Macmillan Pharmacy Service

Good Practice Guide for Community Pharmacies
Delivering Pharmaceutical Services to Care Homes

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1. Introduction

‘Living and Dying Well: a national action plan for palliative and end of life care in Scotland’\(^1\) identified a strategy to ensure that good palliative and end of life care is available for all patients and families who need it, in a consistent, comprehensive, appropriate and equitable manner across all care settings in Scotland.

Palliative care, at home or in a homely setting, is an integral part of achieving the transformational change (and shift of resources) envisioned in Reshaping Care for Older People: A Programme for Change 2011 - 2021 \(^2\) and in delivering Scotland’s National Dementia Strategy. \(^3\) Good quality palliative and end of life care is fundamental to delivering the safe, effective and person-centred care described in the Healthcare Quality Strategy for Scotland. \(^4\)

Palliative care is most commonly provided to cancer patients, with 90% of specialist palliative care services in Scotland provided to these patients. \(^2\) However, long term conditions such as heart failure, chronic obstructive pulmonary disease (COPD) and dementia account for around 60% of all deaths. \(^3\) Consequently it is now generally accepted that people living with serious chronic illnesses will require palliative care and therefore palliative care should be offered more widely and integrated more broadly across the health care services. \(^4, 5\)

Living and Dying Well highlighted the increasing importance of care homes in meeting the palliative and end of life care needs of older people. With a population living longer and suffering from a growing range of long-term and life-limiting conditions, care homes in Scotland are playing an increasingly important role in the provision of palliative and end of life care. \(^5\)

Community pharmacists, providing a medication service to nursing and residential care homes, have a pivotal role to play, improving the pharmaceutical care of people, with palliative care needs, living in care homes.

2. Aims

This best practice guide aims to provide community pharmacies that supply care homes, with a quality framework to standardise and enhance the pharmaceutical palliative care service that they provide to care homes. This guide will support community pharmacy staff to effectively, efficiently and safely provide for those in care homes with cancer and other life-limiting illnesses, \(^6\) through improved:

- Communication between community pharmacy staff, care home staff, GPs and nurses
- Supply of palliative care medication to care homes
- Knowledge of the Community Pharmacy Palliative Care Network enhanced services
- Palliative care knowledge and skills development
- Use of palliative care resources

3. Communication between community pharmacy staff, care home staff, GPs and nurses

In a recent survey, poor communication and a lack of information have been identified as key factors affecting the smooth delivery of palliative care services from community pharmacies. Care home staff were also found to have limited knowledge and awareness of the role of pharmacy in the overall delivery of community based palliative care services. They would contact a GP or district nurse more often than their community pharmacist to discuss palliative care medication. \(^7\)
Community pharmacists must work with other healthcare professionals and care home staff to ensure that the palliative and end of life care needs of people are identified and met. The Royal Pharmaceutical Society has recently called for a greater involvement of the existing community pharmacy palliative care network as a resource for care home staff. [8]

**Good Practice Points**

- Good communication and co-operation between the community pharmacy, care home and GP practice is essential. It is useful to have a named contact at the pharmacy, the GP practice and care home for any enquiries.
- Carry out regular reviews with care home managers/staff to share palliative care information, discuss palliative care needs of residents, discuss any issues or problems with palliative care medication supply, and identify any palliative care training needs of staff.
- Develop good relationships with care home liaison nurses and district nurses, providing support to residential care homes, to enable a better understanding of patient needs and timely access to medicines.
- Identify and engage with your nearest Community Pharmacy Palliative Care Network or specialist palliative care pharmacist within the NHS Greater Glasgow & Clyde for information, advice or medication, when required.

4. **Provision of Pharmaceutical Care and Palliative Care Medication Supply**

Community pharmacists who provide pharmaceutical services to care homes can contribute to the overall care of palliative patients by supporting better symptom management, early identification or avoidance of predictable side-effects and medication review in palliative and end of life care, through use of recognised assessment tools for pain and symptom management. [8]

Care Homes usually obtain their regular supply of medicines for all their residents from one pharmacy. Increasingly, care home supply services from multiples are being centralised into a ‘hub and spoke’ model. Although more efficient, reports indicate that this can affect the local connection between the community pharmacist, the care home and the GP practice. [8]

Timely supply of palliative care medication is paramount to the provision of excellent care to all patients. Community pharmacies supplying care homes should have procedures in place to ensure this is achieved.

In a recent study, up to 53% of care home residents were symptomatic in their last days of life. [9] The National Institute for Health and Care Excellence (NICE) guideline of 2014 includes the need to plan ahead at the end of a resident’s life, ensuring the right medicines are available to control problems that can be experienced by patients in the dying phase: pain, nausea/vomiting, restlessness, moist secretions. The guideline calls for anticipatory medicines to be available in the care home setting. [10]

**Good Practice Points**

- Ask your care home or GP practice, with appropriate consent from the patient or welfare proxy, to inform the community pharmacy when a patient is at the palliative stage of their life.
- To identify care issues for patients with palliative care needs, use the ‘Pharmaceutical Care Needs Assessment Tool for palliative care’, available on line from NHS Education for Scotland (NES). (Appendix 1)
- Discuss the palliative care needs of care home residents during review meetings with care home staff i.e. problems with supply of palliative care medication; managing symptoms and side effects; alternative medicines administration eg swallowing difficulties.
- Use the ‘Providing Safe and Effective Palliative Care Flow Chart’ to prioritise dispensing of palliative care medication. (Appendix 2)

- Always confirm the urgency of palliative care prescriptions with the care home. When monthly prescriptions for care home residents are received, always check for prescriptions with palliative medication and determine the urgency.

- When faced with the ethical dilemma regarding supply against an illegal prescription, e.g., incorrectly written, remember that pharmacists should be able to defend their actions, and inactions. Keep records of the decision-making process on the patient medication record (PMR).

- Use the prescription barcode or, when appropriate, accept faxed prescriptions from the care home (with patient identification removed), to ensure the prescription is legal and appropriate, and the medication is in stock, thereby preventing delays in dispensing the medication. The original prescription must always be presented before the medication is dispensed to the home.

- Use the courier service (accessed through your local network pharmacy) to collect urgently required prescriptions, from the home or GP practice, and deliver medication to the home. Ensure the care home is aware of this service for the uplift of emergency prescriptions from the home. (Appendix 3)

- Encourage care home staff to always contact their usual community pharmacy, in the first instance, for palliative medication. This will ensure continuity of care and prevent possible incidents, e.g., with new medicines or dose changes, as you have the patient medication history. If there are supply issues you can link with a network pharmacy to ensure palliative medication is received timeously by the home. In emergency situations, e.g., when your pharmacy is closed, the care home staff should contact their nearest network pharmacy.

- Hub pharmacies should have an arrangement with a pharmacy, local to the home, for supply of urgent palliative care medicines. This will prevent unnecessary delays in supply, or inappropriate use of the courier service.

- Keep a stock of the commonly used end of life injectibles: Midazolam 10mg/2ml, Hyoscine Butylbromide 20mg/1ml, Levomepromazine 25mg/1ml, Diamorphine 5mg/amp, Water for injection. Prescriptions for anticipatory medicines should always be prioritised and urgency determined, as patients may deteriorate rapidly.

- Supply oral syringes, when appropriate, ensuring care home staff understand the importance of their use for the administration of oral/enteral medication. Provide the care home with a copy of National Patient Safety Agency Patient Safety Alert 19; Promoting safer measurement and administration of liquid medicines via oral and other enteral routes. 2007. (Appendix 4)

- Always stop and think before dispensing opioids: right formulation, strength, dose, frequency and route. Use the Opioid Conversion Chart for conversion factors and dose equivalents as part of the clinical check of a new prescription. (Appendix 5)

- Provide the care home with a copy of National Patient Safety Agency Patient Safety Rapid Response Report; reducing dosing errors with opioid medicines. 2008 (Appendix 6)

5. Community Pharmacy Palliative Care Network

The Community Pharmacy Palliative Care network was established to improve access to both palliative care medication and appropriate pharmaceutical advice. [6] Network pharmacies:

- Retain a stock of specialised palliative care medication.
- Coordinate a courier service for the transport of urgent palliative care prescriptions, medication or syringe pumps.
- Provide information and advice on palliative care medication to other pharmacists, GPs and District Nurses.
- Provide an out-of-hours service (coordinated via GG&C out-of-hours service) for the supply of urgent palliative care medication.

Good Practice Points

- Display a copy of the Community Pharmacy Palliative Care Network leaflet on the controlled drugs cabinet or in an area accessible to all staff. (Appendix 7)
- Ensure all pharmacy staff, including relief managers and locums, are aware of the services provided by the Network and how to access these services.
- Identify and engage with your nearest Community Pharmacy Palliative Care Network for advice and medication when required.
- Use the Community Pharmacy Palliative Care Network for delivery of urgent palliative care prescriptions, medication or syringe pumps where appropriate.
- Ensure the care home has a copy of the Community Pharmacy Palliative Care Network, it is kept in an accessible area in the care home and all care home staff are aware of the enhanced services provided by network pharmacies.

6. Palliative Care Knowledge and Skills Development

Pharmacists involved in providing pharmaceutical care for people within care homes must be aware of the specific pharmaceutical care needs of this group and are required to develop their competence to practice in this area. [8]

Up-skillng of community pharmacy support staff encourages a broader ‘pharmacy’ awareness and approach to palliative care services, in addition to the expertise provided by the pharmacist. [6]

As support staff are reasonably static in terms of their place of work, and are less likely than pharmacists to move between pharmacies, they represent a potential continuous presence in the community pharmacy to ensure continuity in delivery of palliative care services. [6]

Good Practice Points

- Develop competence to provide pharmaceutical care for people within care homes.
- Pharmacists: complete NHS Education for Scotland pharmacy distance learning ‘The Pharmacist in Palliative Care 2015’
- Pharmacy technicians: complete NHS Education for Scotland eLearning ‘Palliative Care for Pharmacy Technicians’.
Pharmacy staff: complete the NHS Education for Scotland eLearning Palliative care webinars for community pharmacy technicians and support staff

- Introduction to Palliative Care
- Palliative Care Resource Folder
- Network Pharmacies
- Urgency of PC Rx
- Dispensing Opioids
- Managing Symptoms
- Signposting Patients to Macmillan Services

Contact Specialist Palliative Care Pharmacist for information or advice on appropriate and safe use of palliative care medicines.

Encourage care home staff to complete the national palliative care training package currently being developed. (see note below)

Note: NHS Education for Scotland (NES) in collaboration with the University of Strathclyde, NHS Highland and Macmillan Pharmacy Service are developing a national educational framework to support the delivery of approved, standardised and competency-based palliative care training for pharmacy support staff, social care staff including care home staff and GP administration staff. This will be available as e-learning from NES in August 2016.

7. Palliative Care Resources

Alongside the National Palliative Care Guidelines, the Macmillan Pharmacy Service (MPS) developed a number of clinical and patient-facing tools/resources to support best palliative care practice and improve patient care. These resources will be essential to enhance the pharmaceutical palliative care service delivered to care homes. [11]

- Palliative Care Resources for Community Pharmacy: a single comprehensive source of quality palliative care information for community pharmacy staff and a framework to improve the quality and safety of prescribing and dispensing.

- Community Pharmacy Palliative Care Network Leaflet: Guide to network pharmacy service. (Appendix 7)

- ‘Providing Safe and Effective Palliative Care’ flow chart: Practical tool for prioritisation and dispensing of PC prescriptions. (Appendix 2)

- ‘Get it right first time’: Prescribing aide highlighting key palliative care prescribing errors and good practice points to prevent delays in patients accessing palliative care medication. (Appendix 8)

- ‘Courier flow chart’: Practical tool detailing how and when to access the PC courier service for the transport of urgent PC medication, prescriptions or syringe pumps. (Appendix 3)

- ‘Incident Reporting to Macmillan Lead Pharmacist’: Template for use by community pharmacy staff to encourage recording, sharing and learning from palliative care incidents. (Appendix 9)
‘Sign-posting for Patients/Carers’: Information poster for professionals to sign-post patients and carers to relevant support organisations. (Appendix 10)

**Good Practice Points**

- Ensure all pharmacy staff, including relief managers and locums, are aware of the resources available, and know how to access them.
- Discuss and share appropriate resources with care home staff, encouraging them to contact their usual pharmacy first, before the GP or nursing staff, to discuss palliative care medication.
- Distribute key information resources to care homes eg Community Pharmacy Palliative Care Network Leaflet, ‘Get it right first time’, ‘Sign-posting for Patients/Carers’, safety alerts including NPSA alerts and best practice guidance.
8. References


9. Appendices

1. ‘Pharmaceutical Care Needs Assessment Tool for palliative care’

2. ‘Providing Safe and Effective Palliative Care Flow Chart’ (MPS 2015)

3. ‘Courier Flowchart’ (MPS 2015)

   http://www.nrls.npsa.nhs.uk/resources/?entryid45=59808

5. Marie Curie Opioid Conversion Chart (J Adam, May 2005)

   http://www.nrls.npsa.nhs.uk/resources/?entryid45=59888

7. Community Pharmacy Palliative Care Network Leaflet
   http://www.staffnet.ggc.scot.nhs.uk/Acute/Rehab%20Assessment/Palliative%20Care/PalliativePharmacy/Documents/PCN%20Leaflet%202015%20100114.pdf

8. ‘Get it right first time’ (MPS 2016)

9. ‘Incident Reporting to Macmillan Lead Pharmacist’ (MPS 2016)

10. ‘Signposting for Patient/Carers’ (MPS 2016)