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# Macmillan Rural Palliative Care Pharmacist Practitioner Project (MRPP): Phase 2



**NHS  
Highland**

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## Aim

In 2012, NHS Highland aimed to explore a new service delivery model for the Skye, Kyle & Lochalsh population, piloting the development of a full-time Macmillan Rural Palliative Care Pharmacist Practitioner (MRPP), evaluated by The University of Strathclyde's Institute of Pharmacy and Biomedical Sciences (SIPBS). The project aims were to: develop community pharmacy to support the needs of palliative patients; improve service provision/co-ordination ensuring opportunities are developed for training and peer support, and; provide quality information to support practice. Phase 1 explored service gaps and key issues (1). The aims of Phase 2 were to: investigate unexplored areas of current services; develop evidence-based resources for healthcare professionals and patients; and provide a set of recommendations upon which the service could be developed further. A full report is available (2).

## Methods

A mixed case study approach was used, comprising questionnaires, interviews, audits and documentary data. GPs, patients, carers, Steering group members, Key Service Leads, care home staff, management and the Macmillan Rural Palliative Care Pharmacist (MRPP) all contributed to the data. The results are summarised under two key areas: **Education, Training and Awareness** and **Integration of the MRPP in the Multi-Professional team**.

## Results

### **Education, Training & Awareness**

#### *Enabling Practitioners*

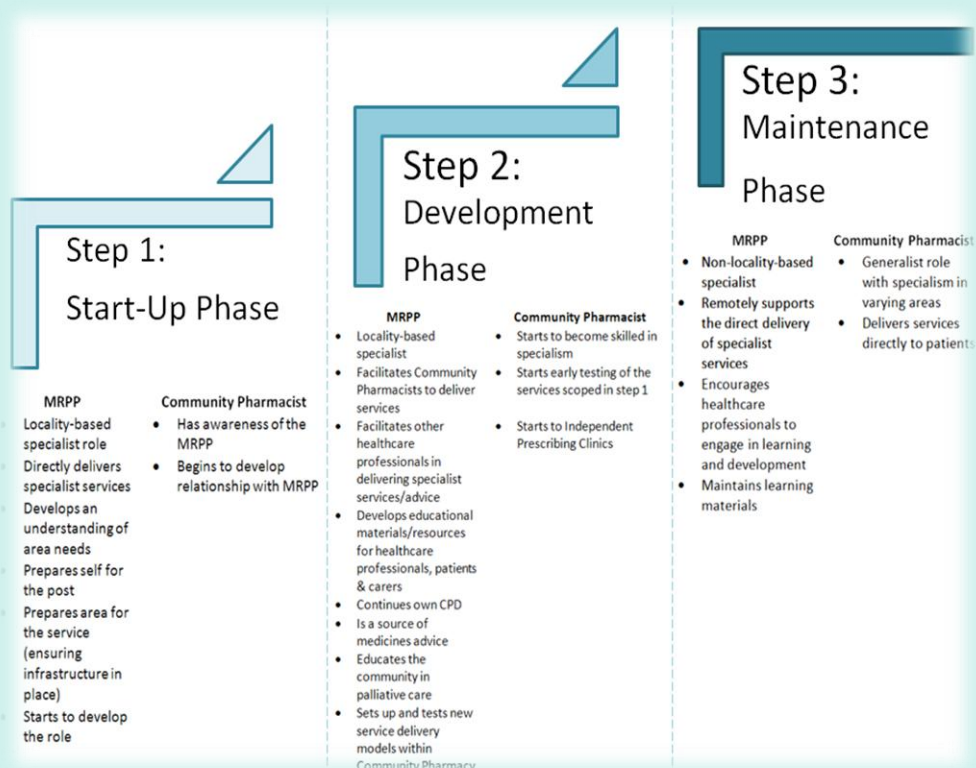
- **Care Home Staff**
  - Ongoing: Develop and roll out Sunny Sessions training and make other resources available
  - Phase 3: Produce medicines information sheets for staff and make Sunny Sessions training a national resource
- **Healthcare Professionals**
  - Ongoing: Deliver tailored GP talks on request and maintain locality group pharmacy peer-review and training development
  - Phase 3: Improve access to training through the use of webinars/IT, facilitate local multi-professional training, materials/resources and explore use of social media and non-clinical settings for sharing information

#### **Integration of the MRPP in the Multi-Professional team**

- **Gold Standards Review Meetings**
  - Ongoing: Attending meetings and raise issues from Highland Hospice
  - Phase 3: Explore how Community Pharmacists can contribute to meetings through IT and develop Top Ten Tips guide for conducting meetings
- **Further Engagement through Sunny Sessions**
  - Ongoing: Raise ethical issues/feedback requests/answers to requests in the quarterly Palliative Care Model Schemes Newsletter and provide advice and support to Macmillan Nurses
  - Phase 3: Conduct follow-up audit of CD prescribing, and support Community Pharmacists in developing/hosting drop-in clinics, independent prescribing clinics and/or providing teach-back experience to improve patient understanding of medicines
- **Access to Patients' Medicine Information**
  - Phase 3: Implement system where access to hospital admission and discharge information, including Immediate Discharge Letters, as well as advanced information for Community Pharmacists, is arranged.

## Conclusions

For NHS Scotland, the evidence from this project presents a clinical practice model for community pharmacy palliative care. The model aligns with existing key health policy (3-6). Adoption of this model will maximise Community Pharmacists' competencies in clinical services while maintaining a generalist role. The model provides detail of the key roles to support patients and format depending on local business planning, service delivery frameworks and community setting.



**Figure 1: Service Development and Sustainability Model**

#### References

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3. Prescription for Excellence: A Vision and Action Plan: Scottish Government; 2013. Available from: <http://www.scotland.gov.uk/resource/0043/00434053.pdf>.
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