Executive Summary

1. Introduction
Following successful evaluation of the Macmillan Pharmacist Facilitator Project (2009-2012), 3 years of funding was secured from Macmillan Cancer Support and NHS GG&C, to expand the project across the whole of GG&C.² The expansion began in October 2013 and ended in October 2016 and saw the establishment of the Macmillan Pharmacy Service - a pioneering service that supports and improves the delivery of community-based pharmaceutical palliative care services to patients with long-term conditions, life-limiting conditions and cancer.

2. The proposal
The 3 year service has made major advancements in improving PC for patients both within GGC and beyond (appendix 3- feedback from service users, appendix 4 – impact beyond GGC).⁴,⁵ Furthermore, the service has achieved UK recognition as a new innovative model of care advancing PC services in the community (appendix 5 – awards, appendix 6 - publications,). As the Macmillan Pharmacy Service has reached the end of the funding term, it is proposed that a permanent service is established.

3. The Business Need
The Macmillan pharmacy team had established a unique ‘on the ground’ PC network and capability, in the newly formed Health and Social Care Partnerships (HSCPs) providing local leadership on PC issues. Further utilisation of this network and capability will sustain the momentum achieved to date and help support the delivery of the Scottish Governments new action plans for PC and out of hours care (OOH)- as outlined in Strategic Framework for Action on Palliative and End of Life Care (Dec, 2015), Beating Cancer: Ambition and Action (Mar 2015) and Pulling Together: Transforming Urgent Care for the People of Scotland (Nov, 2015).⁶,⁷ Furthermore, the Macmillan Pharmacy Service can be refocused through dialogue with key stakeholders, newly formed HSCPs, OOH and Acute Care teams to investigate and innovate to deliver continued improvements in PC services. The development of community-pharmacy based PC patient pathways, in line with Prescription for Excellence (Sep 2013) and the Scottish Governments new National Clinical Strategy (Feb 2016), would be a key work stream in the next phase of the Macmillan Pharmacy Service with the aim of relieving pressures on GPs and avoiding unplanned OOH and Acute Care contact.⁹,¹⁰

4. Aims and Objectives
The overarching aim of the Macmillan Pharmacy Service was to support community pharmacy and HSCP teams advance person-centered, sustainable, high quality, safe and timely pharmaceutical PC services as close to home as possible for patients with long-term conditions and life-limiting illness as set out in the Scottish Governments NHSScotland Quality Strategy, 20:20 vision, and the aforementioned national strategies shaping healthcare, cancer care, PC and urgent care in Scotland.⁶-¹⁰,¹⁵-¹⁷ We aimed to contribute to the shift in balance of care away from the acute sector to a more financially sustainable community based service, and utilise the extended clinical role of community pharmacists, to reduce pressures on GPs, OOH services and avoid emergency hospital admissions. Furthermore, by ensuring patients are informed and equipped for care and self-management at home we met both the needs and wishes of patients and helped the Board prepare for the growing aging population, for whom PC needs will be greatest.

To realise our vision, the Macmillan Pharmacy Service set out four key aims:

- Develop and maintain community pharmacy capacity to effectively, efficiently and safely support the PC needs of those with cancer, long-term conditions and life-limiting illness in local communities in the face of increasing pressure by the growing aging population
- Improve the provision and co-ordination of PC services from all community pharmacies irrespective of whether they provided a locally enhanced PC service, ensuring opportunities are developed for training and peer support
- Engage with community pharmacy and HSCP teams to provide high quality information and tools to support

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and sustain best PC practice as well as improve the quality, safety and cost-effectiveness of prescribing

- Support the utilisation of the medical expertise readily available in community pharmacies and develop PC community pharmacy patient pathways

To deliver our aims, the Macmillan pharmacy facilitators drove a quality improvement programme across GG&C which engaged community pharmacy and the wider HSCP teams. Aligned with the direction of travel for health and social care in Scotland, and informed from the learning’s and recommendations from the pilot project (appendix 7), our programme focused on 3 key work streams (section 2.3. Figure 3.).

5. Service Outcomes and Evaluation

Service outcomes for professionals, patients and carers are presented in section 2.4, Table 1. Evaluation by the University of Strathclyde has underlined the role of the Macmillan Pharmacy facilitators as critical, with community pharmacies and HSCP teams in GG&C outlining were they see the facilitators add value to their teams for the benefit of patients.24

Feedback from our service users, patients and carers captured over both the pilot phase and rollout, has demonstrated that our novel initiatives have helped to drive changes in community pharmacy practice and improve the standard of PC delivered in the community (appendix 3). The impact of the Macmillan Pharmacy Service has also been recognised out with GG&C as demonstrated by the team achieving as number of high profile awards (appendix 5).

6. What is the Cost

The table below outlines the yearly cost of the Macmillan Pharmacy Service and staff commitment to each HSCP weighted by population.

<table>
<thead>
<tr>
<th>HSCP/Sectors</th>
<th>% of GGC population</th>
<th>WTE Staff commitment per population</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glasgow City South</td>
<td>18.4% (220,489)</td>
<td>0.2 Pharmacist, 0.2 Technician</td>
<td>16,714</td>
</tr>
<tr>
<td>Glasgow City North West</td>
<td>15.9% (190,332)</td>
<td>0.2 Pharmacist, 0.2 Technician</td>
<td>16,714</td>
</tr>
<tr>
<td>Glasgow City North East</td>
<td>14.8% (177,649)</td>
<td>0.2 Pharmacist, 0.2 Technician</td>
<td>16,714</td>
</tr>
<tr>
<td>Renfrewshire</td>
<td>15.3% (183,600)</td>
<td>0.2 Pharmacist, 0.2 Technician</td>
<td>16,714</td>
</tr>
<tr>
<td>East Dunbartonshire</td>
<td>9.3% (111,600)</td>
<td>0.1 Pharmacist, 0.1 Technician</td>
<td>8,357</td>
</tr>
<tr>
<td>East Renfrewshire</td>
<td>8% (96,000)</td>
<td>0.1 Pharmacist, 0.1 Technician</td>
<td>8,357</td>
</tr>
<tr>
<td>West Dunbartonshire</td>
<td>7.9% (94,800)</td>
<td>0.1 Pharmacist, 0.1 Technician</td>
<td>8,357</td>
</tr>
<tr>
<td>Inverclyde</td>
<td>7.1% (85,200)</td>
<td>0.1 Pharmacist, 0.1 Technician</td>
<td>8,357</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>~ 1.2 million</td>
<td>2.4 WTE</td>
<td>£100,284</td>
</tr>
</tbody>
</table>

7. Benefits

Benefits from continued funding of the Macmillan Pharmacy Service include:

- Engaged staff and increased skill base in community pharmacy and HSCP teams through local PC leadership provided by our ‘on the ground workforce,’ deemed critical by Audit Scotland and HSCP teams in GGC to sustain and improve the delivery and accessibility of PC services in the community. Given the high turn over of staff in primary care, particularly in community pharmacy, loss of the Macmillan pharmacy facilitators would see a return to baseline were significant service gaps were identified.  
- Reduced costs associated with unplanned hospital admissions and GP visits, in face of the growing aging population through:
  - Up-skilling front-line community pharmacy staff to provide pro-active self-management advice to patients
  - Development of community pharmacy PC pathways and support for community pharmacists to utilise their extended clinical role, in line with Prescription for Excellence and the National Clinical Strategy for Scotland 2016. Supported by senior management at both the Queen Elizabeth

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University Hospital and GP OOH service in GG&C who recognise the potential of community pharmacy patient pathways to offer value for money in comparison to traditional pathways.

Figures from Marie Curie Cancer Care estimate that a day of community care at the end of life is £145 compared with £425 for a palliative inpatient bed day in hospital.  

- Cost-effective prescribing and reduced wastage of incorrectly prescribed medication through the development of prescribing tools and delivery of PC education to medical and non-medical prescribers. Potential savings of at least 20K pa were previously report during the pilot phase of the service.

- A new innovative model of care, already being replicated in other parts of the country (appendix 4), that can provide HSCPs with evidence of their contribution to a number of Scottish Government health priorities and help deliver on four of the six key improvement areas set out in NHSScotland’s local delivery plan 2015/2016 (section 2.1.1, figure 1).

- For a relatively small annual investment (section 3.2, table 2) significant cost savings can be achieved in terms of shifting care from the acute sector to a more financially sustainable community setting, cost-effective prescribing and reduced medicine wastage and engaged and support staff in community pharmacy and HSCP teams.

8. Conclusion
The Macmillan Pharmacy Service was a new innovative model of care that supported community pharmacy and HSCP teams advance the delivery of PC in the community to best meet the needs of patients and service providers. Key work streams have included PC education and training, development of tools to support best PC practice and improved communication between health and social care staff. An evidence base to support the continuation of the Service has been demonstrated through successful independent evaluation by the university of Strathclyde, changes in community pharmacy practice and positive feedback from patients and service users, impact beyond GG&C, publications and awards. Our unique ‘on the ground’ workforce reached across all community pharmacies and HSCP teams in GG&C providing the PC leadership proven to be crucial to sustain and drive improvements in PC services. Furthermore, the overarching aims of the Macmillan Pharmacy service are aligned with the current direction for clinical services, PC, cancer care and urgent care in Scotland and will help to deliver on the ‘Boards Local Delivery Plan for 2016/17’ and provide evidence for progress towards national drivers (Section 2.1.1, Figure 2).