

Access to Palliative Care Medicines & Advice

**A Report on the NHSSB
Pharmaceutical Palliative Care Network**

Information for Healthcare Professionals

May 2006



NHSSB Pharmaceutical Palliative Care Service



Marbeth Ferguson, Palliative Care Liaison Pharmacist for United Hospitals Trust co-ordinates the NHSSB Pharmaceutical Palliative Care Service and reported that:

Monitoring data collected during the first year of the service has been very encouraging, with some excellent examples of how the service has benefited patients, their carers and healthcare professionals.

For further information on the service please contact Mrs Marbeth Ferguson, Palliative Care Liaison Pharmacist, United Hospitals Trust. (Tel 028 2563 5380)

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1: THE NETWORK AND ITS AIMS

Launched on 1 January 2005, this initiative was developed in response to anecdotal reports of problems in obtaining palliative care drugs for patients being cared for at home, particularly outside normal working hours. The service follows those already developed in the SHSSB, WHSSB and Lothian Primary Care Trust, and has been progressed in participation with United and Causeway Health and Social Services Trusts.

Twelve community pharmacies geographically spread across the NHSSB area form a pharmaceutical palliative care network. Each network pharmacy keeps an agreed range of medicines for palliative care and has a nominated pharmacist with training in palliative care. The aims of the service are to:

- Allow timely access to palliative care drugs for patients in the community.
- Provide information regarding palliative care drugs to patients, carers and other health care professionals (including non-network community pharmacists)
- Support and maintain a network of "palliative care" community pharmacies in the NHSSB area and liaise with other health care professionals on palliative care issues.

The NHSSB service was supported with a grant from the Big Lottery Fund's Palliative Care programme.



(L-R): Marbeth Ferguson, Co-ordinator; Sandra Glover, Community Pharmacist; Emer McLean, Pharmacy Advisor; and Jenny Fitzgerald, Grants Officer pictured at a visit to one of the network pharmacies.

During a visit in May 2005 to one of the network pharmacies, a summary of the service and progress was communicated to Jenny Fitzgerald, Grants Officer with the Fund. Jenny said: "I was delighted to get the chance to see this vital project in action. The project is helping ensure that those people who need palliative

care medication have access to a prompt service. This project is making a huge difference to palliative care pharmaceutical services across Northern Health and Social Services Board area."

2: REVIEW OF YEAR ONE (JAN-DEC 2005)

SERVICE REQUESTS DURING 2005

From January to December 2005 there were 84 recorded instances of the service being accessed. **Table 1.1** summarises how the service is being used. Contacts increased each quarter as illustrated in **Figure 1.1** overleaf.

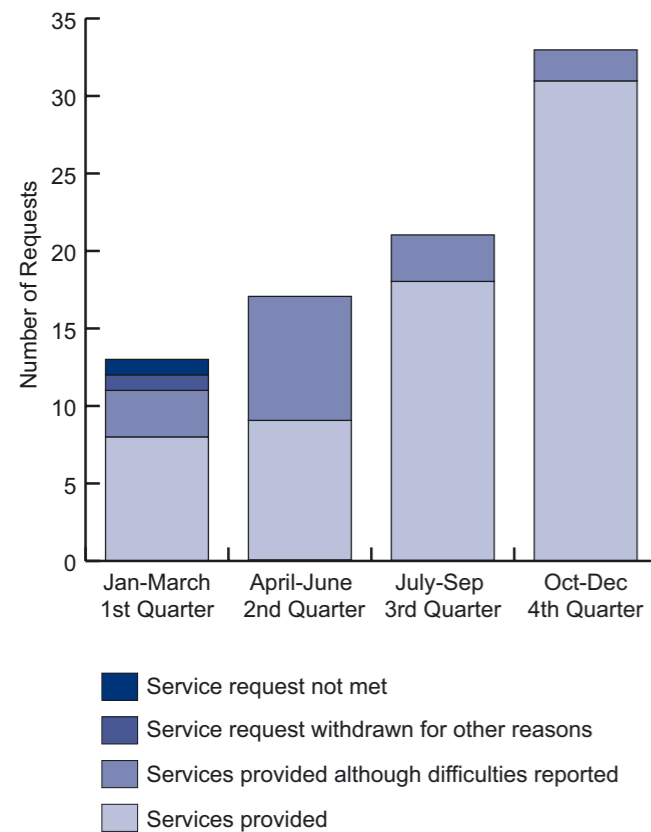
Supply of Drugs

Drugs supplied for palliative care via the service were often to facilitate management of symptoms when

Table 1.1 - Summary of Service Use

2005	%	Category
Requests to	78.0	Network Community Pharmacist
	17.1	Palliative Care Liaison Pharmacist
	4.9	Hospital Pharmacist Back-up
When	76.8	Within Working Hours
	23.2	Out-of-Hours
Who	29.3	Non-network Community Pharmacist
	20.7	GP at DUC
	15.9	Community Nurse
	14.6	GP in hours
	6.1	Hospice Community Nurse
	6.1	Hospital Pharmacist
	3.7	Patient/Carer
	1.2	Macmillan Consultant
	1.2	GP Practice Manager
	1.2	Community Dietician
What	59.8	Supply
	19.5	Advice
	20.7	Supply & Advice

Figure 1.1 Palliative Care Service Requests 2005



swallowing difficulties arose, with the majority being liquid, transdermal and injectable formulations. A total of 93 items were supplied, with 26 items being supplied out of hours.

The Macmillan Gold Standards Framework recommends that palliative patients should receive medication within 2 hours of a prescription and an audit of supplies via the network indicated that **91.5%** were made within this timescale. Delays of greater than 2 hours correlated with delays in accessing the service, transport difficulties or sourcing drugs outside the agreed list.

On 19 occasions (8 out-of-hours) network community pharmacists provided delivery of medication to patients' homes to ensure timely access.

Medicines Advice

Advice and information on medicines for palliative care was provided both in response to specific queries and as part of the medicines dispensing process. Monitoring data for 2005 included 43 records of advice provided via the service.

The Service in Practice

- A GP at DUC asked for information on switching opioid analgesia from oral morphine to transdermal fentanyl for a patient experiencing swallowing difficulties. The network pharmacist confidently dealt with the query having covered opioid conversions at a network educational session. The pharmacist also advised on addition of oral morphine liquid for breakthrough pain and counselled the patient's carer on use of the patch formulation.
- A community nurse and non-network community pharmacist contacted a network pharmacy to urgently source Diamorphine 100mg ampoules. The network pharmacist dispensed the prescription and delivered the medication to the patient's home within one hour of the request. In addition to supply, the network pharmacist was proactive in providing information on subcutaneous infusion of drugs and use of syringe drivers.
- During working hours a GP sought advice on conversion from transdermal fentanyl to oxycodone subcutaneous infusion. Metoclopramide was also prescribed for subcutaneous infusion and the network pharmacist checked compatibility of combination with oxycodone in a syringe driver.
- Some supply requests were for drugs/strengths not included in the agreed list of palliative medicines,



NI Palliative Medicines Group

however network pharmacists were able to provide advice and assisted in sourcing the required drug or an appropriate alternative. For example, a network pharmacist liaised with an out-of-hours doctor to advise that the items (MST 100mg and 200mg sachets) were not in stock at the prescribed strengths, assisted in switching to an alternative opioid and arranged for a new prescription for a drug (fentanyl patches) on the palliative care stock list.

Learning Points

- Some reports, particularly in the first 6 months, included healthcare professionals' lack of awareness of the service and patients/carers going from pharmacy to pharmacy in an attempt to obtain urgently required medication. When supply cannot be made within the required timescale, community pharmacists should ensure prompt referral to a local network pharmacy. It is important that all healthcare professionals, including locum staff, know how to access the service.
- Difficulties concerning transport of prescriptions and medicines have

been reported and in some cases this has delayed access to urgently needed medicines. Appropriate transport arrangements should be identified and agreed at the time of request. *Potential solutions to resolve transport difficulties are to be explored by the steering group for the service.*

RESOURCES AVAILABLE

The following resources for the service have been provided and distributed within the NHSSB area:

- Information packs on
 - Service provision for network Community Pharmacists and participating hospital on-call pharmacists
 - Accessing the service for Healthcare Professionals including GPs, community pharmacists, community nurses, voluntary nursing services, Dalriada Urgent Care and out-of-hours nursing services.
- Summary reminder sheets on service availability for Healthcare Professionals



- Patient/carer information leaflet on service availability
 - Guidance for Healthcare Professionals on alternatives to diamorphine
- Copies of the above resources are available from Marbeth Ferguson.

- Collaboration with the NI Palliative Medicines Consultants Group to develop patient and prescriber information sheets on “named patient” drugs used in palliative care.
- Membership and contribution to the ongoing work of a number of Local and Regional palliative care working groups.

- **Outside normal working hours,** when a drug is required urgently.

Network pharmacists are contacted in order of convenience. If the first pharmacist is not available then the next one on the list with the most suitable location should be contacted. Out-of-hours contact numbers are provided for healthcare professionals

but arrangements are not regarded as a *formal* on-call service. As a back-up, when a drug cannot be sourced in the community, out-of-hours medical services and network community pharmacists have contact details and protocols to access an emergency supply service from local hospital trust on-call pharmacists.

ADDITIONAL ACTIVITIES

- Training was delivered to community and hospital pharmacists participating in the service.
- CHSST on-call pharmacists agree to participate in the back-up medicines supply service from 1st December 2005.
- Updates for healthcare professionals on service availability and palliative medicines issues were distributed via mailshots and oral/poster presentations at local/regional seminars.
- Service availability was widely publicised to patients and their carers through press releases and circulation of patient/carers information leaflet.
- A draft protocol for anticipatory prescribing was developed.
- The role of the Liaison Pharmacist was developed to include:
 - A survey of use of syringe drivers for drug administration in the acute hospital setting to inform development of pharmaceutical services.
 - Chairing a multi-disciplinary group to review local guidelines for use of palliative care medicines.
 - Provision of a workshop for final year QUB pharmacy students on subcutaneous drug administration in palliative care.

3: COMING SOON

- NHSSB Palliative Care Medicines Handbook.
- Review of the transport arrangements for prescriptions and medicines.

4: CONTACT NUMBER FOR COMMENTS

Your comments regarding the NHSSB Pharmaceutical Palliative Care Service are very welcome as such feedback contributes to the further development of the service.

Any comments or problems regarding the service should be directed to: Mrs Marbeth Ferguson, Palliative Care Liaison Pharmacist, United Hospitals Trust. (Tel 028 2563 5380).

5: ACCESSING THE SERVICE

Network Pharmacies can be accessed:

- **Within normal working hours,** when the patient’s usual community pharmacy cannot supply drug(s) for palliative care within the timescale required.