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**Development of the NHS Education for Scotland Online Palliative Care  
Training Package for Health and Social Care Staff: Final Report**

**BY**

**The University of Strathclyde, NHS Education for Scotland,  
NHS GG&C, NHS Highland and Macmillan Cancer Support**

***October 2016***

# Development of the NHS Education for Scotland Online Palliative Care Training Package for Health and Social Care Staff

This work was undertaken by the Strathclyde Institute of Pharmacy and Biomedical Sciences at the University of Strathclyde, in collaboration with NHS Education for Scotland, NHS Greater Glasgow & Clyde, NHS Highland and Macmillan Cancer Support

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## Contents

<b>Abbreviations</b>	4
<b>Introduction</b>	5
Policy Context	5
Developing the National Palliative Care Training Series for Health and Social Care Staff	6
<b>Methodology</b>	7
Literature review & gap analysis	9
The Need for Accessible Multi-professional Palliative Care Training	10
Development of Training	13
Recruitment of Participants to Undertake the Training	13
Training Pilot & Evaluation	14
<b>Next Steps</b>	19
<b>References</b>	20
<b>Appendix 1</b>	21
<b>Appendix 2</b>	22
<b>Appendix 3</b>	22

## Abbreviations

e-ELCA	e-learning programme End of Life Care for All
GP	General Practitioner
IAQ	Impact Assessment Questionnaire
MRPP	Macmillan Rural Palliative Care Pharmacist Practitioner Project
NES	NHS Education for Scotland
NHS GG&C	NHS Greater Glasgow & Clyde
OOH	Out of Hours
SBAR	Situation, Background, Assessment, Recommendation
SCQF	Scottish Credit and Qualifications Framework
SPCPA	Scottish Palliative Care Pharmacy Association
SQA	Scottish Qualifications Authority
SVQ	Scottish Vocational Qualification

## INTRODUCTION

### Policy Context

In December 2015, the Scottish Government launched its “*Strategic Framework for Action on Palliative and End of Life Care*” (1). The vision detailed in the document is that by 2021, everyone in Scotland who requires palliative care will have access to it. An additional aim of the strategy is that “*people and their families and carers will have timely and focussed 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*”. Two of the vision’s four strategies focus specifically on education and training; highlighting that people should know how to help and support one another in times of increased health needs (including during bereavement) with greater importance placed on the capabilities of families and communities working alongside formal health and social care services. Furthermore, access to a variety of formal resources and services would empower staff to exercise their skills in providing high quality person-centred care. Central to this is the Scottish Government’s eight key components for action, the majority of which (highlighted) focus on upskilling palliative care providers and facilitators in Scotland through improved awareness, education and training (Figure 1).



Figure 1: Scottish Government's Eight Key Components for Action from the Strategic Framework for Action on Palliative and End of Life Care (2015) (1)

The strategy document also details a number of palliative and ‘end of life care’ objectives, four of which can be directly addressed through education and training of a wider range of health and social care staff (Figure2):

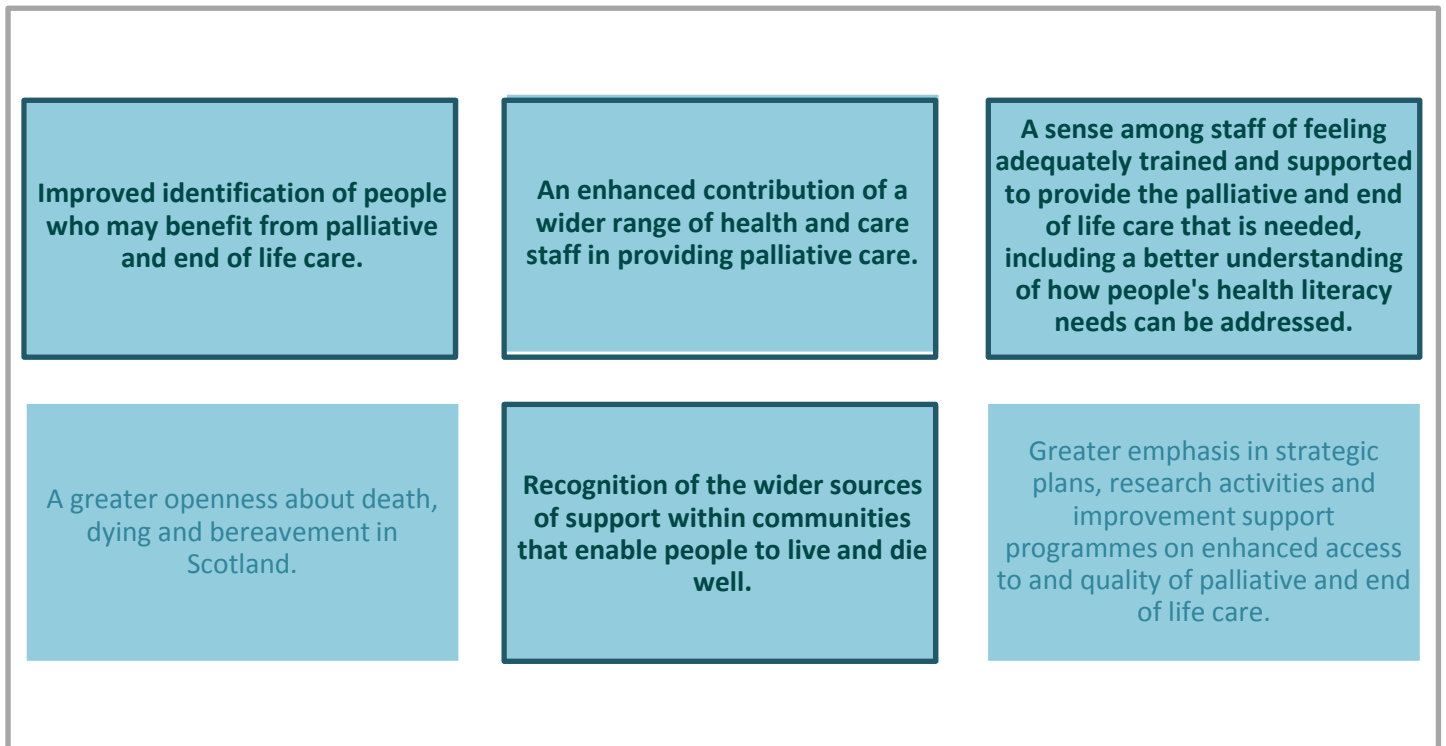


Figure 2: Strategic Framework for Action on Palliative Care's Key Objectives (1)

The Scottish Government plans to implement this strategy via a number of key commitments. These include supporting the development of a new palliative and end of life care educational framework, supporting greater public and personal discussion of bereavement, death, dying and care at the end of life. Supporting this will be the development of a new educational framework for health and social care staff.

One essential element of palliative and end of life care is 'unscheduled and urgent' care. The *Pulling Together: Transforming Urgent Care for the People of Scotland* (2) report details a number of key aims which would benefit from implementation of accessible training for different staff groups working within the health and social care system to further benefit carers and families, and for service providers to facilitate person-centred care, and the strengthening of out-of-hours services. The Scottish Government intend to fulfil these aims with a number of recommendations, many of which are directed at the education and training of the multi-professional team. So that they may provide safe and effective care in partnership with other professionals and members of the community, at the point of need, regardless of the time of day or week.

### **Developing the National Palliative Care Training for Health & Social Care Staff**

The aim of this project is to develop an online Palliative Care Training Resource for Health and Social Care Staff. The objectives are:

- To review current Scottish strategies and initiatives for delivering palliative care services
- To review current (palliative) medicine-specific training and education on offer to healthcare staff in Scotland and identify gaps in content.

- To amalgamate the contents of pre-existing NHS GG&C and Highland (palliative care) training packages so that the new training meets the aims outlined in the aforementioned education, training and strategic documents
- To design and deliver the above (amalgamated) resource in an interactive e-learning format
- To pilot the new training resource on a selection of staff from both health boards, (thereby providing an opportunity for feedback to help shape the final version of the training)

## **METHODOLOGY**

Figure 3 provides a summarised account of the methodology executed in the development and delivery of the (pilot) online palliative care training series. The methodology comprised of four distinct processes:

1. Literature Review & Gap Analysis of current training on offer to (NHS Scotland) staff
2. Development of the content and the medium for delivery of the training
3. Recruitment of participants (pilot cohort) to undertake the training
4. Delivering the training to the pilot cohort and development of 'tools' to support its evaluation

The Project Team consisted of the following members:

- Associate Director of Pharmacy, NHS Education for Scotland
- University of Strathclyde team (3 members: Professor of Pharmacy (lead), lecturer and Research Assistant)
- National Co-ordinator Pharmacy Support Staff Educational Development, NES
- NHS GG&C Macmillan Facilitator Project lead
- NHS Highland MRPP Project Lead
- NHS Highland MRPP
- Associate Macmillan Development Manager



	LITERATURE & GAP ANALYSIS	TRAINING DEVELOPMENT	PARTICIPANT RECRUITMENT	TRAINING PILOT & EVALUATION FRAMEWORK
Dec – Jan 2015	<p><b>Current palliative care strategies,</b> initiatives and formal education / training courses available in Scotland were identified. These resources mapped against pre-existing palliative care training developed by Macmillan NHS GG&amp;C and NHS Highland Facilitator projects.</p>	<p>Current Macmillan NHS GG&amp;C and NHS Highland training content combined.</p>		
Feb – Mar 2016		<p>Through consensus <b>project team developed finalised list of training modules</b> per three staff groups: GP receptionists, community pharmacy support staff and care home staff.</p> <p>Training package written using <i>Articulate Storyline</i> software. Training package subject to several edits within the Strathclyde team before sharing with wider Project Team.</p>	<p><b>GP Surgeries:</b></p> <ul style="list-style-type: none"> <li>• Questionnaires on Palliative Care Education Needs collated by NHS GG&amp;C Macmillan Facilitator and shared with project team</li> <li>• Those surgeries who indicated <b>they had not received palliative care training and would welcome palliative care training</b> identified as potential training pilot participants</li> <li>• NHS Highland GP surgeries who may be agreeable to participating in the pilot identified by NHS Highland Macmillan project lead</li> </ul> <p><b>Community Pharmacies:</b></p> <ul style="list-style-type: none"> <li>• Those who may be agreeable to participating in the pilot identified by NHS GG&amp;C Macmillan Facilitators and NHS Highland Macmillan Facilitator project lead</li> </ul> <p><b>Care Homes:</b></p> <ul style="list-style-type: none"> <li>• NHS GG&amp;C Macmillan Project Steering group identified key management to identify care homes</li> <li>• Key management contacted and identified potential care homes</li> <li>• NHS Highland Macmillan Facilitator project lead identified potential care homes</li> </ul>	
Apr – Jun 2016		<p>First draft of training package distributed among Project Team for edits on training content, overall presentation, and functionality.</p> <p>Edits were made and a final draft of training package circulated to the Project Team for final edits.</p>	<p>Potential participant sites telephoned to gauge interest and information sheets emailed.</p>	<p>Participant information sheets (one for management, one for potential trainees) developed and finalised.</p> <p>SBAR presented at the Scottish Palliative Care Pharmacists Association (SPCPA) meeting.</p>
Jul – Aug 2016			<p>Participants telephoned to confirm interest.</p>	<p>Participant post-training Impact Assessment Questionnaire (IAQ) from NHS GG&amp;C Macmillan project adapted and edited by the team, and transformed into SurveyMonkey format.</p> <p>Final training package published via Articulate Storyline and hosted online by NES IT team.</p> <p>Training link emailed to finalised participants.</p> <p>Training link emailed to SPCPA members and to key stakeholders for feedback.</p> <p>Pilot participants completed training sessions by end of August 2016 and returned Impact Assessment Questionnaire responses via SurveyMonkey.</p> <p>Project team present demo of training at SPCPA meeting and receive feedback from members.</p>

Figure 3: Training Development Methodology and Timeline

## Literature Review & Gap Analysis

### Current Palliative Care Education and Training resources

In Scotland, many health and social care support staff already have access to a variety of education and training opportunities provided by a number of organisations including: Macmillan Cancer Support; Cruse, etc. The Scottish Qualifications Authority's (SQA) modules in this area consist of Skills for Care / Skills for Health and eLearning for Health, all relating to health and social care support roles, some directed to clinical and non-clinical job groups. Current formal palliative care SQA courses and other accessible training (in Scotland) for healthcare professionals were identified via a thorough search of the internet, encompassing different search terms applicable to this topic area. Identified courses were specifically examined for their content concerning medicines and other pharmaceutical care issues, 'pharmacy-type' issues associated with the delivery of palliative care. Table 1 details the courses and modules offered by various training bodies in relation to palliative care, medicines (used) in palliative care, symptoms and side effects and other social / emotional aspects of palliative care.

Table 1: Details of courses on offer to different staff groups in Scotland

PROVIDER	NAME	AUDIENCE / LEVEL
Macmillan Cancer Support*	Communicating with people in distress	All health and Social Care Staff
	Advanced Care Planning	All health and Social Care Staff
	Introduction to cancer	All health and Social Care Staff
	Breathlessness	All health and Social Care Staff
Cruse	Loss and Bereavement Awareness Training	Anyone
Skills for Care	Working Together: Improving end of life care through better integration	All health and Social Care Staff
	Level 2 Award in Awareness of End of Life Care	Level 2
	Level 3 Award in Awareness of End of Life Care	Level 3
	Level 3 Certificate in Working in End of Life Care	Level 3
	Level 5 Certificate in Leading and Managing Services to Support End of Life and Significant Life Events	Level 5
	Health & Social Care Diploma	Level 2 & 3
e-ELCA	Understand how to work in end of life care	All health and Social Care Staff
	Understand how to provide support when working in end of life care	All health and Social Care Staff
	Managing symptoms in end of life care	All health and Social Care Staff
	Understand advanced care planning	All health and Social Care Staff
	Support the spiritual wellbeing of individuals	All health and Social Care Staff
	Support individuals with loss and grief before death	All health and Social Care Staff
	Support individuals during the last days of life	All health and Social Care Staff
	Understand how to support individuals during last days of life	All health and Social Care Staff
	End of life and dementia care	All health and Social Care Staff
	Lead and manage end of life care services	All health and Social Care Staff
	Lead a service that supports individuals through significant life events	All health and Social Care Staff
	Contribute to the care of a deceased person	All health and Social Care Staff
	Support individuals who are bereaved	All health and Social Care Staff
	Support individuals at the end of life	All health and Social Care Staff
SQA	Social Services & Healthcare 2, 3 and 4	SVQ 2-4
	National Unit in Pharmaceuticals: Good Dispensing Practice	SVQ 2 SCQF Level 6
	Healthcare Support (Clinical)	SVQ 2 SCQF Level 6
	Healthcare Support (Non-Clinical)	SVQ 3 SCQF Level 6
	Healthcare Support (Clinical)	SVQ 3 SCQF Level 7
	Healthcare Support (Non-Clinical)	SVQ 3 SCQF Level 7

\*Although these resources are aimed at health and social care staff, they are accessible by members of the general public via the Macmillan website.

Examination of the individual modules contained within the SQA training, shows that this training provides a comprehensive resource for staff working in a healthcare environment to:

- Meet, welcome, serve and relate to patients
- Know how and where to access health information
- Have knowledge of legislation, procedures etc. relevant to their role
- Know about basic principals in the safe administration of medication
- Be aware of symptoms, side effects and complications regarding medicines
- Communicate and work with their own and external teams
- Fulfil their own training needs and support the training needs of others

There is however a gap relating to the understanding and specific use of medicines in palliative care, which is central to the effective care of patients and which could be generalisable across various health and social care support roles. SQA and Skills for Care do provide training on good practice in the handling and dispensing of medicines but not specifically related or tailored to palliative care (and only targeted at pharmacy staff).

The SVQ Level 2-3 health support staff training modules contain limited information about medicines-related palliative and end of life care. There appears not to be any specific unit or module which is focused on meeting the pharmaceutical needs of palliative patients. For example, details about common palliative care symptoms and how these are treated, details of medicines used and their side effects, raising awareness of pharmaceutical palliative care in general and situations patients may find themselves in in relation to their medicines. Specialised training could improve awareness of some of the particular challenges that can be presented when caring for patients with palliative needs and how to / who can address them.

#### *NHS GGC & NHS HIGHLAND PALLIATIVE CARE PHARMACY-FOCUSED TRAINING*

Some healthcare support staff can already access pharmacy-focused palliative care training in the form of the *NHS GG&C Macmillan Palliative Care Webinars for Community Pharmacy Staff* and the *NHS Highland MRPP Project Sunny Sessions Care Home Staff Training* (delivered face-to-face). These sessions were designed during their respective project lifetimes (3, 4) and were designed to be time-efficient. The palliative care webinars (available via the NES Portal since 2015) and the *Sunny Sessions* face-to-face training were subjected to a gap analysis by the Project team to identify and amalgamate similar content and identify those topics which were unique to the specific training.

### **The Need for Accessible Multi-professional Palliative Care Training**

The development of an online educational resource on 'pharmaceutical palliative care' for a range of health and social care staff (especially groups who may not have access to specific training on palliative and end of life care) would help to address a number of the key aims, objectives and action points of the Strategic Framework (1). Under the headings 'Challenges, Change and Improvement', the Strategy specifically discusses how palliative care should be *the business of all staff*, including any health and

social care staff who might encounter people with “serious and life-limiting” conditions. Further thoughts conclude that palliative care should be provided “at the point of need”, paving the way for any staff member who engages with someone with palliative needs to assist in an informed, efficient and patient-centred manner. The Strategy also details how a large proportion of Scotland’s palliative care patients receive care in care homes, and that care home staff knowledge and skills can vary greatly. By developing training as a series of online sessions, levels of knowledge and skills could be equalised which may in turn positively influence staff’s confidence in, and ability to, assist patients with palliative and end of life needs. Finally, the Strategy outlines a need for support staff working within specialist services to receive appropriate training in order to best support specialist staff and the patients they care for.

The development of a national online education and training package for a range of health and social care staff, would help to address (or at least facilitate) many of the key aims and recommendations of the new *Pulling Together: Transforming Urgent Care for the people of Scotland* strategy (2). Patients receiving palliative care can be high users of the Out of Hours (OOH) service due to their unpredictable and complex care needs, especially towards the end of life. The strategy also outlines a specific recommendation around OOH services in relation to patients with palliative needs, many of whom spend their time in a care home environment or would prefer and choose to be cared for at home, as well as the frail and elderly. Through appropriate education and training, family and social carers could have a positive impact on the utilisation of OOH services to better serve patients in the community setting. Promoting the role of pharmacy and its full capabilities to those delivering and receiving OOH services would help to relieve pressures on OOH where pharmacy can provide an appropriate level of care. Educating service users and providers on what pharmacy can offer, and upskilling pharmacy staff in the needs of many OOH patients would be beneficial to the roll-out of this initiative. This should encourage professional collaborations so desired within this initiative, as other service providers recognise how their colleagues from other services may be able to best serve their patients. By promoting collaborative working, OOH services may be more efficiently used by patients, while allowing others to receive appropriate care by avoiding OOH hospital admission. The role and input administrative and reception staff engaged with OOH services can have is also emphasised. It is important to remember that many patients will encounter such staff before accessing clinicians or other healthcare workers. A training package informing staff of the needs of a group who make up a substantial proportion of OOH services would therefore be beneficial. Finally, *Pulling Together... (2)* calls for NHS Education for Scotland (NES) to continue to develop and provide relevant OOH training and support to a wide range of staff.

Figure 4 provides a logic-based illustration of these two key palliative care strategies, and the aforementioned education and training resources, with a focus on those elements on medicines and pharmaceutical care, and how these are mapped against the newly developed *NES Online Palliative Care Training Series for Health & Social Care Support Staff*.

## Key Strategies and Objectives / Recommendations Mapped against Project

### Strategic Framework for Action on Palliative and End of Life Care

- Improved identification of people who may benefit from palliative and end of life care
- An enhanced contribution of a wider range of health and care staff in providing palliative care
- Recognition of the wider resources of support within communities that enable people to live and die well
- A sense among staff of feeling adequately trained and supported to provide the palliative and end of life care that is needed, including a better understanding of how people's health literacy needs can be addressed

### Pulling Together: Transforming Urgent Care

- A new model of care for out of hours and urgent care services
- Urgent Care Resource Hubs
- Public Awareness, support and best use of services
- People with Specific needs
- The Importance of the Working and Educational Environment
- Future Contribution to the Pharmacy Workforce
- Future Contribution to the Social Services Workforce
- Valuing Support Staff
- Future Role of Special Health Boards and Public Bodies
- Promoting Person-Centred Care

### SQA

**Social Services & Healthcare SVQ Level 2**

**Healthcare Support (Clinical) SVQ Level 2**

**Healthcare Support (Non-Clinical) SVQ Level 2**

**National Unit in Pharmaceutics: Good Dispensing Practice SVQ level 2**

**Social Services & Healthcare SVQ Level 3**

**Healthcare Support (Clinical) SVQ Level 3**

**Healthcare Support (Non-Clinical) SVQ Level 3**

**Social Services & Healthcare SVQ Level 4**

### Skills for Care Training

Working Together: Improving end of life care through better integration

Level 2 Award in Awareness of End of Life Care

Level 3 Award in Awareness of End of Life Care

Level 3 Certificate in Working in End of Life Care

Level 5 Certificate in Leading and Managing Services to Support End of Life and Significant Life Events

### e-ECLA

Understand how to provide support when working in end of life care

Understand how to work in end of life care

Managing symptoms in end of life care

Understand advanced care planning

Support the spiritual wellbeing of individuals

Support individuals with loss and grief before death

Support individuals during the last days of life

Understand how to support individuals during last days of life  
End of life and dementia care

Lead and manage end of life care services

Lead a service that supports individuals through significant life events

Contribute to the care of a deceased person

Support individuals who are bereaved

Support individuals at the end of life

### Other Training Resources

#### Macmillan Cancer Support

- Communicating with people in distress
- Advanced Care Planning
- Introduction to Cancer
- Breathlessness

#### Cruse

- Loss and Bereavement Awareness Training

#### NHS GG&C Macmillan Palliative Care Webinars

An Introduction to Palliative Care  
Community Pharmacy Palliative Care Network  
Dispensing Opioids and Patient Safety  
Managing Symptoms and Side Effects  
Palliative Care Resources Folder  
Recognising and Prioritising Palliative Care Prescriptions  
Signposting for Patients

#### NHS Highland Sunny Sessions

What is Palliative Care?  
Assessing Pain  
Falls  
Constipation  
End of Life Care  
Medicines  
Oral Care

### NHS Education for Scotland Palliative Care Webinar Series for All Health & Social Care Staff

#### CORE SESSIONS

Introduction to Palliative Care

Palliative Care Resources & Signposting to Patients

Common Symptoms & Side Effects

#### COMMUNITY PHARMACY SESSIONS

NES National Palliative Care Online Resource

Recognising & Prioritising Palliative Care Prescriptions

Dispensing Opioids

Managing Symptoms & Side Effects

#### CARE HOME SESSIONS

Palliative Medicines and the Risk of Falls

Assessing Pain in Palliative Care Patients

Figure 4: Logic illustration of how Policy and Current Education Relates to New Training Resource

## Development of Training

The content of the Macmillan NHS GG&C webinars and the NHS Highland Sunny Sessions training was combined and duplicate information consolidated. Through consensus, the project team developed a finalised list of training modules for each of the three staff groups that had been identified:

- Core Sessions (for all staff)
- Community Pharmacy Sessions (for Pharmacy staff only)
- Care Home sessions (for Care Home staff only)

The training package was written and developed by EC, using the Articulate Storyline software. A first draft of the full package was developed and shared amongst the project team for initial thoughts concerning content, specifically clinical matters associated with palliative pharmaceutical care issues. The package was subjected to several edits by the University team before further drafts of the package were shared among the wider project team for comment concerning clinical content, presentation and function. Editing suggestions were received, actioned and a final draft of the training package was circulated to the project team for final 'critical' comments.

## Recruitment of Participants to Undertake the Training

### GP Surgeries

During the lifetime of the Macmillan NHS GG&C project (4), the palliative care training/education needs of staff at GP surgeries had been determined through an online questionnaire for completion by any member of the 'practice team'. Completed questionnaires were collated by the Macmillan Facilitators and returned to the University team. The NHS GG&C GP Practices who indicated that **they had not received palliative care training and would welcome palliative care training** were identified as potential sites for hosting the pilot of the training. GP surgeries in NHS Highland who were agreeable to participating in the pilot were identified by the NHS Highland Macmillan project lead (MRPP).

### Community Pharmacies

The Macmillan NHS GG&C pharmacy Facilitators were tasked with identifying staff from Palliative Care Network and Non-Network community pharmacies who they felt would be agreeable to participating in the training pilot. Similarly, the NHS Highland MRPP Project Lead (NHS Highland Area Palliative Care Specialist) identified potential sites and staff in NHS Highland area.

### Care Homes

The NHS GG&C Macmillan pharmacy Project Steering group identified a key person within management who would have access to care homes in the NHS GG&C area. This 'key person' contacted different care homes, provided the background to the project and ascertained their agreement to participating in the training pilot. The contact details of those that were agreeable were passed on to the project team. NHS Highland MRPP Project Lead also identified potential care homes willing to participate.

All potential participant sites were provided with further information about the project via telephone. Information sheets about the project were also emailed to each potential site (one version for service/site managers and another for potential training participants, see Appendices 1 and 2). Once

the training package had been designed and was ready for piloting, the sites were again individually telephoned and their participation confirmed.

### Training Pilot & Evaluation

The pilot training package was developed via Articulate Storyline software and launched online via the NHS NES Portal on 11<sup>th</sup> July 2016. Individuals participating in the training were emailed a hyperlink to the training site (with accompanying information in a covering email). Pilot participants were instructed to complete as many training sessions as they could or were relevant to them by the end of August 2016. Participant feedback on the training was collected via an adapted version of the Impact Assessment Questionnaire (IAQ) previously used in the evaluation of the NHS GG&C Macmillan project (original version available in Appendix 3). The questionnaire was accessible via SurveyMonkey® by a URL which participants could access at the end of each completed training session.

To alert the wider palliative care networks such as the Palliative Care Special Interest Groups of this new training resource, a demonstration link to the training was provided to members of the Scottish Palliative Care Pharmacy Association (SPCPA). A University project team member presented and received feedback about the package at a SPCPA meeting in August 2016.

Table 2 illustrates the total number of GP Practices, Care Homes and Community Pharmacies recruited to participate in the pilot.

Table 2: GP Surgery, Community Pharmacy and Care Home Participant Numbers (n=19)

SETTING	NHS GG&C (N)	NHS HIGHLAND (N)	TOTAL SITES (N)
GP Practices	5	0*	5
Community Pharmacies	8	1	9
Care Homes	4	1	5
			<b>19</b>

*\*3 GP Practices in the NHS Highland MRPP Project area (Skye, Kyle & Lochalsh) were contacted to participate, but either declined or did not respond to requests for participation*

Table 3 illustrates the demographics of staff involved in the pilot from GP surgeries, Community Pharmacy and Care Homes who completed the training sessions and relevant SurveyMonkey questionnaires.

A total of 65 entries were collected from the SurveyMonkey questionnaires. However, 15 entries were either incomplete or were duplicates of other participants and so were omitted. Therefore, a total of 50 individual identifiable participants engaged with the training and completed SurveyMonkey questionnaires.

Table 3: Job Roles of Pilot Participants (n=50)

SETTING	JOB ROLE	N	% of TOTAL
GP Practices (n=4)	Surgery / Health Centre Receptionist	7	14
	Practice Manager	4	8
	<b>GROUP TOTAL</b>	<b>11*</b>	<b>22</b>
Community Pharmacies† (n=5)	Dispenser / Dispensing Assistant	1	2
	Technician	3	6
	Pre-Registration Pharmacist	2	4
	Pharmacist	3	6
	<b>GROUP TOTAL</b>	<b>9**</b>	<b>18</b>
Care Homes (n=7)	Care / Healthcare Assistant	15	30
	Care Team Leader	7	14
	Care Home Depute	2	4
	Acting team leader	2	4
	Care Home Manager	2	4
	Palliative Nurse	1	2
	Care Worker	1	2
	<b>GROUP TOTAL</b>	<b>30***</b>	<b>60</b>
<b>TOTAL</b>		<b>50</b>	<b>100</b>

\*Total GP respondents = 16, however n=5 did not provide completed information and/or were duplicate entries for another participant, hence n=11

\*\*Total Community Pharmacy respondents n=10, however n=1 did not provide completed information and so was omitted, hence n=9

\*\*\*Total Care Homes respondents= 39, however n=9 did not provide completed information and/or were duplicate entries for another participant, hence n=30

† Of those who completed the questionnaires fully, one pharmacy did not indicate their location, therefore potentially n=6 pharmacies responded

Table 4 details the frequency of session completion by participants in the pilot study (and as a percentage of the total amount who were eligible to complete each session):

Table 4: Frequency of Session Completion by Participants in the Pilot Study

SESSION	NUMBER OF COMPLETIONS*	POSSIBLE**	Uptake (%)
1.1 Introduction to Palliative Care	45	50	90%
1.2 Palliative Care Resources & Signposting to Patients	20	50	40%
1.3 Common Symptoms & Side Effects	18	50	36%
2.1 NES national Online Palliative Care Resource	5	9	56%
2.2 Recognising & Prioritising Palliative Care Prescriptions	4	9	44%
2.3 Dispensing Opioids	4	9	44%
2.4 Managing Symptoms & Side Effects	5	9	56%
3.1 Recognising Pain in Palliative Care	10	30	33%
3.2 Palliative Medicines and the Risk of Falls	7	30	23%

\*Those completions accompanied by a completed SurveyMonkey® questionnaire

\*\*Based numbers of participants who completed the SurveyMonkey® questionnaires in full

A total of 11 staff members completed 100% of the training relevant to them. Most Care Home and Community Pharmacy staff completed 1 session relevant to them, whereas GP Practice staff mostly completed 3 sessions relevant to them.



The Likert scale scores (1 = Strongly Disagree, 2 = Disagree, 3 = Neither Agree not Disagree, 4 = Agree, and 5 = Strongly Agree) for each statement per session in the questionnaire were amalgamated and an overall mode derived in order to obtain a high level view on the general opinion of the training. As seen in Table 5 using a traffic light system (Green for “Desired outcome”, amber for “Inconclusive outcome” and red for “Outcome requires attention”), all statements with the exception of 2 were responded to in a desirable manner. These results were consistent with the mode results for each individual session topic, with no one session performing worse or better than any others in terms of satisfaction.

Areas for further consideration should include how to respond to the request for more detail and also orientation/navigation to avoid duplication for participants who may already have a good baseline knowledge and understanding.

Table 5: Mode Scores for Training as a Whole (Calculated from scores on individual sessions) with Traffic Light Outcome Indicator

STATEMENT	MODE LIKERT SCORE	OUTCOME INDICATOR
The session(s) were the right length of time	Agree	Green
I found the session(s) useful	Agree	Green
I would welcome more detail	Agree	Red
I learned something new	Agree	Green
The session(s) were too challenging	Disagree	Green
The session(s) were too long	Disagree	Green
I liked the online format	Agree	Green
I found the session(s) useful*	Agree	Green
I would have liked more learning support	Disagree	Green
The session(s) added to my knowledge and skills	Agree	Green
I enjoyed the session(s)	Agree	Green
My manager encouraged me to complete the session(s)	Agree	Green
I did not like online format	Disagree	Green
I could complete session(s) at a convenient time	Agree	Green
I had easy access to a computer	Agree	Green
I could complete session(s) in a convenient place	Agree	Green
The online format suited my needs	Agree	Green
The session(s) were easy to access	Agree	Green
I was supported by my manager to complete the session(s)	Agree	Green
I am likely to use what I learned in my day-to-day work	Agree	Green
I already used the knowledge and skills in the session(s) in my day-to-day work before I received the training.	Agree	Red
I don't think I'll be able to use what I learned in the training in my day-to-day work.	Disagree	Green

Figures 5 and 6 display what participants said that they liked and disliked about the training in the form of word clouds generated via *Wordle* (5).



Figure 5: Participant Responses to the Question "What did you like about the training?"



Figure 6: Participant Responses to the Question "What could be improved about the training?"

Table 6 displays a sample of examples provided by some participants on how they used the training in their day-to-day work.

Table 6: Participant Examples of How Training Was Used\*

<b>1.1 Introduction to Palliative Care</b>
<i>“Liaising with GPs and district nurses to make service users comfortably pain free and therefore less agitated.” (Care Home Assistant)</i>
<i>“The wife/carer of a young palliative care patient was distressed and by showing some empathy and understanding, she was signposted to the GP who in turn referred her and her young family to the Hospice for family care.” (GP Practice Manager)</i>
<b>1.2 Palliative Care Resources &amp; Signposting to Patients</b>
<i>“By calling in community nurse from the palliative care team to advise medication changes in someone’s pain management.” (Care Home Assistant)</i>
<i>“I recently signposted a carer of a dementia patient to Alzheimer’s Scotland which proved very beneficial to this patient.” (Pharmacist)</i>
<b>1.3 Common Symptoms &amp; Side Effects</b>
<i>“Clients on palliative care having side effects /symptoms from pain patches. [We] contacted GP and palliative care nurses for advice dose of patches changed.” (Care Home Team Leader)</i>
<b>2.1 NES National Palliative Care Online Resource</b>
<i>“Recently had a palliative care script where we were unsure of the new opioids dose i.e. transfer from one drug to another used the resources available to check new dose.” (Pharmacist)</i>
<b>3.1 Assessing Pain in Palliative Care</b>
<i>“When we had a resident who was palliative care and was stating she was in pain when asked, grimacing on movement and had a high score when completing the Abbey Pain Scale. Spoke with team leader on duty after assessing the resident involved and administering analgesia.” (Care Home Assistant)</i>
<b>3.2 Palliative Medicines &amp; the Risk of Falls</b>
<i>“Someone who is at risk of falling completing a risk assessment and see what care needs are to be put in place to minimalism falls.” (Job Role Unknown)</i>

\*No examples of how the training was used were given by participants for Sessions 2.2, 2.3 or 2.4.

Participants were also asked if they would like to make any other comments. Table 7 displays the range of answers alongside information on frequency. In total, 58 additional comments were left for the 126 sessions completed.

Table 7: Summary and Actual Participant Comments (\*and frequency) in response to the question "Any additional comments?"

Comment / Summary Comment	Number of similar comments
<i>"No comments at this time."</i>	28
Informative and useful	14
Enjoyed the course	7
<i>"I didn't learn anything new at all."</i>	2
<i>"This training session helped me to further understand and improve my skills."</i>	2
Issues with access	1
Comments on presentation	1
<i>"Having the narrative at the right hand side is excellent as we all have different learning styles, some who are 'listeners' and some who are 'readers'. Well Done!"</i>	1
<i>"Websites now saved to my 'favourites'"</i>	1
<i>"Dementia isn't mentioned as a chronic life limiting condition...I feel that this is very important to include in this."</i>	1
Could have learned more	1
Repetitive at times	1
<i>"I have now a greater knowledge of how to assess a client's pain and how to help them with it."</i>	1
Functionality issues	1

## NEXT STEPS

The feedback collected via the IAQ should be used to inform any changes required to the training. This would be best achieved through analysis of IAQ content and, changes to the current training package made. Any comments received as feedback from the SPCPA, as well as some key stakeholders from NHS GG&C care home management should also be incorporated into the training series.

It is anticipated that the training package will go live via the NES Portal and be made available to all GP reception / administrative staff, community pharmacy staff and care home support staff by the end of October 2016.

## References

1. Government TS. Strategic Framework for Action on Palliative and End of Life Care. 2015.
2. Government TS. Pulling Together: Transforming Urgent Care for the People of Scotland 2015.
3. Bennie M, MacRobbie A, Akram G, Newham R, Corcoran ED, Harrington G. Macmillan Rural Palliative Care Pharmacist Practitioner Project: Phase 2 Report. In: Sciences SIOPaB, editor. University of Strathclyde 2015.
4. Bennie M, McCusker C, Akram G, Corcoran ED, Harris E. Macmillan Pharmacy Service 2015: Evaluation of Impact of Community Pharmacy Palliative Care Training Programme. In: Sciences SIOPaB, editor. University of Strathclyde 2015.
5. Feinberg J. Wordle 2014 [28/09/2016]. Available from: <http://www.wordle.net/advanced>.

## **NHS Education for Scotland (NES) Palliative Care Training Package: Training Pilot**

### **Background**

The new *Strategic Framework for Palliative Care* and *Pulling Together: Transforming Urgent Care for the People of Scotland*, highlight a need for improved education and training for health and social care staff who have a patient-facing role. If staff at all levels are appropriately skilled, they can provide better care and help direct patients to services which better meet their needs.

With support from the University of Strathclyde, NHS Greater Glasgow & Clyde, NHS Highland and Macmillan Cancer Support, NES has designed a national palliative care training package suitable for:

- Health and social care support staff working in GP Practices / Health Centres who have regular contact with patients including GP Reception / Administrative staff
- Community Pharmacy Support Staff e.g. counter assistants, technicians, dispensers etc.
- Care or Nursing Home Support staff

There are a total of 9 sessions available. Depending on the job role, a staff member would complete between 3 and 6 training sessions in total, each lasting 10-15 minutes.

Prior to the roll-out of the national package, we need some individuals to undertake the online training as a pilot. The purpose of this would be:

- to assess the suitability and appropriateness of the training
- to establish the level of satisfaction with the online format
- to ensure that the training is applicable and the content relevant

Participants would undertake the pilot training as well as a follow-up satisfaction questionnaire after each session. Participant involvement and subsequent responses will be anonymous.

### **How You Can Help**

We need your assistance in identifying staff within your place of work to complete the pilot training. The recruitment would involve:

- You describing what is involved to interested staff (details provided in a participant information sheet)
- If staff agree, encouraging them to complete the training, possibly by allocating time during the working day
- Encouraging staff to complete the satisfaction questionnaire after each session

Your input is incredibly valuable in helping to shape the content of the training before they are made available to all health and social care support staff across Scotland.

If you have any queries, please do not hesitate to contact Emma D. Corcoran at [emma.d.corcoran@strath.ac.uk](mailto:emma.d.corcoran@strath.ac.uk) or on 0141 548 2478.

*We would like to thank you for taking part in this pilot and for reading this information sheet. Your feedback is greatly appreciated.*

## **NHS Education for Scotland Online Palliative Care Training Package: Training Pilot**

### **What is this pilot about?**

New policies in Scotland about palliative care have highlighted a need for improved education and training for health and social care staff who have a patient-facing role. If staff (at all levels) are appropriately skilled they can provide better care and help direct patients to services which better meet their needs.

With support from the University of Strathclyde, NHS Greater Glasgow & Clyde, NHS Highland and Macmillan Cancer Support, NES has designed a national palliative care training package suitable for:

- Health and social care support staff working in GP Practices / Health Centres who have regular contact with patients including GP Reception / Administrative staff
- Community Pharmacy Support Staff e.g. counter assistants, technicians, dispensers etc.
- Care or Nursing Home Support staff

Depending on the job role, a staff member would complete between 3 and 6 training sessions in total, each lasting 10-15 minutes. The sessions can be completed one at a time or in succession.

### **What are we asking you to do?**

We are inviting you to complete the training sessions relevant to your job role and to provide us your opinions and experiences of the training, how useful you found it, and if there are things about it that can be improved. We will take on board your comments and try to improve the training before it is rolled out nationally.

After you have completed each of the training sessions relevant to you, we also ask that you complete a short online questionnaire about your satisfaction with the training content and its delivery. Your manager is supportive of your involvement in this pilot. **You do not need to take part if you do not want to.**

### **What will happen?**

Someone from NES will contact you or your manager with an online link for you to access and complete the training. After you complete each of the sessions appropriate to your job role, you will click on a link within the session which will take you to the questionnaire. You will be asked some questions about you and the training you received. There is no right or wrong answer. We simply want to know what you thought about the training. Other anonymous details such as your age and job title will also be collected.

### **What are my rights as a participant?**

You have the right to withdraw from this study at any time. Whether or not you take part in this pilot will have no effect on any aspects of your current job. Participation is entirely voluntary and anonymous.

### **What if I have questions?**

If you have any questions or concerns about taking part, please speak to Emma D. Corcoran on 0141 548 2478 or [emma.d.corcoran@strath.ac.uk](mailto:emma.d.corcoran@strath.ac.uk).

*We would like to thank you for taking part in this pilot and for reading this information sheet. Your feedback is greatly appreciated*

**Appendix 3: Impact Assessment Questionnaire used in NHS GG&C Macmillan Training Evaluation 2015 (4)**



**Macmillan Pharmacy Service Project  
Community Pharmacy Support Staff Training: Impact Assessment Tool**

Thank you for taking part in the Community Pharmacy Support Staff Palliative Care Training Program.

To help evaluate the training, we request that you complete this questionnaire. You will be asked for a few details about yourself and your job, as well as some information on how and when you received the training. You will be asked to give your opinions about the training. Please read the instructions on how to fill out each section of the questionnaire carefully. The questionnaire will take approximately 10-15 minutes to complete.

The final section will ask you a few technical questions relating to palliative care. You are not being tested here. We are interested in establishing how useful and relevant the training is to your day-to-day work. We are also interested in how easy it is to remember and apply the training you received. Your responses will not be reflective of your abilities, but will be reflective of how useful the training is. Your responses will not affect your employment.

**You will not be identifiable from this questionnaire- all answers are anonymous.**

Once you have completed the questionnaire, please hand it back to the person who gave it to you when they come to collect it (this may be your Macmillan Facilitator or the Researcher).

After you complete this questionnaire, you may be contacted by a researcher. This would be to briefly discuss any final points you have to make about the training and how useful it was. Again, you are not being tested but the effectiveness and usefulness of the training is. This part is entirely voluntary and not all participants will necessarily be contacted.

Thank you for taking part in this study. If you have any questions or concerns, please contact your Macmillan Facilitator.

*Please go to the next page to start completing the questionnaire.*

**Section 1: About You**



1. Name:
2. Job Title:
3. Gender:
4. Working hours (select one): Full Time / Part Time
5. Pharmacy Name & Location:
6. Number of Years in Current Job Role:
7. Number of Years Working in Community Pharmacy Overall:
8. Do You Currently Work in More Than One Pharmacy (select one)? YES / NO
9. Details of any previous training/education in palliative care (please write below):

## Section 2: The Training You Received

1. The training involved 7 individual webinars. How many did you complete? \_\_\_\_\_
2. The training comprises 7 palliative care topics. Over how many sessions did you complete all 7 topics? \_\_\_\_\_
3. Where did you complete the training? (*circle one*) AT HOME / AT WORK / AT WORK AND AT HOME

## Section 3: Your Opinions on the Training Topics

(You are being asked to think about each topic separately. Please read the following statements and put one cross (x) per statement in the appropriate box)

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
<b>Introduction to Palliative Care</b>					
1. This topic was the right length of time.					
2. I found this topic useful.					
3. I would welcome more detailed information on this topic.					
4. I learned something new from this topic.					
5. The content of this topic training was too challenging.					
6. This topic lasted too long.					

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
<b>Network Pharmacy</b>					
7. This topic was the right length of time.					
8. I found this topic useful.					
9. I would welcome more detailed information on this topic.					
10. I learned something new from this topic.					
11. The content of this topic training was too challenging.					
12. This topic lasted too long.					
<b>Purple Folder</b>					
13. This topic was the right length of time.					
14. I found this topic useful.					
15. I would welcome more detailed information on this topic.					
16. I learned something new from this topic.					
17. The content of this topic training was too challenging.					
18. This topic lasted too long.					
<b>Recognising Palliative Care Prescriptions</b>					
19. This topic was the right length of time.					
20. I found this topic useful.					
21. I would welcome more detailed information on this topic.					
22. I learned something new from this topic.					
23. The content of this topic training was too challenging.					
24. This topic lasted too long.	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
<b>Opioid Dispensing</b>					

25. This topic was the right length of time.					
26. I found this topic useful.					
27. I would welcome more detailed information on this topic.					
28. I learned something new from this topic.					
29. The content of this topic training was too challenging.					
30. This topic lasted too long.					
<b>Signposting for Patients</b>					
31. This topic was the right length of time.					
32. I found this topic useful.					
33. I would welcome more detailed information on this topic.					
34. I learned something new from this topic.					
35. The content of this topic training was too challenging.					
36. This topic lasted too long.					
<b>Responding to Symptoms</b>					
37. This topic was the right length of time.					
38. I found this topic useful.					
39. I would welcome more detailed information on this topic.					
40. I learned something new from this topic.					
41. The content of this topic training was too challenging.					
42. This topic lasted too long.					

**Section 4: Your Opinions on the Training Content & Delivery** (Please read the following statements and put one cross (x) per statement in the appropriate box)

	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neither Agree nor Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
43. I liked the format of the training.					
44. Overall, I found the training useful.					
45. I would have liked more support during the training.					
46. The training added to my knowledge and skills.					
47. Overall, I enjoyed the training.					
48. My manager encouraged me to complete the training.					
49. I did not like the format of the training.					
50. The training occurred at a time convenient for me.					
51. I had easy access to a computer on which to complete the training					
52. The training occurred in a place convenient for me.					
53. The training format suited my needs.					
54. I felt I had access to support throughout the training.					
55. The training was easy to access.					
56. I felt supported by my manager to complete the training.					

**Section 5: Usefulness of the Training** (Please Read the following Statements and respond appropriately)

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1. I am likely to use what I learned in the training in my day-to-day work.					
2. I already used knowledge and skills taught in the training in my day-to-day work before I received the training.					
3. I don't think I'll be able to use what I learned in the training in my day-to-day work.					

4. Can you provide an example of when you used the training in your day-to-day work? *(If so, please provide details in the space below, describing the situation, how you dealt with it and what part of the training you specifically used. If you cannot, please leave **blank**.)*

**Section 6: Testing The Training Content**

*This section requires you to answer a small number of questions relating to the training you received. Your knowledge and skills are not being tested here. What is being tested is how useful the training is and how appropriate or relevant it is for every-day use. **This is not a test and will not affect your current job or employment status.***

5. Please read the following case study- it describes a situation that you may come across in your day-to-day work and relates to the training you received. Please write no more than 200 words on how you might try to resolve the situation:

*Mr Thompson is a customer of your pharmacy. He comes in roughly once every few months, although he has been visiting more frequently these days. He picks up prescriptions for his wife who has breast cancer. Mr Thompson is between the ages of 40 and 45 and sometimes brings his 2 primary school-age children into the pharmacy with him depending on the time of his visit. He gives you a prescription for his wife, but the prescription cannot be dispensed at this very moment as it is out of stock. He does not have his children with him today and seems agitated when you tell him that it will not be available until after 3pm. **Using the skills and knowledge from the training, what could you do to help resolve the situation?***

-----  
Please write your response in the space on the next page.

6. How might you establish whether a prescription is for a palliative care patient or not? (*Please write in the space below*)

7. Your pharmacy does not stock a certain medication needed urgently for a [palliative care patient and you need to find out which pharmacy stocks it. How and where would you find this information?

8. Can you list three examples of advice for patients who are on opioid medications and are suffering from nausea and vomiting?

Could the training you received have been improved? If yes, please use the space below.

Do you have any other comments about the training you received? If so, please use the space below.

*Thank you for completing this questionnaire.*