

We need to talk about Palliative Care

Community Pharmacy Scotland

Who are we?

Community Pharmacy Scotland is the organisation which represents community pharmacy contractor owners in almost every aspect of their working lives, and is the voice of these vital healthcare professionals as they deliver pharmaceutical care to the people of Scotland.

It is empowered to represent the owners of Scotland's 1256 community pharmacies and negotiates on their behalf with the Scottish Government. This covers all matters of terms of service and contractors' NHS service activity including remuneration and reimbursement for the provision of NHS pharmaceutical services.

Community pharmacies are situated across Scotland and it has been recognised that they are frequently sited in areas where levels of health inequalities are greater. In these areas, community pharmacies also offer members of that community an opportunity for skilled and sustainable employment.

What do we do?

Community Pharmacy Scotland works with the Scottish Government on the development of new pharmaceutical care services and works to ensure that the framework exists to allow the owners of Scotland's community pharmacies to deliver these services.

The Scottish community pharmacy contract puts the care of the individual right at its centre and with its focus on pharmaceutical care and improving clinical outcomes, community pharmacy contractors and their employee pharmacists are playing an increasingly important role in maximising therapeutic outcomes and improving medicine safety. Community pharmacy is at the heart of every community and plays an important part in the drive to ensure that the health professions provide the services and care the people of Scotland require and deserve.

2013 saw the publication of *Prescription for Excellence*, A Vision and Action Plan for the right pharmaceutical care through integrated partnerships and innovation. We participated in the session held by the Health and Sport Committee on 29th April 2014 to consider and explore it and welcomed the opportunity that gave to interact with officials and other stakeholders.

Community Pharmacy Scotland is happy to provide further information to the Health and Sport committee as required in support of this submission.

CPS Response to the call for evidence

What has been your experience in terms of access to palliative and end of life care?

In terms of the pharmacy network and the access to medication for these patients each Health Board works with their local contractor network to identify 'palliative care pharmacies' within each area. These pharmacies are normally identified by geographic locality and accessibility of opening hours.

The aims & objectives of the pharmacy service are twofold:

- 1) To ensure that patients requiring palliative care receive continuity of supply of essential medicines and devices for drug delivery
- 2) To create a network of specialist community pharmacies to provide information and advice on the pharmaceutical aspects of palliative care to patients, carers, GPs, nurses and other community pharmacists.

Improved links occur between the 'palliative care pharmacies' and the local palliative care teams as well as the Out of Hours service having lists of where patients can access vital medicines in the evening and at weekends to avoid unnecessary delays in treatment. This system for improved access to a wider range of medications for palliative care patients has been in place for over a decade and has proved to be an important asset of the community pharmacy network.

How could it be ensured that access to palliative and end of life care is equitable and available in all areas and for all types of terminal illnesses?

Pharmaceutical care for palliative care in most areas has largely focussed on cancer patients. If this was to widen to other areas of terminal illness then extra training may be required for the local palliative care networks of pharmacies. Many of the challenges are the same for all terminal illnesses in terms of palliative care; however a broader approach beyond cancer would give the network added expertise for patients and others who access them for information.

Can you identify any areas in terms of access to palliative and end of life care that should be focused on as priorities?

As mentioned previously a focus on widening the conversations beyond that of cancer would be useful for health and social care professionals and, ultimately, patients.

When is the right time to begin discussing options for Palliative Care, who should be party to that discussion, who should initiate it and where should it take place?

There may be times in other settings where a pharmacist is involved discussing medication options for palliative care patients but for community

pharmacy they would be highly unlikely to be involved in any such initial discussions and they would never take place in the community pharmacy setting.

It is of course extremely useful if the local community pharmacy is informed of the treatment choices of the prescriber and patient so that supply and advice can be given in a timely and coordinated manner.

What works well in discussing palliative and end of life care and how is good practice communicated? Where do the challenges remain?

Openness and honesty in general works well for patients undergoing palliative care treatment. Good practice is also to share relevant information between all parties involved in the care of the patient (subject to consent from patient), so that everyone can work from the best base to deliver appropriate care in partnership with the patient.

From the community pharmacy perspective a regular challenge can arise from actually speaking to the patient themselves. Depending on the wellbeing of the patient it is often family and carers who pick up supplies of medication from pharmacies and this presents the challenge of confidentiality and of imparting the info you need to, to ensure safe and effective use of the medicines.

Another challenge is that community pharmacists have no current way of directly accessing the Emergency Care Summary (ECS) and therefore the Palliative Care Summary (ePCS) for patients. The ECS takes core patient details from GP systems and sends them automatically to a central ECS store so that clinicians in emergency care and out of hours settings can access these details with the permission of the patient. It would be useful for pharmacists to have access to ePCS to allow improved patient care. It should be noted the NHS England have accepted this principle of pharmacist access to records and are now actively working on implementation. Community pharmacy professionals and premises are highly regulated as are other healthcare professionals so we are bound by data protection/confidentiality etc.

What is the role of anticipatory care plans in supporting Palliative Care discussions and how can their uptake be improved?

Anticipatory care plans should be important in the shared decision making process between healthcare professionals and patients for their care. As well as clinical information related to their condition it should also contain personal information important to the individual around, for example, their concerns and goals for the treatment.

Community pharmacists are not routinely sighted on these care plans and this would be beneficial for the patient and the pharmacy to allow improved continuity of care. It is our understanding that these plans are being tested in electronic format; this may improve take up but the same issues around lack

of pharmacist access should be addressed so that community pharmacies can maximise the care they provide to this patient cohort.

How should information about Palliative Care be made available to patients and their family during any initial discussions and how easily available is this information?

Information should be tailored to the individual wherever possible to support their needs at what will be a challenging point in their lives.

What training and support is provided to Health and Care staff on discussing Palliative Care with patients and families and are there any areas for improvement?

Extra peer led training is given to the palliative care network pharmacies to allow their teams to deliver the service and support locally to patients and others. This training is normally led by an Area Specialist Palliative Care Pharmacist. National Education for Scotland (Pharmacy) also provide training for the profession in this area.

There is probably something lacking in the 'softer' skills that may be required by some pharmacists in some situations with patients. The knowledge around the medicines and how they interact is well covered for pharmacists and allows them to demonstrate their expertise in medicines, however dealing with emotional patients may be an area for improvement.

How do Health and Care organisations ensure that the discussions about palliative and end of life care are taking place at the right time?

When patients (and representatives) appear for medication related to palliative care provision every patient should receive advice on the medication, every time to ensure safe and effective supply. The accessibility of the community pharmacy network allows conversations to happen when it suits the patient (even over the phone) and within private consultation rooms which are now present in the vast majority of pharmacy premises.

What are the challenges in recording and documenting Palliative Care priorities and how well are those priorities communicated between different health and care providers?

We have covered this in previous answers but it would be useful for community pharmacy to have the ability to record and document on uniformly recognised care plans. The ability to add notes (electronically or otherwise) would evidence the community pharmacists input and allow others to view another important healthcare touchpoint for the patients and carers.

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