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# **Improving systems for medicines at End of Life**

Jan Tomes

Project lead, Medicines' Management,  
City & Hackney CCG

# City & Hackney CCG

## Improving systems for medicines at End of Life

Jan Tomes Project lead, medicines management

Experience from one CCG, many of you will hopefully be already working in this area.

Particular thanks to NHS Waltham Forest CCG



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# What was the problem?

- Several GPs expressed concern about high level of anticipatory prescribing.
- CHUHSE (City & Hackney out of hours provider) no longer able to keep supplies of Controlled Drugs due to requirement for home office licence.
- Problems identified at end of life care board:
  - Carers having difficulties in obtaining prescriptions and then getting them dispensed, this was both in and out of hours (OOH)
  - GP reports of not timely enough access to medicines if there was a rapid deterioration of a patient.
  - Carers spending some of the last precious hours away from loved ones obtaining supplies of medicines
  - Possibility that end of life care (EoLC) medicines left in a home after patient passed away were used by a relative to commit suicide.

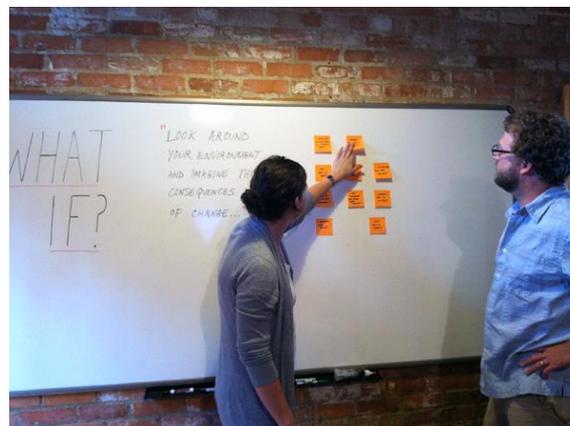


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## What did we do about it ?

Joint piece of work involving commissioning lead for EoLC and a Project lead for medicines management

- Meetings with some key stakeholders
- Review of what services are provided elsewhere and key guidance on EoLC
- Multi- disciplinary stakeholder meeting November 2017.



# Multidisciplinary stakeholder review meeting

November 2016

- Patient reps, Healthwatch and EoLC board rep
- GPs
- Hospice; nurse, consultant and pharmacist
- Secondary care CNS
- Community pharmacists
- CCG pharmacists and commissioners
- Council rep. - scrutiny review by the Health in Hackney Scrutiny Commission



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# Stakeholder meeting format

Used the document written by Steven Wanklyn in 2016 as a framework: *Improving the quality of care in the last days of life: A practical guide to getting the medications right*

1. **Information about medications**
2. **Ways to share information about medications**
3. **An agreed list of medications**
4. **Guidelines and supporting documentation**
5. **Ways to obtain medications when they needed**
6. **Ways to dispose of medications when they are no longer needed.**

All attendees given post it notes and asked to write down for each of the above six categories:

- What is currently working well
- What problems are there
- What ideas for improvement do you have

Post it notes then stuck on a flipchart for the appropriate category. Discussion of main points for each of the six categories.



## Main priorities

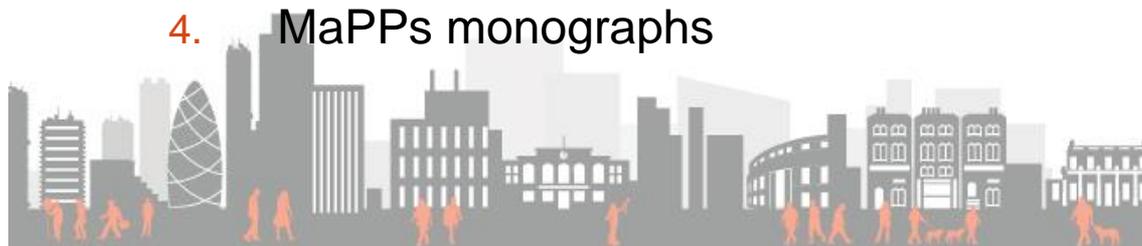
- Standard policies across borough including policy on CD disposal
- Agreed medicines list
- OOH availability of medicines service
- GP education
- More patient information, better use of MaPPs
- Improve information sharing on discharge from secondary care
- Electronic care plans – Coordinate My Care – improve use and quality



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# What has happened so far?

1. Agreed list for EoLC medicines to be stocked by our end of life care pharmacies – subset of the list in the London guidance. Ideally would want to support a
2. 24/7 pilot for access to EoLC medicines commenced on 22<sup>nd</sup> May 2016
3. Information resources
  - a) Medicines no longer needed
  - b) Anticipatory medicines
  - c) Guidance for practices on dealing with EoLC Rxns.
  - d) On line resources to support EoLC medicines service (Glasgow model)
  - e) Guidance to practices re dealing with EoLC prescriptions
4. MaPPs monographs



# MaPPs

Medicines a Patient Profile summary

System developed by a GP and a senior mental health pharmacist.

Distributed through Mistura

- Web based system
- Short monographs about medicines
- Personalised summary of monographs, MAR charts.

NHS City & Hackney CCG has purchased this system for use by community pharmacists, GPs etc.

Keen to work with MaPPs to produce more EoLC appropriate monographs



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## Example of MaPPs monograph

### Medication Information for Joe Bloggs 3-07-2017

Morphine [MR Tablets]

Morphine is a strong painkiller. Morphine comes as tablets, capsules, liquid, suppositories and as an injection.

How to take it: Take the tablets exactly as directed on the label. Swallow the tablets whole. Do not chew or break them.

Possible side effects include: Feeling sick, dry mouth, headache, drowsiness, breathing problems and constipation. You could take a laxative to prevent constipation. If you have an asthma attack, bronchitis or emphysema morphine might make breathing worse.

Warnings and Cautions: Morphine can be addictive; you could get stuck on it. This is not usually a problem when it is used short term pain, for example after an operation, provided you stop taking it when the pain stops. Do not stop this drug suddenly if you have been on it a long time. This medicine could well affect your ability to drive safely. If it does affect your ability to drive it would be a criminal offence for you to do so. However, as long as you take it as directed by your health profession AND it is not affecting your ability to drive safely, you should have no problem. Alcohol can make this worse.

This is a handy summary of your medicines. You must look at the manufacturer's information leaflet for the full information



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## Issues with implementing improved access pilot from community pharmacies

1. We bid for £27 K for a one year pilot
2. We wanted 24/7 access so full on call rota; we are aware that several localities are implementing schemes where, if needed OOH, then you may need to contact several different community pharmacists.
3. Paid for Pharmaoutcomes IT system to support community pharmacists in data collection
4. Courier service is a key part of the contract
5. Contract is with PSP, provider arm of City & Hackney LPC. They sub contract with 10 community pharmacies.
6. First contract CCG has with community pharmacies.
7. CCG requirements for stable provider created a lot of last minute work.
8. Detailed communications plan
9. Evaluation plan; recognise this will is very important and very difficult. Patient/carer questionnaire produced.



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## Courier services – criteria for use

Although this should only be accessed in exceptional circumstances it could be used where at least one of the situations below applies:

- There are no appropriate carers that can collect the prescription/medicines.
- The patient lives more than 1.5 miles from one of the EoLC network pharmacies and the patient is not on a public transport route.
- The patient is expected to die within the next few days and all carers want to spend this time with the patient (i.e. carers should not be spending this valuable last hours travelling to and from health providers).
- There is an urgent need for the medicines either for patient clinical need or to fit in with limited staff availability e.g. community nurses will be attending at a set time to set up a syringe driver.

Whilst this service is not meant to replace anticipatory prescribing, it should provide a safety net so that anticipatory prescribing can be done later which should enable the medicines to be more tailored to the current clinical need of the patient and to reduce the amount of wasted anticipatory medicines.



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## Why has this project been successful so far ?

- Strong feedback that we had problems
- Good stakeholder meeting
- Joint working between medicines management & commissioning lead for EoLC
- Innovative CCG
- Plan does not just relate to improving access: multifaceted
- Committed LPC that is keen to develop services.



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# Questions



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# Closing Remarks

Dr Sarah Cox,  
Chair of LCA Palliative Care Group