

# Providing an effective palliative care service from community pharmacies

Macmillan pharmacist facilitator project team

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## Introduction

The Healthcare Quality Strategy provides a direction of travel for NHS Scotland. This is contextualised for palliative care through the national action plan "Living and Dying Well in Scotland" which sets out a single, cohesive and nationwide approach to ensure the consistent, appropriate and equitable delivery of high quality and person-centred palliative care.

A health needs assessment in pharmaceutical palliative care was conducted in the former NHS Argyll & Clyde area and identified gaps in service delivery which were considered pertinent to the new NHS Greater Glasgow & Clyde Health Board area. Subsequently, Macmillan Cancer Support agreed to fund a three year project (2009 – 2012) to address these gaps in practice and explore a new service delivery model of community pharmacy palliative care services. An integral part of the work programme was the establishment of Macmillan Pharmacist Facilitator posts in four community health and social care partnerships (CHCPs), to support and improve pharmacy services.

The University of Strathclyde were commissioned to support the development and evaluation of this new service.

*'...if the pharmacist doesn't know what your condition is they could dispense something which was a genuine mistake, these things happen, whereas if they are clued in on your particular case...'*

(patient, female, 66)

NHS Greater Glasgow & Clyde has 314 community pharmacies.

From Audit Scotland estimates of the numbers of people in Scotland with palliative care needs, each community pharmacy can expect to serve around 34 people per year with palliative care needs i.e. over 10,000 in GG&C.

Carers frequently access pharmacies on behalf of patients: provides an opportunity to support carers and direct them to other services.

71 community pharmacies provide an enhanced level of palliative care support, but in most circumstances, the patient's usual community pharmacy, which will maintain their medication record, should be the first port of call.

Practitioners in NHS GG&C: please refer to the pink network leaflet (September 2012) for details of how to access urgently required palliative care medicines.

## Methods

The project comprised of three key phases of work.

**Phase 1:** Aimed to characterise current (baseline) community pharmacy services in the four project CHCPs, and identify key issues and gaps in current practice through qualitative and quantitative methods. Data were derived from group and face-to-face interviews with healthcare professionals, professional carers, patients and their carers. A questionnaire was also circulated to pharmacists, practice managers, district nurses and GPs.

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**Phase 2:** The findings of Phase 1 informed the development of a quality improvement programme, focussed on community pharmacy palliative care services but supporting the wider multidisciplinary team, that was implemented across the four project CHCPs. Some initiatives were delivered across NHS GG&C.

**Phase 3:** The resultant interventions and activities implemented as part of the quality improvement programme were analysed to inform an evidence-based model and capacity plan for community pharmacy services in palliative care.

*'...it would be a good idea, to take people like ourselves, every now and again...a half an hour consultation with you [the pharmacist] ... it can take an awful weight off your shoulders ... and the difficulties become less within yourself.'* (carer)

## Results

**Phase 1** identified a range of existing good practices in pharmacy service delivery, supporting the needs of palliative care patients and members of the community health care team. A number of gaps were identified including:

- > variable communication between health care professionals, and across health care settings,
- > a lack of concise and up-to-date palliative care resources and information for health care professionals and patients,
- > a lack of knowledge regarding the prescription and supply of palliative care medicines.

Opportunities for educating pharmacy staff, both pharmacists and support staff, were also identified.

Further details, and quotes reflecting the experiences of patients, carers and professionals, are available in the *Six Month Baseline Report*.\*

**Phase 2** focused on three key areas of activity: information resources; communication / networking strategies and skills development. This resulted in the generation of a number of tools: to assist needs assessment; resources to improve service delivery; and to support education and training of pharmacy teams and the wider multidisciplinary team in the safe and effective use of medicines. Several of the resources generated have been disseminated more widely than the original four CHCPs both across NHS GG&C and the wider NHS in Scotland. An e-learning package on palliative care for pharmacy technicians, commissioned by NES, is freely available on the NES website.

Further details can be found in the *Resource Toolkit*.\*

**Phase 3** Observation and capture of project activity has enabled a detailed analysis of community pharmacy clinical practice in support of palliative care to be undertaken. This has informed the construction of a model identifying three key functions that are viewed as important to the delivery of effective pharmaceutical palliative care services within a primary care setting: community pharmacy; facilitator; leadership and team co-ordination/administrative function, and sets these within the current palliative care framework for NHS Scotland. Through mapping the key roles for these functions a capacity planning model has been developed for pharmacy palliative care services in primary care, an area where there is currently no published work.

Details are included in the *Final Evaluation Report – 2012*.\*

*'...if I'm dubious about the side effects...I'll phone up... the chemist always inform me...'*

(carer, male, 57)

## Conclusion

For NHS Scotland this evidence presents for the first time a conceptualised clinical practice model and capacity planning framework for community pharmacy palliative care services. This model is focused on aligning with policy frameworks in pharmacy to maximise the use of pharmacists' professional competence in planning and delivering clinical services. The model provides detail of the key functions and activities important to support the safe and effective use of medicines for patients and their carers but provides this in a format that enables flexibility for the deployment of these functions through local business planning and service delivery frameworks.

The project work was presented to Macmillan Cancer Support's Healthcare Programme Management Group in September 2012, with considerable interest in the potential for wider application of the model to support the increasing numbers of people in the community with palliative care needs.

*'Reduce waiting times for people with palliative care prescriptions.'*

*'...look out for nurses as they come in and also letting them know we do palliative care.'*

*'Being able to recognise when the patient or representative may need more support.'*

(pharmacy technician and counter assistants  
in training feedback)

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\*Downloadable from [www.palliativecareggc.org.uk](http://www.palliativecareggc.org.uk) at the professional section of the website. Go to Clinical Info & Guidelines (under RESOURCES) > Reports.  
Further information from: [carolyn.mackay@ggc.scot.nhs.uk](mailto:carolyn.mackay@ggc.scot.nhs.uk)