

# DEVELOPMENT OF AN ONLINE PALLIATIVE CARE MEDICINES TRAINING SERIES FOR HEALTH & SOCIAL CARE SUPPORT STAFF

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## AIM OF WORK:

Frontline support staff working in General Practice (GP) (i.e. receptionists), Community Pharmacies (CP) and Care Homes are likely to face issues concerning palliative care medicines amongst their patient group. Previous Macmillan Cancer Support and NHS Health Board funded palliative care pharmacy service evaluations in NHS Greater Glasgow & Clyde (urban) and NHS Highland (rural) (1-4) observed a steady integration of the community pharmacy team into local palliative care services as well as a need for sustainable and accessible palliative care training for these staff. This work involved the development and testing of training materials in a variety of face-to-face and online formats and for a variety of support staff. A national online training resource on palliative medicines for health and social care staff, funded by NHS Education for Scotland (NES) was subsequently developed and is currently being evaluated.

This work presents an opportunity to synergise, maximise and spread the learning from both projects through the development of a national palliative care medicines-focused online training resource for health and social care staff, made available online via NES, tested on staff working in both urban and rural settings. This supports the Scottish Government's current pharmaceutical agenda by providing an accessible resource to engage health and social care staff in the provision of integrated care. It enhances the role of Primary Care by empowering staff to signpost patients, reducing the burden on Secondary Care. It integrates health and social care by providing material for a variety of staff, and works towards improving the way unscheduled care is delivered, upskilling staff to help patients at the point of need.

## DESIGN, METHODS & APPROACH TAKEN:

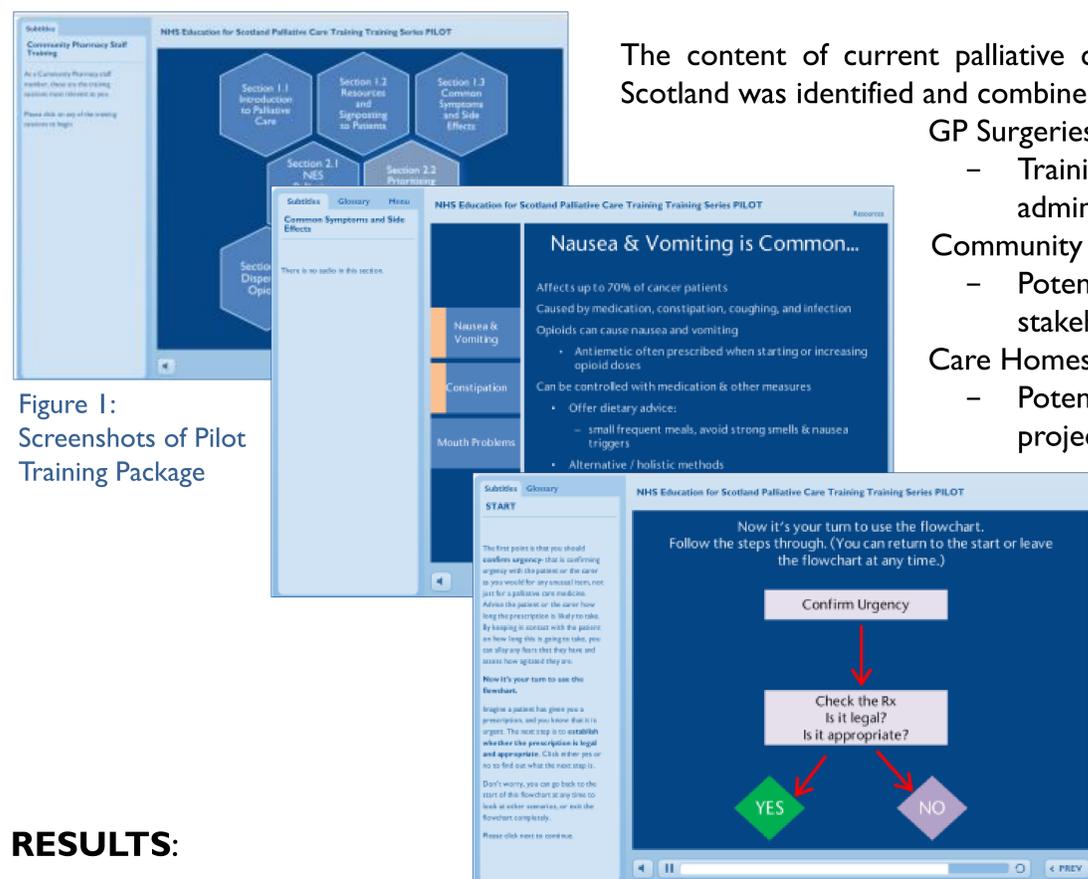


Figure 1: Screenshots of Pilot Training Package

The content of current palliative care strategies/initiatives and education/training already available in Scotland was identified and combined to produce a set of bespoke training modules for three staff groups:

### GP Surgeries:

- Training needs and potential participating practices identified via a self-administered questionnaire by project team

### Community Pharmacies:

- Potential participating Pharmacies identified by the project team and wider stakeholders

### Care Homes:

- Potential participating Care Homes identified via previous evaluation project Steering Group and current project team.

The pilot package was launched in July 2016, and participants were asked to complete training sessions within 6 weeks. Participants were also prompted to complete an online Impact Assessment Questionnaire developed and utilised in a previous evaluation project) at the end of each session to explore usefulness and potential training impact. Feedback was also provided by other key stakeholders in palliative care.

## RESULTS:

All participants (GP Practice staff = 11, Community Pharmacy staff = 9 and Care Home staff = 30) agreed the online training package was useful and sufficiently difficult. Participants liked the format and felt the training was “informative” and “easy to access”. Staff reported managers were supportive of them undertaking the training. The training provided a good introduction and for some, a refresher to palliative care. Some participants provided examples of how they had applied the training in the workplace (Figure 2).

## CONCLUSIONS:

This engaging and accessible resource provides education to frontline health and social care teams and has been available nationally since November 2016. It supports the Scottish Government's 2020 Vision for the provision of integrated care by frontline staff.

*“The wife of a young patient was distressed. By showing some empathy and understanding, she was signposted to the GP who in turn referred her and her family to the Hospice.” (GP Practice staff)*

*“Recently had a prescription where we were unsure of the new opioids dose...used the resources available to check new dose.” (Pharmacist)*

*“Completing a risk assessment and see what needs to be put in place to minimise falls.” (Care Home staff)*

Figure 2: Feedback quotes from participants