



North Central London
Clinical Commissioning Group

On Demand Availability of Medicines for Palliative Care
Service Description and Service Level Agreement

2020/2021

Version Control Record

Version	Description of Change(s)	Reason for Change	Author	Date
1.0			W Carswell	August 12
1.1	Addition of Appendix 2	Confirmation of drug list	L Sayer	May 13
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1.5	Review of appendix 2	Addition of medicines in list of medicines to be stocked by community pharmacy – confirmed list with palliative care consultant	R Bharania	September 19
1.6	Review and updates	Amendments to align with Camden, Enfield and Barnet. Other updates include amendments to fee reimbursement, updates to the CCG logo, review of medicines stocklist and number of pharmacies providing the service	I Shaban	April 2020

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On Demand Availability of Medicines for Palliative Care

1 Background

NHS North Central London CCG (Islington Borough) is seeking to increase the level of choice that patients nearing the end of life have in where they are cared for and where they die. This requires proactive work to ensure that services in a community setting can work together to manage patients' care and reduce the need for inappropriate admissions to hospital. In relation to medicines, there are a number of issues that require consideration to facilitate symptom control in those patients who choose to live and die at home or in a nursing or residential home, and to reduce inappropriate admissions in the last weeks of their life. These include:

- Out of Hours (OOH) access to medical help and medicines; and
- Anticipatory prescribing - ability to access commonly used medicines in palliative care.

NHS North Central London CCG (Islington Borough) has decided to implement a model of care incorporating services provided by community pharmacies.

2 Service Aim

The aim of this service is to provide timely, equitable and consistent access to palliative care medication across Islington during core working hours. The service will involve the following:

1. On demand availability of Palliative Care Medicines through four Community Pharmacies:

An Enhanced Service provided by four Community Pharmacies based on the national template service specification for 'On Demand Availability of Palliative Care Medicines (see Appendix 1). Four community pharmacies with extended opening hours and good accessibility / parking will be contracted to keep stock as listed in Appendix 2.

3 Planning and Communication

It is recommended that wherever possible, when a palliative care patient is being cared for in the community setting, early warning about the type and volume of medicines the patient is using is provided to the patient's usual community pharmacy by the GP, district nurse or specialist palliative care team consultant or nurse. This would enable the community pharmacy to be prepared for any prescriptions.

For those pharmacies involved in the enhanced service, it is vital to keep aware of any changes in prescribing patterns to allow them to adjust stock levels and be responsive to requests for palliative care medicines.

4 Palliative Care Medicines Available

The community pharmacies providing the enhanced service will guarantee to stock the agreed formulary of the commonly prescribed medicines (Appendix 2). These drugs have been agreed by the service providers and are considered to cover the majority of "urgent"

requests. These medicines do not cover all eventualities but it is important to note that any community pharmacy can usually order supplies of a prescribed drug for the same day delivery, if ordered before 11.30 am and for the following morning if ordered before 5.00pm (Monday to Friday).

The palliative care medicines list will be circulated to all primary care prescribers, including the out-of hours services, district nurses, specialist palliative care team nurses, community pharmacists, hospital pharmacists and palliative care consultants so that all the appropriate health care professionals are aware of the set of medicines that are available at short notice. This list will be reviewed annually to ensure it reflects local needs.

5 Access to the Service

Details of the pharmacies (Appendix 2) will be circulated to all community based specialist palliative care team nurses and district nurses and to other community pharmacists for use during working hours. During working hours, it is anticipated that in the first instance, prescriptions should be presented at any local community pharmacy, and the “palliative care” community pharmacies used mainly in an emergency situation, where the medicines cannot be obtained by the local community pharmacy ***within an appropriate timescale.***

6 Evaluation and Audit

Community pharmacists providing the enhanced service will be required to enter details of use of the scheme on a form to be returned to the CCG (Appendix 4). The service will be evaluated by periodic audit, run by the CCG.

7 Considerations for the team involved in providing palliative and end of life care

Community pharmacists should be recognised as a valuable member of the palliative care team. A closer working relationship should be encouraged between the team and the local community pharmacist to facilitate an early warning system to community pharmacists when a palliative care patient is being cared for at home. Teams should be aware of the current mechanisms for ordering medicines through community pharmacists so that requests for medication can be made over a reasonable timescale. Teams should be familiar with the palliative care emergency medicines list and with the location of the “palliative care” community pharmacies.

For non-urgent requests and ongoing patient management, the local community pharmacy will remain the usual supplier. For urgent requests, orders of excess quantities should be avoided, so that the pharmacy can maintain supplies to as many patients as possible. In these situations, it is unlikely that a supply for more than three days will be required before normal supplies can be obtained. In any case, prescriptions should be issued in line with the needs of the patient as **orders of excess quantities are an inefficient use of resources.** Care should be taken when writing prescriptions for Controlled Drugs to ensure that all legal requirements are met and further delay is avoided.

All community pharmacists must assess each FP10 they receive for palliative care medicines during normal working hours, in terms of an appropriate time scale for furnishing that request. If the medicines can be ordered and supplied within time-scales appropriate to the patient, the community pharmacist should order the supplies. In an urgent situation, they can recommend that the prescription is taken to the nearest “palliative care” community pharmacy (after firstly checking that the stock is available at that pharmacy).

The teams should be encouraged to include communication with the local community pharmacist as an important step when planning the prescribing needs of their patients. All community pharmacists should be aware of the details of the scheme, “palliative care” community pharmacies and the list of medicines they routinely keep.

It is difficult for community pharmacists to return stock to suppliers once ordered. Whilst it may be possible to plan in advance for patients, over-ordering should be avoided. If specific medicines are requested to be ordered, an FP10 or FP10 (HP) **must** be produced for these items. Any medicines being administered to patients by specialist palliative care team nurses, district nurses, carers etc. should always be obtained against an FP10 or FP10 (HP) prescription form.

Any drug supplies that have been dispensed for a patient and are no longer required should be returned to the local community pharmacy for safe destruction. They should never be used for another patient. All community pharmacies should be able to assist with the disposal of unwanted medicines.

Appendix 1 - Service Level Agreement

NHS Community Pharmacy Contractual Framework Enhanced Service – On Demand Availability of Medicines for Palliative Care

1. Service description

- 1.1. This service is aimed at the supply of specialist medicines for palliative care, the demand for which may be urgent and/or unpredictable.
- 1.2. The pharmacy contractor will stock a locally agreed range of specialist medicines and will make a commitment to ensure that users of this service have prompt access to these medicines between their contracted hours.
- 1.3. The pharmacy will provide information and advice as appropriate to the user, carer and clinician. They may also refer to specialist centres, support groups or other health and social care professionals, where appropriate.

2. Aims and intended service outcomes

- 2.1. To ensure prompt access and continuity of supply to palliative care medicines when they are required.
- 2.2. To support patients, carers and clinicians by providing them with up to date information and advice, and referral where appropriate.

3. Service outline

- 3.1. The pharmacy holds the specified list of medicines required to deliver this service and will dispense these in response to NHS prescriptions presented. The pharmacist should be prepared to telephone suppliers to confirm delivery of stock if necessary (or delegate this task appropriately). The pharmacist must keep patients or their representatives fully informed regarding supplies of medicines (or delegate this task appropriately).
- 3.2. If a participating Community Pharmacy is not able to fill the prescription in the time available then he/she needs to find another Community Pharmacy who is able to fill the prescription. This should be done by telephoning another Community Pharmacy. It should not be assumed that just because a Community Pharmacy is on the palliative care list they can supply on every occasion. On the very occasional incidences where medicines are not available in any pharmacy (eg manufacturing problems) the participating Community Pharmacy should liaise directly with the prescriber to identify a suitable course of action. The patient/ family/ carer should be kept informed.
- 3.3. Any ongoing supply issues with listed items should be reported to the Medicines Management Team
- 3.4. The pharmacist should co-ordinate with the prescriber to plan in advance for increased medicines demand, particularly weekends and public holidays, when this is appropriate.
- 3.5. Any unplanned closures should also be reported to the Medicines Management Team
- 3.6. Participating Community Pharmacies will need to invoice the CCG on an annual basis to claim the flat annual fee of £250 (pro-rata). A start-up fee of up to the full cost of medicines listed in Appendix 2 can also be claimed by participating pharmacies in order to obtain stock on the list not normally held by pharmacies. Invoices will need to be received before the 17th June in order for CCGs to be able to process claims.

- 3.7. The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service.
- 3.8. Participating Community Pharmacies must have standard operating procedures in place for operation of the service and they must be regularly reviewed to ensure they reflect changes in practice or guidelines.
- 3.9. The pharmacy should maintain appropriate records to ensure effective ongoing service delivery and audit.
- 3.10. The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service are aware of and operate within local protocols. This includes all locum pharmacists.
- 3.11. NHS North Central London CCG (Islington Borough) will provide locally agreed induction training for participating pharmacies.
- 3.12. The CCG will expect the participating Community Pharmacists to demonstrate that pharmacists and staff involved in the provision of the service have undertaken CPD relevant to this service, e.g. the CPPE training on Palliative Care access via <http://www.thelearningpharmacy.com/>
- 3.13. The CCG will expect all participating Community Pharmacies to participate in update events if required and no more than one per year is expected
- 3.14. The CCG will agree with local stakeholders, the medicines formulary and stock levels required to deliver this service. The CCG will regularly review the formulary to ensure that the formulary reflects the availability of new medicines and changes in practice or guidelines.
- 3.15. All complaints related to the service are fully investigated by the Community Pharmacy and are reported to the service lead within one month.
- 3.16. The CCG will make payments for provision of this service to participating pharmacies annually; following timely receipt of the six monthly audit of service provision (see 4.3). If it is brought to the CCG's attention that a Community Pharmacy is failing to hold a complete list of formulary items, without a valid reason, then the Community Pharmacy may be withdrawn from the scheme.
- 3.17. In order to reduce the likelihood of the stock held going needlessly out-of-date the pharmacy, wherever possible, must rotate the stock held for the service with the usual dispensary stock. Feedback on expired stock lines held can be submitted to the CCG on an annual basis
- 3.18. The CCG will provide a framework for the recording of relevant service information for the purposes of audit and the claiming of payment.
- 3.19. The CCG will provide details of relevant referral points which pharmacy staff can use to signpost service users who require further assistance.
- 3.20. The CCG will disseminate information on the service to other community pharmacy contractors and health care professionals in order that they can signpost patients to the service.

4. Quality Indicators

- 4.1. The pharmacy reviews its standard operating procedures and the referral pathways for the service on an annual basis.
- 4.2. The pharmacy can demonstrate that pharmacists and staff involved in the provision of the service have undertaken CPD relevant to this service, e.g. the CPPE training on Palliative Care access via <http://www.thelearningpharmacy.com/>

- 4.3. Complaints related to the service are isolated and are fully investigated by the Community Pharmacy seeking resolution, where possible.
- 4.4. The pharmacy participates in a CCG organised audit of service provision every six months.
- 4.5. The pharmacy co-operates with any locally agreed CCG-led assessment of service user experience.

Agreement

This agreement is made between NHS North Central London CCG (Islington Borough) or its successor (the commissioner) and the pharmacist named below. This agreement is for the period 1st April 2020 – 31 March 2021

This agreement may be terminated, without penalty, at any time subject to one month's written notice by either party to the other. In the event of ending this arrangement, it is essential that you continue to signpost potential service users to other sources of advice and support

I (PRINT NAME)

Of (Name of Pharmacy)

Pharmacy Stamp

Agree to provide the On Demand Availability of Medicines for Palliative Care Enhanced Service to NHS North Central London CCG (Islington Borough).

Signed

Date

Appendix 2 - Palliative Care Emergency Medicines List

All stock must be replenished immediately after issue

Non-Controlled

<u>Drug</u>	<u>Form</u>	<u>Strength</u>	<u>Quantity</u>
Amoxicillin	Capsules	500mg	21
Codeine linctus	Liquid (sugar free)	15mg/5ml	200ml
Cyclizine	Tablets	50mg	100
Cyclizine	Injection	50mg/ml	5
Dexamethasone	Tablets	2mg	50
Diazepam	Rectal solution	4mg/ml – 2.5mg tube	5
Doxycycline	Capsules	100mg	16
Furosemide	Injection	20mg/2ml	10
Glycopyrronium	Injection	200mcg/1ml	10
Haloperidol	Tablets	500mcg, 1.5mg	28 of each
Haloperidol	Injection	5mg/ml	10
Hyoscine butylbromide (Buscopan®)	Injection	20mg/ml	10
Hyoscine hydrobromide patch (Scopoderm®)	Patches	1mg/72hours	2
Levomopromazine	Tablets	25mg	84
Levomopromazine	Injection	25mg/ml	10
Lorazepam	Tablets	1mg tablet (Genus brand only)	28
Metoclopramide	Tablets	10mg	28
Metoclopramide	Injection	5mg/ml – 2ml amp	10
Olanzapine	Orodispersible tablet sugar free	5mg	28
Oseltamivir (Tamiflu®)	Capsules	75mg	20
Paracetamol suppository	Suppository	1g	10
Sodium chloride 0.9%	Ampoules	2ml and 10ml amp	10 of each
Water for injection	Ampoules	2ml, 5ml and 10ml amp	10 of each
Zanamivir (Relenza®)	Inhalation powder	5mg/dose	2 x 20 dose

Controlled

<u>Drug</u>	<u>Form</u>	<u>Strength</u>	<u>Quantity</u>
Alfentanil	Injection	1mg/2ml	10
Buprenorphine	Patches	5mcg/hour over 7 days	4
Buprenorphine	Patches	10mcg/hour over 7 days	4
Fentanyl	Patches	12mcg/hr	5
Fentanyl	Patches	50mcg/hr	5
Midazolam	Injection	10mg/2ml – 2ml ampoules	10
Midazolam (Buccolam®)	Oromucosal solution	10mg/2ml	4
Morphine sulfate oral solution (Oramorph®)	Liquid	10mg/5ml	4 x 100ml
Morphine sulfate concentrated oral solution (Oramorph® concentrated)	Liquid	20mg/ml	1 x 120ml

Morphine sulphate (immediate release)	Tablets	10mg	56
Morphine sulfate modified release (MST Continus®)	MR tablets	5mg, 10mg, 15mg, 30mg	60 of each
Morphine sulfate	Injection	10mg/ml – 1ml amp	10
Morphine sulfate	Injection	30mg/ml – 1ml amp	10
Oxycodone hydrochloride modified release	MR tabs	5mg 10mg	28 56
Oxycodone hydrochloride oral solution	Liquid	5mg/5ml	250ml
Oxycodone hydrochloride	Injection	10mg/ml – 1ml amp	10
Oxycodone hydrochloride	Injection	50mg/ml	5
Phenobarbital	Injection	200mg/1ml	10

Appendix 3 - Pharmacies included in Palliative Care Medicines Scheme

Pharmacy Name & Address	Opening Hours	Telephone Number
Caledonian Pharmacy 486A Caledonian Rd London N7 9RP	Mon - Fri 9.00 - 18.30 Sat 9.00 - 14.00 Sun closed	020 7609 0798
Clan Pharmacy 150 Upper Street London N1 1RA	Mon - Fri 9 - 17.30 Sat 9.30 – 17.30 Sun closed	020 7358 7595
Dev's Chemist 110 Seven Sisters Road London N7 6AE	Mon - Fri 9.00 – 18.00 Sat 9.00 - 17.30 Sun closed	020 7607 3081
Wellcare Pharmacy 552 Holloway Road Islington N7 6JP	Mon - Fri 9.00 – 19.00 Sat 9.00 -13.00 Sun closed	020 7263 3152

Appendix 4 – On Demand Availability of Medicines for Palliative Care – Six Monthly Audit Form

Note: This form should be used solely for urgent Palliative Care Prescriptions dispensed under this scheme. Please include items not dispensed and reason for non-supply.

Please complete and return by 30 th September and 31 st March each year to: The Medicines Management Team Mmt.islington@nhs.net				Pharmacy stamp:	
Date	Day of week and time	Who brought in script (e.g. GP, carer, nurse)	Items	Quantity	Any problems (e.g. out of stock, item requested not on list, quantity too large)

Key Performance Indicators

Date of last review of standard operating procedures and the referral pathways for the service (must be at least annually)	
What CPD have pharmacists and staff involved in the provision of the service undertaken relevant to this service since the last audit, e.g. the CPPE training on Palliative Care access via http://www.thelearningpharmacy.com/	
Number of complaints received by the pharmacy related to the service since the last audit	

Appendix 5 – On Demand Availability of Medicines for Palliative Care - Start - Up Costs Drug Claim Form

Note:

- This form should be used solely for medicines listed in the Palliative Care List accompanying the service specification.
- Claims for reimbursement should be made within one month of receipt and by 17th June 2020 at the latest. No late claims will be processed.
- Claims should be accompanied by an invoice detailing the replacement costs.

Please complete and return to: Mmt.islington@nhs.net		Pharmacy Stamp	
Drug Ordered (name, form & strength)	Quantity	Cost	Invoice enclosed (Yes/No)

Claim for medicines held as pharmacy stock for the On Demand Availability of medicines for Palliative Care Service.

Name:.....

Signed:.....

Date:.....