

Protocol for the Supply of Palliative Care Injectable Medicines by Community Pharmacies

This protocol describes how the referring clinician can access the service and provides information for the commissioned Community Pharmacists to support the scheme.

Purpose of scheme

Commissioned community pharmacies will keep an extended stock list of palliative care injectable medicines and ensure these are held and supplied to people when an urgent need arises.

Background

Timely access to palliative care medication plays a crucial part in the management of symptoms in the last days of life and supports people to live and die in the place of their choice. Many palliative care medicines can be supplied by a community pharmacy however timely access can often be delayed if the stock needs to be ordered in. This is particularly true of injectable medicines which are rarely held by community pharmacy. South East London CCG have commissioned selected community pharmacies across South East London to hold a stock of palliative care medicines which are commonly prescribed in end of life, to ensure timely access during normal hours. The stock list of palliative care medicines which are commonly prescribed at the end-of-life has been developed by specialist palliative care team across South East London and has been aligned with local and national guidance. The medicines aim to manage breathlessness, anxiety, restlessness, pain, sickness, and nausea.

The Service Pathway has been developed by the SEL Palliative Care Medicines Improvement Group, with input from relevant clinical teams across primary and secondary care.

General points to consider- management of a patient in a palliative care scenario

Local Palliative Care / symptom control guidelines on care and medication to use in this situation should continue to be followed wherever possible. - see southeast London CCG Website- [[Palliative care/symptom control](#)].

When an urgent situation presents; where a person needs palliative care medicines, family/friends/carers may have an increasing role in administering medication for symptom control in the last days of life. Therefore, professional support from GPs / district nursing / specialist palliative care teams is paramount. All healthcare professionals involved in a person's care have responsibility for advising family/friends/carers how to use the medications recommended / prescribed and how to safely dispose of these medicines.

Service access and requesting clinician responsibilities

1. Discuss the practicality of prescription collection of the injectables with the person's family/friends/ carers.
2. Confirm arrangements are in place for the administration of the medicines they are prescribing for the patient under their care. Counsel relevant family/friends/carers or ensure the specialist team will do so.
3. Ascertain whether the person's usual pharmacy have required injectable stock. This will most often be after a phone call to the usual pharmacy. If the usual pharmacy does not carry the required injectables then contact the best located commissioned pharmacy.
4. Reiterate to the community pharmacy this prescription is to be urgently supplied.
5. Refer to appropriate guidance and relevant documents
 - a) Local Palliative Care/ Symptom Control guidelines
 - b) Medicines Authorisation and Administration Record (MAAR) document. The MAAR should be used to record and administer all palliative care injectable medication. [[MAAR Chart V4](#)]
 - c) List of end-of life medications stocked in community pharmacy [[List of injectables](#)]
 - d) Names and opening hours of commissioned pharmacies. [[Commissioned pharmacies](#)]All are available on the South East London CCG website [[Palliative care](#)]
6. Include the GP surgery's contact details if it is not already on the prescription
7. Ensure a Medicines Authorisation and Administration Record is filled in and available.

Commissioned pharmacies responsibilities

1. Prioritise and expedite the supply for prescriptions when highlighted as urgent by the prescriber. This will ensure stock is supplied with priority to avoid delays in palliative relief for the patient.
2. Keep a copy of the prescription with non-patient identifiers for invoicing.
3. Supply the medication according to usual practice procedures.