

# A survey of healthcare professionals' views on community pharmacy services for patients with cancer pain.

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## Introduction

Community pharmacists are currently not part of the palliative care team and little communication between professionals about patients with cancer pain occurs[1]. The aim of the study was to explore the knowledge, experience and opinions of healthcare professionals about community pharmacy medicines consultation services (Medicines Use Review /New Medicine Service) for patients with cancer pain. The study is part of an NIHR funded research programme called IMPACCT (Improving the Management of Pain from Advanced Cancer in the Community).

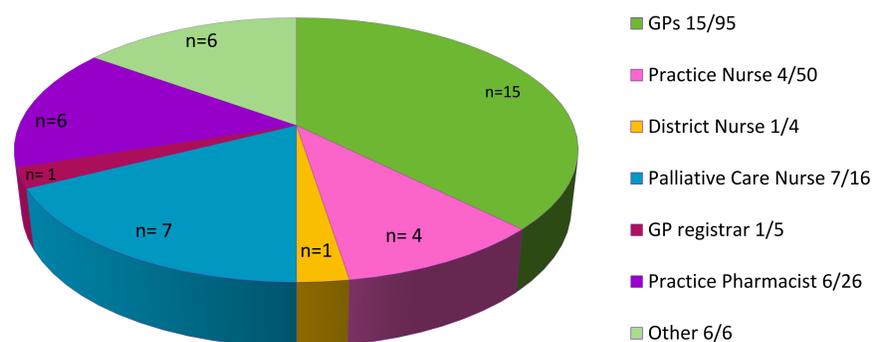
## Method

Purposive sampling was carried out in two clinical commissioning groups (CCGs) in and around one city area. Following ethical approval, practices with differing levels of deprivation were invited to take part. 198 healthcare professionals working in and with these practices (eg. district nurses, palliative care nurses) were identified using internet searches to obtain contact details. Questions requiring a range of responses including Likert and additional open responses were devised from the findings of a multi-stakeholder workshop, patient interviews and published literature. Three reminders were sent.

## Results

- 20% response rate (40/198).
- Respondents were more likely to refer patients with advanced cancer pain to a community pharmacist after completing the questionnaire showing a lack of awareness of services.

### Proportion of different healthcare professionals taking part n= 40



Not sure all patients would be able to attend a pharmacy – with advanced cancer they are often housebound.  
**Palliative Care Nurse**

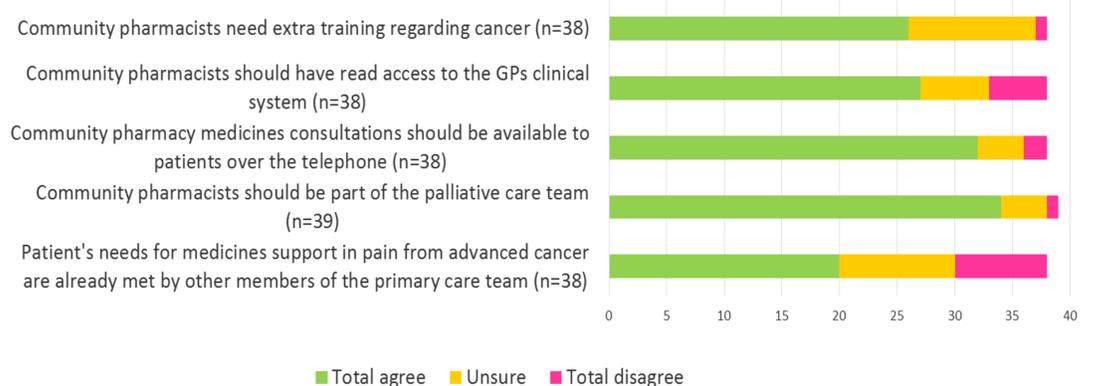
Possibly lack of specialist knowledge of pain and disease.  
**Practice Pharmacist**

Patients with advanced cancer would go elsewhere (Macmillan team) for this advice.  
**GP**

I would be concerned about too many professionals giving advice at a time when they are struggling emotionally. Would be useful for patients we don't see.  
**Palliative Care Nurse**

It would depend on the underpinning knowledge the pharmacist has and what experience they have in managing advanced cancer pain.  
**Palliative Care Nurse**

### Health professionals views of statements



## Conclusion

Whilst results show some appetite for closer working between community pharmacists, GPs and the palliative care team, some negative views were expressed. Respondents perceive the possibility of duplication of services, however, one third of patients are never referred to palliative care, therefore a significant proportion have no access to advice about their medicines from that source [2]. Barriers need to be overcome before community pharmacy services could be effectively deployed: use of the SCR, increased communication, upskilling of pharmacists and a simpler means of patients accessing telephone MURs.

Respondents may have been aware of the IMPACCT research programme, leading to possible bias. The low response rate means that although the findings provide valuable insights they may not be generalisable.

## References

1. Savage I, Blenkinsopp A, Closs SJ, Bennett MI. 'Like doing a jigsaw with half the parts missing': community pharmacists and the management of cancer pain in the community, IJPP; 2013; 21:151-160.
2. Ziegler L, Craigs C, West R, Hall G, Carder P, Hurlow A, Millares-Martin P, Bennett MI. What is the minimum effective 'dose' of palliative care for patients with advanced cancer? A longitudinal population cohort study. Awaiting publication.