

MACMILLAN PHARMACY

FACILITATORS:

***FACILITATING BETTER PALLIATIVE
CARE IN THE COMMUNITY***

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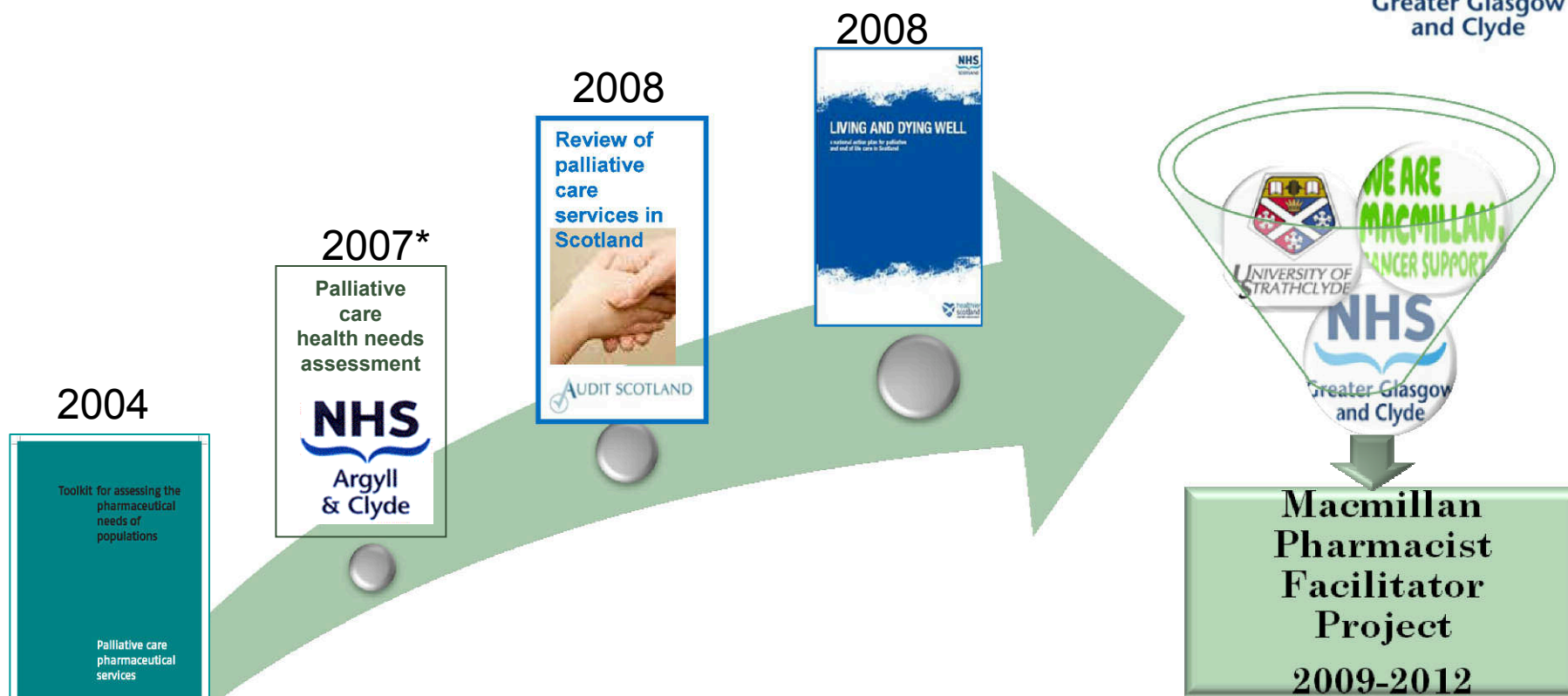
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CONTEXT TO DEVELOPMENT OF MACMILLAN^{NI} PHARMACIST FACILITATOR POSTS



- 42,000 in Scotland with palliative care needs (~34/ pharmacy/ pa)
- Palliative care not been a priority for Community Healthcare Partnerships
- Local clinical leadership important in driving change
- Importance of developing skills of generalists

*Argyll & Clyde Health Board merged with Greater Glasgow Health Board

HNA RECOMMENDATIONS INCLUDED:

- 
- Greater publicity on availability of palliative care medicines
- 
- Difficulty accessing CDs out of hours
- 
- Documenting incidents with urgently required medicines
- 
- Improving anticipatory Rx
- 
- Communication with CPs prior to hospital/ hospice discharge
- 
- CPs informed of patients on GP supportive care register
- 
- Raise awareness of processes for Rx/dispensing unlicensed medicines
- 
- Induction & ongoing training & peer support for CPs
- 
- Investigation of extent of care planning

MACMILLAN PHARMACIST FACILITATOR PROJECT



Secured Macmillan funding to:

Develop community pharmacy support for increasing numbers of palliative care patients

Address ways of reducing communication gap to community pharmacists regarding palliative care status of patients with life limiting illness

Improve service coordination provided by Community Pharmacy Palliative Care Network* & coordination of service across ALL pharmacies

4 pharmacist facilitators, each one day/wk for population ~100,000
(Health Board total 1.2million)

**networks of pharmacies providing additional services for palliative care established in most Scottish Health Boards as 'Model Schemes for Pharmaceutical Care' in 2000.*

FIRST SIX MONTHS: BASELINE

Good practice

- Gold Standards Framework driving improvements
- Benefits of being part of community pharmacy palliative care network
- Good District Nurse/ pharmacy relationships
- Pharmacists seen as accessible by professional carers
- Patients/ carers well supported by DNs and professional carers

Challenges

- Effective engagement & communication between professionals , with patients, & across care settings
- Issues surrounding medicines supply process including CDs, and information on medicines
- Out of hours (OOH) service provision
- Variability in level of service reported by patients & families

'...we've got a good relationship with the pharmacists. It takes time to build it [relationship] up; it's up to the individuals to build it up.'

District Nurse

'....the pharmacist actually came out to the house and went through everything with me....I can't fault them, they're really good.'

Patient's wife

'....that was another thing, I liked all the liaison....you can see the communication [between members of the healthcare team].....that's a very important thing.' *Carer*

'My impression is that they [NHS24 out of hours GP service] are better organised than we ever were when we were just doing our extended rota.' *GP*

'....the [professional] carers keep me up to date with services I could get, extra help that I didn't know about.

And they're also good at informing their bosses for anything that needs to be upped.' *Patient*

"You pick up patients in the final stages of their life who haven't been your regular patients, they just suddenly appear and you don't know anything about them. You've got no Patient Medication Record what to check and sort of see what doses they have been on up till then, so it really is a prescription out of the blue "

Community pharmacist

"... sometimes we are trying to get it [syringe pump] set up, you know the drugs are requested, you know the prescription is over at the chemist and you are hoping to get it set up but sometimes that's going to ... the night girls because the drugs ... just aren't there and you are having to wait for them coming in."

District Nurse

"..when you come back the wee girl behind the counter calls your name and gives you the bag, you never really get a chance to speak to the pharmacist. They don't come near the counter.....they've gone somewhere.....that would be better, if you could get more access to the actual pharmacist" *Patient*

"... if you want to prescribe morphine, either orally or in vials, you don't know what the usual strengths are ... and it's certainly not to hand in the relatively pressurised situation where you've got somebody who's clearly in pain, the relatives are in a panic, all that kind of stuff ... so I write it out the way I want to write it out and that inevitably means a phone call and a rewritten prescription ..."

GP

COMMUNICATION & LOGISTICS



Local coordination & clinical leadership

- Building relationships / contacts
 - With & between Community Pharmacies
 - Multidisciplinary team – GP practices, community nursing, OOH service, support services; community pharmacists ‘informed’
 - Care homes – information & training needs
 - External – ‘multiples’ (access to key websites)
- Face:face interaction
 - Identifies good practice → wider sharing
 - Identifies problems → improvement / resolution

KNOWLEDGE & SKILLS

Education needs often informed by review of critical incidents

- 'turnover' of pharmacists - facilitators ↑ capacity to deliver training
- building confidence around Rx interventions & symptom management
- community pharmacy support staff (in conjunction with NES*)
 - palliative care introduction
 - skills for difficult conversations
 - practical scenarios
 - NES e-learning resource for pharmacy technicians (free access)

REFLECTIONS FROM SUPPORT STAFF ATTENDEES



‘Being able to recognise when the patient or representative may need more support’

‘.....look out for nurses as they come in and letting them know we do palliative care’

‘Getting to share stories with other pharmacies, all “in the same boat” ‘

‘I see the absolute benefit of knowledge acquired for days when the regular pharmacist isn’t there...’

‘Palliative care is all they [staff] are talking about....there is a real buzz about it.’ (a pharmacy manager after ‘in-house’ session)

PHARMACISTS ENCOURAGED TO IDENTIFY & MEET OWN DEVELOPMENT NEEDS



Pharmacist shadowing District Nurse

'The patient was rationing her breakthrough medication. I took time to explain how this medicine works.....'

The District Nurse reported that my explanation had a real impact and the patient felt much more confident using this appropriately.....'

I had assumed that patients had a clear understanding of the slow release and breakthrough medicines because of secondary care input.....I can now see the benefits of reinforcing the message for all my patients.'

INFORMATION RESOURCES: PATIENT/ CARER



Focus group participants (age >55) appeared to know little about wider professional role and services offered by their community pharmacist.....but those who did have a good relationship with their local pharmacist appreciated their advice

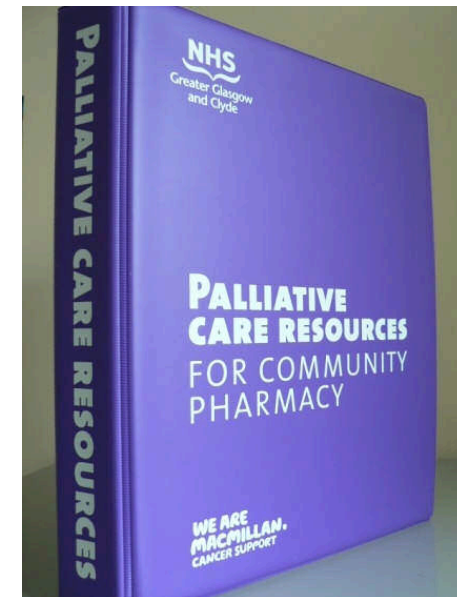
- little things matter
- face:face information preferred
- pro-active approach from pharmacist wanted

“.....it would be a good idea, for people like ourselves, every now and again...a half hour consultation with the pharmacist...it can take an awful weight off your shoulders... you’d be feeling more confident ...and the difficulties become less... it can take the stress off you...” (Male, 57 years, Carer)

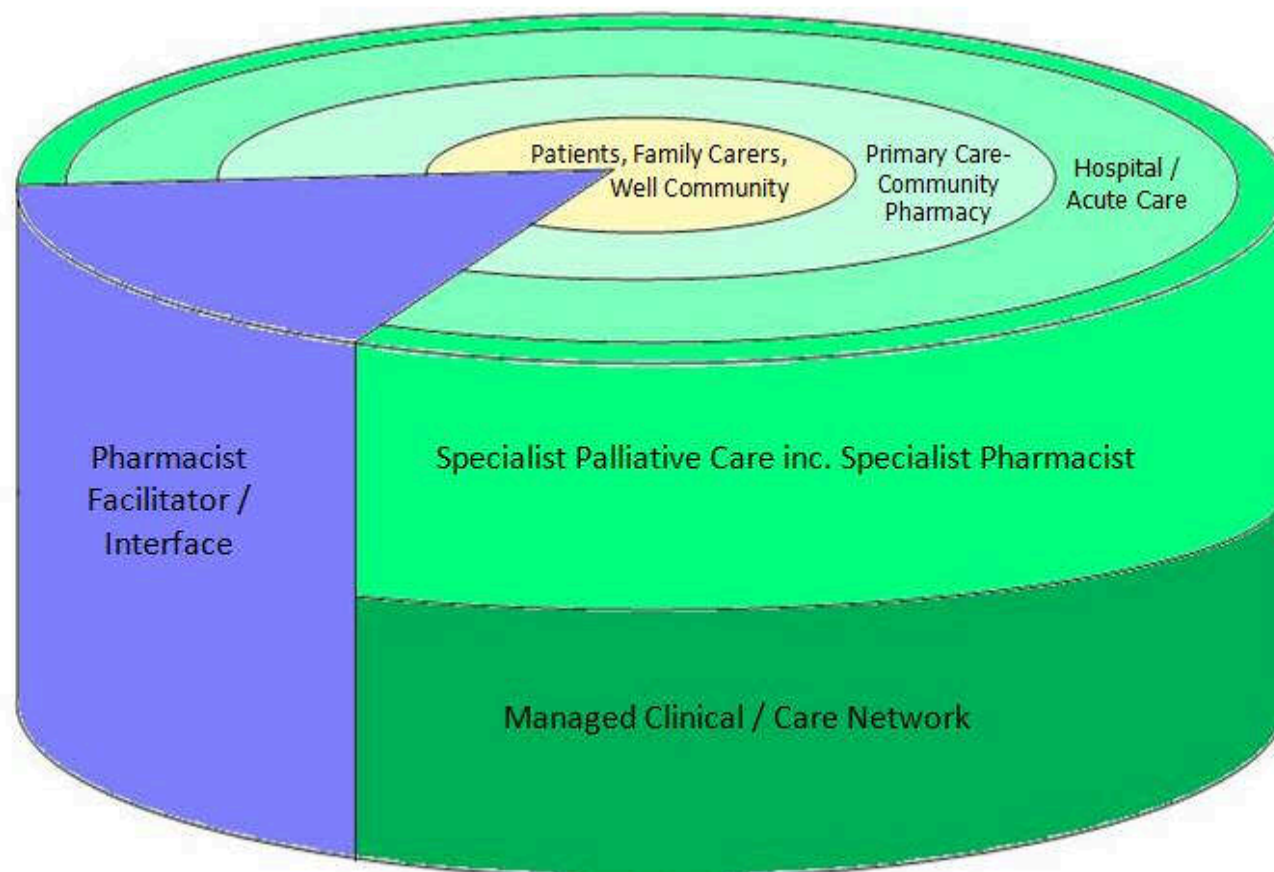
- PILs for unlicensed or ‘off label’ medicines

INFORMATION RESOURCES: PROFESSIONAL

- pharmacy resource (hard copy + intranet)
 - informed by incidents, risks, patient/carer experience
 - in every community pharmacy (314)
 - regular updates
 - 'national' interactive pdf hosted on NES website 2014 (*free access*)
- aids to Rx, dispensing, administration
 - opioids
 - midazolam
 - EMIS short codes for 'Just in case' medicines
- leaflet with key operational tips for MDTs



SERVICE DELIVERY MODEL*



*Supported by capacity plan & dependent on leadership + administrative support

WIDER BENEFITS & APPLICABILITY

- NES e-learning resources freely accessible
- Prompt symptom control and prevention of OOH crises through improvements in pharmaceutical care
- Cost efficiencies of caring in community (avoidance of hospital admission)
- Releasing time to care for District Nurses through avoidance of incorrect prescriptions/ delays in medicine supply
- Cost-effective prescribing; reduced wastage of medication
- Engagement with other services

- Evaluation demonstrated service improvement; quality of methodology and reports commended
- Work presented to Macmillan Healthcare Programme Management Group & conferences; shared learning with “Boots Macmillan Information Pharmacists partnership”

WHAT WAS LESS SUCCESSFUL/ CHALLENGING?

- Testing information transfer about patients on GP supportive care register to community pharmacy, linked to using a pharmaceutical care needs assessment tool/ care plan
 - Patient consent (largely housebound at this stage)
 - Whose responsibility?
 - Local demographics e.g. how many pharmacies/ GP surgeries in area
- Changes in team in year 3
- Sunday workforce (67% locums; 52% of dispensary staff worked only on Sundays, 20% pharmacy students)
- CD Rx errors (MSc project)

BEYOND THE 3 YEAR PROJECT?

Another business case.....to deliver equitable service across GGC population of 1.2million and progress further service development

- e.g. care homes, training for GP practice receptionists & practice managers
- communication between sectors of care
- OOH

NEW PHASE: ROLL OUT ACROSS GG+C

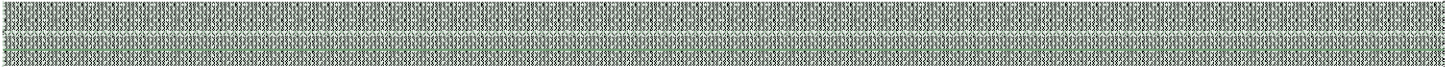
- In 2013 Macmillan + NHS GG&C agreed to jointly fund transition of Service from pilot to board- wide roll out (~£500,000)



- Skill mix of pharmacists & pharmacy technicians introduced for maximum efficiency
 - 5 x 0.2WTE Band 5 technician + 5 x 0.3WTE Band 8A pharmacist facilitators
 - 0.5WTE Band 8A clinical lead
 - 1WTE Band 4 administrator

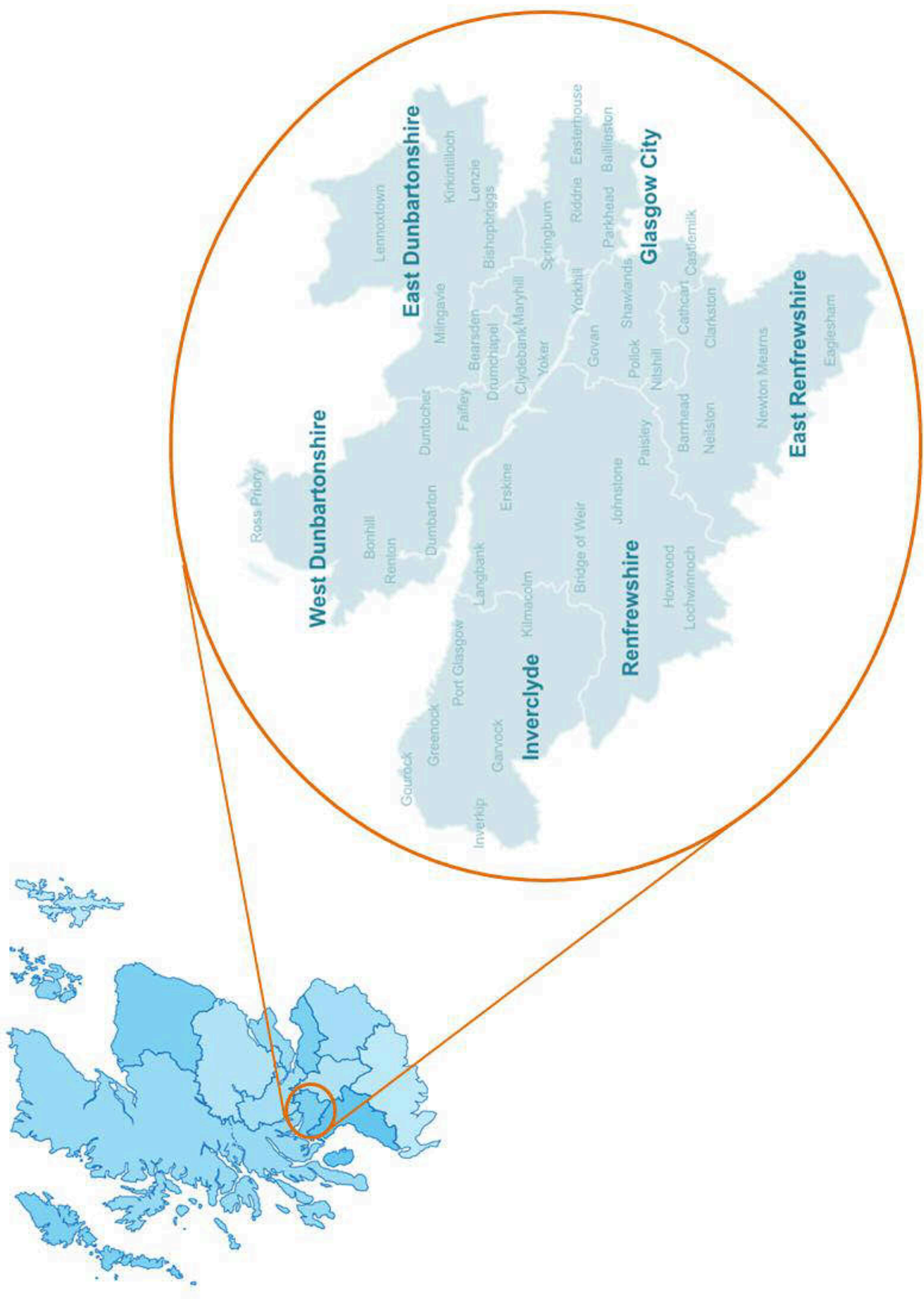


- Service launched in Oct 2013, first of its kind in the UK



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How the team works:

- 0.3WTE Pharmacist+0.2WTE Technician per team
- Each team has either 1 or 2 CH(C)Ps depending on size (roughly 60 to 70 community pharmacies each)
- regular team meetings (every 6 weeks)
- Steering Group meetings every 2 months
 - Work plan



Work plan Year 1

- Official service launch/promotion – flyer distributed within GGC, published articles including PJ, Macmillan Voice, official press release by GGC, SPPC website
- Engaging with community pharmacy staff – 2 rounds of visits to community pharmacies, an audit of network pharmacies, training
- Engaging with the wider primary care team – attendance at various meetings e.g. CHCP, locality, district nurse and prescribing support. Initial visit to care homes to promote service.



Work Plan Year 1 (Cont)

- Education and training - development and evaluation of 7 short presentations for all community pharmacy staff

Topics = An introduction to Palliative Care

The Palliative Care Resource Folder

Network Pharmacy

Urgency of Palliative Care Prescriptions

Managing Symptoms

Dispensing Opioids

Signposting for Patients



Education and training (cont)

- Face-to-face training delivered in 1 network and 1 non-network pharmacy by each team
- Evaluation by University of Strathclyde including focus groups and 1:1 interviews
- Highlighted the difficulties of providing training within a pharmacy
- All topics will be filmed and hosted as webinars by NHS Education for Scotland



Work plan Year 2

- Continue to network within the local areas
- Encouraging reporting and sharing of incidents within primary care (including care homes)
- Updating the 'Purple Folder', network leaflet and other prescribing aides
- Review webinars in response to feedback once live



Work Plan Year 2 (cont)

- Development of sign-posting tools for CP staff
- Raise awareness within GP practice staff
- Work with the voluntary/third sector e.g. Macmillan Library staff to up skill volunteers on what services community pharmacies can offer
- Aim to define the differences in the technician and pharmacist roles



Challenges

- Communication within the team who mostly work part-time
- Skill mix
- Inter/intranet access within community pharmacies
- GGC set-up and size (each CHCP is independent)
- Sourcing permanent funding



RESOURCES / REFERENCES



Macmillan pharmacist facilitator project:

Baseline, evaluation and final year reports available at

http://www.palliativecareggc.org.uk/index.php?action=cms.pc_reps

Publications:

- How community pharmacists could improve their role as providers of medicines information. Bennie M, et al, 2013. European Journal of Palliative Care, 20(4): 188-191.
- Effective delivery of pharmaceutical palliative care: challenges in the community pharmacy setting. Akram G. et al, 2012, J Pall Med, 15 (3), 317-321

NES resources:

- E-learning resource for pharmacy technicians available at:

http://www.nes.scot.nhs.uk/media/1462287/palliative_care_pharmacytechnicians_aug_2012.pdf

- Pharmaceutical care plan/needs assessment tool available at:

http://www.nes.scot.nhs.uk/media/2518708/2014-01-31_national_assessment_tool.pdf

- Palliative care resources for community pharmacy

<http://www.nes.scot.nhs.uk/education-and-training/by-discipline/pharmacy/about-nes-pharmacy/educational-resources/resources-by-topic/palliative-care/palliative-care-resources-for-community-pharmacy.aspx>