

# Utilising community pharmacists to support people with cancer

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The NHS Long Term Plan (LTP)<sup>1</sup> outlines a greater role for pharmacists in the direct provision of care and clinical services, highlighting a growing overlap between the role of pharmacists and those of doctors and nurses.

Specialised oncology pharmacists play an important role in hospitals and have moved away from the traditional operational role of production and manufacture of anti-cancer medicines. They work with the medical and nursing staff to maximise the benefits of drug therapy while trying to minimise toxicities and educate people with cancer about what to expect during treatment and the associated side-effects. They also provide advice on how to manage complications of cancer treatment and can often prescribe the supportive medication required. Overall, the role of a specialised oncology pharmacist is integral in the management of the inpatient medication plan, right through to the medication plan that a patient will be discharged with.

In the community, people with cancer often need support with their medicines and this can be provided by community pharmacists<sup>2</sup>. Community pharmacists already provide services such as the New Medicines Service (NMS) and these have been adapted for use in patients with advanced cancer. Such services could be rolled out in the future. Community pharmacists add value by supporting people taking anti-cancer medicines and helping them to navigate the wider health and social care system and to manage and balance side effects with treatment. One opportunity for the 2020s could be to develop community pharmacies as not only healthy living pharmacies and self-care support centres, but also as early diagnosis hubs. Community pharmacists would receive education on the red flag symptoms of certain types of cancer to enable them to refer people to specialist services so that cancers can be prevented or identified. There needs to be more acceptance of the role community pharmacists can play in supporting people with cancer from policy makers, commissioners and other healthcare professionals alike.

Growth in the area of pharmacogenomics also presents an opportunity for pharmacists to lead in testing patients for genetic risk factors for cancer to support preventative measures, and in tailoring drug therapies to optimise efficacy.<sup>3</sup> The introduction of technologies such as AI backed risk assessment and diagnostic programmes, or blood sample-based cancer testing will offer pharmacies new opportunities to contribute to health improvement.

## Prevention

Between 30-50% of all cancers are preventable<sup>4</sup>. The two highest causes of preventable cancers are smoking and obesity. Community pharmacists and their teams are well placed to address these issues and have an active role in providing preventative lifestyle advice. Community pharmacies also provide a network of accessible health advice and patient education. This could be the key to patients being more aware of a symptom that could indicate early onset.

- **Smoking cessation services:** Services offered through community pharmacies have provided evidence that people using this service are more likely to quit. The pilot suggested in the Community Pharmacy Contractual Framework (CPCF)<sup>5</sup> which refers those beginning a programme of smoking cessation in secondary care for completion through community pharmacy could be a good example of this.
- **Public health campaigns:** Community pharmacies provide six national public health campaigns each year as part of the CPCF. One or more of these campaigns could be focused on raising awareness on the symptoms and red flags of certain types of cancer which would ensure a wider reach into communities. In the past, these have included campaigns to raise awareness of early symptoms or risk factors for cancer, for example 'Be Clear on Cancer'<sup>6</sup>, and 'Stoptober'
- **Lifestyle interventions:** Community pharmacists could undertake a basic health assessment and provide information and support for people to make healthy lifestyle changes as well as recognise early signs and symptoms of cancer. Early acceptability and feasibility results from a study in which community pharmacists were trained to deliver a health assessment of men with prostate cancer<sup>7</sup>; with information/support provided to improve lifestyle over a 12-week period showed that this was feasible and acceptable.

The Greater Manchester cancer vanguard, in partnership with the University of Manchester and Lloyds Pharmacy, used community pharmacies to support people to complete a Risk Estimation for Additional Cancer Testing, (REACT) model. This model weighs up an individual's current risk of having cancer based on their self-reported symptoms. It has been widely used in GP practices, but experts wanted to test it in the community. Trained pharmacists helped participants to complete a series of questions during a face-to-face consultation within the pharmacy. Participants were given an estimate of their risk of having cancer and individuals with high risk scores were referred to a GP for further investigations to help improve early diagnosis of the disease. The findings from this pilot prove that community pharmacists can play an important role in helping patients to understand their risk of having cancer. Participants of the REACT questionnaire said that they valued the guidance and support of a trained healthcare professional. The inviting, community feel was also an important factor in helping patients

to feel comfortable talking about the condition. An initial learning is that language and communication is important when talking to people about cancer. Community pharmacy can play a vital role in helping people to think more about their risk of getting cancer and then to get tested more regularly.

The work from this vanguard is now feeding into a larger study on cancer prevention and early detection.<sup>8</sup>

## Early Diagnosis

Community pharmacies provide a convenient and accessible place for people to present with symptoms that they may be concerned about. This could be a pivotal point at which people could be appropriately referred into either general practice or maybe in the future, directly into secondary care for further clinical assessment and diagnosis.

Community pharmacists and their teams could provide screening services to enable early cancer diagnosis<sup>9</sup>. Enabling community pharmacy to be an active part of the referral pathway would benefit patients through reduced waiting times for diagnosis, which in turn leads to early treatment and improved health outcomes<sup>10</sup>.

### **A study of 33 pharmacies in Northern England found that 642 patients presented at community pharmacies with 'red flag' cancer symptoms**

Badenhorst J, Husband A, Ling J, Lindsey L and Todd A, Do patients with cancer alarm symptoms present at the community pharmacy? International Journal of Pharmacy Practice, volume 22, supplement 2, page 32

Community pharmacists need to be encouraged and supported to implement NICE guidance on suspected cancer recognition and referral<sup>11</sup>.

The draft Primary Care Network service specification for early cancer diagnosis<sup>12</sup> recognises the role of primary care and the need for locally agreed standardised systems and processes for identifying people with suspected cancer, referral management and safety netting. Community pharmacists should be included in the delivery of this service.

Below are examples of what community pharmacists could offer to support the early detection of cancer.

- **Human papillomavirus (HPV) vaccination service:** Individuals who miss out on receiving the vaccine through schools, could be offered the choice of vaccination at a community pharmacy. This would also increase accessibility and patient choice particularly in the evenings and weekends. This service is currently offered through some community pharmacies to people who can pay. A nationally commissioned roll out of this service through the NHS would prevent some instances of cancer from occurring and increase uptake across a diverse section of the population. The community pharmacist can also play an important role in encouraging, educating and dispelling anti-vaccination misinformation around HPV vaccinations.
- **Mole screening service:** Pharmacists can help to assess moles and pigmented lesions that a patient may be worried about and can help identify any that might be suspicious and refer the patient directly to secondary care. Skin cancer screening services are beginning to be commissioned in some localities such as Cornwall. If this service were nationally commissioned, it could help to support early identification of skin cancers and reduce the volume of patients visiting their GP for a referral.

A mole screening service, provided by community pharmacies in Norway from 2010 to 2014, performed 25,836 mole scans which were interpreted by trained specialists. Of these, 83.6% had normal scans, 1% had melanoma, and 15.4% had another skin condition. In 2014 the service identified 4.1% of melanoma cases registered in the Norwegian Cancer Registry. Nearly all (99%) felt the pharmacy was a suitable venue, and 95% would recommend the service to others. In total, 99% of respondents scored their overall satisfaction as "good" or higher.<sup>13</sup>

- **Bowel cancer screening service:** There is a national screening programme available which deals directly with people. Community pharmacies can encourage people to access the national service if they have signs and symptoms that provide cause for concern. Cumbria Local Pharmaceutical Committee are using healthy living pharmacies to raise awareness of lung and bowel cancer and encouraging bowel screening uptake<sup>14</sup>.
- **Chest x-ray referral service:** People who present at the pharmacy with certain symptoms could be assessed and offered referral directly for a chest x-ray without needing to be referred to their GP practice. This service is already commissioned in several areas across England such as Doncaster<sup>15</sup>.
- **Increasing cancer screening:** People can be screened for early signs of cancer, but these NHS screening services are often not taken up, particularly in certain areas and populations. A study in Yorkshire used community pharmacy teams to encourage BAME women to improve their uptake of cancer screening services using lifestyle advice on diet, fitness and general health awareness<sup>16</sup>.

**Pharmacists have already proven themselves capable of direct referral; a 12-week South West London pilot found that 55/60 direct referrals to secondary care or suspected lung cancer by community pharmacists were appropriate**

xviiiPunwani R, Nimako K, Brzezicki T, Loke TK, Draper A, Hill A, Ozdilli J, Keddie Z, Tamby Rajah D, O'Brien M. Community Pharmacy Referrals Project: Increasing awareness and early diagnosis of respiratory disease via a direct pathway to secondary care, National Cancer Research Institute (NCRI) Cancer Conference 2014, Abstract B122, 2-5 November 2014

Late diagnosis due to late presentation commonly results from lack of disease awareness or in many cases mental paralysis and emotional upheaval of feared diagnosis. Community pharmacy offers a ready-made support and patient advocacy network alongside their signposting role.

A recent study called "Not Normal For You" revolves around encouraging self-referral of people following a conversation about a suspected cancer red flag symptom. It has taken place in ten pharmacies over 6 months. Initial results show that the pharmacy staff responded well to training and felt confident to deliver the service and empower people to see their GP. The pharmacist / pharmacy staff relationship with people shone through in the feedback. Referrals were appropriate and averaged one per pharmacy per month to two months.

## Supported self-management / living well with cancer

- **Medicines optimisation:** Oral anti-cancer agents give many people with cancer freedom from numerous hospital visits, allowing them to obtain their medicines from their local community pharmacy. People taking these oral medicines still require support, as many of these agents can be toxic. Community pharmacists can also support those people who have been deemed to be terminal and need support managing their symptoms, such as pain<sup>17</sup>.

Community pharmacies are ideally placed within the community to help these people and can;

- Explain any concerning signs and symptoms, particularly symptoms of infection
- Explain how the medicine should be taken and how it works
- Provide reassurance as many people are apprehensive of these medicines
- Counsel people on safe handling and storage of anti-cancer medicines
- Review side effects that might occur and help people manage these alongside their symptoms.

Community pharmacists should be supported by specialist pharmacists within their local hospitals. Formal referral systems would help community pharmacists to identify the people that need support in this area.<sup>18</sup> Community pharmacists should also have good relationships with their local Primary Care Network (PCN) pharmacists and be able to identify and refer people for Structured Medication Reviews.

Pharmacy organisations have developed guidance and service specifications for community pharmacists who may dispense and supply oral chemotherapy and systemic anti-cancer medicines in Primary Care.<sup>19</sup>

As pharmacogenomics develop, community pharmacists are likely to have a role in undertaking medicine related interviews to ascertain if people are on the best medicines for them as individuals, using their genomic data.

### Collection and / or administration of treatment:

The LloydsPharmacy Healthcare Centre based in Scunthorpe began by providing a breast cancer treatment service through a partnership with Northern Lincolnshire and Goole NHS Foundation Trust (NLaG). The service, which is co-located in a community pharmacy, involves nurse-administered subcutaneous injections. This service grew to become a healthcare centre, a four-chair infusion centre, which administers IV Immunotherapy, S/C Haematology and Oncology treatments releasing up to 400 hours of chair time in the hospital. The service now has over 9 molecules being administered in the healthcare centre by working in partnership with the Trust. The use of the community pharmacy location enables people with cancer to receive their care closer to their homes without the stress of car parking and long wait times. It also means that people can access advice and support from the pharmacy team, as well as any over the counter products they might need.

- **Enhanced information services:** Since 2011 Boots have been working with Macmillan to train up Boots Macmillan Information Pharmacists (BMIP). These pharmacists are specially trained to understand more about cancer diagnosis, treatment, medicines and how cancer affects people. Having BMIPs available in community pharmacists has enabled the pharmacy to deliver significant improvements in the support available to people living with cancer across the UK. BMIPs all complete an online training course to ensure they are confident with what their role entails, learning the signs and symptoms of cancer, diagnosis and tests that customers might experience, different types of treatment and how they can affect people. They also learn how to have a supportive conversation and listen effectively, how to signpost people to Macmillan and other organisations to address needs that they cannot meet themselves, and how to support customers to live life as fully as they can after a cancer diagnosis. During 2018 the BMIPS held 92,000 conversations<sup>20</sup> whether that be a one-off conversation or by providing on-going support.

• **Pain** experienced by many people with advanced cancer is often not well controlled and community pharmacists are potentially well placed to provide care and support. A nationwide study of bereaved carers in 2015 found that pain was least controlled when people with cancer died in community settings with only 18% of carers describing pain as completely controlled compared with 38% for people dying in hospital and 63% for those who died in hospices<sup>21</sup>. Pain can be caused by the cancer itself or the treatment the person experiences and this does not always end when treatment ends. The majority of cancer pain can be controlled with a combination of medicines although there is also some evidence for physical exercise and complementary therapies such as music to help with pain levels<sup>22</sup>. Community pharmacists are the most frequently accessed healthcare professional for people with cancer and are in every high street and are often open extended hours<sup>23</sup>. Pharmacists can provide advice for people with cancer when managing their pain so they can get the best use of the medicines they have and provide signposting to other healthcare professionals when necessary. Community pharmacist medicines optimisation interventions have been found to show promise for improving cancer pain and in a recent study were found to be acceptable for patients and feasible to provide<sup>24,25</sup>.

- **Support for carers and families:** Cancer doesn't only affect the individual but also those who support and care for them. Community pharmacists and their staff often know the families within the communities where they work and can offer them support and advice to help them in their caring role.

- **Support for people who have survived cancer:** Currently there is not a lot of information that supports the role of community pharmacists in this area. However, a study looking at identifying the scope for developing a community pharmacist-led intervention to provide support and improve health outcomes for breast cancer survivors has just been published.<sup>26</sup> This study identifies considerable scope for community pharmacists to take on a larger role in breast cancer survivorship services, highlighting several potential features of future interventions. Increased awareness of survivor care needs amongst community pharmacists is needed to encourage proactive conversations, networking activities and further training.

## Palliative care:

In many areas, community pharmacists maintain a supply of pre-approved drugs, with the potential for extended access including evenings and weekends as part of a palliative care service. If implemented nationally, this service could allow patients to have more choice about where they die, currently many people die in hospital and one of the many complex reasons is due to the lack of access to these medicines in the community. Pharmacists can support the person and their family at this difficult time and reduce spend on avoidable hospital admissions. This service may require collaboration between community pharmacy and the voluntary sector. A national palliative care service has been mentioned as part of the new CPCF, but details are not yet available.

A model for pharmaceutical palliative care in rural Scotland which is experience based and funded by Macmillan Cancer Support has shown positive results.<sup>27</sup> In Scotland they have also established a Community Pharmacy Palliative Care Network which provides value to aspects of the medical supply chain; access to training; opportunity to discuss good clinical practice; connection to specialists and multidisciplinary teams. The service demonstrates that relationship building between district nurses and community pharmacists is needed for better understanding of patient needs and timely medicine supply.<sup>28</sup>

The Royal Pharmaceutical Society's policy on Palliative and End of Life Care provides more detail and recommendations which enable pharmacists to improve care at the end of people's lives<sup>29</sup>.

## Initiatives that would support an increased role for community pharmacists in supporting people with cancer:

**Working with patient groups** such as Macmillan. Patient education may help to raise awareness of the role of Community Pharmacy Practitioners (CPPs) in supporting people with cancer. Patients and carers in this evaluation often were unaware of the support network until they came across it accidentally, therefore if CPPs knew about the support network available to people they could signpost them to these services. The number of participants who had visited a community pharmacy with a cancer query could increase through greater understanding of the CPP role. As 77% of participants already visit a community pharmacy regularly, patients may benefit from encouragement to discuss their cancer queries with community pharmacists. CPPs could do more to promote their professional image and services<sup>30</sup>.

Community pharmacists can also have a role in supporting people through prehabilitation. This has been shown to be essential to cancer care and should be delivered in a community setting by multidisciplinary teams that include pharmacists.<sup>31</sup>

- **Digital advances:** There have been many digital advances over the last few years including the use of NHSmail within community pharmacies. This enables community pharmacists to be able to receive discharge information when people are discharged from hospital as well as other communications from across the system. As community pharmacy systems become more integrated with the wider NHS, the value of the community pharmacist and the interventions they make will be more visible.
- **Acceptance of the role that community pharmacists can play.** There are currently several barriers in place that inhibit the progression of community pharmacies to provide better clinical care within a community setting. These include community pharmacies not being recognised as clinical settings as well as community pharmacists not being seen as clinicians who can contribute to clinical care as outlined in this paper. These need to be addressed in order to provide accessible, convenient and more support for people living with cancer.
- **Education and training:** Pharmacy training for early diagnosis of cancer – Accelerate, Coordinate, Evaluate (ACE) programme; an early diagnosis of cancer initiative supported by NHS England, Cancer Research UK, and Macmillan Cancer Support. (2017)<sup>14</sup> is available. Community pharmacists need to be supported to undertake appropriate training so they can better support people with cancer. All previous experimental studies where pharmacists provided educational interventions for people with advanced cancer pain involved an element of additional training for the pharmacists<sup>32</sup>. Inclusion of such training in the pharmacy undergraduate syllabus would improve the palliative care knowledge of the future generation of pharmacists enabling more pharmacists to be able to

confidently provide advice and services for this patient group.

The British Oncology Pharmacist Association (BOPA) have also produced an online community pharmacy training programme and guidance for supporting patients receiving oral anti-cancer therapy.<sup>33</sup>

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