

## SEL CCG Protocol for Provision of Palliative Care Medications for Dying Adult Patients during Covid -19

### 1. Introduction

This protocol is to support rapid access to palliative care medications, including controlled drugs, for symptoms management of patients dying at home or in their usual place of residence e.g. care home during the COVID-19 pandemic. It provides information to support all patients irrespective of infection with COVID-19. **This protocol does not cover access of medicines out of normal hours.**

#### Key Principles

- Patients entering the last days of life often require medications to control pain, nausea, breathlessness, respiratory tract secretions and agitation.
- Local Palliative Care / symptom control guidelines on care and medication to use in this situation should continue to be followed wherever possible.
- However, in the presence of the COVID-19 pandemic, there may be an increase in the number of patients dying in the community and an increased burden on healthcare staff whose risk of exposure to COVID-19 should be minimised.
- In this situation, those important to the patient may have an increasing role in administering medication for symptom control in the last days of life, with virtual professional support from GPs / district nursing / specialist palliative care teams.
- Healthcare professionals involved in a patient's care continue to have responsibility for advising those important to the patient how to use the medications that they have recommended / prescribed.
- Where possible, it is safest for those important to the patient to administer medications via the oral route for as long as possible, and when this is not possible, to use a non-oral, non-subcutaneous i.e. transdermal, buccal, rectal route.
- In exceptional circumstances a decision may be taken to train and support those important to the patient to administer subcutaneous medications.
- Palliative Care Community Authorisation Chart should continue to be used to record and administer such medication
- In preparation for this situation, a list of anticipatory medicines which are commonly prescribed in end of life have been put together by specialist palliative care teams across South East London.
- Whilst there are slight variations in the choice of drugs across the boroughs, they all aim to:
  - o Manage breathlessness
  - o Manage anxiety and restlessness
  - o Manage pain
  - o Manage sickness and nausea
- South East London CCG has commissioned a new service with community pharmacies across South East London to ensure timely access to selected palliative care medicines which are not routinely available in pharmacies. Timely access to palliative care medication plays a crucial part in the management of symptoms in the last days of life and supports patients to live and die in the place of their choice.
- The service pathway has been designed via the SEL Access to Palliative Care Drugs Working Group, with input from all relevant clinical teams across primary and secondary care.
- The lists of end of life medication and nominated pharmacies holding the stock can be found [here](#).

- The stocks of palliative care drugs for this service have been aligned with local and national guidance. The quantities to be prescribed will need to be judged on an individual basis.
- Before issuing the prescription confirm availability of all prescription items with patient's USUAL PHARMACY
- **Healthcare professionals are reminded that if sending an electronic prescription, the community pharmacy nomination may need to be changed to a pharmacy taking part in this service if the usual community pharmacy does not hold all the stock required.**

## 2. Requesting and Prescribing of Medicines

### GP responsibilities

Please prioritise facilitation of EPS prescriptions to avoid delay in the out of hours setting.

1. Accept a referral from a Healthcare professional/ family member/carer that the patient is at end-of-life (EoL) with deteriorating symptoms.
2. Determine that the patient would benefit from symptomatic control with EoL medication. Refer to 'Symptoms control guidance in palliative care' by [London Clinical Network](#) and [GSTT](#). (See core EoL medications stocked in community pharmacy in [here](#)).
3. Establish current medication and determine suitable drug doses, taking into consideration the current level of opioid. Refer to [here](#) for opioid dose conversion/equivalence chart.
4. A standard prescription is written with full patient details and FULL address and POSTCODE is essential. Use electronic prescribing route as preference.
5. Check the method of collection
6. If the prescription is for a controlled drug (CD), ensure that additional legal requirements for a CD prescription is present, for example, total quantity or dosage units of the preparation in both words and figures.
7. Prescribe safely:
  - Ensure prescription directions are clear with doses expressed in milligrams or microgram, as well as millilitres, if a liquid preparation.
  - Micrograms should always be written in full (rather than mcg or µg)
  - Avoid decimal places, e.g. 0.5g should be written as 500mg.
  - Include the route of administration for all injectable.
  - Ask a colleague to double-check calculations where possible.
8. Include the following in the prescription notes section **if it is not already on the prescription:**
  - Patient/ patient's representative/ care home's contact details (name and direct phone number) so that pharmacy can get in touch with the patient's representative.
  - GP surgery's contact details (name of prescriber and direct phone number) in case of issues
  - Patient's NHS number in case the prescription cannot be filled by the nominated pharmacy
9. Ensure a Palliative Care Community Authorisation Chart (including palliative care community syringe driver chart) is available where relevant.
 

[Note: This is only relevant where local protocol states that GP should provide the chart as in some areas this is provided by palliative care and End of Life community services](#)
10. **Before issuing the prescription confirm availability of all prescription items with patient's USUAL PHARMACY. Speak directly to the pharmacist to confirm all medications requested will be available urgently.**
11. DO NOT send prescription on EPS until you know the drugs can be dispensed from the identified pharmacy
12. If the usual pharmacy UNABLE to supply all the medications, generate an electronic prescription and send via EPS to the nearest pharmacy listed in [SEL website](#).

13. Call and email nominated pharmacy to inform pharmacy EPS palliative care prescription is on the EPS spine and to confirm all prescription items requested are available at full stock.
14. It is the responsibility of the clinician to ensure arrangements are in place for the administration of the medicines they are prescribing for the patient under their care.

\* A list of hospices in South East London can be found [here](#).

### **CARE HOME (if applicable)**

1. Confirm the need for palliative care treatment in liaison with the palliative care team or patient's registered GP.
2. During GP practice opening hours, arrange a prescription with the GP surgery.
3. Provide care home point of contact (name, direct phone number, [nhs.net](#) email address) to the GP.
4. The Care Home Point of contact should be the Senior Care Home Duty Manager or designated individual with appropriate skills, able to assume responsibility.

### **NOMINATED PHARMACY Responsibilities**

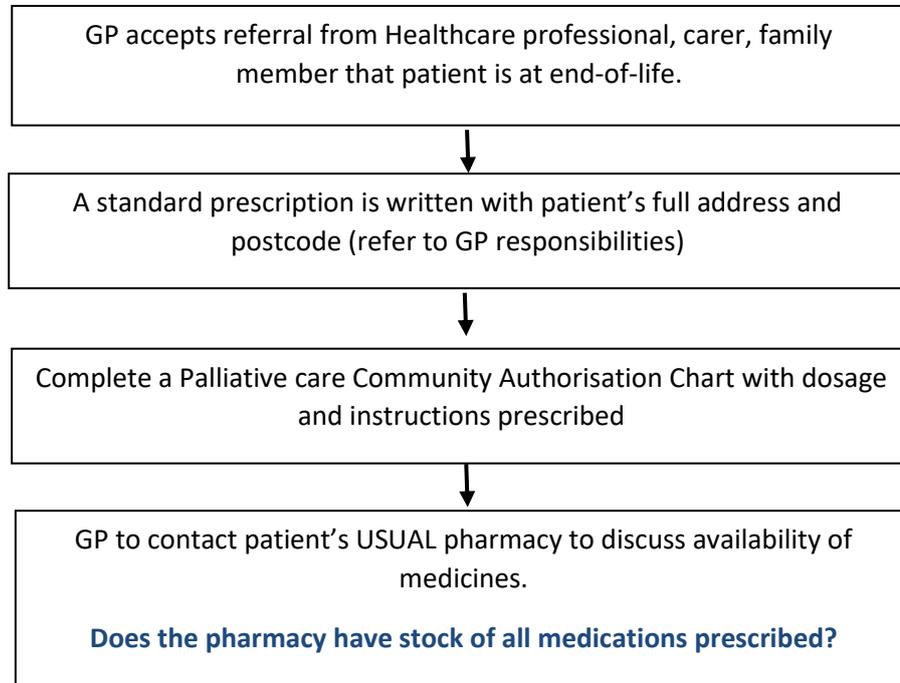
1. If all stock is available, pharmacy to accept prescription for dispensing.
2. Medicines Administration Chart for palliative care is supplied according to local protocol.
3. In circumstances where the pharmacy is unable to supply the item(s) on demand, they will direct/signpost the patient's representative, carer or health professional to the nearest pharmacy provider of the palliative care drugs stockist scheme ([SEL website](#)), checking first that they have the supply in stock.
4. Return the prescription to EPS spine at first instance and liaise with the alternative pharmacy to dispense the prescription.
5. Nominated pharmacy to arrange delivery and collection time. Refer to [here](#) for each borough delivery arrangement.

**Please make arrangement as soon as possible to avoid delays in palliative relief for the patient. It is known that COVID-19 patients deteriorate over hours rather than days. Ensure a maximum time of 2 hours from palliative care medicine demand to receipt by end user.**

6. When delivery service is used, keep a record of driver's name, proof of identity, vehicle registration and time of collection.
7. Provide a written delivery record for the driver to sign and return to the pharmacy once the delivery has been made.
8. Call the Care Home Point of contact or patients' representative to inform them that
  - Delivery driver is en-route with the palliative care medication
  - Advise
    - i. that the delivery driver will announce when they are outside (e.g. by verbally stating "delivery") and will leave their medication at the front door
    - ii. to allow at least 20 seconds (in order to allow the person making the delivery to walk to a suitable distance) before they collect their medication
    - iii. the delivery driver will wait to observe that they have collected their medication, before signing on their behalf to confirm receipt.

## Appendix 1

The protocol for the supply of palliative care medicines are outlined in the flowchart below:



**NO**

**YES**

GP to contact Nominated Pharmacies under 'Palliative Care Medicines Scheme'  
Refer to [SEL website](#) for contact details.

- GP to send prescription by EPS to pharmacy
- GP to call and email nominated pharmacy to inform pharmacy
- GP send Palliative Care Community Authorisation Chart to pharmacy (or supply as per local protocol)

Pharmacy to arrange for medicines delivery

- Delivery of medicines required within 2 hours from receipt of the prescription by the community pharmacy as per SEL Service Level Agreement
- Refer to [SEL website](#) for delivery mechanism.