

## **We need to talk about Palliative Care**

### **National Pharmacy Association**

The National Pharmacy Association is the not for profit trade body which represents the vast majority of independent community pharmacy owners (including independent multiples) in Scotland and across the UK. The Association provides its members and the staff that work in the member pharmacies with professional and commercial support, professional indemnity insurance as well as representing the interests of community pharmacy.

The National Pharmacy Association (NPA) welcomes the opportunity to respond to this inquiry and limits its response to those areas which are relevant to the community pharmacy network.

Over 1200 community pharmacies are distributed across Scotland in villages, towns and cities in affluent and deprived areas. Community pharmacies, like GP practices, are independent contractors and are an integral part of primary health care services.

Pharmacists are responsible for the supply of most medicines available to the public. They advise the public and other professionals on the safe and effective selection and use of medicines managing symptoms and side effects to optimise patient benefit.

Pharmacies are located in the heart of neighbourhood communities where they provide services which are easily accessible to those who need them. To many people who do not have ready access to transport they provide a lifeline and are sometimes the only accessible contact with the Health Service.

The Scottish Government describes pharmacists as “highly trained clinical experts in the use of medicines”<sup>1</sup> Pharmacists have completed five years of intensive study in physiology, pharmacology and pharmaceuticals becoming patient focussed practitioners committed to further professional development. All prescriptions are clinically and legally checked by the pharmacist before dispensing. All pharmacists, registered pharmacy technicians and pharmacy premises are regulated to Professional Standards by the General Pharmaceutical Council of Great Britain.

Many palliative care patients receive controlled drug prescriptions which must meet strict legislative requirements. In addition to their clinical expertise pharmacists are responsible for maintaining legislative standards and are often required to facilitate necessary prescriber interventions to enable patients to receive their medication in a timely manner. Pharmacists can advise on pharmaceutical control of anxiety and pain which may include switching between opioids. Pharmacists can advise on the most effective delivery form and regimen of medication for individual patients and also provide aids to medicine compliance. A pharmacist performing routine clinical checks at the time of supplying medicines to a patient recognized as requiring palliative care is alerted to the possibility of the often unlicensed use of medicines, frequent dose and occasional medicine form changes. Palliative

Care patients often have rapid changes of care setting between acute, hospice and home which increase the chance for medication error especially with the often complex end of life treatments. These medication errors can be minimised by close involvement of the patient's regular, community, pharmacist within the Palliative Care team for the patient. Anticipatory care plans shared with the community pharmacist enable advance ordering of specific medicines to ensure timely administration. Pharmacy provision of "Just in case boxes" minimise unnecessary access to out of hours care.

NHS Boards across Scotland have developed networks of community pharmacies with specialist palliative care knowledge and which hold a stock of medicines commonly used in palliative care. The locally negotiated enhanced pharmacy services provide patients receiving palliative care with readily available stock of palliative care formulary listed medicines to ensure prompt treatment including in Out of Hours situations or from non-network pharmacies. The training involved in meeting the NHS service specification enables the provision of specific expert advice in the pharmaceutical management of symptoms and supply of end of life medicines to patients, carers and health professionals. Recorded palliative care pharmacy interventions and issues can be audited for service development purposes.

Located where people live, work and shop community pharmacies sit where health and social care meet. By ensuring pharmacists are fully informed of patients palliative care needs pharmacists can ensure that services are co-ordinated and patients receive the best possible care. One way this could be done is through shared care arrangements similar to those used in substance misuses services.

**1. 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?**

The palliative pharmacy services are defined and arranged within each Board area therefore there can be inequity of pharmaceutical care provision for palliative care patients across Boards. A National palliative care pharmacy specification would improve equity of provision.

Each Board promotes pharmacy palliative care services differently and often patients and health professionals are unaware of the service available. A National promotion campaign to the public and health and social care professionals of the palliative care services available would increase equity of provision. Promotion of services should include discussion with patients at the point of classification of palliative care and supported with a patient and carer leaflet detailing the services available to them. Health and social care professionals should be aware of what services are available and how patients can access the services.

Pharmacists are often unaware that a patient's treatment is palliative. This hinders important conversations that could improve pharmaceutical care. Pharmacist access to an appropriate read and write patient record that flags if a patient is on the Palliative Care Register and any previous palliative

medicine issues would increase provision of palliative pharmacy services and improve pharmaceutical care. The Palliative Care Register should be used in all instances of palliative care.

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

Providing pharmacists who are responsible for the pharmaceutical care of patients receiving prescriptions with appropriate access to patient clinical notes should be prioritised. This would enable the important medicine related patient/professional conversations and decisions to take place at the earliest opportunity, be well informed and therefore minimise adverse outcomes and improve patient pharmaceutical care.

**3. 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?**

All health professionals involved in patient Palliative Care should be appropriately informed as to a patient's plan for their care and have the information required to discuss care options as they arise during Palliative Care treatment. These health professionals must include the community pharmacist who is well placed to provide support to patients and carers where appropriate on medicine management.

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

In community pharmacy the main challenges are that the pharmacist is often unaware that the patient is receiving palliative care as at present no access to patient clinical notes is directly available to pharmacists.

Another challenge in having discussions with patients and carers is that patients often assume the pharmacist has access to more information than the prescribing history kept by that pharmacy.

Patients and carers need clear guidance on what support and information each discipline of health professional has access to and can provide.

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

Anticipatory care plans could minimise medicine errors and medicine waste, if shared with the community pharmacist thus improving patient care.

**6. 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 needs to be in a variety of forms including written, verbal and visual and accessible at every professional intervention tailored for each specific professional role in supporting palliative patients.

**7. 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?**

Community Pharmacists and pharmacy teams have access to palliative training from National Education for Scotland – Pharmacy, local NHS Boards Palliative Care service training and other providers including the National Pharmacy Association. This training is in various formats, free to access and of varying specificity and complexity.

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

Health and Care organisations need to facilitate the informed involvement of all professionals involved in a patient's care.

**National Pharmacy Association**

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<sup>i</sup> <http://www.gov.scot/Topics/Health/NHS-Workforce/Pharmacists/Pharmacy>