC educational and bereavement resources to improve workforce PC knowledge and introduce bereavement communication skills for front line community pharmacy staff for the benefit of patients
6.th Visit July 2015	• Promoted new National Palliative Care Clinical Guidelines to ensure continuity of patient care • Scoped the need for a PC GP receptionist training package; engaged community pharmacy staff in identifying challenges around GP surgeries, or gaps in GP receptionist knowledge, that may lead to delays in patients accessing PC medication or services from community pharmacies
7th Visit Aug 2015	• Promotion and delivery of patient-facing resources developed by the Macmillan Pharmacy Service to support and maintain improvements in community pharmacy PC practice • Facilitated communication between community pharmacy and third sector for the coordinated distribution of third sector PC resources to patients *via* community pharmacy (utilises community pharmacy reach into the community).
8th Visit Nov 2015	• Scoped the need to develop a care home good practice guide for community pharmacies with the aim of ensuring integrated and equitable delivery of pharmaceutical services to care homes across GG&C (section 3.3.1.2)

4. Service Impact

4.1 Feedback from service users

Feedback from our service users, patients and carers, has demonstrated that our quality improvement programme has helped to drive changes in practice and improve the standard of pharmaceutical PC delivered in the community. Selections of quotes gathered throughout the duration of the service are listed below.

Patients/Carers:
"...the last one was a very young girl; I don't know if the trainings changed or what, but she seemed to be more up on it. They didn't have the drugs at the time but she said I'll definitely have them for tomorrow and I'll get them sent to you tomorrow for lunchtime. And she did. So that was really good"

Community Pharmacy Staff:
"Support from our Macmillan Pharmacy Facilitator has increased our confidence and knowledge around palliative care issues" - Network pharmacist

"Very informative and inspiring" -pharmacy staff training attendee

"The training brings the attention to the carers, because you obviously you don't think about carers or people who are even family members or just helping out or whatever, you don't think how stressed out they can get, especially if they're getting passed from pillar to post…they're always gonna remember if you can help them" -Community Pharmacy Supervisor

Wider multidisciplinary team:
"The most obvious benefit for me is the speedy access to palliative care medicines which has been achieved by increased networking, greater awareness and better coordination of local services.
Professional support is also available to the local nurses who have mobile telephone access to [their local Macmillan Pharmacy Facilitators] should they wish to seek advice or clarify any medication issues / access / courier service" - Clinical Team Leader, Adult Community Nursing, Inverclyde CHCP

Professional bodies:
"The evolution of this resource [PC community pharmacy resources folder] into a national resource underlines how impactful it is and will hopefully continue to be" - Royal pharmaceutical Society Practice Support Lead

"NES Pharmacy has an excellent working relationship with the enthusiastic team involved in the Macmillan Pharmacy service in supporting a range of innovative educational initiatives which have been instrumental for the initial pilot and roll out of their Board service, as well as the wider benefits to palliative care education for not just the Pharmacy team but also the wider GP practice inter-professional team with the benefit of improved prescribing and supporting better patient care throughout the Board and Scotland in general" – NES Assistant Director of Pharmacy

"We know that over half of people (57%) who have a cancer diagnosis would like to spend their last weeks and days of their life at home and working with community pharmacies, this service [Macmillan Pharmacy Service] will ensure that they can" - Senior Macmillan Development Manager

4.2 Impact beyond GG&C
The Macmillan Pharmacy Service has had a major impact in advancing community palliative care services UK wide, not just within our own Health Board. For example, Macmillan Cancer Support has recently provided funding for a pilot project in NHS Highland, in which the Macmillan Pharmacy Service model has been adapted for a rural setting. Many of our tools and resources have also been disseminated across the UK *via* the Boots-Macmillan Independent Practitioner Network. Furthermore, one health board in Wales has already replicated and adapted the *PC resources folder for community pharmacy* for use in their area, demonstrating how impactful this initiative has been (Aneurin Bevan Health Board, estimated population 639,000, approximately 21% of the total Welsh population).

4.3 Publications
Our achievements has been published in a number of local and national platforms which will provide momentum for directing NHS resource towards advancing and supporting pharmaceutical PC services in the community as well as increasing public awareness of the crucial role that community pharmacy can play in improving patient care (see appendix 4 for links to the publications below):

- *National recognition for innovative palliative care pharmacy scheme*, National Health Executive Magazine, June 2015
- *Innovation in advancing clinical care in pharmacy*, Scottish Pharmacist Magazine, Volume 7, Issue 3 2015
- NHS GGC press release, March 2015
- NHGGC Core Brief, April 2015
- PPSU team brief, May 2015
- PPSU Team Brief, September 2015
- PPSU Staff News, October 2015
- NHS GGC Core brief, October 2015
- Argyll News September 2015

Moreover, the Scottish Governments national action plan for PC 'Living and Dying Well: reflecting on progress' cites the Macmillan Pharmacy Service as an example of good practice, providing further evidence of impact.[11]

5. Trophy cabinet

The impact of the Macmillan pharmacy service has been recognised across Scotland and the UK as demonstrated by the team achieving a number of high profile awards:

Winners
Scottish Pharmacist Award for Innovation and Change in Pharmacy Practice 2015
UK Macmillan Team Excellence award 2015

Finalists
Scottish Health Care Awards for Innovation 2015
Royal Pharmaceutical Society 'I love my Pharmacist Award' 2015
Royal Pharmaceutical Society Leadership Award 2015
Scottish Pharmacy Award for Innovation in Prescribing, Quality and Efficiency 2014

6. Risks and issues

Risk	Natural staff attrition/vacancies as the Macmillan pharmacy facilitator contracts near their end date could potentially have an impact on the delivery of final year work plan initiatives.
Action	A three month slippage in timelines was built into the original final year work plan to accommodate natural staff attrition.

7. Future directions

The service is funded until August 2016. Despite a number of facilitator vacancies, we are currently on course to complete all initiatives as set out in the final year work plan (available on request).

The overarching aims of the Macmillan Pharmacy service are aligned with the current direction for PC and Urgent Care in Scotland (section 7.1 and 7.2) and will help the NHS and the Scottish Government deliver on the new *Strategic Framework for Action on Palliative and End of Life Care* (SFA) and implement recommendations from *Transforming Urgent Care for the People of Scotland* (TUC).

7.1 Delivery on the Strategic Framework for Action on Palliative and End of Life Care
The Scottish Governments SFA recognises that 'palliative and end of life care is everyone's business', and is now an issues of major public interest in the face of a growing aging population and the associated increased need for person-centred, good quality, safe and timely PC as close to home as possible. The framework also recognises that PC services are neither equitable nor sustainable and a shift in the balance of care away from the acute sector to a more financially sustainable community based service, supported by new innovative service delivery models, is required.

Figure 4 demonstrates how the Macmillan Pharmacy Service activities have already delivered on all of the three key aims, four key outcomes and eight components of action (**identify, include, individualize, investigate, involve, integrate and innovate**) as set the out in the SFA. We have focused our efforts on the development of an innovative education and training package for frontline staff as this group are best placed to interface directly with patients and carers, provide pro-active advice and support and are key to maintaining continuity of PC services and improving patient care. Our innovative training package cuts across 6 out of 8 of the components of action set out in the SFA by giving staff the knowledge and confidence to identify those that may need PC, be involved early on in a patient's disease trajectory and involve the patient in discussion around planning in advance for possible decline. The potential benefits of up-skilling and empowering frontline, community based, staff to delivery PC early on in a patient's diagnosis include alleviating pressures on GPs & OOH services and avoidance of emergency hospital admissions. Furthermore our unique 'on the ground workforce' is best placed to **investigate** how well PC services are delivered, **involve** health and social care professionals in discussion around how PC services can be made more available to all who need it, and **innovate** in response to identified need to **improve** services.

Macmillan Pharmacy Service Logic Model
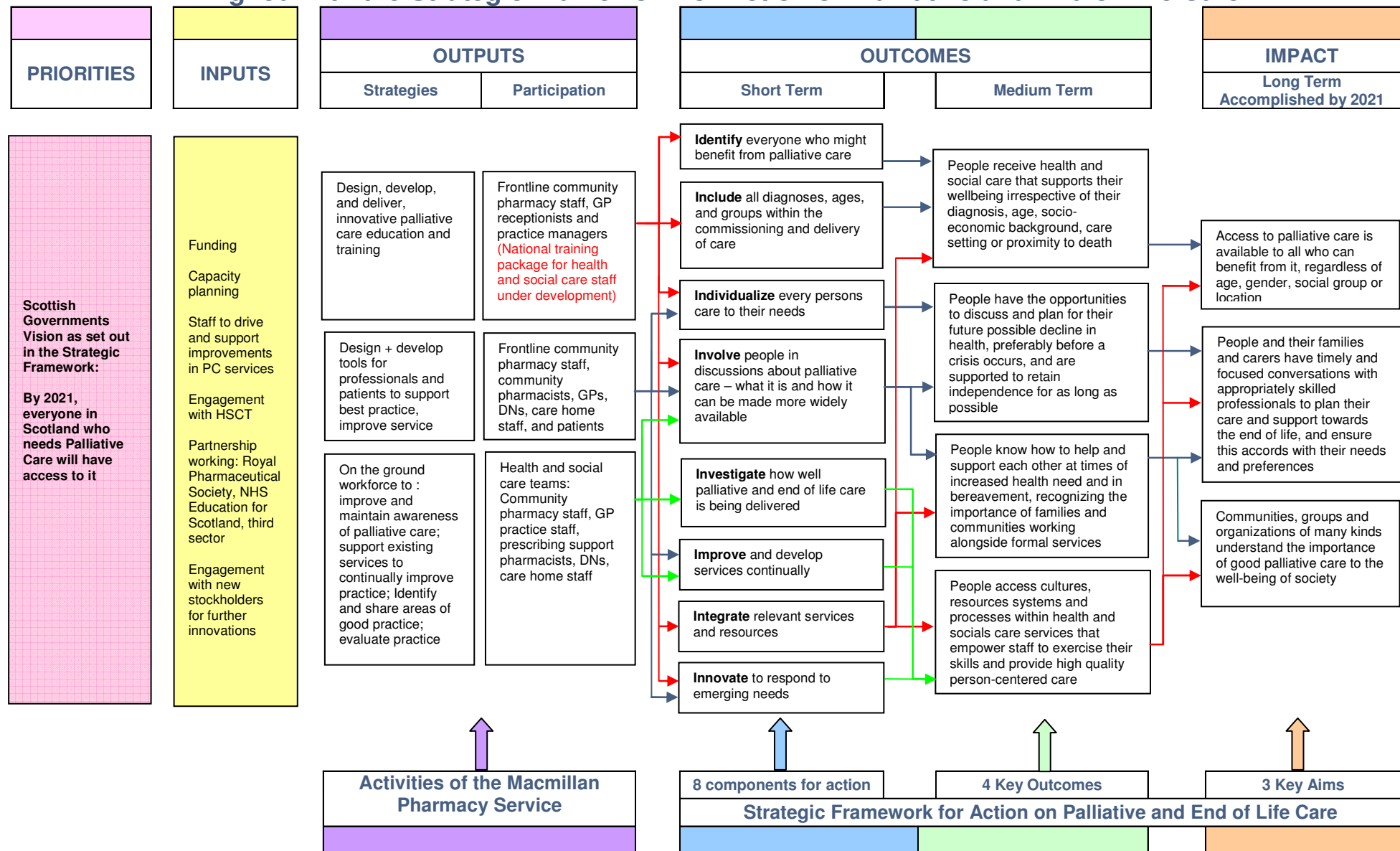## Aligned with the Strategic Framework for Action on Palliative and End of Life Care

PRIORITIES	INPUTS	OUTPUTS		OUTCOMES		IMPACT
		Strategies	**Participation**	**Short Term**	**Medium Term**	**Long Term** **Accomplished by 2021**

Scottish Governments Vision as set out in the Strategic Framework:

By 2021, everyone in Scotland who needs Palliative Care will have access to it

INPUTS

Funding

Capacity planning

Staff to drive and support improvements in PC services

Engagement with HSCT

Partnership working: Royal Pharmaceutical Society, NHS Education for Scotland, third sector

Engagement with new stockholders for further innovations

Strategies

Design, develop, and deliver, innovative palliative care education and training

Design + develop tools for professionals and patients to support best practice, improve service

On the ground workforce to : improve and maintain awareness of palliative care; support existing services to continually improve practice; Identify and share areas of good practice; evaluate practice

Participation

Frontline community pharmacy staff, GP receptionists and practice managers (National training package for health and social care staff under development)

Frontline community pharmacy staff, community pharmacists, GPs, DNs, care home staff, and patients

Health and social care teams: Community pharmacy staff, GP practice staff, prescribing support pharmacists, DNs, care home staff

Short Term

Identify everyone who might benefit from palliative care

Include all diagnoses, ages, and groups within the commissioning and delivery of care

Individualize every persons care to their needs

Involve people in discussions about palliative care – what it is and how it can be made more widely available

Investigate how well palliative and end of life care is being delivered

Improve and develop services continually

Integrate relevant services and resources

Innovate to respond to emerging needs

Medium Term

People receive health and social care that supports their wellbeing irrespective of their diagnosis, age, socio-economic background, care setting or proximity to death

People have the opportunities to discuss and plan for their future possible decline in health, preferably before a crisis occurs, and are supported to retain independence for as long as possible

People know how to help and support each other at times of increased health need and in bereavement, recognizing the importance of families and communities working alongside formal services

People access cultures, resources systems and processes within health and socials care services that empower staff to exercise their skills and provide high quality person-centered care

Long Term

Access to palliative care is available to all who can benefit from it, regardless of age, gender, social group or location

People and their families and carers have timely and focused conversations with appropriately skilled professionals to plan their care and support towards the end of life, and ensure this accords with their needs and preferences

Communities, groups and organizations of many kinds understand the importance of good palliative care to the well-being of society

Activities of the Macmillan Pharmacy Service

8 components for action | 4 Key Outcomes | 3 Key Aims

Strategic Framework for Action on Palliative and End of Life Care

Figure 4: Macmillan Pharmacy Service Logic Model

7.2 Delivery on Transforming Urgent Care for the People of Scotland
Current OOH services can no longer meet demands particularly for those with multiple long-term conditions requiring PC. To this end, the Scottish Government commissioned the TUC review which made 28 recommendations to ensure that primary care OOH services:

- Are person-centred, sustainable, high quality, safe and effective
- Provide access to relevant urgent care where needed
- Deliver the right skill mix of professional support for patients during the OOH period

Of particular relevance are recommendations 1, 6, 7, 10 and 13 and Table 4 details how the Macmillan Pharmacy Service has already contributed to the delivery of these recommendations, in the context of PC.

Table 4. Delivery of TUC recommendations

TUC Recommendations	Activities of the Macmillan Pharmacy Service that deliver on TUC recommendations
Recommendation 1: A new model of care for out of hours and urgent care services	**Activity 1: PC education and training** **Activity 2: On the ground workforce raising awareness of PC**
Community pharmacists play a pivotal role in this new model: by utilising their extended clinical role to provide care it is envisaged that pressures on OOH GPs will be alleviated.	• Design, development and delivery of PC education and training for community pharmacy support staff and Network Pharmacists (who provide enhanced PC services) will ensure that community pharmacy staff are prepared and able to support the new model of OOH and urgent care. • Patient and professional awareness of the PC services that community pharmacy can provide is also key if successful outcomes from the new model of OOH and urgent care are to be realised. Raising awareness of the PC services available from community pharmacy within primary care HSCT, voluntary sector and patient groups is a core function of the Macmillan Pharmacy service.
Recommendation 6: People with Specific needs	**Activity 3: Tools and resources to support best PC practice**
Specifically mentioned those with palliative needs, stipulating that they should be able to access care 24/7. PC pathways need to be implemented effectively and the emphasis should be on home or hospice care at home	• PC tools and resources developed by the Macmillan Pharmacy Service in response to gaps in service (section 3.2) will support the development of PC patient pathways by the new multidisciplinary OOH team.
Recommendation 7: Health Inequalities	**Activity 1 2 and 3**
Levels of multimorbidity and the need for PC increase with increasing deprivation. The design and implementation of OOH services should demonstrate how they are guaranteeing equity of access and outcome for everyone who requires urgent attention.	• PC needs are greatest in deprived areas and community pharmacy has a reach into deprived areas unrivalled by any other health care profession. Therefore, with support from the Macmillan Pharmacy Service, community pharmacy staff are ideally placed to address health inequalities and improve patient access to integrated PC services.
Recommendation 10: The Importance of the Working and Educational Environment	**Activity 1**
Specifically mentions how sustaining OOH requires the up-to-date training for all new and future clinical and care staff.	• As activity 1: Design, delivery and development of PC education and training. • Development of an integrated national PC training resource for health and social care staff is currently in development (section 3.1). It is envisioned that uptake of this training package will ensure continuity of PC training across HSCT and improve continuity of the PC service provided by multidisciplinary teams in the new OOH care model.
Recommendation 13: Future Contribution of the Pharmacy Workforce	**Activity 1 2 and 3**
Specifically mentions the need to increase the profile of pharmacy. Recognition that patients are unaware of the services available from community pharmacy. Specifically details how pharmacy can be involved in patient group directions and how utilisation of pharmacists advanced clinical skills should be encouraged.	• As activity 1: Delivery of PC education and training for community pharmacy support staff will increase the capacity of community pharmacy to deliver PC services and release pharmacist time to practice advance PC clinical skills for the benefit of patients both in the daytime and urgent care setting. • As activity 2: On the ground workforce promoting awareness of PC and empowering patients to ask for services • As activity 3: Development of tools and resources to support community pharmacy staff advance PC practice.

7.3 Conclusion

The Macmillan Pharmacy Service is a new innovative model of care that can support community pharmacy staff and the wider primary care HSCT advance the delivery of PC in the community to best meet the needs of patients and service providers. The current service has made major advancements in improving PC for patients, achieving UK recognition as a model of best practice An evidence base to support the continuation of the service has been demonstrated through changes in PC practice and positive feedback from patients and service users, impact beyond GG&C, publications and awards (section 4 and 5).

The Macmillan Pharmacy Service has established a unique 'on the ground' PC network and capability, in the newly formed HSCT. Further utilisation of this network and capability will sustain the momentum achieved to date and help support the delivery of the Scottish Governments SFA and TUC, as outlined above. Furthermore, the team can be refocused through dialogue with the key stakeholders, newly formed HSCT and newly proposed integrated multidisciplinary OOH teams to investigate, involve and innovate to deliver new and continued improvements in community based PC services and patient pathways.

8. Summary

The Macmillan Pharmacy Service has been successfully rolled out across all HSCPs in GG&C. Key work streams have included PC education and training, development of tools to support best PC practice and improved communication between health and social care staff. We are currently on course to complete all initiates as set out in the final year work plan. Feedback from service users have demonstrated how impactful our service initiatives have been. This pioneering new service represents a new innovative model of care that will help to shift the balance of PC services away from the acute sector to a more financially sustainable community-based service. The Macmillan Pharmacy Service aims and objectives are aligned with the *NHSScotland Quality Strategy*, the Scottish Governments *20:20 vision* and *Living and Dying Well: A national action plan for Scotland*. Indeed, *Living and Dying Well: Reflecting on progress* sites the Macmillan Pharmacy Service as an example of good practice. Furthermore, with continued funding, the Macmillan Pharmacy service could be integral to the delivery of the new Scottish Governments policies on PC and urgent care could help the NHS and the Scottish Government realise the vision of both the SFA and TUC.

References

1. Macmillan Pharmacy Service Annual Report October 2013-October 2014. Available from http://www.staffnet.ggc.scot.nhs.uk/Acute/Division%20Wide%20Services/Pharmacy%20and%20Prescribing%20Support%20Unit/Community%20Pharmacy/Documents/Macmillan%20Pharmacy%20Service%20Annual%20Report_17.11.2014.doc [Accessed 12/12/15]
2. Macmillan Pharmacist facilitator Project: Final evaluation report 2012. Available from: http://www.palliativecareggc.org.uk/wp-content/uploads/2013/10/Macmillan-Full-Report-31012012-FINAL.pdf [Accessed 12/01/15]
3. The health care quality strategy for NHS Scotland. May 2010. Available from: http://www.gov.scot/Resource/Doc/311667/0098354.pdf [Accessed 12/12/15]
4. A route map for the 20:20 vision for health and social care. Available from: http://www.gov.scot/Resource/0042/00423188.pdf [Accessed 12/12/15]
5. Living and dying well: a national action plan for palliative and end of life care in Scotland. 2008. Available from: http://www.gov.scot/Publications/2008/10/01091608/11 [Accessed 12/12/15]
6. Pulling together: transforming urgent care for the people of Scotland. Main report. December 2015. Available from: http://www.gov.scot/Resource/0048/00489938.pdf [Accessed 12/01/16]
7. Strategic framework for action on palliative and end of life care. December 2015. Available from: http://www.gov.scot/Publications/2015/12/4053 [Accessed 12/01/16]
8. Prescription for excellence: a vision and action plan. September 2013. Available from: http://www.gov.scot/Resource/0043/00434053.pdf [Accessed 12/12/15]
9. Evaluation report
10. Improving pharmaceutical care in care homes. Royal Pharmaceutical Society. March 2012. Available from: http://www.rpharms.com/promoting-pharmacy-pdfs/rpscarehomereportfinalmarch2012.pdf [Accessed 12/12/15]
11. Living and dying well: reflecting on progress. March 2012. Available from: https://view.officeapps.live.com/op/view.aspx?src=http%3A%2F%2Fwww.gov.scot%2FResource%2F0039%2F00397689.doc [Accessed 12/12/15]

Appendix 1: Steering Group Members

Paul Adams (Chair, Head of Primary Care & Community Services – NW Sector)
Robert Gillespie (Lead Pharmacist Community Care)
Elayne Harris (Macmillan Lead Pharmacist for Palliative Care GG&C)
Richard Duke (Contracts Manager Community Pharmacy Development)
Joyce Dunlop (Associate Macmillan Development Manager)
Margaret Maskrey (Lead Clinical Pharmacist Inverclyde)
Pamela MacIntyre (Lead Clinical Pharmacist W Dunbartonshire)
Christine Hennan (Clinical Team Leader- Adult Community Nursing Inverclyde)
Val McIver (Community Specialist Nurse –Adult Services Palliative Care)
Catherine Barry (Macmillan patient/carer Representative)
Katie Clark (General Practitioner & Macmillan GP Facilitator Renfrewshire)

Appendix 2: Recommendations from the evaluation of the Macmillan Pharmacy Facilitator Project 2009-2013

Information Resources	Community Pharmacy/MDT	Communication and Networking	Skills Development
• Encourage community pharmacies to inform patients on changes in their medicines and work to raise patient and carer expectations of pharmacy services • Develop a written, easily accessible resource educating palliative care patients and their carers on accessing their medicines and information from their community pharmacy • Identify and promote a list of validated and reliable web-based patient information resources	• Promote the sharing of resources generated through the project as tools to support best practice, through existing local and national networks • Assess the feasibility to move project resources developed to electronic platforms to facilitate resource sustainability • Continue to develop guidance for medicines used in palliative care, to support patient care	• Continue to establish and strengthen communication strategies across the HSCPs both within pharmacy and across the MDT, as appropriate • Assess how communication strategies can become more system dependant rather than person dependent, to facilitate sustainability • Identify the information, communication and support needs for care home staff to improve pharmaceutical palliative care for their residents • Maintain ongoing leadership. Coordination and support from the project lead and project administrator to ensure communication between the project team and alignment of the project with local/national frameworks	• Continue education sessions for pharmacists/pharmacy support staff to sustain core skills and develop enhanced skills; these should be aligned to registration requirements with the General Pharmaceutical Council • Encourage experienced community pharmacists to assist with education sessions to promote local sustainability • Future education sessions for pharmacy staff should be shaped by local educational needs assessment and key national priorities • Develop e-learning tools for pharmacy support staff education modules with the support of NHS Education for Scotland • Field test the designed pharmaceutical care plan with community pharmacies and establish the information technology steps necessary to support this through the evolving CMS

Appendix 3: Community Pharmacy Visits

Pharmacy Visit	Activities
4th Visit Jan 2014	• Targeted visits for the recruitment of participants for pilot PC webinar training (section 3.1.1)
5th Visit Mar 2015	• Demonstration to participating pharmacies on how to access PC webinars (section 3.1.1) • Delivered and promoted updated Network pharmacy service leaflet (2015); new minimum stock levels highlighted • Delivered and promoted recently launched NHS bereavement cards: bereavement pointers for staff, produced by Cruse Bereavement Care Scotland, to support staff when dealing with colleagues, relatives and friends who have been bereaved • Raised awareness of appropriate use of PC courier service (accessed *via* Network pharmacies) for the delivery of urgent PC medication, prescriptions and syringe pumps; relevant incidents shared to expedite learning and improvements • Raised awareness of the updated NES PC distance learning pack for pharmacists; new sections on non-malignant conditions highlighted • Highlighted and informed on 'Just in Case' rollout in relevant HSCPs • Delivered a patient PC survey on behalf of the Renfrewshire Macmillan PC Project; for distribution *via* community pharmacy; Renfrewshire HSCP only • Delivered request to use pharmacy consultation rooms in Glasgow City HSCP, by Improving the Cancer Journey project (ICJ), for PC patient holistic needs assessment; results collated and sent to ICJ (most pharmacies agreed) • Promoted patient services provided by the Macmillan Library service in Glasgow City HSCP and delivered promotion bags for distribution to patients *via* community pharmacy
6th Visit July 2015	• Delivered and promoted new Scottish Palliative Care Guidelines • Designed, delivered and completed a short questionnaire to scope the need for a PC GP receptionist training package; complete by community pharmacy staff as they are best placed to identify challenges around GP surgeries, or gaps in GP receptionist knowledge, that may lead to delays in patients accessing PC medication or services from community pharmacies
7th Visit Aug 2015	• Delivered PC resource folder updates • Promoted new PC courier service flow chart for use at the point of care (section 3.2) • Promoted PC webinars for all pharmacy staff • Promoted patient services provided by the Macmillan Supporters Service and delivered associated patient nutrition leaflets for distribution *via* community pharmacies
8th Visit Nov 2015	• Delivered PC patient information leaflets developed by the Macmillan pharmacy team for distribution *via* community pharmacies (section 3.2) • Promoted PC news bites (section 3.2) • Promoted use of electronic PC resources folder as hard copies will not be updated in the future • Distributed 2014 network audit summary report and highlighted planned re-audit early 2016 • Designed and distributed of a short care home questionnaire to determine the baseline PC service that community pharmacies provide to care homes; results will be used to develop a care home good practice guide for community pharmacies (section 3.3.2)

Appendix 4: Links to Publications

- *National recognition for innovative palliative care pharmacy scheme*, National Health Executive Magazine, June 2015 http://www.nationalhealthexecutive.com/Health-Service-Focus/national-recognition-for-innovative-palliative-care-pharmacy-scheme
- *Innovation in advancing clinical care in pharmacy*, Scottish Pharmacist Magazine, Volume 7, Issue 3 2015 http://content.yudu.com/Library/A3p87v/ScottishPharmacistVo/resources/index.htm?referrerUrl=http%3A%2F%2Fwww.scottishpharmacist.co.uk%2Fmagazine%2F
- NHS GGC Press release, March 2015, http://www.staffnet.ggc.scot.nhs.uk/Acute/Division%20Wide%20Services/Pharmacy%20and%20Prescribing%20Support%20Unit/Community%20Pharmacy/Documents/250315_Macmillan_Pharmacy_Service_Wins_National_Award%20-%20Final%20Pressl%20release%202015.doc
- NHGGC Core Brief, April 2015, http://www.nhsggc.org.uk/media/232403/040-core-brief-09-april-2015.pdf
- PPSU team brief, May 2015, http://www.staffnet.ggc.scot.nhs.uk/Acute/Division%20Wide%20Services/Pharmacy%20and%20Prescribing%20Support%20Unit/Documents/2015%20Team%20Briefs/1505%20PPSU%20Team%20Brief%20May%202015.docx
- PPSU Team Brief, September 2015, http://www.staffnet.ggc.scot.nhs.uk/Acute/Division%20Wide%20Services/Pharmacy%20and%20Prescribing%20Support%20Unit/Documents/2015%20Team%20Briefs/1509%20PPSU%20Team%20Brief%20Sept%202015.doc

- PPSU Staff News, October 2015, http://www.staffnet.ggc.scot.nhs.uk/Acute/Division%20Wide%20Services/Pharmacy%20and%20Prescribing%20Support%20Unit/Documents/1510%20PPSU%20Staff%20newsletter.doc
- NHS GGC Core brief, October 2015, http://www.staffnet.ggc.scot.nhs.uk/Corporate%20Services/Communications/Briefs/Pages/comms_CoreBrief-19October2015_LS191015.aspx
- Argyll News, September 2015 http://forargyll.com/?p=101062