

Community Pharmacy Model Schemes for Pharmaceutical Care Palliative Care

1. Introduction

The FVHB HIP acknowledges that the future development of palliative care in Forth Valley requires the Health Board to encourage multidisciplinary and multi-agency working. The HIP refers to reviewing existing palliative care pharmacy services; improving access to the range of equipment required; improving skills, knowledge and communication; and effective integration of cancer and palliative care services. The appointment of a Specialist Palliative Care Pharmacist for the Forth Valley Area has provided the means to manage continuity of pharmaceutical care across the primary and secondary care boundaries.

The role of community pharmacists in contributing to this service has been acknowledged in the 1999-2000 remuneration settlement between the SPGC and the Scottish Executive. This earmarks money, from the global sum each year, to be used in developing community pharmacy networks targeting patients in the priority group areas of palliative care, frail elderly and those with severe and enduring mental illness. This scheme intends to address the needs of palliative care patients .

2. Aim

To establish a network of trained community pharmacists, based on Localities, providing a palliative care service to cancer patients in Forth Valley.

3. Objectives

- ◆ To ensure that patients requiring palliative care receive continuity of supply of essential medicines and devices for drug delivery.
- ◆ 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.

4. Locality Palliative Care Pharmacists

One community pharmacy from each Locality in Forth Valley will provide the service.

4.1 Selection Criteria

- ◆ Pharmacy in each locality.
- ◆ Evidence of and/or willingness to undertake further training in palliative care
- ◆ Ability to provide continuity of service from each pharmacy
- ◆ Willingness to participate in peer review.(quarterly)

4.2 Responsibilities

To ensure availability of drugs as listed in Appendix 2

To participate in out of hours cover as specified in “Palliative Care Service Out of Hours and Unusual Drug Requests

To provide support, advice and specialist drug stock (if required) to other community pharmacists in the locality.

To work with GPs, District Nurses, and Macmillan Nurses in the locality, in meeting the needs of Palliative Care patients.

To liaise with Acute and Primary Care Trust Pharmacists and Area Specialist Palliative Care Pharmacist to ensure seamless care when the patient is transferred between care settings.

To maintain records of pharmaceutical care provided to each patient.

4.3 Training

Completion of SCPPE Palliative Care distance learning pack will form the minimum level of training for Locality Palliative Care Pharmacists. The training needs of participating pharmacists will be assessed and relevant training provided.

5. Responsibilities of Area Specialist Palliative Care Pharmacist

To liaise with the APC and LHCC Pharmacists in the selection of locality palliative care pharmacists.

To provide initial and ongoing training in palliative care to locality pharmacists (directly or indirectly).

To provide support and advice to locality palliative care pharmacists.

To facilitate liaison between primary and secondary care pharmacists.

To monitor and audit the service.

To organise regular peer review sessions (quarterly)

To ensure adequate information/training for on call pharmacists in Acute Trust.

6 Monitoring and Audit

Quarterly statistics from network members. Number of patients “referred”, number of care issues identified, number of pharmacy contributions, items dispensed from specialist stock list

Review stock list after 12 months and amend if necessary.

Pharmacy contributions and outcomes to be documented and graded (? Nottingham System) at peer review and independently to give objective measure of contributions.

7 Communication

There is a need to ensure that all potential users of the network are aware of it’s existence and the community pharmacists involved.

Information will need to be forwarded to

Acute Trust Pharmacists

LHCC Pharmacists

All Community Pharmacists FVHB

Macmillan GP Facilitator

All FVHB GP s

All FVHB district and practice nurses

All Macmillan Home Care Sisters (Strathcarron)- Potential to link Nurses to pharmacist in their area.

Hospital Macmillan Nurses.

Strathcarron Medical Staff (for information)

Local patient groups (general information about network possibly to avoid directing patients or creating “invidious distinction”)

8.3 Equipment: The model scheme includes access to drug delivery devices. This scheme should link into current mechanisms eg Joint Equipment Loan Store, Strathcarron Hospice (syringe drivers). This avoids the purchase or storage of equipment in community pharmacy premises and maximises the use of current stocks.