Macmillan Pharmacist Facilitator Project

Six Month Baseline Report - 2010

Executive Summary
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This work was undertaken by the
Strathclyde Institute of Pharmacy and Biomedical Sciences,
University of Strathclyde, in collaboration with the NHS Greater Glasgow and Clyde,
Macmillan Pharmacist Facilitator
Project Team

NHS Greater Glasgow and Clyde Team
Mrs Janet Trundle
Ms Nadia Afzal
Ms Carolyn Mackay
Ms Annamarie McGregor
Ms Karen Menzies
Mrs Carol Andrews

University Team
Professor Marion Bennie
Professor Steve Hudson
Dr Gazala Akram
Mrs Susan McKellar
Ms Susanne Michels

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Macmillan Cancer Support

Project Evaluation Group: Janet Trundle (Chair), Stuart Danskin, Carol Andrews,
Pamela MacIntyre, Annamarie McGregor, Mary Shields, Prof Marion Bennie,
Jonathan O'Reilly, Margaret Black, Shona Brown, Marie Glass, Christine Hennan,
Colin Dougall

Project Steering Group: John Owens (Chair), Janet Trundle, Carol Andrews,
Stuart Danskin, Elayne Harris, Lawrence Bidwell, Moira Murray, Shona Brown,
Margaret Maskrey, Pamela McIntyre, Noreen Downes, Sheila Tennant,
Janice Preston

All participants of the Focus groups / interviews
Executive Summary

Introduction
In 2009 Macmillan Cancer Support agreed to fund a 3 year project (Jan 2010 – Dec 2012) which would pilot the establishment of 4 Macmillan Pharmacist Facilitators, to be located in 4 CH(C)Ps [South West Glasgow CHCP; West Glasgow CHCP; West Dunbartonshire CHCP; Inverclyde CHP ] in NHS Greater Glasgow and Clyde, and test the ability of these posts to:

- Develop Community Pharmacy capacity to effectively, efficiently and safely support the growing needs of those in local communities with cancer and palliative care needs
- Improve service provision/co-ordination through the enhanced support of Community Pharmacy Networks, ensuring opportunities are developed for training and peer support and providing quality information to support practice.

This report forms the first output from the evaluation and focuses on the initial six month investigation to characterise the current Community Pharmacy service in the study CH(C)Ps and identify service gaps and key issues to inform a quality improvement program.

Method
The study comprised two approaches:

Part 1 – Qualitative study: Group interviews and face-to-face interviews were conducted by members of the university team to elicit the views of Health Care Professionals, Professional Carers and Patients/Family Carers on current pharmacy service provision and areas for improvement. Brief interview schedules were developed based on the study objectives. All interviews were tape-recorded, transcribed verbatim and analysed using the recognised Framework Approach.

Part 2 – Quantitative study: Questionnaires completed by Community Pharmacies and General Practices in the study CH(C)Ps were used to collect exploratory baseline data on: knowledge of the Community Pharmacy Palliative Care Network (CPPCN); palliative care services; sources of Information on palliative care, and;
pharmacy staff training and development. The appointed Macmillan Pharmacist Facilitators co-ordinated questionnaire distribution, completion, tabulation of data and key findings for each CH(C)P. Data were independently reviewed by a member of the university team to identify common themes.

**Key Findings**

All data collection was undertaken between January and July 2010 in the four CH(C)Ps.

**Part 1 – Qualitative study:** Participants comprised: 51 health care professionals (35 Palliative Care Network Pharmacists, 14 District Nurses, 2 General Practitioners); 5 Professional Carers, and 16 Patients/Family Carers.

Table 1 presents the key themes identified for each group with some illustrative quotes to reflect both strengths and potential issues/gaps with the current palliative care service.

**Part 2 – Quantitative study:** Questionnaires were completed by: 85% (n=23) of Network Pharmacies; 93% (n=80) of the Non-Network Pharmacies; 51% (n=55) Practice Managers, and 23% (n=91) of General Practitioners. A standard profile was prepared for each CH(C)P and comprised: population and service overview; CHCP practitioner feedback on palliative care services. In addition two of the CH(C)Ps sought views from district nurses and these findings are available in the individual CH(C)P profiles.

Table 2 presents the range of agreement with a number of parameters across the four CH(C)Ps.
<table>
<thead>
<tr>
<th>Participants</th>
<th>Theme identified</th>
<th>Strengths of current service provision</th>
<th>Issues &amp; gaps of current service provision</th>
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<tbody>
<tr>
<td>Patients and Family Carers</td>
<td>Pharmacy Services</td>
<td>“they’re very, very helpful; he has these patches for pain and it was the chemist that recommended them...And she said, we can but try them, [to see] if it helps the pain.”</td>
<td>“I had to go back the same day to the chemists, I’d to get a bus away back to the chemists, a bus to the health centre, and a bus back to the chemists”</td>
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<td></td>
<td>Communication</td>
<td>“..that was another thing, I liked all the liaison.. you can see the communication [between members of the healthcare team]– I did think that’s a very important thing.”</td>
<td>“You’d think they would post it [discharge letter to the GP], but they don’t, they give it to you....so we’ve to take it down to the surgery.....we’re two buses or a taxi, because we don’t drive.”</td>
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<td></td>
<td>Other issues</td>
<td>“I generally just phone the District Nurses, I’ve the District Nurses’ number and I phone them …They’re very good at organising someone to come in, they’ve never let me down yet.”</td>
<td>[NHS24 is] “a frustrating system to use. By the time you get them, for a start… then you answer all their questions, there’s quite a lot…. and you get put onto someone else who asks you the exact same set of questions! And all you’re wanting is assistance”</td>
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<td>Palliative Care Network Pharmacists</td>
<td>The Community Pharmacy Palliative Care Network</td>
<td>“I think the best thing about the network is having the list of drugs, that narrows down what you need to stock and also gives everyone a clear idea of the kind of things that are going to be prescribed…”</td>
<td>“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 actually know anything about them…”</td>
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<td></td>
<td>The Dispensing of Palliative Care Medicines</td>
<td>“If it’s urgent then you’ve got to weigh up the benefits, this patient is either going to be in pain to wait to get something on prescription, or you just give them it if you’ve got clarification over the phone.”</td>
<td>“I think that the biggest issue out of hours is the prescriber’s intention. That is the biggest problem we have and if we could have a way to access that information easily and quickly it would save everybody a lot of heartache…”</td>
</tr>
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<td></td>
<td>Sources of Information</td>
<td>“It’s … the Palliative Care Formulary. It’s just basically … goes through each of the drugs that they use and why they use them and it’s kind of a side to the BNF but goes into a bit more explanation.”</td>
<td>“The paper on the shelf is accessible - the computer’s in use, someone’s printing, you want to get on the internet or whatever - it can be time-consuming, it can be restrictive…”</td>
</tr>
<tr>
<td>Palliative Care Network Pharmacists</td>
<td>Training and Education</td>
<td>“Most of my counter staff are able to recognise unusual stuff… they are able to recognise most controlled drugs now..”</td>
<td>“...somebody prescribed Hyoscine the other week, a 600 microgram ampoule whereas we always keep 400mcg, that’s what’s on the list, so you then have to go back and phone and that kind of trying to chase up doctors is, it’s a bit of a nightmare.”</td>
</tr>
<tr>
<td>Communication</td>
<td>“[District Nurses] can also sort [incorrect prescriptions], they can get immediate access to the doctor, and say ‘can you alter that prescription again for me’. And meanwhile you’ve started labelling up the prescription and they bring the new one back rewritten again, and it’s legal.”</td>
<td>“I have people come in saying ‘I’ve been out of hospital for a week and I need medicine for tomorrow and all my medications have changed’ and I have got no discharge letter and no idea what the medication is that’s changed.”</td>
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| District Nurses, General Practitioners, Professional Carers | Palliative care services in general | “…you’re hopefully familiar with your patients who are coming to the stage of a syringe driver - to anticipate the need for this so that you have the prescriptions and medications in the house.” [District Nurse] | “It’s very easy to say this could be anticipated with the benefit of hindsight … it maybe happens sooner than the clinician co-ordinating the care would have anticipated so the doc in the out of hours period is left to deal with the problem.” [GP] |
| Pharmacy Services | “…we’ve got a good relationship with the pharmacists.” [District Nurse] | “I was due to finish at 12.30 and I went down there [to community pharmacy] at 12.20 and I was still standing there at 12.55 to get the prescription to take back to the patient.” [District Nurse] |
| Communication | “…but most primary care teams are reasonably, in my experience, reasonably unified and cooperative in a professional sense.” [GP] | “… if the patient is hopefully stable or just has an overriding want to go home, the patient is discharged home … often it seems to happen without very much warning and communication is poor.” [GP] |
| Out-of-Hours Issues | “My impression is that [out of hours is] better organised than we ever were when we were just doing our extended rota.” [GP] | “One of our GPs does out of hours and says that it is a problem with communication that often they don’t get that information about these patients … the palliative handover forms for out of hours ...” [District Nurse] |
Table 2: Positive responses to questionnaires distributed within the four study CH(C)Ps

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Network Pharmacists (n=23) (min/max %)</th>
<th>Non Network Pharmacists (n=80) (min/max %)</th>
<th>General Practitioners (n=91) (min/max %)</th>
<th>Practice Managers (n=55) (min/max %)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Awareness of the Community Pharmacy Palliative Care Network?</td>
<td>88 / 100</td>
<td>67 / 87</td>
<td>16 / 74</td>
<td>25 / 100</td>
</tr>
<tr>
<td>Awareness of Nearest Network Pharmacy?</td>
<td>60 / 100</td>
<td>48 / 73</td>
<td>8 / 56</td>
<td>8 / 35</td>
</tr>
<tr>
<td>Approved Palliative Care Medicine List stocked by Network Pharmacy?</td>
<td>83 / 100</td>
<td>47 / 80</td>
<td>13 / 48</td>
<td>0 / 19</td>
</tr>
<tr>
<td>Are contact details of specialist palliative care pharmacists available</td>
<td>67 / 100</td>
<td>19 / 73</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Undertaken palliative care training in the last 3 years?</td>
<td>63 / 100</td>
<td>7 / 27</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Does surgery participate in the Gold Standards Framework?</td>
<td>- *</td>
<td>-</td>
<td>74 / 90</td>
<td>73 / 100</td>
</tr>
<tr>
<td>Does surgery have an updated palliative care register?</td>
<td>-</td>
<td>-</td>
<td>90 / 100</td>
<td>90 / 100</td>
</tr>
<tr>
<td>Support to share information about patients on the palliative care register with Community Pharmacist if patient consents?</td>
<td>-</td>
<td>-</td>
<td>83 / 100</td>
<td>58 / 71</td>
</tr>
</tbody>
</table>

* question not asked
Conclusion
The Scottish Government national action plan “Living and Dying Well in Scotland”, was published in October 2008. The plan sets out a single, cohesive and nationwide approach to ensure the consistent, appropriate and equitable delivery of high quality and person-centred palliative care (based on neither diagnosis nor prognosis but on patient and carer needs). Within NHS GG&C the key platform for embedding this national plan has been the NHS GG&C Living and Dying Well Action Plan which has been informed by the NHS GG&C Palliative Care Health Needs Assessment, published in 2010 and the earlier NHS GG&C Pharmaceutical Palliative Care Health Needs Assessment from which this Macmillan project was established. The following outlines the existing good practice, current challenges and potential future direction:

Existing Good Practice
- Adoption of the Gold Standards Framework and use of the palliative care register with increasing inclusion of non cancer patients on this register, both viewed as driving improvements, particularly in anticipatory care and equity of care.
- Pharmacists engaged in the Community Pharmacy Palliative Care Network identified clear benefits of being part of the network including: agreement of a core medicines list to facilitate rapid supply; access to training and opportunity to discuss clinical practice; connection to specialist advice and the local multidisciplinary team.
- Good relationships between District Nurses and Community Pharmacies supporting service delivery through better understanding of patient needs and timely medicines supply.
- Professional Carers identified District Nurses and Community Pharmacists as accessible and approachable in their support of patients at home.
- Patients/Family Carers praised the support of their Professional Carers and District Nurses in particular, and the connections they have to other health care professionals.
Challenges

Effective engagement and communication between health care professionals, with patients and across care settings, in particular:

- Transfer between hospital and home remains problematic, particularly in regard to variability of information (including GP notification) and medicines/equipment supplied, especially with a Friday discharge.
- Communication between General Practitioners and Community Pharmacists is variable.
- Local engagement and support between network and non-network pharmacies is variable.
- Lack of information / continuity of information for health care professionals and patients, particularly if changing pharmacy to access palliative care medicines.

Limited prescriber awareness of the medicines list held in Network Pharmacies to support rapid access and evidence of significant issues with controlled drug prescribing meeting legal requirements to enable medicine supply.

Several aspects of the medicines supply process remain challenging within the Community Pharmacy setting. These are:

- Identification of palliative care/urgent prescriptions.
- Incomplete dispensing of prescriptions causing inconvenience to carers.
- Difficulties around collection of prescriptions by carers/health care professionals.
- Continuation of medicines supply, in particular relating to monitored dosage systems in circumstances such as hospitalisation or death.
- Ready access to information sources on medicines, including unlicensed medicines, to support patient care for both patients and health care professionals.

Out of hours/weekend services may be compromised through:

- Lack of continuity of service provision in the Community Pharmacy Palliative Care Network at weekends.
• Limited access to specialist advice.
• Minimal or no clinical information transfer to out of hours/weekend services to support patient care and supply of medicines.

Variability in level of service provision reported by patients/family carers from excellent joined up service to disjointed service with particular reference to:
• Challenges and anxieties for carers, particularly sole carers, when required to leave patients to manage logistics across the Primary Care Team
• Co-ordination of health professional visits within the home setting to avoid patient/carers being inundated
• Difficulties in communicating effectively patients’ prognosis to patients/family carers.

Future Direction
The evaluation provides an evidence base to inform and shape activities within the NHS GG&C Palliative Care Managed Clinical Network. In particular it will support the development of an action plan to enhance the effectiveness of the Community Pharmacy Palliative Care Network (CPPCN) to support all pharmacies to deliver palliative care within and across the study CH(C)Ps and provide a focus for the evolving role of the Macmillan Pharmacist Facilitator. Key areas for consideration are:

Support for practitioners engaged in palliative care including consideration of the following:
• Tools to aid practitioners with selection, and the legal requirements for prescribing and monitoring of medicines in palliative care
• Accessible information for all service providers and patients/carers on how to access medicines 24/7
• Access to information resources about medicines used in palliative care
• Clinical information transfer between care settings and to out-of-hours / weekends service providers to provide relevant and up to date patient care plans. This information could potentially be deployed through the evolving electronic palliative care summary (ePCS)
• Developing skills in preparing for difficult conversations with Patients/Family Carers on prognosis and anticipation of death. This could be implemented as part of the current strategy focused on palliative and end of life care including DNACPR (Do Not Attempt Cardio-Pulmonary Resuscitation)

• Introduction of the “Just In Case” box within patients home being rolled out across CH(C)Ps.

Improved communication between General Practitioners, District Nurses and Community Pharmacists to support co-ordination and continuity of care through:

• Improved CPPCN awareness.

• Multidisciplinary training/clinical review sessions to support networking to share good practice.

• Sharing information about palliative care patients on the GP register with the patients’ community pharmacist with patients’ consent. This should be supported through application of the NHS GG&C Information Sharing Strategy to the palliative care setting.

Continued integration of the CPPCN within the broader Community Pharmacy Network including:

• Communication with and training of pharmacist locums / non network pharmacies on key components of the network.

• Training of dispensing/technician staff/counter assistants to support engagement with carers/health care professionals in the Community Pharmacy to improve medicines supply and patient/carer support.