Macmillan Rural Palliative Care Pharmacist Practitioner Project

Phase 2 Executive Summary

January 2015

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This work was undertaken by the
Strathclyde Institute of Pharmacy and Biomedical Sciences,
University of Strathclyde, in collaboration with NHS Highland and the Macmillan Rural Palliative Care Pharmacist Practitioner Project Team

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All participants of the interviews and questionnaires and those who facilitated in collecting audit data.

Executive Summary

In 2012 NHS Highland secured funding from Macmillan Cancer Support in collaboration with The Boots Company PLC to explore a new service delivery model for the rural Skye, Kyle & Lochalsh population. The project would pilot the development of a full-time Macmillan Rural Palliative Care Pharmacist Practitioner (MRPP) within in the area, and test the ability of this post to: develop community pharmacy capacity to effectively, efficiently and safely support the needs of those in this rural community with palliative care needs regardless of care setting; improve service provision/co-ordination of services ensuring opportunities are developed for training and peer support, and; provide quality information to support practice. The Strathclyde Institute of Pharmacy and Biomedical Sciences (SIPBS) at the University of Strathclyde was commissioned to undertake the project evaluation.

This project is seen as a demonstration project to inform national policy with direct alignment to the objectives of the Scottish Government national action plan 'Living and Dying Well' , the Vision and Action Plan: “Prescription for Excellence” and the progressive integration of health and social care services across Scotland (1-3). The project was divided into three phases:

Phase 1 (February – December 2013)

A baseline report was produced in December 2013, focusing on the first year of project activity - specifically the investigations to characterise community pharmacy palliative care services in the project area (Skye, Kyle & Lochalsh) and to identify service gaps and key issues to inform a quality improvement programme (see Figure 1). Detailed information on the results are available in the Phase 1 report (4).

Phase 2 (January – December 2014)

Findings from Phase 1 provided the framework for Phase 2. The aims of Phase 2 were to: investigate previously unexplored areas of current service so as to provide useful recommendations for improvement; develop evidence-based resources for healthcare professionals and patients for use in the community setting, track the developments over the project duration; and provide a set of recommendations upon which the service could be developed further (Phase 3).

This report presents Phase 2 of project activity. 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 (Figure 2) and Integration of the MRPP in the multi-professional team (MPT, Figure 3).

Phase 3 (2015 onwards)

The results from Phase 2 were shared with the Project Steering Group to gain consensus on the prioritisation of areas for future development (Figures 4 and 5). In addition, based on the evidence gathered throughout the project and discussion with the Steering Group, a service development and sustainability model for community pharmacy palliative care services was created (Figure 6). The model, based on findings from a rural area, is designed to be flexible and applicable in a wide variety of community settings.

The model is made up of 3 steps: Start-Up, Development and Maintenance. Moving through these steps the key roles and responsibilities of the MRPP gradually shift towards the local Community Pharmacist(s), seeing the MRPP graduate from assuming a locality-based hand-on role to a more regional-based supporting and facilitating role for local champions. It was acknowledged that successful delivery of the model is dependent on alignment of resources, infrastructure and strategic and local community support.

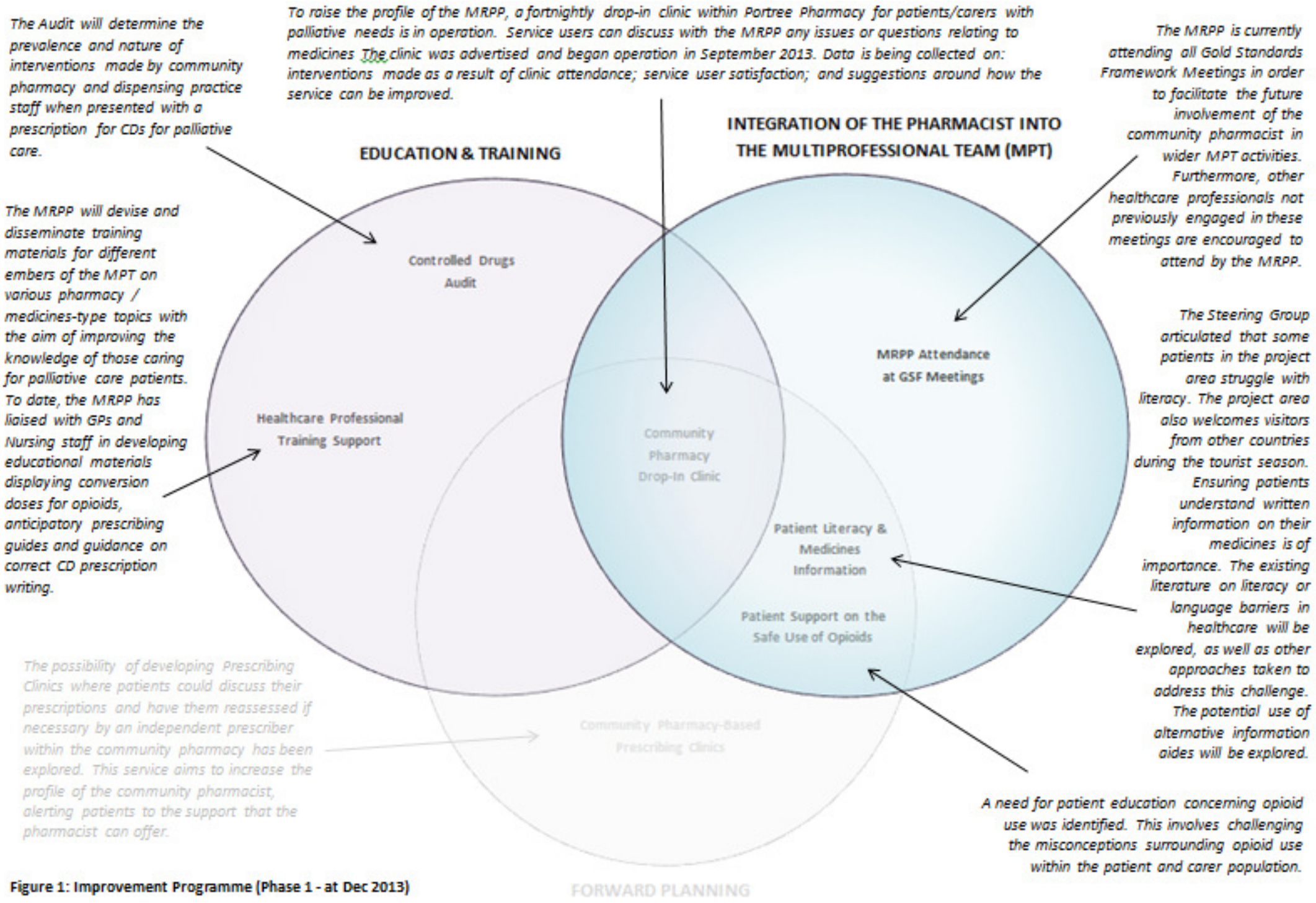

Figure 1: Improvement Programme (Phase 1 - at Dec 2013)

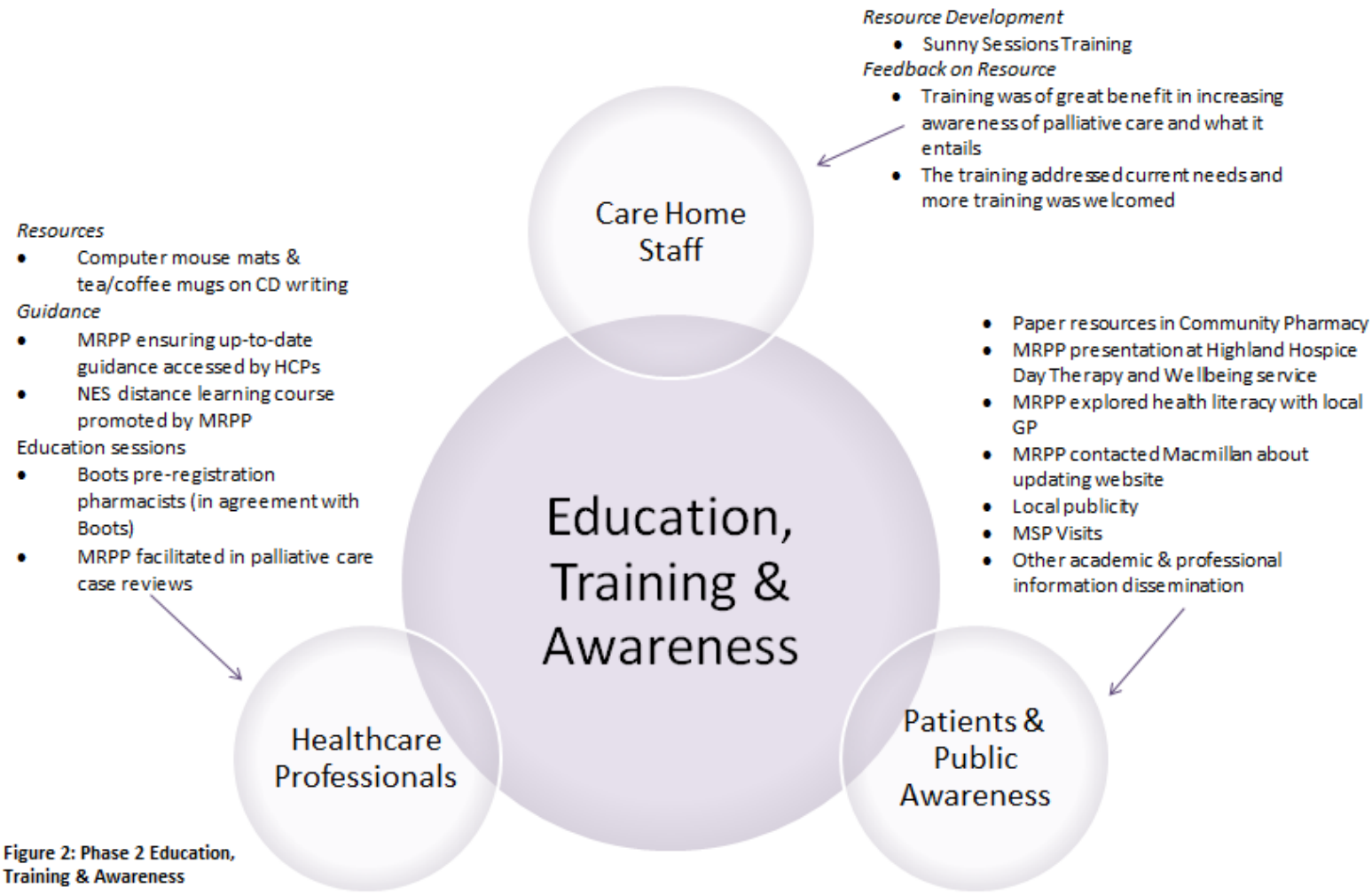

Figure 2: Phase 2 Education, Training & Awareness

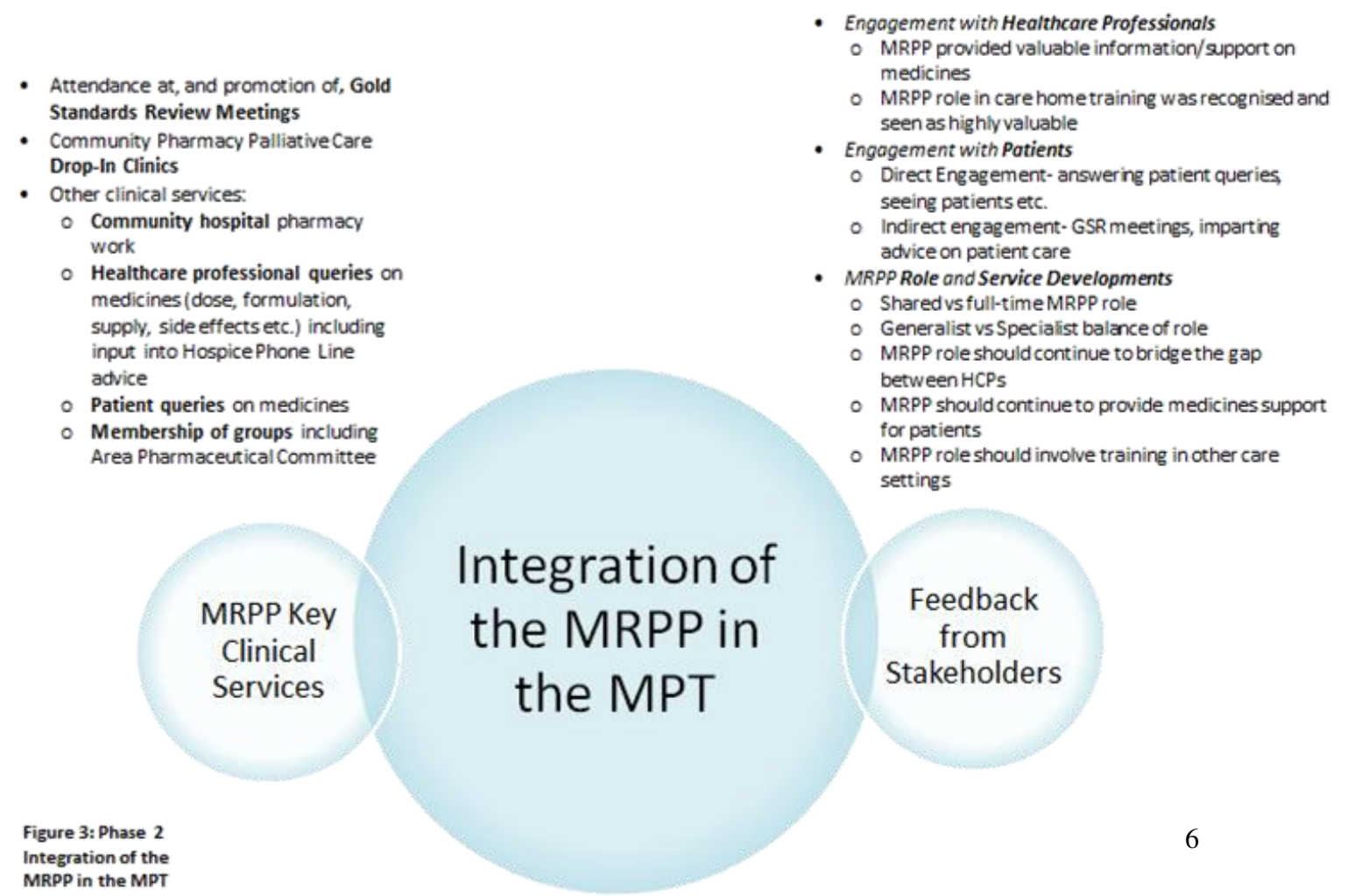

Figure 3: Phase 2 Integration of the MRPP in the MPT

Education, Training & Awareness

Enabling Practitioners

Care Home Staff

- ***Ongoing**: The development and roll out of additional Sunny Sessions training materials*
- ***Ongoing**: Access to further learning resources beyond Sunny Sessions (e.g. The Current Learning in Palliative Care and the NES Pharmacy Technician training pack)*
- ***Phase 3:** Support staff in their knowledge of new medicines with medicines information sheets*
- ***Phase 3:** Explore a mechanism to make Sunny Session training a national resource.*

Healthcare Professionals

- ***Ongoing:** Deliver tailored GP talks on request (e.g. symptom management i.e. breathlessness, use of 'specials' etc.)*
- ***Ongoing:** Maintain locality group pharmacy peer-review and training development*
- ***Phase 3:** Improve access to all training through the use of webinars and other technology*
- ***Phase 3:** Facilitate local multi professional team training*
- ***Phase 3:** Explore potential for further distribution of the mouse mats, mugs and any other educational materials across NHS Highland*
- ***Phase 3:** Test the roll out of the Sunny Sessions care home training information packs to other health/social care support workers (SVQ Level 2 and 3).*

Enabling Patients & Carers

- ***Phase 3:** Adapt and test the roll out of Sunny Sessions training and make available to family carers, patients and members of the public through established settings (e.g. Macmillan days etc.)*
- ***Phase 3:** Promote further MSP visit to the project area following MSPs Dave Thomson and Rhoda Grant's visits*
- ***Phase 3:** Test currently developed materials i.e. "Ask 3" cards and medicines information cards*
- ***Phase 3:** Explore use of twitter account and hashtag to enable non-direct contact with patients (#SkyeLochPharm)*
- ***Phase 3:** Explore access to medicines information materials in non-clinical settings e.g. libraries.*

Figure 4: Education, Training and Awareness Work Planned for Phase 3

Integration of the MRPP in the MPT

Gold Standards Review Meetings

- ***Ongoing:*** *Attend GSR meetings to provide information and insight into palliative medication related issues in patients*
- ***Ongoing:*** *Raise issues at a local level at GSR meeting from Highland Hospice calls*
- ***Phase 3:*** *Explore how Community Pharmacists can contribute to GSR meetings through the use of technology*
- ***Phase 3:*** *Develop Top Ten Tips guide for healthcare professionals for conducting GSR Meetings.*

Further Engagement Opportunities

- ***Ongoing:*** *Raising ethical issues in the quarterly Palliative Care Model Schemes Newsletter starting Nov 2014, with feedback request & answers in next quarterly newsletter*
- ***Ongoing:*** *Provide continued advice and support to Macmillan Nurses relating to palliative care medicines*
- ***Phase 3:*** *Conduct a follow-up audit of CD prescribing*
- ***Phase 3:*** *Support Community Pharmacists across the project area in developing and hosting their own drop-in clinics, independent prescribing clinics and/or providing teach-back experience for patients' improved understanding of medicines.*

Access to Patients' Medicine Information

- ***Phase 3:*** *Implement a system where access to patient hospital admission and discharge information, including* Immediate Discharge Letters (*IDLs) as well as more advanced information for Community Pharmacists is arranged.*

Figure 5: Integration of the MRPP in the MDT Work Planned for Phase 3

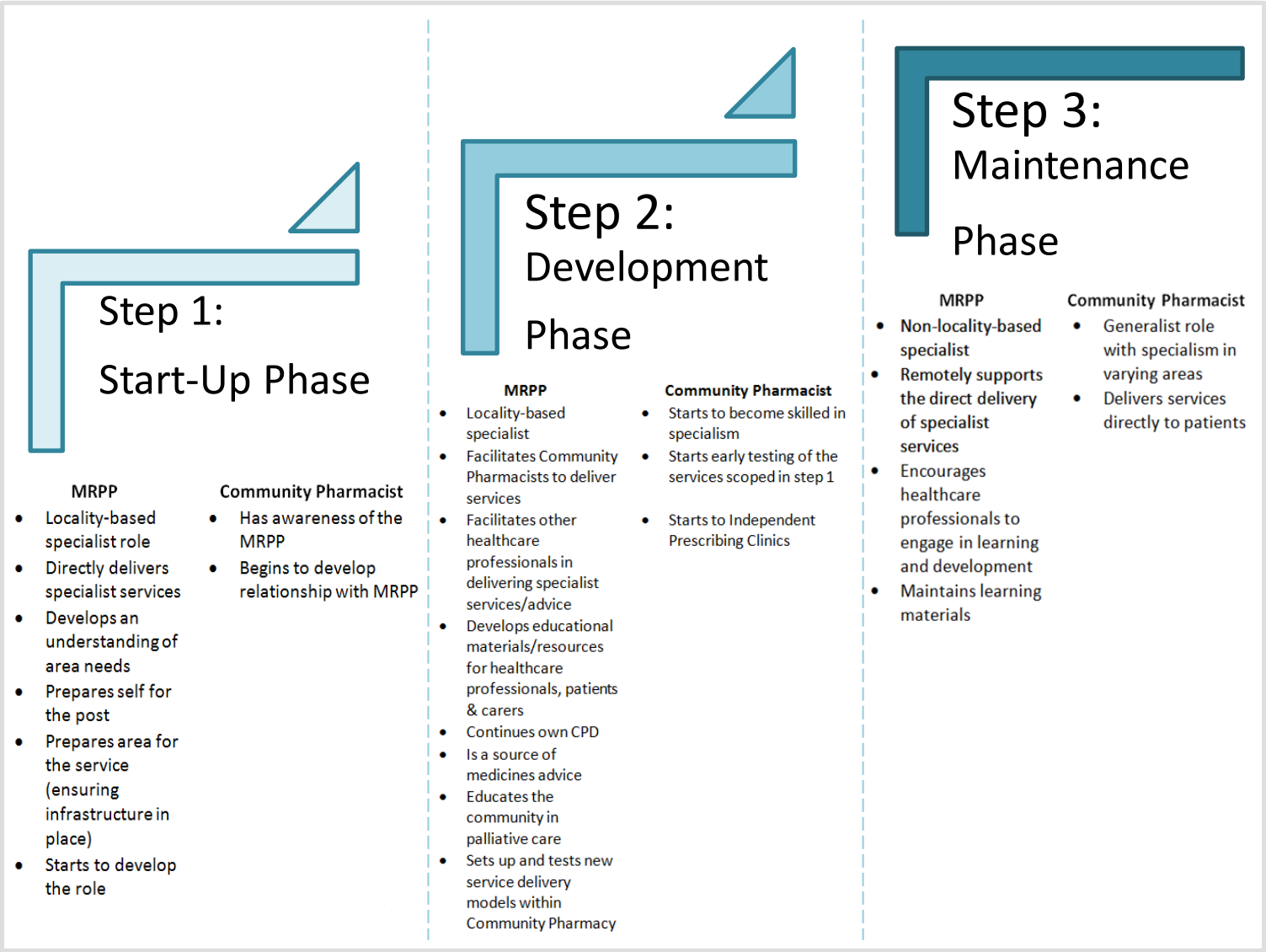

Figure 6: Service Development and Sustainability Model

Conclusions

For NHS Scotland, the evidence from this project presents for the first time, a conceptualised clinical practice model for community pharmacy palliative care services in rural areas, building upon the experiences from NHS GG&C, i.e. a highly populated urban environment (5). The model aligns with existing key health policy, namely "A Route Map to the 2020 Vision for Health and Social Care" (2), "Living & Dying Well" (3), "The Healthcare Quality Strategy" (6) and the recently published Vision and Action Plan: "Prescription for Excellence" (1). Adoption of this model will maximise community pharmacists' professional competence in planning and delivering specialist clinical services while maintaining a generalist role. The model provides detail of the key roles and responsibilities to support the safe and effective use of medicines for patients and their carers, but provides it in a format that enables flexibility for the deployment of these functions depending on local business planning, service delivery frameworks and community setting.

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