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Macmillan Pharmacy Service Project 2014

Early Evaluation of Initial Community Pharmacy Palliative Care Training Programme

October 2014

Macmillan Pharmacy Service Project 2014

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Report 2014

This work was undertaken by the
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All participants of the interviews and questionnaires

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1. Executive Summary

Introduction

NHS Greater Glasgow & Clyde (GG&C) and Macmillan Cancer Support funded in 2013 the roll out of a new Macmillan Pharmacy Service following a successful development program across all six Community Health (and Care) Partnerships (CH(C)Ps). The University of Strathclyde was asked to support the early evaluation of an evolving training program for community pharmacy support staff within this new service. This report presents the evaluation of the training programme initial testing in NHS GG&C and the development of a questionnaire-based tool to measure the impact of the training delivered on practitioners and the patients/carers they support.

Palliative Care training program for Support Staff

The target audience for the training was identified as all staff working in community pharmacies excluding the main pharmacist/manager. The Macmillan Facilitator team (n=10) developed training materials consisting of PowerPoint presentations on 7 topics, entitled: Introduction to Palliative Care; The Palliative Care Resource Folder; Network Pharmacy System; Urgent Palliative Care Prescriptions; Managing (palliative care) Symptoms; Dispensing Opioids; and Signposting (help/information/advice) for Patients.

Participants and Data Collection

Figure 1 presents the recruitment process undertaken to identify pharmacies and participants, where training was delivered by the facilitator in a series of face-to-face training sessions with pharmacy staff (n=55) between 9th June and 29th July 2014. A total of 22 (21 female) of those trained, covering 7 pharmacies (5 network and 2 non network pharmacies in 5 CH(C)Ps) took part in the evaluation. Participants were provided with an information sheet, as well as a consent form and demographics sheet to complete. Participants job roles comprised: 8 healthcare assistant/assistant/ counter staff (36%), 8 dispensing staff (36%), 4 technicians (18%), 1 supervisor (5%) and 1 pre-registration pharmacist (5%). Participants took part in focus groups or one-to-one interviews in their place of work lasting between 8 and 25 minutes. The time spent working in the current pharmacy ranged from 2 months to 32 years (M =4 years).

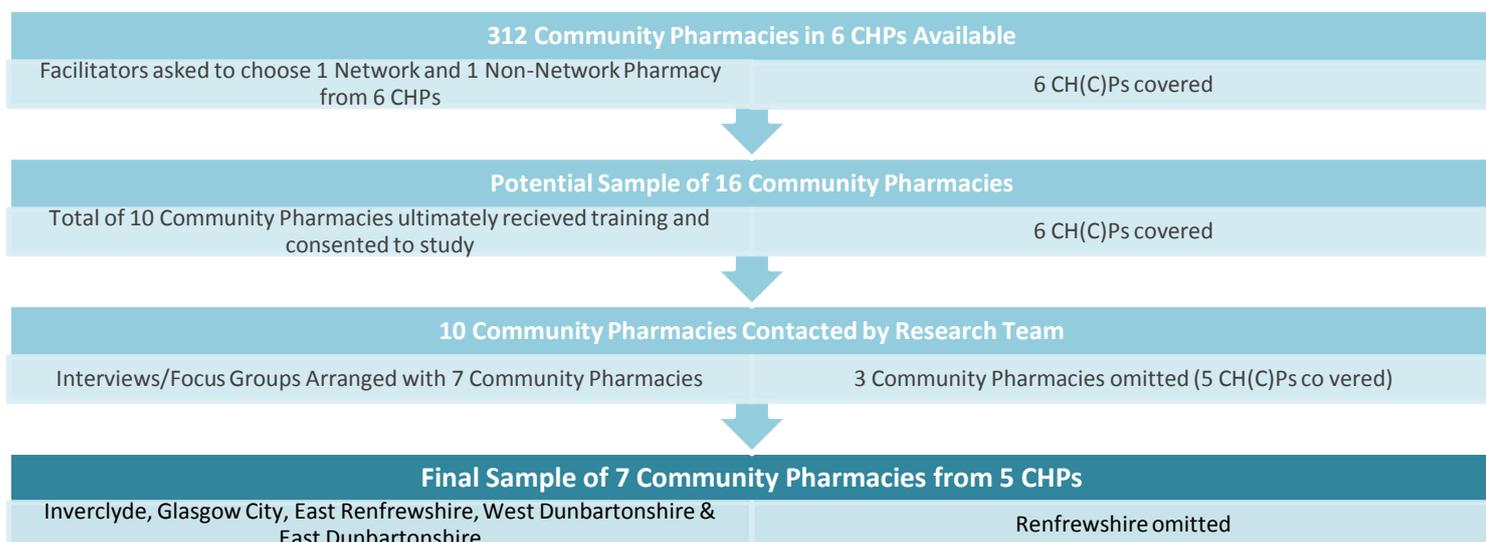


Figure 1- Participant Selection and Data Collection Process

Results

All interviews/focus groups (n=13) were transcribed and a small sample (n =2) was selected for validation. A thematic analysis was conducted on the data using the software NVivo. The results are presented under the two key headings: Training Content and its Usefulness; Delivery of Training.

Training Content & Usefulness

Participants were asked if they found the training useful. All participants responded positively. When asked how appropriate the level of the training was, all participants felt that it was easy to understand and was therefore accessible to them. Some participants reported not learning anything new from the training, but these individuals cited having a wealth of experience in palliative care (either through training, exposure to patients/carers or working in a busy pharmacy) as a reason. Participants spoke about a number of aspects of the training that were particularly useful including a greater awareness of what constitutes as palliative care.

Definition and Awareness of Palliative Care

Many participants reported to having a very limited knowledge of what the term “palliative” actually meant and were pleasantly surprised when the true extent of the term was identified in the training:

“Palliative care is not just like cancer like you would think, I always thought that's what it meant and [the facilitator says] it can mean people with renal failure, heart failure, COPD, you know all these sorts of people can come into palliative.” (Pharmacy Assistant)

Some participants found it useful to know that palliative care did not just define the final days or weeks of life, but conditions lasting over a longer period of time were also considered as palliative:

“The fact that it encompasses more than end of life I think. Up until that point when I'd heard anything I just assumed that it was just like the last weeks of the person's life rather than it could be like years down the road.” (Dispenser)

Patient & Carer Focus

One prominent part of the training that participants found most useful was the focus on the patient and carer. The training made reference to the emotional struggles patients as well as carers with palliative needs might be going through and highlighted the need for compassion and empathy. The fact that the training was not solely focused on medical or pharmaceutical material was seen as a positive by participants. Some commented that community pharmacy counter staff are usually the first point of contact for patients and carers with palliative needs when they enter the pharmacy.

“Obviously as well like saying it’s not just about the patient. These people who are caring for these people are obviously under a lot of pressure, their close family member’s really ill and they’re trying to get medication for then that they can’t get and they’re getting passed round to every different pharmacy.” (Supervisor)

Table 1 displays the other important themes around training content, including comments of medicines-related material, and Community Pharmacy Palliative Care Resources and Services.

Table 1: Additional Important Training Content & Usefulness Themes

Theme	Quotation
Medicines-Related Material	
Awareness of Doses & Formulations	<i>“I didn't know there was like so many forms, like patches and injections and tablets and all that kinda stuff. I just probably did think it was tablets in all honesty...it's adapted very well to each individual person” (Health Care Assistant)</i>
Awareness of Syringe drivers	<i>“What actually got me as when she was going on about the drugs and how you see higher doses because of what they can fit into the syringe driver. Now that’s something that never ever dawned in my brain before... you see the next step of what happens to the drugs after they leave the shop.” (Pharmacy Technician)</i>
Management of Side Effects & Symptoms	<i>“Just to ask about, you know, how the patient is and how they're going with their treatment. If they're having problems in their mouth and just things like that that go with these treatments.” (Dispenser)</i>
Prioritisation of Palliative Care Prescriptions	<i>“Well I had a prescription in yesterday that said syringe driver on it and that was just straight away I knew it's obviously palliative care...I showed it to [the pharmacist]...I wouldn't have really necessarily recognised that before, so that was-that was just the one thing in one day.” (Dispensing Assistant)</i>
Awareness of Community Pharmacy Palliative Care Resources and Services	
Use of the Courier Service	<i>“We know there’s a courier service but we wouldn’t really know how to go about it, so that kind of opened up a few wee pointers there.” (Pharmacy Technician)</i>
Awareness of the Macmillan ‘Purple Folder’	<i>“It's handy for me to know [it's there], because when [the pharmacist] is not here I'm in charge of the place you know? And it's handy to help [a locum] pharmacist cause I can say “right we know where it is, it's in one of these folders.” (Dispenser)</i>
Awareness of the Community Pharmacy Palliative Care Network (CPPCN)	<i>“...to find out there's different chemists that do the same things which we do, we didn't know, you know?...So it was good to get that and now we know” (Dispenser)</i>

Delivery of Training

In general, the views on the concept of the training being made available online were mixed. The primary supporting arguments for online training was the convenience it offered, alignment with other non-medicines based training already accessed online and the wider reach:

“Online's probably a better idea ...I'm just thinking if this is going global or whatever then online maybe reaches a wider audience as well than just having to try and organise face-to-face sessions for all the pharmacies.” (Pre-registration Pharmacist)

Some participants commented that they felt face-to-face training could be more engaging than online training. Furthermore, some participants mentioned that having an allotted time where a Facilitator would be visiting a community pharmacy and delivering the training could result in pharmacy management ensuring that staff received the training. Many were concerned that the opportunity to ask questions as the training progressed would be absent in an online format:

“I think [online] would be good in a way because you can just read it at your own pace and do all that kinda stuff but if you've got questions that aren't covered on whatever slide you're looking at, then I don't think your knowledge is gonna be fulfilled...you couldn't ask a computer like, “Gonna stop a minute because I don't understand it” (Healthcare Assistant)

Some expressed a concern that the online training may not be suitable for those staff with less experience. It appeared that pharmacy size, type (independent or chain) and level of experience in palliative care affected participant responses to the concept of online training.

Future Impact of Training on Practice - Assessment Tool

This piece of work was intended as an early assessment of the training content and perceived usefulness of the training, in addition to gauging participants views on an online training format. The next step in the development of an appropriate palliative care training resource for community pharmacy staff is to consider measurement of the impact of the training on participants and their practice, as well as the retention of the training content. The full report presents a impact assessment tool ready for testing with the initial trained cohort.

Conclusions

This study has provided helpful incite to inform the development of a palliative care training program for pharmacy support staff based on early prototype testing within seven community pharmacies. Examination of the training content and usefulness established the following : all participants (n=22) reported finding the training useful and beneficial; participants reported a level of variation in terms of the information in the training being new versus being reinforced prior knowledge and this was related to participants differing levels of experience (job role, time working in

pharmacy and experience of dealing with palliative care); participant feedback identified four key areas of significance for them- definitions of palliative care, patient and carer support, information about medicines and resources and services available.

Exploration of the potential of an on-line delivery format for the training program in the future with participants provided a varied response. There was a balance between those participants who enjoyed the personal interaction face-to-face training brings, as well as the opportunity to have discussions, and those participants who felt comfortable with the idea of a webinar format. These preferences might be affected by participant context i.e. workload, size of community pharmacy, personal preferences, level of experience and prior knowledge of palliative care.

Recommendations

- An online format of the training resource should be developed and tested for community pharmacy support staff in conjunction with NHS Education for Scotland (NES)
- Ensure a mechanism is in place to allow community pharmacy staff to complete online training
- Opportunities for interactive involvement with the Facilitators should be explored, in order to maintain the dialogue between learner and educator favoured by many participants
- The impact of the training on practitioners and the patients/carers they support should be evaluated
- Investigate the reception of the delivery of the face-to-face training in comparison with the delivery of an online training package.

2. Introduction

In 2012, the University of Strathclyde submitted an evaluation of a 2 year program of work within NHS Greater Glasgow & Clyde (NHS GG&C) entitled the Macmillan Pharmacist Facilitator Project (1, 2). The project was located within four Community Health (and Care) Partnerships (CH(C)Ps)¹ in the health board area and consisted of the University team working closely with the appointed project team to: deliver a baseline needs assessment report; develop a quality improvement program; prepare a summary document on the key activities delivered through the quality improvement program and synthesise a model of care with the aim of supporting effective engagement of community pharmacy in the delivery of palliative care. The key findings of this evaluation have been published and presented in various forums elsewhere (1, 3-5). The evaluation generated a set of recommendations for further development of the program, detailed in Figure 1. Those recommendations which align with the aims and objectives of this current piece of work are highlighted.

Information Resources	Community Pharmacy / Multidisciplinary Team	Communication & Networking	Skills Development (pharmacy/support staff)
<ul style="list-style-type: none"> • Encourage community pharmacies to inform patients on changes in their medicines and work to raise patient and carer expectations of pharmacy services • Develop a written, easily accessible resource educating palliative care patients and their carers on accessing their medicines and information from their community pharmacy • Identify and promote a list of validated and reliable web-based patient information resources. 	<ul style="list-style-type: none"> • Promote the sharing of resources generated through the project as tools to support best practice, through existing local and national networks • Assess the feasibility to move project resources developed to electronic platforms to facilitate resource sustainability • Continue to develop guidance for medicines used in palliative care, to support patient care. 	<ul style="list-style-type: none"> • Continue to establish and strengthen communication strategies across the CH(C)Ps both within pharmacy and across the multidisciplinary team, as appropriate • Assess how communication strategies can become more system dependent rather than person dependent, to facilitate sustainability • Identify the information, communication and support needs for care home staff to improve pharmaceutical palliative care for their residents • 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 	<ul style="list-style-type: none"> • Continue education sessions for pharmacists/pharmacy support staff to sustain core skills and develop enhanced skills; these should be aligned to support registration requirements with the General Pharmaceutical Council • Encourage experienced community pharmacists to assist with education sessions to promote local sustainability • Future education sessions for pharmacy staff should be shaped by local educational needs assessment and key national priorities • Develop e-learning tools for pharmacy support staff education modules with the support of NHS National Education Scotland • Field test the designed pharmaceutical care plan with community pharmacists and establish the information technology steps necessary to support this through the evolving CMS

Figure 1- Recommendations from 2012 Evaluation Report (1)

¹ In some areas of NHS GGC these areas are referred to as CH(C)Ps and well as Ch(C)Ps

NHS Greater Glasgow & Clyde (GG&C) and Macmillan Cancer Support agreed to jointly fund the transition of the project from a pilot phase to a board-wide facility. The expansion began in October 2013 and sees the establishment of a new Macmillan Pharmacy Service, the first of its kind in Great Britain.

As part of this expansion and development plan the University of Strathclyde was asked to support the early evaluation of an evolving training program for community pharmacy support staff, one of the key recommendations from the original evaluation (1). This report presents the findings from the early testing of the training materials.

2.1 Setting

NHS GG&C, located in central Scotland serves a population of approximately 1.24 million people and comprises 6 Community Health (and Care) Partnerships (CH(C)Ps) as displayed in Figure 2.



Figure 2: NHS GG&C Illustrating the CH(C)Ps

Table 1 provides some information on the populations of each CH(C)P in the NHS GG&C health board. Approximately 14% of the health board's total population is over the age of 65yrs. Glasgow City has a lower than health board average percentage over 65yrs. The less urban CH(C)Ps have between 17.2% and 19.5% of their populations as older people. It is known that palliative conditions including cancer and Chronic Obstructive Pulmonary Disease (COPD) tend to affect the elderly more so than younger people (6).

Table 1- Population (n) Overview of NHS GG&C by CH(C)P (6)

	All Age Groups	0-24yrs	25-44yrs	45-64yrs	65-74yrs	75-84yrs	85yrs+	% over 65 years
Glasgow City	691,279	201,431	233,771	171,668	46,697	29,548	8,164	12.2%
East Dunbartonshire	102,582	28,161	24,561	28,819	10,924	6,949	2,168	19.5%
West Dunbartonshire	96,138	26,951	25,480	27,861	8,999	5,231	1,616	16.5%
Renfrewshire	177,067	48,977	47,410	50,200	16,970	10,263	3,247	17.2%
East Renfrewshire	89,705	26,679	21,853	25,490	8,426	5,353	1,904	17.5%
Inverclyde	83,066	22,358	21,044	24,646	8,250	5,156	1,612	18.1%
NHS GG&C	1,239,837	354,556	374,119	328,684	100,266	62,500	18,711	14%

There are 312 Community Pharmacies in NHS GG&C of which 66 are part of the NHS GG&C's Community Pharmacy Palliative Care Network (CPPCN)². This network was established in 2001 and is funded by NHS GG&C (7-10). Additional funding from the Scottish Government in 2009-10 permitted an expansion of the network (10). The CPPCN includes: retaining a stock of more specialised medication which may be required for palliative care; a courier service for transport of urgent prescriptions and medicines; provision of advice and support to other pharmacies, GPs and district nurses.

The Macmillan pharmacy service team is comprised of 10³ (pharmacist and pharmacy technician) facilitators located in all 6 CH(C)Ps, with a central leadership and administrative function. The Macmillan Pharmacy Service team are committed to supporting patients with life-limiting conditions by improving the standard and availability of palliative care services from within the local community. The team aim to achieve this by driving a quality improvement programme which engages community pharmacies and the wider multidisciplinary team (MDT).

² 21 of the non-network pharmacies are located in Lanarkshire, but fall under NHS GG&C

³ 2 of the Facilitator posts are currently not filled, therefore 8 are currently in post

2.2 Palliative Care Training Program for Support Staff

The Macmillan pharmacy service team participated in a Delphi-based brainstorming session in order to identify relevant topics for training. The target audience for the training was identified as all community pharmacy staff with the exception of the Pharmacist/Manager. The team members suggested topics and once all suggestions had been made, common or similar topics were grouped together and titles for each topic were decided. In total, 7 topics were decided upon:

- Introduction to Palliative Care
- The Palliative Care Resource Folder
- Network Pharmacy
- Urgency of Palliative Care Prescriptions
- Managing Symptoms
- Dispensing Opioids
- Signposting for Patients

Topics were assigned across the team to work up training content for each subject area. Facilitators were asked to provide the content in the form of PowerPoint slides and were provided with a template, including specification of training aims and topic summary. Each topic had to be covered in 10-14 slides and each session had to last no more than 10 minutes.

Once created, the training slides were circulated within the team for peer review. A final draft was prepared and agreed by the Project Lead.

The training materials generated included guidance notes for Facilitators to use while delivering the training. For each training module, the slides were printed for trainees and some printed hand-outs of other palliative care resources were also provided. As an illustrative example, the full set of slides for Session 1: Introduction to Palliative Care has been provided in Appendix 1.

2.3 Study Aims

- To evaluate the pharmacy support staff training programme initial testing in NHS GG&C
- To develop a questionnaire-based tool to measure the impact of the pharmacy support staff training programme downstream.

2.4 Ethics

Ethical approval was deemed not to be required, because: the project was part of a programme of service development in the area of pharmaceutical palliative care which was being evaluated; participant recruitment was invitational and any data would be irreversibly anonymised to protect identities; patients were not involved in the study; all participants gave their written consent to take part; it would not be possible to identify any individual from any direct quotation used in the reporting of the project.

Furthermore, the University of Strathclyde's Code of Practice on Investigations Involving Human Beings does not apply to work that is part of routine practices in professional contexts, a service evaluation or an audit of an existing service. Consequently, ethical approval was not required for this piece of work. All received a full explanation of the study and assurances about confidentiality and anonymity were given.

2.5 Methodology

2.5.1 Participant Recruitment & Data Collection

Figure 3 summarises the participant recruitment process diagrammatically.

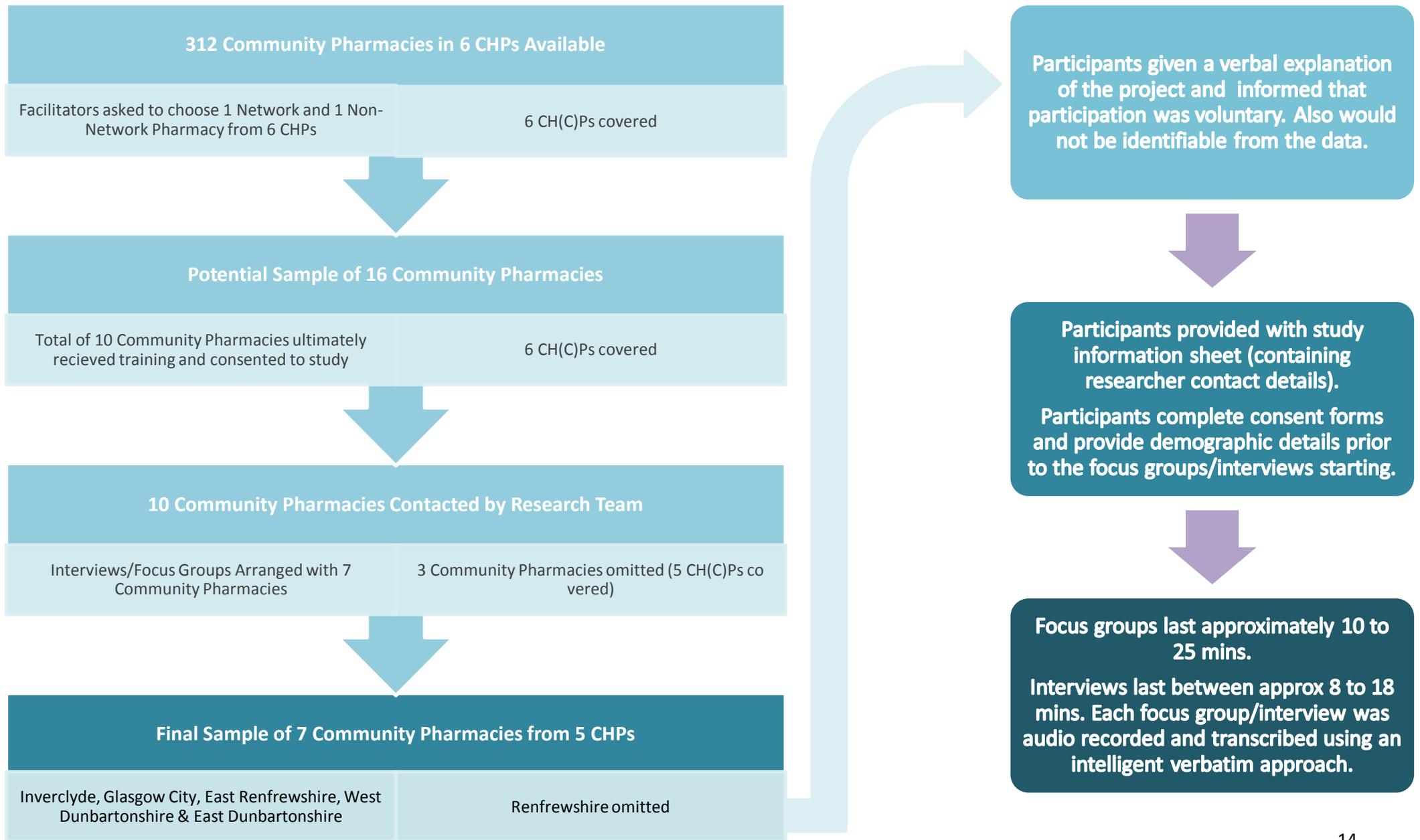


Figure 3- Participant Selection & Data Collection Process

The Macmillan Pharmacist Facilitators were asked to identify one network and one non-network pharmacy each in their own CH(C)P areas, giving the research team a potential maximum of 16 pharmacies to recruit from (Glasgow City CH(C)P is divided into 3 subsections, therefore 2 pharmacies from each subsection of Glasgow City CH(C)P were to be identified by Facilitators, hence n=16). The Facilitators obtained consent from 10 community pharmacies covering all CH(C)Ps. The Facilitators had approached the managers of these pharmacies, asked them if they would be happy for their staff to receive the palliative care training package and requested their permission for a member of the University research team to contact them with regards to participating in a focus group or individual interviews once the training was completed. The Facilitators arranged training with each pharmacy independently and the project administrator kept the University team up-to-date with information on training dates. It was initially planned that the researcher would arrange to conduct focus groups and/or interviews with pharmacy staff at least 1 week after the final training session, but this was not possible with one pharmacy due to sickness and annual leave. This resulted in 1 pharmacy taking part in interviews within 1 day of completing the training, the remainder being conducted at least 1 week post end of training. The researcher contacted each pharmacy manager and arranged meetings at mutually convenient days and times with 7 of the 10 pharmacies face-to-face and on the pharmacy premises. Data collection could not be arranged with 3 of the pharmacies due to sickness, annual leave and staffing pressures. The final sample of 7 pharmacies covered 5 CH(C)Ps: Inverclyde, Glasgow City, East Renfrewshire, West Dunbartonshire and East Dunbartonshire. The only CH(C)P not sampled from was Renfrewshire.

The data collection period occurred between 20th June and 24th July 2014. Depending on staff numbers on the day and lunch breaks, focus groups and/or interviews were conducted with any staff member who had completed all 7 of the training sessions. All tools used can be found in Appendices 2-4. The researcher was not cited on the detail of the training sessions delivered to the community pharmacy before commencing the interviews. The rationale was to remain impartial, and to explore the topics which participants identified as important to them, not be influenced by prompting from the researcher.

2.5.2 Data Analysis

All interviews/focus groups (n=13) were transcribed and a small sample (n =2) was selected for validation. A thematic analysis was conducted on the data using the software *NVivo*, with the main themes derived from the initial analysed interviews/focus groups (n=3). A framework was devised from this data. Any new themes identified from the audio-based data of the remaining focus groups/interviews were added to the framework where necessary. Any pre-existing themes were adapted if necessary as the data was coded.

2.5.3 Study Participants

Table 3 provides details of all participants sampled in the study. In total, 55 members of pharmacy staff were trained across the 10 pharmacies. A total of 22 of those trained (40%), covering 7 pharmacies took part in the evaluation. The minimum participants sampled per pharmacy was 1, while the most was 5. The largest focus group contained 4 participants. Table 3 also includes details on the dates all trained staff from each pharmacy took part in training (although those staff who were interviewed may have not have been trained on all of the dates included). Figure 4 displays participants by Job Role (specific job titles detailed in Table 3 were grouped appropriately). The range of time spent working in the current pharmacy was from 2 months to 32 years (Median =4 years). Participants had been working in pharmacy between 3 months and 32 years (Median = 10 years). All participants worked in one singular pharmacy, with the exception of 1 participant who currently worked in 2. A total of 21 (95%) of the participants were female.

Table 3- Pharmacy Training and Participant Details (n= 22)

Pharmacy	Training Dates (of all staff per pharmacy)	Data Collection Dates	Potential Min/ Max Time Between Training & Data Collection Dates	Pharmacy and CH(C)P Location	Job Title	Interview / Focus Group?
Community Pharmacy 1	9 th & 11 th June	20 th & 26 th June	9 days / 17 days	Non-Network Pharmacy Glasgow City	Healthcare Assistant	FG1
					Healthcare Assistant	FG1
					Pharmacy Technician	FG1
					Counter Staff	FG2
					Supervisor	FG2
Community Pharmacy 2*	16 th , 17 th & 24 th June	1 st July	7 days / 15 days	Network Pharmacy Glasgow City	Counter Staff	FG
					Dispenser	FG
					Pharmacy Technician	FG
					Dispenser	FG
Community Pharmacy 3*	11 th , 12 th & 18 th June	10 th July	22 days / 29 days	Network Pharmacy Glasgow City	Accuracy Checking Technician	INT1
					Pharmacy Assistant	INT2
					Pre-Registration Pharmacist	FG
					Dispensary Assistant	FG
					Pharmacy Assistant	FG
Community Pharmacy 4	10 th , 17 th & 23 rd June	15 th July	22 days / 35 days	Network Pharmacy Glasgow City	Dispenser	FG
					Counter Staff	FG
					Healthcare Assistant	INT
Community Pharmacy 5	12 th , 19 th June, 4 th & 10 th July	17 th July	7 days / 35 days	Network Pharmacy East Renfrewshire	Dispenser	INT1
					Dispensary Assistant	INT2
Community Pharmacy 6	20 th June	17 th July	27 days	Non-Network Pharmacy East Dunbartonshire	Accuracy Checking Technician	INT1
					Dispenser	INT2
Community Pharmacy 7*	4 th , 8 th & 15 th July	22 nd July	7 days / 18 days	Network Pharmacy Inverclyde	Dispenser	INT
TOTAL = 7	<i>NA</i>	NA		Network (n=5) Non-Network (n =2)	n =22	FG (n=5) / INT (n=8)

*These pharmacies are situated in CH(C)Ps previously covered in Phase 1 of the Macmillan Pharmacist Facilitator Project

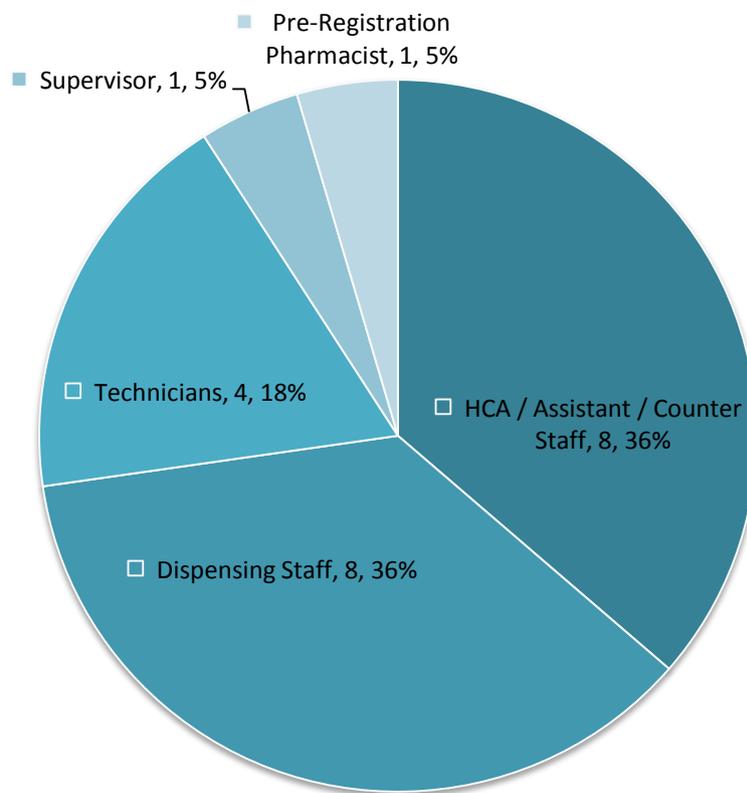


Figure 4: Participant Job Roles (n, %)

3. Results

A thematic analysis methodology was used to examine the interview and focus group data. Since the aim of this research was to gain learning from early piloting and feedback on the training, a thematic analysis was deemed an appropriate approach.

Below are the key findings from the interviews and focus groups with community pharmacy staff that had completed the palliative care training programme. The results are presented under the following headings:

- Training content and Usefulness
 - Definition and Awareness of Palliative Care;
 - Patient and Carer Focus;
 - Medicines-related Material
 - Community Pharmacy Palliative Care Resources and Services
- Delivery of Training
 - Testing Phase: Satisfaction with Current Face-to-Face Delivery
 - Suggested Improvements to Current Training Content
 - Prospective Phase: Views on the Potential Online Format

3.1 Training Content & Usefulness

This section discusses the opinions of participants on the training content experienced in the initial test phase and their views on potential usefulness in supporting their practice.

Participants were asked if they found the training useful. All participants responded positively. Some participants reported not learning anything new from the training, but these individuals cited having a wealth of experience in palliative care (either through training, exposure to patients/carers or working in a busy pharmacy) as a reason. When asked how appropriate the level of the training was, all participants felt that it was easy to understand and was therefore accessible to them:

“Everything to do with the program and the way it was written and everything it was very easy to understand and everything you know, so I don't think there was anybody in here that had anything wrong with it.” (Pharmacy Assistant)

The training was designed with counter staff (or pharmacy support staff) in mind, yet other pharmacy staff also took part in the training. It tended to be the more senior staff members, such as technicians, dispensers and pre-registration pharmacists who found the training less challenging. Most reported not learning anything new from the training:

“Obviously I'm like a pre-registration pharmacist so there was some stuff in it I'd already covered but I suppose it's not aimed at me.” (Pre-Registration Pharmacist)

However, this may be because the level of knowledge contained within the training is aimed at a support staff level, yet most of the training participants were trained at a higher level. The more senior members of staff did report finding the training interesting nonetheless, with some feeling reassured that no new information was presented to them. Those participants who felt they had less experience tended to report learning more new information from the training. Participants spoke about a number of aspects of the training that were particularly useful, including: Definition and Awareness of Palliative Care; Patient and Carer Focus; Medicines-related Material; and Community Pharmacy Palliative Care Resources and Services. Participants felt that they could easily apply the knowledge and skills associated with each of these categories when presented with a palliative care patient or carer. Reassuringly, many participants commented that these skills and practices were already adopted in their particular community pharmacy.

Definition and Awareness of Palliative Care

Participants found the discussions around the definition of palliative care and what conditions fell under this umbrella term particularly useful. Many reported previously having a very limited opinion of what the term “palliative” actually meant and were pleasantly surprised when the true extent of the term was identified in the training:

“Palliative care is not just like cancer like you would think, I always thought that's what it meant and [the facilitator says] it can mean people with renal failure, heart failure, COPD, you know all these sorts of people can come into palliative.” (Pharmacy Assistant)

Understanding that palliative care encompassed many conditions was especially helpful. Furthermore, some participants found it useful to know that palliative care did not just define the final days or weeks of life, but that conditions lasting over a longer period of time were also considered as palliative:

“The fact that it encompasses more than end of life I think. Up until that point when I'd heard anything I just assumed that it was just like the last weeks of the person's life rather than it could be like years down the road.” (Dispenser)

A clearer understanding of the what palliative care means is useful as a greater number of patients will potentially be identified as having palliative needs by pharmacy staff, thus increasing the profile of palliative care in the community as well as addressing the needs of many more patients more effectively.

Patient & Carer Focus

One prominent part of the training that participants found most useful was the focus on the patient and carer. The training made reference to the emotional struggles patients as well as carers with palliative needs might be going through and highlighted the need for compassion and empathy:

“Obviously as well like saying it's not just about the patient. These people who are caring for these people are obviously under a lot of pressure, their close family member's really ill and they're trying to get medication for then that they can't get and they're getting passed round to every

different pharmacy. So learning how to kinda deal with them instead of just going like “well we don’t have it”, do you know what I mean?” (Supervisor)

The fact that the training was not solely focused on medical or pharmaceutical material was seen as a positive by participants, as some commented that the community pharmacy counter staff are usually the first point of contact for patients and carers with palliative needs when they enter the pharmacy. Some participants discussed their own personal experiences of caring for relatives who had had palliative needs and felt that the emphasis on support for patients and carers on a personal level was of paramount importance. Participants gave examples of the advice they were given during the training, which included simple tasks such as asking if the patient or carer was okay when they were in-store. Participants expressed a genuine concern and sense of responsibility for patients and carers with palliative needs, which was reflected in their satisfaction with the advice given on helping this group of people on a less clinical level.

Medicines-Related Material

Participants identified a number of medicines-related aspects of the training that they felt were particularly useful and easy to apply. Some discussed the usefulness of the training they received on the doses of common palliative care medicines. One participant actually provided the researcher with a paper resource from the Macmillan Purple Folder which was identified to them by the Facilitator. Participants felt the information given to them on doses and formulations of palliative care drugs was useful in enabling them to better serve patients and identify errors in palliative care prescriptions:

“We’ve to kinda keep an eye on the PMR like if [the patient has] had it before and make sure it’s the right dose, that it’s not increased too much and just watch for maybe obvious mistakes.” (Pharmacy Technician)

“I also learned the equivalents of pain killers to morphine, like tramadol...if you take so many tramadol that’s the equivalent to a certain amount of morphine-an x amount of morphine.” (Dispenser)

“I didn’t know there was like so many forms, like patches and injections and tablets and all that kinda stuff. I just probably did think it was tablets in all honesty...it’s adapted very well to each individual person” (Health Care Assistant)

Syringe drivers seemed to be a topic of interest for some participants, as those working in the dispensary rarely saw how the formulations they prepared translated into the administering of the actual medicine via the driver. With the training, participants could see how the medicines they were preparing were actually used and provided some helpful context:

“What actually got me as when she was going on about the drugs and how you see higher doses because of what they can fit into the syringe driver. Now that’s something that never ever dawned in my brain before that the doses were higher because they were fitting more drugs into the syringe driver... Well it’s the thing of seeing them further on, you see the next step of what happens to the drugs after they leave the shop.” (Pharmacy Technician)

Being able to identify errors in palliative care prescriptions quickly not only ensured that any issues were resolved timeously and the patient provided with their medication, but it also ensured the safety of the patient was not compromised as a result of a medication error.

Some participants also spoke of their interactions with the patient in discussing some of the side effects that could be self-managed as well as symptoms they may be experiencing. Although many reported already doing this, they felt that the training reinforced the value of speaking to the patient and being able to offer over-the-counter remedies for mild side effects associated with palliative care medicines (e.g. mouth care):

“Just to ask about, you know, how the patient is and how they're going with their treatment. If they're having problems in their mouth and just things like that that go with these treatments...if there's something we can do, then we can refer them to something like all the leaflets and things.”
(Dispenser)

Finally, the prioritisation of palliative care prescriptions was mentioned frequently as a topic discussed during the training. Again, although most participants reported already doing this prior to the training, they felt that hearing this during the modules reinforced the message that palliative care prescriptions when presented in the pharmacy should be prioritised and dispensed first:

“Well I had a prescription in yesterday that said syringe driver on it and that was just straight away I knew it's obviously palliative care and I just sort of went through the process, showed it to [the

pharmacist], said this and that, so that brought it to me whereas I wouldn't have really necessarily recognised that before, so that was-that was just the one thing in one day.” (Dispensing Assistant)

Community Pharmacy Palliative Care Resources and Services

Participants identified a number of resources or services they were made aware of through the training. The Courier Service was seen as useful. Although most participants who mentioned it were already familiar with its use, some participants highlighted that they were not fully familiar with how it could be used, or that they were eligible to use it at all:

“The courier service was definitely something that was very good because we know there’s a courier service but we wouldn’t really know how to go about it, so that kind of opened up a few wee pointers there.” (Pharmacy Technician)

On a wider level, some participants discussed the Community Pharmacy Palliative Care Network (CPPCN), with a few expressing that prior to the training they were unaware of the network, with staff from one Network Pharmacy being unaware that they were part of a network at all, despite being aware that they provided enhanced palliative care services. Staff from one non-network pharmacy in particular found the training content on the CPPCN particularly useful and applicable, especially in situations where accessing a patient’s medication was difficult and it had to be sourced elsewhere.

Finally, some participants discussed the usefulness of the Purple Folder. Although those who discussed it could identify its location within the pharmacy, not all had used it before. However, many felt that as a result of the training they were now more aware of its potential usefulness and would be encouraged to consult this resource if they needed to:

“It's handy for me to know [it's there], because when [the pharmacist] is not here I'm in charge of the place you know? And it's handy to help [a locum] pharmacist cause I can say “right we know where it is, it's in one of these folders”...like I say we never knew we had that.” (Dispenser)

One participant was somewhat dissatisfied with one of the resources suggested by the Facilitator, namely Palliative Care ABC. This was one of many resources suggested during the training given by a particular Facilitator in one location, yet the member of staff in question felt that the resource was too medical based and found it off-putting and

hard to absorb. The participant felt that they would have more use for the Purple Folder, although they had not yet accessed it.

3.2 Delivery of Training

This section refers to the comments made by participants on how this initial training was delivered, as well as comments around the comparison between the current face-to-face method and the prospective online format of the training.

3.2.1 Testing Phase: Views on the Current Face-to-Face Delivery

Most participants commented that they covered all seven topics over two or three sessions with their Facilitator. The reasons for this cited were mainly due to balancing the numbers of staff in training versus the number of staff on the shop floor, as well as managing absence and annual leave. This meant that most participants took part in each session in small groups of between 2 and 4. Occasionally, a participant would take part in a session on their own. All training took place in participant's own pharmacy. The most common places cited were canteens, tea rooms, consultation rooms and behind the counter on the shop floor. The latter option caused the most disruption as trainees were often interrupted by customers.

The length of time each session took generally varied between 1-3 hours (with several modules being covered in each session). Participants reported some sessions taking more time than others. Although some sessions were quite lengthy, the interesting content kept participants' attention. The only negative aspect of the lengthy sessions reported was the difficulty in juggling the training with maintaining the work level on the shop floor:

"The first session was really long and you know we don't have time because we were stopping and starting and you know it wasn't really very good...you're taking so much in and then you're going away and dealing with this customer and doing prescriptions and you come back and you think "God what did she say?"...it was about two-and-a-half hours which is long in this pharmacy

because we're busy, you know?"(Dispenser)

Some staff felt that they could not really afford to have a great number of staff relieved from their duties for training for almost half of their working day. One participant suggested that akin to the local GP surgery, the pharmacy should be closed for half a day for training, however as the pharmacy in question was privately owned, the financial pressures this would place on the business were perceived as potentially too much of a risk.

All participants reported their respective Facilitator displaying slides on a laptop or desktop computer and speaking throughout, adding their own words or providing examples of the topics discussed at the time. Most reported being given printed copies of the slides as well as some other materials. This method appeared to be well received. A small number of participants from certain community pharmacies reported their Facilitator talking through the slide content verbatim, adding very little of their own material.

During these sessions, participants also reported a lack of interaction not only between the trainees and the Facilitator, but among the trainees themselves. This verbatim approach seemed not to encourage a dialogue between all parties and this seemed to be least helpful. Participants felt that there was no added value to the slide content, feeling that they could have completed the training on their own and in their own time as a result:

"I just felt that it was more just read from the screen...there wasn't really any involvement, it was just like "this is this" you know and she would read it from the screen and then kind of a go onto the next one...there wasn't really any interaction between us or her." (Technician)

However, all other participants valued the opportunity to ask the Facilitator questions that the face-to-face approach brought. It allowed participants to query any material that was more challenging, as well as share their own experiences or thoughts on a particular subject matter. In general, all participants reported that their Facilitators were warm, welcoming, friendly and approachable. Participants felt that the Facilitators were professional and with the exception of those who received a verbatim training, all participants found the training was delivered in a completely engaging manner.

3.2.2 Suggested Improvements to Current Training Content

Participants had little suggested improvements to the training content as all were satisfied with the topics covered. Some of the community pharmacies sampled had high levels of experience in dealing with palliative care medicines and associated issues as they supplied medications to some of the local care homes. It was participants from these pharmacies who commented that it would have perhaps been helpful if their current level of experience had been gauged by the Facilitator before training commenced:

"We deal with palliative care every day out here...so I think if she'd maybe said to us, you know "what's your view on palliative care? Do you come across it on a daily basis or a weekly basis?", but she never really said that. She just went right into the training ...we could have said "oh we deal with it all the time" you know, but I suppose she maybe had to stick to a format...maybe she's got to do that in every store, whether they deal with [palliative care] or not." (Technician)

When presented with a pharmacy well-versed in palliative care, this may have encouraged the Facilitator to include extra information associated with the training topics so as to provide a relevant and worthwhile training experience for staff who were already more experienced.

In general, staff enjoyed the training and would have liked more time to fully absorb the information presented to them. Although most participants reported being given printed hand-outs by their Facilitator, their desire for more knowledge meant that some would have welcomed more material, and in more detail also:

"I'd just have liked more...[it's given me] an insight into it... I think it would be very interesting." (Sales Assistant)

3.2.3 Prospective Phase: Views on the Potential Online Format

The researcher explained to participants that the training they received was an initial first draft of a palliative care training programme aimed at support staff, and that although they received the training face-to-face, the project group were considering revising the training and reformatting it into an online medium. The researcher explained to participants that no decisions had been made about how the training would be presented, but that it could incorporate elements such as slides, diagrams, audio voice over and video footage. With that description in mind,

participants were asked to consider how they felt about the concept of having this training delivered in an online format.

In general, the views on the concept of the training being made available online were mixed. The primary supporting argument given for online training was the convenience it offered. When participants were told that the proposed time slot for each of the 7 modules was between 10 and 20 minutes, participants felt that having the opportunity to access online training for 10 to 20 minutes at a time was more convenient than 3 or 4 lengthier face-to-face sessions:

“I think it would be a lot easier for busy shops because you’re not pulling the staff away to sit them for like maybe thirty or forty minutes and they can go and do it at their own leisure. I feel that would be an advantage to the website because then you’re able to go and access that when you’ve got the time do you know what I mean?” (Supervisor)

Additionally, the more convenient format was also seen as more helpful in terms of managing staffing issues. As each module would potentially last a short period of time, staff felt that it was more realistic to have 1 or 2 staff members relieved of their duties for 10-20 minutes per day over a week or two, than have 3 or 4 staff members off of the shop floor for more than half of their working week:

“That would work quite well. it would also help with things like talking about staff problems, like somebody could just go in and do one of them or whatever and then pop back, that kinda thing, it would really work quite well.” (Dispenser)

Training could also be less scheduled than the face-to-face option allowed, and staff could complete one of the modules if and when a quiet moment in the pharmacy presented itself. One participant who commented that the training they received was delivered verbatim from the training slides felt that as long as the relevant knowledge was imparted, no quality would be lost as a result of the training becoming online:

*“When they were coming in and doing the training, it was off their laptop, off their paperwork and it was just like they were reading what was on the slides more or less you know?..it was all there...you could have actually you know just read through the paperwork yourself and still got the same knowledge at the end of the day...like doing it on the computer like they're talking about doing”
(Dispenser)*

Some staff members working in chain pharmacies gave examples of non-medicine-based training that they received online, and felt that an additional online palliative care training package would fit in well with their current training needs and experiences:

“We're used to doing [online training] anyway, we do all our training online. so we do e-learning it's called, so all our stuff is online and we would just sit and go through it and like we've got headphones if someone's maybe speaking through it, so we're used to doing that and then that means we can just plan it in for all the staff just to take an hour or whatever it is out of their time to do it.” (Accuracy Checking Technician)

Finally, some comments were made around the wider reach online training could have as opposed to face-to-face methods. One participant surmised the impact online training could have if the training was rolled out on a health board-wide scale:

“Online's probably a better idea for like it's much more easily accessible...I'm just thinking if this is going global or whatever then online maybe reaches a wider audience as well than just having to try and organise face-to-face sessions for all the pharmacies. Because I mean that was only done over ten [pharmacies] but if you think of the amount of pharmacies in Glasgow. It would obviously reach a wider audience.” (Pre-registration Pharmacist)

Participants did have some concerns about the concept of online training. The reduced level of interaction online training would involve was a concern, with many participants enjoying the interaction between the Facilitator and themselves, and felt that online training might be less personal. Many highlighted that the opportunity to ask any questions as the training progressed would be absent in an online format:

“I think [online] would be good in a way because you can just read it at your own pace and do all that kinda stuff but if you've got questions that aren't covered on whatever slide you're looking at, then I don't think your knowledge is gonna be fulfilled in that way cause you couldn't ask a computer like, “Gonna stop a minute because I don't understand it” or whatever , you would just need to skip it.” (Healthcare Assistant)

There was recognition that pharmacy staff have varying levels of experience with palliative care depending on how long they have been working, how much their pharmacy deals with patients and carers with palliative needs, and

indeed how many patients as a whole the pharmacy sees (e.g. some pharmacies services care homes in the area and therefore had greater experience of palliative care than some of the other pharmacies). Some expressed a concern that the online training may not be suitable for those staff with less experience:

“Participant 1: I don't think I'd have understood it a lot if it was online cause you could ask questions when it was face-to-face...if you were stuck and you didn't know, she'd tell you...”

Participant 2: Yeah i think if it was online I'd maybe have to sit in with Julie...or a pharmacist would need to sit in with Julie so she could ask questions so that's you taking away another member of staff that doesn't actually need that training.” (Dispenser & Counter Assistant)

The lack of opportunity to ask questions seemed to be a main concern for participants, with some posing questions as to how their queries would be answered (i.e. would they have to email or telephone the Facilitator after having watched the training presentation). Although the level of the training as it stood at the time of data collection was easily understandable, it was clear that participants were concerned about needing support and clarification in future training sessions. Some participants also found it reassuring that the Facilitator asked the groups if they were okay or prompted them to express any concerns or opinions during the training sessions, which would be lost in the online medium.

Some participants commented that they felt face-to-face training was more engaging than online training, expressing that having someone physically present in the room delivering the training held their attention better than looking at a computer screen:

“P: I felt like maybe if it's somebody face-to-face, it might be a wee bit easier

I: So you tend to think like you maybe kinda zone out if it's on the computer?

P: Mmm hmm, you know yourself when you're reading something you tend to...go away from it and you're not actually getting the full information, whereas if somebody's sitting there and they're telling you step by step then I think you tend to kinda take it in a wee bit better.” (Supervisor)

Furthermore, some participants commented that having an allotted time where a Facilitator would be visiting a community pharmacy and delivering a training package would result in pharmacy management ensuring that staff received the training. It could be that online training is almost seen as too convenient for some participants, meaning

that daily pressures could easily result in staff delaying their training as the online format would be so easy accessible. Participants felt that if they knew a Facilitator was making a specific trip to the pharmacy for the purposes of training that they would be more likely to adhere to this schedule.

In general however, participants commented that any training implemented was a strain on valuable time resources, regardless of the format in which it came. Many participants referenced the larger scale face-to-face training they received in local hotels and conference centres (many referred to the smoking cessation training) and offered this platform as a potential alternative to the current pharmacy-by-pharmacy approach. This posed its own issues however, with some staff commenting that the larger platform, covering more staff at one time, was not necessarily always appropriate due to it being harder to hear and see what was being presented:

“I think that you got to ask more questions you know and understand it more cause you’re sort of one-on-one and then you can listen to what she’s actually got to say... sometimes if it’s [a larger training] in a big room it’s like, “what are you saying?...you know?” (Counter Assistant)

A few participants felt that the online format would be useful tool as a top-up training programme for pharmacies who had completed face-to-face palliative care training, or who already had a good level of experience with palliative care. Furthermore, some staff working in the larger pharmacies seemed to prefer the concept of online training, citing reasons such as being too busy and having too little time for face-to-face visits. Alternatively, it was suggested that pharmacies who saw fewer customers and patients, although still relatively busy, may be better matched to the face-to-face format of the training. It appeared that pharmacy size, type (independent or chain) and level of experience in palliative care affected participant responses to the concept of online training.

4. Facilitator Feedback

The Facilitators were asked to provide written comments on their views of the training content, delivery and relevance to the participants they engaged with.

Facilitators felt that the training was well received by participants. There was a feeling that the training increased pharmacy staff knowledge and awareness of palliative care, with an emphasis on what is expected of, and what is provided by, network pharmacies. The presentations were easy to present and followed a common template. One

Facilitator commented that although no guidance notes were available for Facilitators, they were able to draw on their pre-existing knowledge to add to the value of the training. The use of a laptop with hand-outs was also a favoured delivery method.

Table 4 displays the points raised by Facilitators relating to the training content and the training delivery, with accompanying illustrative comments.

Table 4- Facilitator Feedback on Training Content & Delivery

Points Raised	Comments
Suitability of Modules	<ul style="list-style-type: none"> • Modules 1-5 were appropriate for all staff • Module 6 (Dispensing Opioids) was more suited to dispensing staff • Module 6's slides need to be re-edited to provide a better flow • Case studies within this module were interesting and effective in highlighting where errors in dispensing opioids can occur • Module 7 (Signposting for Patients) was difficult to present as it was light in content. • Found it difficult to elaborate on pre-existing slide material • Module 7 could be focused more on pinpointing other disease states, signposting to websites and briefly detailing the information they hold.
Material Not Covered / Not Covered Adequately	<ul style="list-style-type: none"> • More emphasis could have been placed on the wide and sometimes unknown services provided by Macmillan • An A4 resource sheet with handy references for patients and staff would have been practical and convenient
Face-to-Face Delivery Advantages	<ul style="list-style-type: none"> • Face-to-face provides the opportunity for group discussion and for questions or concerns to be raised • Some pharmacies do not have the IT facilities needed to train all staff electronically • Lack of IT facilities may result in staff being expected to complete training at home, and uptake of this would be dependent on individual interest and motivation • Face-to-face seen as a more personal and interactive training method
E-learning Delivery Advantages	<ul style="list-style-type: none"> • E-learning better suits the availability of staff to complete training within their own timeframe.

Facilitators made a few recommendations as to how the training could be improved. One Facilitator commented that although face-to-face was a preferred method of training, the sessions would perhaps have to be tailored to suit the individual needs of each pharmacy (or of each area) in order to increase productivity. One Facilitator commented that in order to strike a balance between the more personal face-to-face training and the more time efficient e-learning option, that pharmacies could take part in an initial face-to-face training session and then be signposted to e-learning

resources as a follow-up. An evening learning session was suggested for this method, which could possibly be tied in with any pre-existing cancer or palliative-care related meetings already organised.

5. Future Impact of Training on Practice - Assessment Tool

This piece of work was intended as an early assessment of the training content and perceived usefulness of the training, in addition to gauging participants views on an online training format. The next step in the development of an appropriate palliative care training resource for community pharmacy staff is to consider measurement of the impact of training on participants and their practice.

The Kirkpatrick four level model of evaluation (11) proposes four main areas of interest when assessing the impact of any educational program:

Level 1: the learners' reactions

Level 2: learning of skills and knowledge

Level 3: changes in learner behaviour

Level 4: the results of the learning opportunity

The current study mainly addresses the first of these four areas, in that learner reactions to the training (i.e. satisfaction and perceived usefulness) were the main focus. Any further work should aim to establish the remaining three levels of this model. An early draft of an Impact Assessment Tool attached could then be tested in the initial participants from the current study.

6. Conclusions

This study has provided helpful insight to inform the development of a palliative care training program for pharmacy support staff based on early prototype testing within seven community pharmacies. Examination of the training content and usefulness established the following: all participants (n=22) reported finding the training useful and beneficial; participants reported a level of variation in terms of the information in the training being new versus being reinforced prior knowledge and this was related to participants differing levels of experience (job role, time working in pharmacy and experience of dealing with palliative care); participant feedback identified four key areas of significance for them (definitions of palliative care, patient and carer support, information about medicines and resources and services available).

Exploration of the potential of an electronic delivery format for the training program in the future with participants provided a varied response. There was a balance between those participants who enjoyed the personal interaction face-to-face training brings, as well as the opportunity to have discussions, and those participants who felt comfortable with the idea of a webinar format. These preferences might be affected by participant context i.e. workload, size of community pharmacy, personal preferences, level of experience and prior knowledge of palliative care.

7. Strengths and limitations of the Study

This study explored participant reactions to a newly developed pilot-stage Palliative Care training package for community pharmacy staff. Staff had a maximum period of 1 month from the time they ended their training to the time that they were interviewed, resulting in a fresh and potentially accurate recall of their experiences. Participants were interviewed in their place of work and at a time convenient for them. It is a strength of this study that data was collected from the first participants of this training package, capturing valuable insight into the usefulness of the training content and the potential for online distribution.

A number of limitations were identified from this study. The sample size was small, 22 staff members across 5 of the 6 CH(C)Ps in NHS GG&C Health Board. However, as this was a pilot phase designed to test the usefulness of training content, only a small sample of staff were selected to take part in the training to begin with (n=55). It was from this sample that approximately 40% were ultimately chosen, mainly due to time and resource constraints.

As participants were interviewed so soon after training completion, there was minimal time for them to have applied the skills and knowledge learned from the training in their day to day work. Therefore, assessing impact on participant's clinical practice of the training was not achievable within this study.

8. Recommendations for Training Resource Development

- An online format of the training resource should be developed and tested for community pharmacy support staff in conjunction with NHS Education for Scotland (NES)
- Ensure a mechanism is in place to allow community pharmacy staff to complete online training
- Opportunities for interactive involvement with the Facilitators should be explored, in order to maintain the dialogue between learner and educator favoured by many participants
- The impact of the training on practitioners and the patients/carers they support should be evaluated
- Investigate the reception of the delivery of the face-to-face training in comparison with the delivery of an online training package.

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Appendix 1- Training Slides doe Session 1: Introduction to Palliative Care

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An Introduction to Palliative Care

Macmillan Pharmacy Service



Learning for Pharmacy Support Staff

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Aims

By the end of this presentation you will be able to:

- ❖ Understand the meaning of palliative care
- ❖ Discuss the essential elements of palliative care
- ❖ Understand the needs of those requiring palliative care



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What is Palliative Care?

- ❖ The holistic care of adults and children with life-limiting and life-threatening illness
- ❖ Closely involves family or relatives
- ❖ Can occur in any setting
- ❖ Not limited to cancer patients
- ❖ Not just about end-of-life care



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Palliative Care (WHO 2002)

- ❖ Provides relief from pain and distressing symptoms
- ❖ Affirms life and regards dying as a normal process
- ❖ Intends neither to hasten or postpone death
- ❖ Integrates the psychological + spiritual needs of the patient

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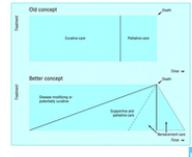
Palliative Care (WHO 2002)

- ❖ Offers a support system to help patients live as actively as possible until death
- ❖ Offers a support system to help the family cope during the patient's illness and their own bereavement
- ❖ Uses a team approach to address the needs of patients and their families, including bereavement counselling

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Palliative Care (WHO 2002)

- ❖ Is applicable early in the course of illness, in conjunction with other therapies intended to prolong life, such as:
 - Chemotherapy,
 - Radiation therapy



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Essential Elements of Palliative Care



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Common Symptoms of Advanced Disease

- ❖ Pain
- ❖ Depression
- ❖ Anorexia / cachexia
- ❖ Breathlessness
- ❖ Constipation
- ❖ Nausea & vomiting
- ❖ Mouth problems



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Good Communication



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Patient Choice

- ❖ Palliative care services are primarily patient lead
- ❖ The care provided is altered and adjusted as the needs of the patient change
- ❖ The patient's changing needs may be due to
 - Disease progression
 - New or worsening symptoms
 - Medication compliance issues
 - Social issues

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Summary

- ❖ Palliative care is a holistic model of care
- ❖ Involves supporting family/carer needs
- ❖ The goal is achievement of the best quality of life for patients and their families
- ❖ Good communication
- ❖ Team approach
- ❖ Patient led

Appendix 2: Participant Information Sheet



Macmillan Pharmacist Facilitator Project 2014 University of Strathclyde Evaluation of Palliative Care Support Staff Training

What is this study about?

To help pharmacy support staff feel more confident when dealing with palliative patients/carers, Macmillan Pharmacist Facilitators are delivering training sessions. The training sessions are running in agreement with pharmacy managers and the individual session should last no more than 10 minutes. There are seven of these training sessions.

Macmillan and NHS GG&C have asked the University of Strathclyde to help evaluate the content of the sessions. These will be edited and transformed into computer-based 'webinars' which will hopefully be rolled-out across the health board at a later date.

What are we asking you to do?

We want to know your opinion and experience of the training. We want to know how useful you found the training, and if there is anything about it that can be improved. The easiest way to do this is by inviting you to take part in a Focus Group. If you would rather not take part in a focus group, but still want your views heard, then a researcher from the university will be able to speak to you over the phone (at a mutually convenient time). The focus groups should last about 30mins and the short phone interview about 15mins. These will take part at least one week after the training has been completed. You do not need to take part if you do not want to.

What will happen?

You will be asked a few general questions about the training you received. There is no right or wrong answer and your knowledge or skills are not being tested. We simply want to know what you thought about the training. You will be asked to sign a consent form agreeing to take part and to be audio recorded. You will not be identified by what you say in the final report. Basic details about you, e.g. age, job title etc. will also be collected.

We appreciate that the community pharmacy is a busy environment, so please do not worry if there are some interruptions. The focus group/interview can be paused and restarted, or additional visits or telephone interviews can be arranged if necessary.

What are my rights as a participant?

You have the right to withdraw from this study at any time. You have the right to read the transcript of your interview/focus group. You will be given access to the final write-up of the report if you wish. Your anonymity is of high importance. Whether or not you take part in the evaluation will have no effect on any aspects of your current job. Participation is entirely voluntary. If you do not want to take part, please let the Facilitator know.

What if I have questions?

If you have any questions about taking part, please speak to the Macmillan Facilitator, or contact the researcher, Emma D. Corcoran on 0141 548 2478 or emma.d.corcoran@strath.ac.uk Mon-Fri 9am-5pm.

We would like to thank you for considering taking part in this study, and for reading this information sheet. Your contribution is greatly appreciated.

Appendix 3: Participant Consent form and Demographics Sheet

**Macmillan Glasgow Project 2014 University of Strathclyde Evaluation
Support Staff Training Consent Form**

Please initial each box

1. I confirm that I have read and understand the participant information Sheet. I have also had the opportunity to ask questions.

2. I understand that my participation is voluntary and that I am free to withdraw from the study without giving a reason.

3. I understand that the interview will be audio-recorded and transcribed.

4. I understand that the interview will be anonymised and I will not be identified from the transcript.

5. I understand that the results of this study may be published and any part of this interview used will be anonymised.

6. I agree to take part in the interview.

Name of Participant

Date

Signature

Researcher

Date

Signature

**Macmillan Glasgow Project 2014 University of Strathclyde Evaluation
Support Staff Training Demographics Sheet**

About You

Gender: _____

*How long have you been
working in this pharmacy?:* _____

*How long have you been
working in pharmacy overall?* _____

Current Job Title: _____

Do you currently work in more than one pharmacy? YES / NO

Appendix 4: Focus Group/Interview Schedule

Support staff Focus Group/Interview Schedule

1. Did you find the content of the training relevant?
 - a. PROMPT: Did you learn anything new?
 - b. PROMPT: Too challenging/too easy?
2. In terms of how it was delivered, what did you think?
 - a. Length
 - b. Time
 - c. Location
 - d. Set-up (group size etc.)
 - e. Webinar- how does that sound?
3. Think about the training you received- how do you think you might be able to apply what you learned?
4. What were the advantages to the training?
5. What could have been better?