Macmillan Pharmacy Service

Year 3 Final Report 2016
Executive Summary

1. Purpose of Report
The purpose of this report is to provide a comprehensive summary of activities and outcomes of the Macmillan Pharmacy Service from 2013 to 2016. Work undertaken in years 2013-2014 and 2014-2015 can also be found in Years 1 and Year 2 reports in more detail.1,2

2. Overview
In 2009, Macmillan Cancer Support funded a ground breaking project which piloted the establishment of four Macmillan Pharmacist Facilitators, the first of their kind in the UK.3 With the aim of improving the standard and availability of pharmaceutical palliative services in the community, the facilitators spearheaded a quality improvement programme which engaged community pharmacies and the wider health and social care teams in four test sites in Greater Glasgow and Clyde (GG&C).4 The pilot project, which ran from 2009-2013, was aligned with the Scottish Government ‘Living and Dying Well: a national action plan for palliative and end-of-life care’ (2008) with a focus on shifting the balance of palliative care (PC) services away from the acute sector to a more financially sustainable community-based service.5 Following successful evaluation, the project secured a further 3 years of funding (2013-2016), jointly awarded by Macmillan Cancer Support and NHS GG&C, to expand the project across the whole of GG&C.6 The expansion began in October 2013 and saw the establishment of the Macmillan Pharmacy Service - a pioneering service that has had a major impact in advancing community PC services across the UK, not just within GG&C (Section 5.2 – impact beyond GG&C).

3. Aims/objectives
The overarching aim of the service is to support community pharmacy and Health and Social Care Partnership (HSCP) teams advance person-centered, sustainable, high quality, safe and timely pharmaceutical PC services as close to home as possible for patients with life-limiting illness as set out in the Scottish Governments NHSScotland Quality Strategy, 20:20 vision, and the new national strategies shaping the delivery of PC in Scotland (Figure 1, Section 1.4.1).11-18 We aim to contribute to the shift in balance of care away from the acute sector to a more financially sustainable community based service which has the potential to reduce pressures on OOH services and avoid emergency hospital admissions. Furthermore, by ensuring patients are informed and equipped for care and self-management at home we will meet both the needs and wishes of patients and help the Board prepare for the growing aging population, for whom PC needs will be greatest.

To deliver our aims, the Macmillan pharmacy team drove a quality improvement programme across GG&C which engaged community pharmacy and 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 4), our programme focused on 3 key work streams: design and delivery of PC education and training, development of tools to support best practice and improved communication (Figure 3, Section 2).

4. Outcomes
All initiatives as set out in the Service work plans have been completed. Service outcomes for professionals, patients and carers are summarised in the main report (Table 2, Section 3)

5. Evaluation
The University of Strathclyde was commissioned to undertaken an independent evaluation of the Service. To this end, researchers at the university designed a ‘Service Impact Assessment Tool’ for distribution to community pharmacies and wider HSCP teams. Responses from 110 members from HSCP teams across GGC were analysed (i.e. community pharmacists, prescribing support pharmacists, palliative care nurses, GP practice managers, care home liaison nurses) and a summary report was produced.28 Overwhelmingly, the role of the Macmillan pharmacy facilitators was seen as critical with the following top 4 critical roles:
Establish and promote PC communication and care pathways across community pharmacies, HSCP teams and between healthcare settings

Identify, develop and promote PC education and training to support integrated care within HSCP teams

Promote and develop tools to ensure the safe and effective use of medicines

Provide accessible PC clinical expertise and up-to-date PC information through face-to-face contact with members of HSCP teams and participation in key local meetings

6. Service Impact

Feedback from our service users, patients and carers, has demonstrated that our quality improvement programme has helped to drive changes in practice and improve the standard of pharmaceutical PC delivered in the community. Table 3 (Section 5.1) presents a selection of quotes gathered throughout the duration of the service. The impact of the Macmillan Pharmacy Service beyond GG&C (Section 5.2) has also been recognised as demonstrated by the team achieving as number of high profile awards (Section 6).

7. Future Directions

The Macmillan Pharmacy Service is a new innovative model of care that supports community pharmacy staff and HSCP teams advance the delivery of PC in the community to best meet the needs of patients and service providers. The current service has made major advancements in improving PC for patients, achieving UK recognition as a model of best practice. An evidence base to support the continuation of the service has been demonstrated through changes in PC practice and positive feedback from patients and service users, impact beyond GG&C, publications and awards (section 4, 5 and 6).

The Macmillan pharmacy team has established a unique ‘on the ground’ PC network and capability, in the newly formed HSCP 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), and Pulling Together: Transforming Urgent Care for the People of Scotland (Nov, 2015). Furthermore, the Macmillan Pharmacy Service can be refocused through dialogue with key stakeholders, newly formed HSCP, 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), is proposed as a key work stream in the next phase of the Macmillan Pharmacy Service.

8. Summary

The Macmillan Pharmacy Service has been successfully rolled out across all HSCP in GG&C. 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. All initiatives as set out in the Service work plans have been completed. Evaluation by the University of Strathclyde and Feedback from service users have demonstrated how impactful our service initiatives have been. This pioneering new service represents a new innovative model of care that will help to shift the balance of PC services away from the acute sector to a more financially sustainable community-based service. The Macmillan Pharmacy Service aims and objectives are aligned with the NHSScotland Quality Strategy, the Scottish Governments 20:20 vision and Living and Dying Well: A national action plan for Scotland. Furthermore, with continued funding, the Macmillan Pharmacy service could be integral to the delivery of the Governments new vision for PC and Urgent Care in Scotland.
1. Introduction

1.1 Purpose of Report

The purpose of this report is to provide a comprehensive summary of activities and outcomes of the Macmillan Pharmacy Service from 2013 to 2016. Work undertaken in years 2013-2014 and 2014-2015 can also be found in Years 1 and Year 2 reports in more detail.¹²

1.2 Overview

In 2009, Macmillan Cancer Support funded a ground breaking project which piloted the establishment of four Macmillan Pharmacist Facilitators, the first of their kind in the UK.³ With the aim of improving the standard and availability of pharmaceutical palliative services in the community, the facilitators spearheaded a quality improvement programme which engaged community pharmacies and the wider health and social care teams in four test sites in Greater Glasgow and Clyde (GG&C).⁴ The pilot project, which ran from 2009-2013, was aligned with the Scottish Government ‘Living and Dying Well: a national action plan for palliative and end-of-life care’ (2008) with a focus on shifting the balance of palliative care (PC) services away from the acute sector to a more financially sustainable community-based service.⁵

The University of Strathclyde was commissioned to evaluate the project and a detailed analysis of community pharmacy clinical practice in support of PC was undertaken.³ This analysis informed the construction of an evidence-based service delivery and capacity planning model for community based pharmaceutical PC services, an area where there was no published work (appendix 1 – general model, appendix 2 – GGC model).

Following successful evaluation, the project secured a further 3 years of funding (2013-2016), jointly awarded by Macmillan Cancer Support and NHS GG&C, to expand the project across the whole of GG&C.⁶ The expansion began in October 2013 and saw the establishment of the Macmillan Pharmacy Service - a pioneering service that has had a major impact in advancing community PC services across the UK, not just within GG&C (Section 5.2 – impact beyond GG&C). Moreover, the Macmillan Pharmacy Service pilot was highlighted in the Scottish Governments ‘Living and Dying Well: Reflecting on Progress’ as a model of good practice to help NHS Boards to deliver on palliative and end-of-life care priorities.⁷

1.3 Team Structure and Setting

The Macmillan Pharmacy Service team comprises of: 0.4WTE service lead; 1WTE administrator; 5 x 0.3WTE pharmacist facilitators and 5 x 0.2WTE technician facilitators who cover all Health and Social Care Partnerships (HSCP) in GG&C (Table 1). Our ‘on the ground’ team has a unique reach across HSCP teams in GG&C which facilitates a whole systems approach to improving PC services in the community. The service also benefits from the support and direction of a steering group and the University of Strathclyde were re-commissioned to evaluate and inform on key initiatives (appendix 3).

<table>
<thead>
<tr>
<th>HSCPs</th>
<th>Pharmacist</th>
<th>Technician</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glasgow South/East Renfrewshire</td>
<td>Alex Mcmillan</td>
<td>Carol Pettigrew</td>
</tr>
<tr>
<td>Glasgow North East</td>
<td>Nadia Afzal Maternity leave since Oct 2015</td>
<td>Leighanne Bee Maternity leave Sep 2014-Nov 2015 No back fill</td>
</tr>
<tr>
<td>Glasgow North West</td>
<td>Pauline Brown</td>
<td>Raina Morris 2013-2014</td>
</tr>
<tr>
<td>Inverclyde/Renfrewshire</td>
<td>Sandra Reynolds</td>
<td>Anne Mogowan</td>
</tr>
<tr>
<td></td>
<td>Vacancy since December 2015</td>
<td></td>
</tr>
</tbody>
</table>
1.4 Background: The need for change

1.4.1 Health Care in Scotland: National Priorities

In 2007, the Scottish Government published *Better Health, Better Care*, an action plan for health and well-being where, for the first time, the government showed a commitment to deliver high quality PC to everyone who needed it. In the same year, the then NHS Argyll and Clyde carried out a PC needs assessment across its board and found a number of gaps in the provision of PC. This mismatch between desire and capacity was again echoed early in 2008 when Audit Scotland carried out a country-wide review of PC services and made several recommendations to the Scottish Government, including the need for local leadership to drive and sustain improvements in the provision, accessibility and equity of PC services.

In recognition of the need for a national strategy to improve PC services and support the growing numbers of patients that will require PC, the Scottish Government published *Living and Dying Well: A National Action Plan for Palliative and End-of-life Care in Scotland*. The living and dying well action plan took account of Audit Scotland’s recommendations and described a single cohesive plan for the delivery of high quality, equitable, patient-centred care based on patient and carer need, not diagnosis. Indeed, the Macmillan Pharmacy Service pilot was highlighted in the Scottish Governments ‘Living and Dying Well: Reflecting on Progress’ as a model of good practice to advance community based pharmaceutical palliative services.

Since the launch of the Macmillan Pharmacy Service pilot, a number of new drivers shaping the direction of travel for health care and PC services have been published (Figure 1). Subsequently, the Macmillan Pharmacy service have evolved their aims and objectives to align with the Scottish Governments vision for health and social care in 2020.
1.4.2 Community Pharmacy Reach Addressing Health Inequalities

As well as the Scottish Government national strategies to improve PC services, it was the demographic of GG&C that directed our attention and resource to develop community pharmacy as centres to improve the provision of PC services in the community. We know that PC needs are greater in deprived populations. NHS GG&C encompasses 25% (1.2 million) of Scotland’s population but 80% of its deprivation. Community pharmacy has a reach into deprived areas unrivalled by any other health care profession and so perfectly positioned to address health inequalities.

1.4.3 Community Pharmacy Managing PC Patients in the Face of the Growing Aging Population

Over 54,000 people die in Scotland each year with the number of deaths expected to rise by 5% from 2013 to 2030. Of the people who died in 2014, 70% had palliative care needs. The proportion of people over 75 years of age who are the highest users of NHS services and for whom palliative care needs will be greater, will increase by almost 60% over the next two decades. As a consequence, new and innovative models of care need to be explored, as already stretched GPs and the Acute Sector will be unable to support the growing number of people requiring palliative and end-of-life care.

The Royal Pharmaceutical Society have recently published statistics showing that community pharmacists could have prevented 1 in 10 GP consultations and 1 in 20 A+E attendances through community pharmacy medicine management schemes (Figure 2). Community pharmacists need to be supported to exploit their unique position in the community to provide accessible health care at relatively low cost, in comparison to GP and A+E consultations.

![Figure 2: Scottish statistics demonstrating how pharmacists expertise can reduce pressures on GPs and Acute Sector](image)

1.4.4 Macmillan Pharmacy Service Supporting Community Pharmacy and HSCP teams in GG&C

In short, community pharmacies are ideally placed to pioneer new PC services and address health inequalities. Furthermore, if pharmacists are properly supported, they can provide accessible medicines expertise as well as high quality and relatively low cost health services which will ease the burden on GPs, OOH and acute services and the already stretched public finances. The Macmillan Pharmacy Service is a new innovative model of care that can provide local clinical leadership with the aim of aligning community pharmacies and HSCP teams with national priorities to improve the delivery of pharmaceutical PC for patients and carers.

2. Aims and Objectives
The overarching aim of the service is 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 life-limiting illness as set out in the Scottish Governments *NHSScotland Quality Strategy, 20:20 vision*, and the aforementioned national strategies shaping the delivery of PC in Scotland (Section 1.4.1, Figure 1.). We aim to contribute to the shift in balance of care away from the acute sector to a more financially sustainable community based service which has the potential to reduce pressures on OOH services and avoid emergency hospital admissions. Furthermore, by ensuring patients are informed and equipped for care and self-management at home we will meet both the needs and wishes of patients and help NHS GG&C prepare for the growing aging population, for whom PC needs will be greatest.

The Macmillan Pharmacy Services key aims are to:

- Develop community pharmacy capacity to effectively, efficiently and safely support the increasing PC needs of those with cancer and life-limiting illness in local communities
- Improve the provision and co-ordination of 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 the wider primary care HSCT to provide quality information and tools to support best PC practice and as well as improve the quality, safety and cost-effectiveness of prescribing

To deliver our aims, the Macmillan pharmacy team drove a quality improvement programme across GG&C which engaged community pharmacy and 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 4), our programme focused on 3 key work streams (Figure 3.).

![Figure 3. Macmillan Pharmacy Service Objectives: 3 Key Work streams](image-url)
3. Outcomes Against Key Work Streams

Despite a number of facilitator vacancies (Section 1.3, Table 1) all initiatives as set out in the Service work plans have been completed (work plans available on request). Service outcomes for professionals, patients and carers are summarised in Table 2. A more detailed account of activities can be found in found in Years 1 and Year 2 reports.\textsuperscript{1,2}

Table 2: Macmillan Pharmacy Service outcomes against key work streams

<table>
<thead>
<tr>
<th>Work stream</th>
<th>Outcome</th>
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<tbody>
<tr>
<td>1. Design and deliver PC education and training</td>
<td>• Delivered Face-to-face PC training to community pharmacy support staff (n = 55) and evaluated in year 1 of service (2014)\textsuperscript{1}</td>
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<tr>
<td></td>
<td>• Progressed to a sustainable training package through the development of an online PC training package, accessed via NHS Education for Scotland (NES)\textsuperscript{23}</td>
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<td></td>
<td>• Developed an impact assessment tool, in collaboration with the University of Strathclyde, to measure changes in pharmacy practice\textsuperscript{24}</td>
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<td></td>
<td>• Positive evaluation by University of Strathclyde demonstrating improvements in community pharmacy PC practice and patient care\textsuperscript{24}</td>
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<tr>
<td></td>
<td>• Learning from this work has shaped the development of an integrated national PC training resource for use by health and social care staff across Scotland – an exciting new initiative developed in collaboration with NES, University of Strathclyde and NHS Highland.\textsuperscript{25}</td>
</tr>
<tr>
<td>2. Develop tools to support best practice</td>
<td>• Developed clinical and patient-facing tools/resources to support best PC practice and improve patient care in response to identified need or gaps in service (appendix 5 for detailed list of resources)</td>
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<tr>
<td></td>
<td>• Distributed resources across HSCP and the third sector via PC communication channels previously established by the Macmillan Pharmacy Service</td>
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<tr>
<td>3. Communication:</td>
<td>Care Homes:</td>
</tr>
<tr>
<td>- Raise awareness of PC</td>
<td>• All elderly care homes in GG&amp;C visited by Macmillan Pharmacy Facilitator (246 at time of visits)</td>
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<tr>
<td>- Provide local leadership</td>
<td>• Promoted core PC services provided by all pharmacies and enhanced services provided by network pharmacies to empower care home staff to ask for PC services and ensure timely delivery of services</td>
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<tr>
<td></td>
<td>• Constructed a map of community pharmacies that provide services to care homes</td>
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<td></td>
<td>• Designed, delivered and analysed a questionnaire sent to community pharmacies in GG&amp;C that supply care homes; established the baseline pharmaceutical PC service that they provided and identified areas of good practice\textsuperscript{26}</td>
</tr>
<tr>
<td></td>
<td>• Designed an evidence-based ’Good Practice Guide for Community Pharmacies delivering Pharmaceutical Services to Care Homes’ providing community pharmacies with a quality framework to standardise and enhance the pharmaceutical PC service that they provide\textsuperscript{27}</td>
</tr>
<tr>
<td></td>
<td>HSCP:</td>
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<tr>
<td></td>
<td>• Macmillan pharmacy facilitators raised awareness of PC services within each HSCP, by attending and participating in a broad range of HSCP meetings to ensure appropriate utilisation of PC services and continuity of care for the benefit of patients and carers i.e. pharmacy locality meetings, non-medical prescribing forums, care home managers meetings, care home liaison nurse meetings, GP practice meetings, locality GP practice managers meeting, HSCP PC forums and district nurse palliative care meetings</td>
</tr>
<tr>
<td></td>
<td>Community Pharmacies:</td>
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<tr>
<td></td>
<td>• All community pharmacies in GG&amp;C (291) visited by Macmillan Pharmacy Facilitators a minimum of 9 times throughout the duration of the service</td>
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<tr>
<td></td>
<td>• Benefits of the ‘on ground workforce’ evaluated in pilot project and described as crucial to sustaining and advancing PC services in the community\textsuperscript{6}</td>
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<td></td>
<td>• See appendix 6 for a top level overview of pharmacy visits</td>
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4. Service Evaluation
As part of the ongoing evaluation of the Macmillan Pharmacy Service, the University of Strathclyde was asked to undertake an independent evaluation. To this end, researchers at the University of Strathclyde designed a ‘Service Impact Assessment Tool’ for distribution to community pharmacies and wider HSCP teams. Responses from 110 members from HSCP teams across GGC were analysed (i.e. community pharmacists, prescribing support pharmacists, palliative care nurses, GP practice managers, care home liaison nurses) and a summary report was produced.28 Overwhelmingly, the role of the Macmillan pharmacy facilitators was seen as critical with the following top 4 critical roles:

- Establish and promote PC communication and care pathways across community pharmacies, HSCP teams and between healthcare settings
- Identify, develop and promote PC education and training to support integrated care within HSCP teams
- Promote and develop tools to ensure the safe and effective use of medicines
- Provide accessible PC clinical expertise and up-to-date PC information through face-to-face contact with members of the HSCP teams and participation in key local meetings

5. Service Impact

5.1 Feedback from service users

Feedback from our service users, patients and carers, has demonstrated that our quality improvement programme has helped to drive changes in practice and improve the standard of pharmaceutical PC delivered in the community. Table 3 below presents a selection of quotes gathered throughout the duration of the service.

| Patients/Carers | “...the last one was a very young girl; I don’t know if the trainings changed or what, but she seemed to be more up on it. They didn’t have the drugs at the time but she said I’ll definitely have them for tomorrow and I’ll get them sent to you tomorrow for lunchtime. And she did. So that was really good” |
| Community Pharmacy | “Support from our Macmillan Pharmacy Facilitator has increased our confidence and knowledge around palliative care issues” - Network Pharmacist  
“Very informative and inspiring” - Pharmacy staff training attendee  
“The training brings the attention to the carers, because you obviously you don’t think about carers or people who are even family members or just helping out or whatever, you don’t think how stressed out they can get, especially if they’re getting passed from pillar to post...they’re always gonna remember if you can help them” - Community Pharmacy Supervisor |
| Multidisciplinary team | “The most obvious benefit for me is the speedy access to palliative care medicines which has been achieved by increased networking, greater awareness and better coordination of local services. Professional support is also available to the local nurses who have mobile telephone access to [their local Macmillan Pharmacy Facilitators] should they wish to seek advice or clarify any medication issues / access / courier service” - Clinical Team Leader, Adult Community Nursing, Inverclyde CHCP |
| Professional bodies | “The evolution of this resource [PC community pharmacy resources folder] into a national resource underlines how impactful it is and will hopefully continue to be” - Royal Pharmaceutical Society Practice Support Lead  
“NES Pharmacy has an excellent working relationship with the enthusiastic team involved in the Macmillan Pharmacy service in supporting a range of innovative educational initiatives which have been instrumental for the initial pilot and roll out of their Board service, as well as the wider benefits to palliative care education for not just the Pharmacy team but also the wider GP practice inter-professional team with the benefit of improved prescribing and supporting better patient care throughout the Board and Scotland in general” – NES Assistant Director of Pharmacy  
“We know that over half of people (57%) who have a cancer diagnosis would like to spend their last weeks and days of their life at home and working with community pharmacies, this service [Macmillan Pharmacy Service] will ensure that they can” - Senior Macmillan Development Manager |
5.2 Impact beyond GG&C

The Macmillan Pharmacy Service has had a major impact in advancing community PC services UK wide, not just within GG&C:

- Macmillan Cancer Support provided funding for a pilot project in NHS Highland, in which the Macmillan Pharmacy Service model was adapted for a rural setting (2013-2015).  
- In collaboration with NES, the Macmillan Pharmacy Service PC Resources Folder for Community Pharmacy was developed into a national resource for use across the UK. The resource was awarded Royal Pharmaceutical Society endorsement in 2014.
- Welsh Health Board, Aneurin Bevan (estimated population 639,000, approximately 21% of the total Welsh population) has replicated and adapted the PC resources folder for community pharmacy for use in their area.
- In collaboration with the University of Strathclyde, NHS highland and NES, an integrated national PC training package for health and social care staff for use across Scotland has been developed.
- Service tools and resources disseminated across the UK via the Boots-Macmillan Independent Practitioner Network.

5.3 Publications

Our achievements has been published in a number of local and national platforms which will provide momentum for directing NHS resource towards advancing and supporting pharmaceutical PC services in the community as well as increasing public awareness of the crucial role that community pharmacy can play in improving patient care (see appendix 7 for links to the publications below):

- National recognition for innovative palliative care pharmacy scheme, National Health Executive Magazine, June 2015
- PPSU Staff News, October 2015
- NHS GGC Core brief, October 2015
- Argyll News September 2015
- PPSU Team Brief, September 2015
- PPSU team brief, May 2015
- NHGGC Core Brief, April 2015
- NHS GGC press release, March 2015
- Scotland pharmacy service is first of its kind, Spring 2014, Mac Voice
6. Trophy Cabinet

The impact of the Macmillan pharmacy service has been recognised across Scotland and the UK as demonstrated by the team achieving a number of high profile awards:

Winners:
- Scottish Pharmacist Award for Innovation and Change in Pharmacy Practice 2015
- UK Macmillan Team Excellence award 2015

Finalists:
- Chemist and Druggist Award for Clinical Service of the Year 2016
- Scottish Health Care Awards for Innovation 2015
- Royal Pharmaceutical Society ‘I love my Pharmacist Award’ 2015
- Royal Pharmaceutical Society Leadership Award 2015
- Scottish Pharmacy Award for Innovation in Prescribing, Quality and Efficiency 2014

7. Future Directions

The Macmillan Pharmacy Service was funded until August 2016. Options for further funding of the Service are currently begin discussed.31

7.1 Delivery on the Strategic Framework for Action on Palliative and End of Life Care

The Scottish Government has recently announced its 5 year vision for PC as set out in the Strategic Framework for Action on Palliative and End of Life Care (Dec 2015). The framework recognises that ‘palliative and end of life care is everyone’s business’, and is now an issues of major public interest in the face of a growing aging population and the associated increased need for person-centred, good quality, safe and timely PC as close to home as possible.16 The framework also recognises that PC services are neither equitable nor sustainable and a shift in the balance of care away from the acute sector to a more financially sustainable community based service, supported by new innovative service delivery models, is required.

The Logic Model presented in Figure 4 below demonstrates how the Macmillan Pharmacy Service activities can continue to deliver on all of the three key aims, four key outcomes and eight components of action (identify, include, individualize, investigate, involve, integrate and innovate) as described in the strategic framework. Our unique ‘on the ground workforce’ is best placed to investigate how well PC services are delivered, involve health and social care professionals in discussion around how PC services can be made more available to all who need it, and innovate in response to identified need to improve services.
Macmillan Pharmacy Service Logic Model
Aligned with the Strategic Framework for Action on Palliative and End of Life Care

**INPUTS**
- Strategies
- Participation

**PRIORITIES**
- Scottish Governments Vision as set out in the Strategic Framework:
  - By 2021, everyone in Scotland who needs Palliative Care will have access to it

**OUTPUTS**
- Design, develop, and deliver, innovative palliative care education and training
- Design + develop tools for professionals and patients to support best practice, improve service
- On the ground workforce to: improve and maintain awareness of palliative care; support existing services to continually improve practice; identify and share areas of good practice; evaluate practice
- Health and social care teams: Community pharmacy staff, GP practice staff, prescribing support pharmacists, DNs, care home staff
- Frontline community pharmacy staff, GP receptionists and practice managers (National training package for health and social care staff under development)

**OUTCOMES**
- Identify everyone who might benefit from palliative care
- Include all diagnoses, ages, and groups within the commissioning and delivery of care
- Individualize every person’s care to their needs
- Involve people in discussions about palliative care – what it is and how it can be made more widely available
- Investigate how well palliative and end of life care is being delivered
- Improve and develop services continually
- Integrate relevant services and resources
- Innovate to respond to emerging needs

**IMPACT**
- People receive health and social care that supports their wellbeing irrespective of their diagnosis, age, socio-economic background, care setting or proximity to death
- People have the opportunities to discuss and plan for their future possible decline in health, preferably before a crisis occurs, and are supported to retain independence for as long as possible
- People know how to help and support each other at times of increased health need and in bereavement, recognizing the importance of families and communities working alongside formal services
- People access cultures, resources systems and processes within health and social care services that empower staff to exercise their skills and provide high quality person-centered care
- Access to palliative care is available to all who can benefit from it, regardless of age, gender, social group or location
- People and their families and carers have timely and focused 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
- Communities, groups and organizations of many kinds understand the importance of good palliative care to the well-being of society

Activities of the Macmillan Pharmacy Service

8 components for action

4 Key Outcomes

3 Key Aims
7.2 Delivery on Transforming Urgent Care for the People of Scotland

The Scottish Government recently commissioned a review out of hours (OOH) services in Scotland as they recognised that current provision could no longer meet demands, particularly for those with multiple long-term conditions requiring PC. The results of the review and subsequent recommendations were published in *Pulling together: transforming urgent care for the people of Scotland* (TUC). The TUC review made 28 recommendations to ensure that primary care OOH services:17

- Are person-centred, sustainable, high quality, safe and effective
- Provide access to relevant urgent care where needed
- Deliver the right skill mix of professional support for patients during the OOH period

Of particular relevance are recommendations 1, 6, 7, 10 and 13 and Table 4 details how the Macmillan Pharmacy Service can contribute to the delivery of these recommendations, in the context of PC.

Table 4: Delivery of TUC recommendations

<table>
<thead>
<tr>
<th>TUC Recommendations</th>
<th>Activities of the Macmillan Pharmacy Service that deliver on TUC recommendations</th>
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| Recommendation 1: A new model of care for out of hours and urgent care services     | Activity 1: PC education and training  
Design, development and delivery of PC education and training for community pharmacy staff and Network Pharmacists (who provide enhanced PC services) will ensure that community pharmacy staff are prepared and able to support the new model of OOH and urgent care.  
Patient and professional awareness of the PC services that community pharmacy can provide is also key if successful outcomes from the new model of OOH and urgent care are to be realised. Raising awareness of the PC services available from community pharmacy, HSCT, voluntary sector and patient groups is a core function of the Macmillan Pharmacy service. |
| Recommendation 6: People with Specific needs                                         | Activity 2: On the ground workforce raising awareness of PC  
PC tools and resources developed by the Macmillan Pharmacy Service in response to gaps in service (appendix 6) will support the development of PC patient pathways by the new multidisciplinary OOH team. |
| Recommendation 7: Health Inequalities                                                | Activity 3: Tools and resources to support best PC practice  
PC needs are greatest in deprived areas and community pharmacy has a reach into deprived areas unrivalled by any other health care profession. Therefore, with support from the Macmillan Pharmacy Service, community pharmacy staff are ideally placed to address health inequalities and improve patient access to integrated PC services. |
| Recommendation 10: The Importance of the Working and Educational Environment          | Activity 1, 2 and 3  
Design, delivery and development of PC education and training in GG&C  
Development of an integrated national PC training resource for health and social care staff is complete. It is envisioned that uptake of this training package will ensure continuity of PC training across HSCT and improve continuity of the PC service provided by multidisciplinary teams in the new OOH care model. |
| Recommendation 13: Future Contribution of the Pharmacy Workforce                     | Activity 1, 2 and 3  
Delivery of PC education and training for community pharmacy support staff will increase the capacity of community pharmacy to deliver PC services and release pharmacist time to practice advance PC clinical skills for the benefit of patients both in the daytime and urgent care setting.  
On the ground workforce promoting awareness of PC and empowering patients to ask for services  
Development of tools and resources to support community pharmacy staff advance PC practice. |

Kate Mccusker October 2016
7.3 Conclusion

The Macmillan pharmacy team has established a unique ‘on the ground’ PC network and capability, in the newly formed HSCP 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 OOH care. Furthermore, the Macmillan Pharmacy Service can be refocused through dialogue with key stakeholders, newly formed HSCP teams, OOH and Acute Care teams to investigate and innovate to deliver continued improvements in PC services.

8. Summary

The Macmillan Pharmacy Service has been successfully rolled out across all HSCP in GG&C. 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. All initiatives as set out in the Service work plans have been completed. An evidence base to support the continuation of the service has been demonstrated through successful evaluation by the University of Strathclyde demonstrating changes in community pharmacy PC practice, positive feedback from patients and service users, impact beyond GG&C, publications and awards (section 4, 5 and 6).

This pioneering new service represents a new innovative model of care that will help to shift the balance of PC services away from the acute sector to a more financially sustainable community-based service. The Macmillan Pharmacy Service aims and objectives are aligned with the NHSScotland Quality Strategy, the Scottish Governments 20:20 vision and Living and Dying Well: A national action plan for Scotland. Indeed, Living and Dying Well: Reflecting on progress sites the Macmillan Pharmacy Service pilot as an example of good practice. Furthermore, with continued funding, the Macmillan Pharmacy service could be integral to the delivery of the Scottish Governments new vision for PC and urgent care in Scotland.
References (all electronic references accesses October 2016)


Appendices

Appendix 1. Evidence-based capacity plan – General Model

<table>
<thead>
<tr>
<th>Core Functions</th>
<th>Population / Community Pharmacy coverage</th>
<th>Human Resource / Contract Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Pharmacy Function</td>
<td>• Core service to local community</td>
<td>• Scottish community pharmacy contract</td>
</tr>
<tr>
<td></td>
<td>• Enhanced service to local community</td>
<td>• Enhanced community pharmacy service payment (local / national agreement)</td>
</tr>
<tr>
<td>Facilitator/Interface Function</td>
<td>• ~100,000 population</td>
<td>• 0.2WTE pharmacist</td>
</tr>
<tr>
<td></td>
<td>• ~ 30 community pharmacies</td>
<td></td>
</tr>
<tr>
<td>Leadership and Team Co-ordination / Administrative Functions</td>
<td>• 400,000 population</td>
<td>• 0.2WTE clinical leader/ management</td>
</tr>
<tr>
<td></td>
<td>• ~ 100 community pharmacies</td>
<td>• 0.4WTE administrative support</td>
</tr>
</tbody>
</table>

Appendix 2. Evidence-based capacity plan – NHS GGC Model

<table>
<thead>
<tr>
<th>Core Functions</th>
<th>Population / Community Pharmacy coverage in NHS GG&amp;C</th>
<th>Human Resource / Contract Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Pharmacy Function</td>
<td>• Core service to local community</td>
<td>• NHS Scotland community pharmacy contract: all 291 pharmacies</td>
</tr>
<tr>
<td></td>
<td>• Enhanced service to local community</td>
<td>• Enhanced community pharmacy Service Level Agreement, funded nationally via Model Schemes: 70 pharmacies</td>
</tr>
<tr>
<td>Facilitator/Interface Function</td>
<td>• 1,200,000 population</td>
<td>• 2.5WTE staff</td>
</tr>
<tr>
<td>(see Table below for details))</td>
<td>• 291 community pharmacies</td>
<td>• 5 x 0.3WTE pharmacists and</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• 5 x 0.2WTE pharmacy technicians</td>
</tr>
<tr>
<td>Leadership and Team Co-ordination / Administrative Functions</td>
<td>• 1,200,000 population</td>
<td>• 0.5WTE clinical leader/ management</td>
</tr>
<tr>
<td></td>
<td>• 291 community pharmacies</td>
<td>• 1.0WTE administrative support</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Facilitator/Interface Function</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Information -Patients / Carers</td>
<td>• Help develop patient/carer information resources to support verbal information</td>
</tr>
<tr>
<td></td>
<td>• Raise awareness of Community Pharmacy Services</td>
</tr>
<tr>
<td></td>
<td>• Sign-posting to other services e.g. Macmillan Cancer Support</td>
</tr>
<tr>
<td>Multi Disciplinary Education</td>
<td>• Education and training needs assessment</td>
</tr>
<tr>
<td></td>
<td>• Development &amp; delivery of training</td>
</tr>
<tr>
<td></td>
<td>• Develop and update appropriate resources to aid safe use of medicines and symptom management</td>
</tr>
<tr>
<td></td>
<td>• Improve availability of information on all medicines commonly used in palliative care</td>
</tr>
<tr>
<td></td>
<td>• Provide advice to practitioners on clinical issues and resolution of problems</td>
</tr>
<tr>
<td>Communication / Local leadership</td>
<td>• Mapping of clinical services</td>
</tr>
<tr>
<td></td>
<td>• Promote information sharing across Primary Care team to facilitate Pharmacy involvement in management of palliative care patients, and effective communication between pharmacies when required</td>
</tr>
<tr>
<td></td>
<td>• Establish communication / care pathways between care settings</td>
</tr>
</tbody>
</table>
Appendix 3:

Steering Group Members

Paul Adams (Chair, Head of Primary Care & Community Services – NW Sector)
Robert Gillespie (Lead Pharmacist Community Care)
Elayne Harris (Macmillan Lead Pharmacist for Palliative Care GG&C)
Richard Duke (Contracts Manager Community Pharmacy Development)
Joyce Dunlop (Associate Macmillan Development Manager)
Margaret Maskrey (Lead Clinical Pharmacist Inverclyde)
Pamela MacIntyre (Lead Clinical Pharmacist W Dunbartonshire)
Christine Hennan (Clinical Team Leader- Adult Community Nursing Inverclyde)
Val McVer (Community Specialist Nurse –Adult Services Palliative Care)
Catherine Barry (Macmillan patient/carer Representative)
Katie Clark (General Practitioner & Macmillan GP Facilitator Renfrewshire)

University of Strathclyde Research Team

Mrs Emma Dunlop Corcoran
Professor Marion Bennie
Dr Gazala Akram

Appendix 4: Recommendations from the evaluation of the Macmillan Pharmacy Facilitator Project 2009-2013

<table>
<thead>
<tr>
<th>Information Resources</th>
<th>Community Pharmacy/MDT</th>
<th>Communication and Networking</th>
<th>Skills Development</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Encourage community pharmacies to inform patients on changes in their medicines and work to raise patient and carer expectations of pharmacy services</td>
<td>• Promote the sharing of resources generated through the project as tools to support best practice, through existing local and national networks</td>
<td>• Continue to establish and strengthen communication strategies across the HSCPs both within pharmacy and across the MDT, as appropriate</td>
<td>• Continue education sessions for pharmacists/pharmacy support staff to sustain core skills and develop enhanced skills; these should be aligned to registration requirements with the General Pharmaceutical Council</td>
</tr>
<tr>
<td>• Develop a written, easily accessible resource educating palliative care patients and their carers on accessing their medicines and information from their community pharmacy</td>
<td>• Assess the feasibility to move project resources developed to electronic platforms to facilitate resource sustainability</td>
<td>• Assess how communication strategies can become more system dependant rather than person dependent, to facilitate sustainability</td>
<td>• Encourage experienced community pharmacists to assist with education sessions to promote local sustainability</td>
</tr>
<tr>
<td>• Identify and promote a list of validated and reliable web-based patient information resources</td>
<td>• Continue to develop guidance for medicines used in palliative care, to support patient care</td>
<td>• Identify the information, communication and support needs for care home staff to improve pharmaceutical palliative care for their residents</td>
<td>• Future education sessions for pharmacy staff should be shaped by local educational needs assessment and key national priorities</td>
</tr>
<tr>
<td>• Maintain ongoing leadership, Coordination and support from the project lead and project administrator to ensure communication between the project team and alignment of the project with local/national frameworks</td>
<td></td>
<td>• Maintain ongoing leadership, Coordination and support from the project lead and project administrator to ensure communication between the project team and alignment of the project with local/national frameworks</td>
<td>• Develop e-learning tools for pharmacy support staff education modules with the support of NHS Education for Scotland</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Field test the designed pharmaceutical care plan with community pharmacies and establish the information technology steps necessary to support this through the evolving CMS</td>
</tr>
</tbody>
</table>
## Patient-facing Resource Overview

<table>
<thead>
<tr>
<th>Resource</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>PC resources folder for community pharmacy</td>
<td>Provides a single comprehensive source of quality PC information for community pharmacy staff and provides a framework to improve the quality and safety of prescribing and dispensing. <a href="http://www.communitypharmacyscotland.org.uk/media/95616/NHS-GGC-palliative-care-resources.pdf">Link</a> National version developed and has content relevant across Scotland and the UK <a href="http://www.nes.scot.nhs.uk/media/2696835/2014-04-17_palliative_care_resources_for_community_pharmacy_final_copy.pdf">Link</a> Awarded Royal Pharmaceutical Society (RPS) endorsement</td>
</tr>
<tr>
<td>Prescription prioritisation flow chart</td>
<td>Practical tool for use by community pharmacy staff at the point of care to aid the prioritisation and dispensing of PC prescriptions <a href="http://www.palliativecareggc.org.uk/wp-content/uploads/2013/10/PC-Prescription-prioritisation-flow-chart.pdf">Link</a></td>
</tr>
<tr>
<td>PC courier flow chart</td>
<td>Practical tool detailing how and when to access the PC courier service for the transport of urgent PC medication, prescriptions or syringe pumps <a href="http://www.palliativecareggc.org.uk/wp-content/uploads/2013/10/PC-Courier-flow-chart.pdf">Link</a></td>
</tr>
<tr>
<td>Incident report template</td>
<td>Template for use by community pharmacy staff and Macmillan pharmacy team to encourage recording, sharing and learning from PC incidents <a href="http://www.palliativecareggc.org.uk/wp-content/uploads/2013/10/Incident_reporting_form1.pdf">Link</a></td>
</tr>
<tr>
<td>Sign-posting flashcard for patients/families/carers</td>
<td>Simple tool for professionals to sign-post patients to relevant PC information sources <a href="http://www.palliativecareggc.org.uk/wp-content/uploads/2013/10/Palliative-Care-sign-posting-flash-card.pdf">Link</a></td>
</tr>
</tbody>
</table>

## Clinical Resource Overview

<table>
<thead>
<tr>
<th>Resource</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>PC patient Information leaflet</td>
<td>Designed to educate and inform patients of the PC service they can expect from all community pharmacies and empower patients to ask for services (available on request) Delivered to all community pharmacies in GG&amp;C Delivery to wider health and social care staff and voluntary groups within each HSCP ongoing (i.e. GP surgeries, DNs, hospices, Macmillan services)</td>
</tr>
</tbody>
</table>

## Administrative Resource Overview

<table>
<thead>
<tr>
<th>Resource</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescribing aide</td>
<td>Tool to highlight key PC prescribing errors as well as good practice points to prevent delays in patients accessing PC medication (available on request) Distribution to all GP practices, DNs, community pharmacies and other non-medical prescribing groups in GG&amp;C is currently underway</td>
</tr>
<tr>
<td>Electronic PC bi-monthly newsletter for community pharmacy</td>
<td>Bi-monthly round-up of palliative care news as well as a platform to promote good practice and PC education resources <a href="http://www.palliativecareggc.org.uk/?page_id=10">Link</a> Sent electronically to all community pharmacies in GG&amp;C First issue released via social media October 2015, 2nd issue December 2015 First issue: 4 re-tweets, reach = 2621; Second issue: 5 re-tweets, reach = 1676</td>
</tr>
<tr>
<td>PC network community pharmacy audit</td>
<td>Rolled out to all network pharmacies (71) during 2014 to determine the baseline PC service provided by Network pharmacies and compare to PC standards set out by the Boards service level agreement Summary report produced and sent to all community pharmacies in GG&amp;C Re-audited in February 2016 to measure improvements in PC services through implementation of baseline audit recommendations Final audit summary report produced</td>
</tr>
</tbody>
</table>

## Improvement Resource Overview

<table>
<thead>
<tr>
<th>Resource</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Macmillan Pharmacy Service PC training Webinar Flyer</td>
<td>Designed to promote the uptake of PC training for community pharmacy staff <a href="http://www.staffnet.ggc.scot.nhs.uk/Acute/Division%20Wide%20Services/Pharmacy%20and%20Prescribing%20Support%20Unit/Community%20Pharmacy/Documents/Webinar_flyer-final.ppt">Link</a></td>
</tr>
</tbody>
</table>
Appendix 6: Top level overview of community pharmacy visits by the Macmillan Pharmacy Service

<table>
<thead>
<tr>
<th>Pharmacy Visit</th>
<th>Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Visit Dec 2013</td>
<td>Service launch</td>
</tr>
<tr>
<td>2nd Visit July 2014</td>
<td>Delivery of Macmillan PC merchandise to support practice and general awareness raising of PC issues and safety messages</td>
</tr>
<tr>
<td>3rd Visit Dec 2014</td>
<td>Targeted PC education/promotion sessions based on local need identified by facilitators from previous visits and reported incidents</td>
</tr>
<tr>
<td>4th Visit Jan 2015</td>
<td>Targeted visits for the recruitment of participants for pilot PC training</td>
</tr>
<tr>
<td>5th Visit Mar 2015</td>
<td>Promoted and raised awareness of local PC initiatives/services to ensure community pharmacy staff proactively engage and connect patients with PC services, including third sector services, available within their local area Promoted new PC educational and bereavement resources to improve workforce PC knowledge and introduce bereavement communication skills for front line community pharmacy staff for the benefit of patients</td>
</tr>
<tr>
<td>6th Visit July 2015</td>
<td>Promoted new National Palliative Care Clinical Guidelines to ensure continuity of patient care Scoped the need for a PC GP receptionist training package; engaged community pharmacy staff in identifying challenges around GP surgeries, or gaps in GP receptionist knowledge, that may lead to delays in patients accessing PC medication or services from community pharmacies</td>
</tr>
<tr>
<td>7th Visit Aug 2015</td>
<td>Promotion and delivery of patient-facing resources developed by the Macmillan Pharmacy Service to support and maintain improvements in community pharmacy PC practice Facilitated communication between community pharmacy and third sector for the coordinated distribution of third sector PC resources to patients via community pharmacy (utilises community pharmacy reach into the community)</td>
</tr>
<tr>
<td>8th Visit Nov 2015</td>
<td>Scoped the need to develop a care home good practice guide for community pharmacies with the aim of ensuring integrated and equitable delivery of pharmaceutical services to care homes across GG&amp;C</td>
</tr>
<tr>
<td>9th Visit March 2016</td>
<td>Preparation for Service Exit</td>
</tr>
</tbody>
</table>

Appendix 7: Links to Publications

- **NHS GGC Core brief, October 2015**,  [http://www.staffnet.ggc.scot.nhs.uk/Corporate%20Services/Communications/Briefs/Pages/comms_CoreBrief-19October2015_LS191015.aspx](http://www.staffnet.ggc.scot.nhs.uk/Corporate%20Services/Communications/Briefs/Pages/comms_CoreBrief-19October2015_LS191015.aspx)