

Community Pharmacy NI

CPNI is the representative body for the 509 community pharmacies in Northern Ireland and represents pharmacy contractors in negotiations with the DoH and other relevant stakeholders on the development of pharmacy services.

All community pharmacies in Northern Ireland will provide some form of palliative care to patients.

A number of pharmacies have a formal role with SPPG in delivering palliative care services to patients, and many provide prescription services based on patient need. There are 61 pharmacies across NI who are considered palliative care pharmacies. These pharmacies hold a palliative care stock list to ensure patients can acquire palliative medicines on a timely basis.

Some of these palliative care pharmacies also provide a palliative care on-call service. This is to facilitate OOH centres with having timely access to palliative care medicines. This service is available in Northern and Western Trust areas currently. In Belfast, palliative care is provided by the pharmacies that are on the Belfast on-call service. This is a service that is available 24 hours a day and can facilitate medication provision throughout the evening/night when the pharmacy would be ordinarily unavailable.

Some community pharmacies are also involved in the implementation of HS21 prescribing by Foyle Hospice employed specialist palliative care nurses in the community. This pilot pathfinder facilitates patients wishing to have their palliative care needs met at home.

Current state of palliative care services

In your view what is the current state of palliative care services in Northern Ireland?

Don't know

Do you think there is an understanding by the public of what palliative care is? If no, what are the main barriers to the public understanding palliative care?

CPNI as the representative of pharmacy contractors in Northern Ireland may not be in the position to comment on the views of the public with respect to palliative care understanding. It is our view that consistent messaging across the health service is an essential component of patient understanding. Patient education and appropriate promotion of palliative care and palliative care services would be a key enabler for improving public health literacy. Currently there is not a consistent approach to palliative care across Northern Ireland. Different parts of the region do not have the same access to palliative care services, and this can make promotion and understanding difficult. Many communities and community pharmacies straddle between different Trust areas and therefore patients potentially do not have equal access to information and services. This could potentially cause difficulty in disseminating information to patients or knowing where to signpost them.

Access to services

Are palliative care services equally accessible to all who need them?

No

From your experience where are the gaps in the provision of service?

CPNI is the representative body of the 509 pharmacy contractors in Northern Ireland and whilst all community pharmacies will provide some level of palliative care to their patients, there are only 61 pharmacies formally contracted to stock specific palliative care items. This can cause difficulty for patients depending on the geographical location of the pharmacy to the patient's home. Many patients live in rural areas and access to palliative medication and services can be challenging. With respect to palliative care on-call services, there isn't consistency across the region. Recently the palliative care community pharmacy rota has been reduced across the Northern and Western Trust area, and this has greatly concerned the contractors involved. The concern centres around contractors not being aware of the alternative arrangements that are available for patients. In Belfast different arrangements are in place as palliative care is provided by the Belfast on-call pharmacies, whilst other areas in NI do not have a community pharmacy palliative care on-call service. This inconsistency across the region creates a gap of service, and could cause confusion for patients, community pharmacy, OOHs, and GPs. A consistent approach to service delivery will create equity for patients requiring palliative care and ensure easier messaging for the public and healthcare professionals.

Do you believe barriers exist that prevent equitable access to these services? If yes, please provide examples in the box provided.

Yes

CPNI would be of the view that an inconsistent approach to service rollout prevents equitable access to palliative care services. The geographical location of a patient will have an impact on what services are available to them. This can disadvantage some patients and causes difficulties in the promotion of services from a health care professional point of view which can then impact on patient awareness of such services. Patients who live in a rural area may find it difficult to travel for services depending on where they are commissioned. This would need to be factored into any future development of services to ensure that all patients have the right and have the ability to access palliative care services. There are 509 community pharmacies across Northern Ireland, and many of these pharmacies are placed in rural locations. These pharmacies provide much needed access to healthcare and support, and in many instances can be the prevalent form of healthcare provision the patient has available to them. Community pharmacy is therefore an ideal setting for the expansion and exploration of further services in palliative care. There is also the aspect of appropriate funding for the expansion of palliative services in primary care. Community pharmacy would require sufficient resource and funding to support pharmacy teams in implementing further services within their capacity. There are longstanding issues with

workforce pressures, staff retention, and capacity, which can impact the ability of pharmacy teams to fully embrace further services.

What additional services could/should be provided?

CPNI would be of the view that a regional approach to palliative care services would be an appropriate first step in addressing service need across Northern Ireland. This would allow continuity of care that is not dependent on postcode, and also facilitate consistent messaging for service promotion by all health care providers.

With 509 community pharmacies across Northern Ireland in all communities both urban and rural, and 123,000 patients visiting a community pharmacy every day, community pharmacy is the ideal setting to share up-to-date information on palliative care services and support that is available. The ability of community pharmacy to disseminate information to patients can be seen in the Living Well Service. This service runs six campaigns each year which align with key public health messages, and on average reaches 50,000 patients each campaign. The Living Well campaigns promote other services that are linked to the campaign, therefore raising awareness of the support that is available. This includes services in the community and voluntary sector. It is our view that community pharmacy could be a key enabler for the promotion of palliative care services to help improve the knowledge of patients and their families of the facilities that they can access.

Integration of Services

How well are palliative care services integrated across the health system, through primary, secondary and specialist care?

CPNI can only comment on the palliative care services available through primary care that interface with community pharmacy. All community pharmacies will provide general palliative care to the patients that need it. This will be through the procuring and dispensing of palliative medicines, and advice and support to both the patient and their families.

There are the additional 61 pharmacies that provide the enhanced palliative care service and that are required to stock certain palliative medicines in order to meet the needs of palliative patients on a timely basis.

A number of pharmacies across NI also provide a palliative care on-call service, to facilitate emergency palliative care. This involves developing relationships with district nursing, hospice staff, OOHs, and secondary care.

There has also been development of community pharmacy's relationship with the Trust specialist palliative care pharmacists. The palliative care pharmacists have developed a Community Pharmacy Palliative Care Newsletter which aims to keep the palliative care network pharmacies up-to-date with any relevant information. The newsletter provides information on potential drug shortages, learning from incidents and developments in palliative care. The specialist palliative care pharmacists also recently launched the Marie

Curie Daffodil Standards, and have been liaising with the pharmacists that have signed up to the standards.

Should palliative care be a regional service? Please outline your reasons in the box provided.

Yes

CPNI is of the view that palliative care should be a regional service. This would ensure a consistent and equitable approach to palliative care across Northern Ireland that is not dependent on postcode. Community pharmacy teams and other health care professionals involved in palliative care would be able to benefit from regional training opportunities which would enhance the support and advice received by patients and their families.

A regional service allows for consistent messaging to the public which helps to improve health literacy and health inequalities that exist in our communities. If each healthcare provider including community pharmacy can disseminate the same messages across NI, this will help improve patient and public understanding of palliative care.

Palliative care services in all community pharmacies would improve patient access to medicines and support and would help with difficult issues such as drug shortages.

Better connectivity, including timely communications between all sectors and the practitioners involved in palliative care would also benefit patients.

Primary and secondary working alongside each other would help improve the care received by patients, and would support better governance and patient outcomes. Shared learning of adverse incidents, examples of good practice, and a better understanding of each sector's input would only serve to enhance the care patients and their families receive.

What can be done to improve integration?

CPNI would be of the view that integration between each sector could be improved by better communication and training. Community pharmacy currently do not have read/write access to NIECR, which would be beneficial to record any interactions with palliative care patients and/or other healthcare professionals involved in their care so that there would be full oversight across both primary and secondary care. Access to encompass would also be important to improve governance and communication between all sectors. This would allow community pharmacy a better awareness of the patients that are undergoing palliative care and enable pharmacists to better support these patients.

Creating more opportunities for shared learning across sectors would also help improve integration. Fully funded training sessions would encourage and enable community pharmacy staff to engage with any opportunities that become available, and will help build cross-sector relationships and connections.

Best Practice

Do you have any examples of good practice or pilots in palliative care that are meeting the needs of patients and families/carers? If so, is this best practice happening widely across Northern Ireland?

Recently, CPNI in conjunction with specialist care pharmacists, SPPG, RPS, Pharmacy Forum, and Marie Curie launched the Marie Curie Daffodil Standards in Northern Ireland. CPNI had significant engagement with all colleagues to ensure the standards were appropriate for pharmacy teams in Northern Ireland prior to launch. It was then agreed to roll out a soft launch initially to the 61 palliative care pharmacies. Pharmacists and pharmacy staff were then invited to a virtual training session to learn more about the standards. The standards aim to help the whole pharmacy team build on the good care already being provided in a systematic way. Pharmacy teams can use the standards to identify areas of improvement and also to provide them with useful resources that may be beneficial.

The standards were launched in November 2024 and the aim is to open sign-up to the standards to the full pharmacy network early 2025. This is a positive step in providing pharmacy teams with additional tools and support networks to support their palliative patients. However, adoption of the standards does not come with any additional funding or resource. This may inhibit pharmacy teams from sign-up as it can be difficult to engage with additional work without appropriate funding. Pharmacy teams are working to full capacity under difficult conditions which will influence whether a team has capacity to take on another workstream.

Do you think that families receive sufficient support when accessing services? Please outline your reasons in the box provided.

Not sure

CPNI as the representative body for community pharmacy contractors in NI are not in a position to comment on the support received by families when accessing palliative care services outside of community pharmacy.

Community pharmacies are embedded in the heart of communities and are there to offer expert advice and support to patients and their families. Family support is likely to be in an informal manner during interactions in the pharmacy.

CPNI believes there is a good palliative care service offered by community pharmacies, but there is opportunity for this to be developed further.

Community pharmacies are readily accessible to the public and are spread across all parts of NI. This presents a unique opportunity for health service delivery to some of the most vulnerable in our society, particularly during the period of palliative care when not only patients, but also families and close friends, wish to stay at home with their loved ones. However, as detailed in the introduction, the nature of the available services varies across NI and these inconsistencies make public messaging difficult.

Community pharmacies often have long established relationships and by their very nature will often go above and beyond to support the patients they provide care for. This work often goes unnoticed and is not resourced. CPNI believes there is an opportunity to bring improvements and consistency to the palliative care community pharmacy service.

Funding and Strategy

Do you think the current funding for palliative care is sufficient? Please outline your reasons in the box provided.

No

CPNI would be of the view that investment is needed to support the challenges community pharmacy face in providing palliative care. There are instances where a pharmacy is on rota and is required to provide palliative care medicines, which can lead to the pharmacy delivering the medication and working beyond the contracted hours to meet patient need. Despite deliveries not being commissioned, there is often an expectation to provide this. Urgent deliveries of this nature should be appropriately funded.

On-call pharmacies across NI can shoulder a heavy burden during their on-call session. The on-call session can impact on family life due to evening and night time call-outs.

Pharmacists also have to adequately manage palliative care stock and will hold additional stock not on the palliative care stocklist. Procurement of stock can take significant time and when an item is not in stock, the pharmacist will liaise with other pharmacies to ascertain whether stock can be provided or liaise with the prescriber to consider an alternative medicine. It would our view that urgent care of this nature should be appropriately funded due to the additional work involved in highly stressful situations.

The recent adoption of the Marie Curie Daffodil Standards by community pharmacies is a positive resource to build on the care already provided to patients. Whilst this line of work is useful to pharmacy teams, there is no funding available for the additional work in adopting the standards.

Is the current model for the funding of hospices, including hospice at home/community care/rapid response support, sustainable and sufficient to meet needs now and in the future? Please outline your reasons in the box provided.

Not sure

CPNI are not in a position to comment on the current funding model of hospices

Is there a need for a new Palliative Care Strategy for Northern Ireland? If yes, what should it include? If no, why not? Please outline your reasons in the box provided.

Yes

CPNI would be of the view that there is merit in creating a new Palliative Care Strategy for Northern Ireland. The new strategy should give an overview of the current palliative care

services that are available across primary care, secondary care, voluntary sector and community sector. The contribution that community pharmacy provides should be fully factored into the strategy and how community pharmacy could further support patients and their families. The strategy should look at the services that are available in the rest of the UK to see how Northern Ireland compares and where the gaps are. This would help shape the future goals and aspirations of palliative care services in Northern Ireland

An implementation plan and secured funding are also pre-requisites to accompany any new Palliative Care Strategy that is developed and launched for improving palliative care services across Northern Ireland.

Any other comments

CPNI welcomes the opportunity to provide comment on the inquiry into access to palliative care services. Community pharmacists provide expert advice, care, and support to palliative care patients and should be enabled to provide further services to patients and their families. Community pharmacies are embedded within communities across Northern Ireland and are the ideal setting to invest in further support and palliative care provision.