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PALLIATIVE CARE RESOURCES FOR COMMUNITY PHARMACY

**WE ARE
MACMILLAN.**
CANCER SUPPORT

Version 2.0 – June 2015

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This interactive PDF is the electronic ‘companion’ to the Palliative Care Resources folder for community pharmacy (as illustrated) and can be used as a quick reference, giving you the basic content with links to external documents. The resource pack sets out to build on the existing NHS Greater Glasgow and Clyde (GG&C) Community Pharmacy Palliative Care Network and support all community pharmacists in NHS GG&C to provide palliative care and improve access to medication and pharmaceutical advice.

Palliative care – everyone’s concern

Palliative care encompasses both generalist and specialist palliative care. Generalist palliative care forms part of the regular care of patients and support for families that is provided in all care settings by all healthcare professionals including community pharmacists. Although patient numbers can be low and often we have to guess that the person is at a palliative stage, which can make it difficult, it goes without saying that at this time in a person’s life we all need to do our best to support people with palliative care needs and their families.

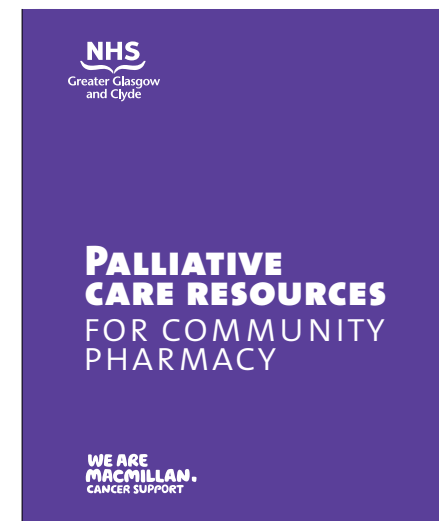
Background to the Community Pharmacy Palliative Care Network

A Community Pharmacy Palliative Care Network was set up in 2001 as part of the Pharmaceutical Care Model Schemes to improve access to both palliative care medication and appropriate pharmaceutical advice. A recent evaluation found that knowledge about the network is low amongst pharmacists and GPs. Although this network has improved access, there are still reports of patients/carers visiting up to five pharmacies before getting help.

Background to the Macmillan Pharmacy Service

NHS GG&C is committed to providing good generalist palliative care from all pharmacies, with the network pharmacies offering support when required.

In 2009, Macmillan Cancer Support funded a ground breaking project, which piloted the establishment of four Macmillan Pharmacist Facilitators in four test sites across GG&C. The three year project was designed to address gaps in practice and explore a new service delivery model for community pharmacy palliative care services. The report (click thumbnail), produced in conjunction with



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the University of Strathclyde, describes an ‘evidence based’ model for community pharmacy palliative care services.

Following the successful evaluation of the Macmillan Pharmacy Facilitator project, NHS GG&C and Macmillan Cancer Support agreed to jointly fund the transition of the project from a pilot phase to a board-wide service. To this end, a new Macmillan Pharmacy Service was established in October 2013 to support palliative primary care services in the Health Board.

Giving you the tools to support you and your team

The facilitators have developed this resource pack, based on the needs expressed by community pharmacists. This pack includes a summary of the network and copies of any documentation and information that you may need to support the provision of palliative care. Some sections also include good practice points for you to consider and act upon.

Please share this pack with all the members of the pharmacy staff, including locums and relief managers, and ensure that everyone knows where it is stored.

Acknowledgements

This resource was developed by the Macmillan Pharmacist Facilitator Project Team and the 2015 version was updated by the MacMillan Pharmacy Service Team.

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Macmillan Pharmacy Service Team:

- > Sandra Reynolds, Anne MCGowan, Alex McMillan, Carol Pettigrew, Nadia Afzal, Leighanne Bee, Pauline Brown, Jane Stuart, Macmillan Pharmacy Facilitators
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WHAT'S NEW

June 2015

The Palliative Care Resources interactive PDF has been revised in line with the changes made to the hard copy in June 2015. These changes affect almost all of the content and have also resulted in a new structure with only four instead of five chapters.

There are additional, new sections on:

- > Opioids and patient safety,
- > Incident reporting,
- > End of life care (replacing the Liverpool Care Pathway),
- > Scottish palliative care guidelines (replacing the NHS Lothian guidelines),
- > Macmillan Supporters Service.

Most of the other sections have been amended, for example to reflect current practice, provide up-to-date address details and additional links, and include corrections where needed. Please associate yourself again with the text and structure of this important update.

January 2014

The Palliative Care Resources interactive PDF has been issued for the first time. Any changes in the future will be listed here by date, and links to the relevant section from this page will allow you to keep up to date quickly.

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CONTACTS

Specialist Pharmacists (Palliative Care)

Susan Addie

Tel: 01505 706 542 Mobile: 07880 786 659

Email: susan.addie@ggc.scot.nhs.uk

Carolyn Mackay

Tel: 0141 557 7437 Mobile: 07775 012 560

Email: carolyn.mackay@ggc.scot.nhs.uk

Macmillan Lead Pharmacist (Palliative Care)

Elayne Harris

Tel: 0141 427 8248 Mobile: 07876 478 140

Email: elayne.harris@ggc.scot.nhs.uk

NHS GG&C out-of-hours service

Professional to Professional

tel 0141 636 8412

Hospices (24/7 advice)

Marie Curie Hospice (Glasgow)

Tel: 0141 557 7400

Prince and Princess of Wales Hospice

Tel: 0141 429 5599

St Margaret of Scotland Hospice

Tel: 0141 952 1141

ACCORD Hospice, Paisley

Tel: 0141 581 2000

Ardgowan Hospice, Greenock

Tel: 01475 726 830

St Vincent's Hospice, Howwood

Tel: 01505 705 635

Beatson Palliative Care Team, Glasgow

Tel: 0141 301 7000

Children's Hospice Robin House

Tel: 01389 722 055

Macmillan pharmacist facilitator project Project lead

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Websites

Further information on palliative care at:

www.palliativecareggc.org.uk

www.palliativedrugs.com

www.palliativecareguidelines.scot.nhs.uk

are listed in chapter 4.

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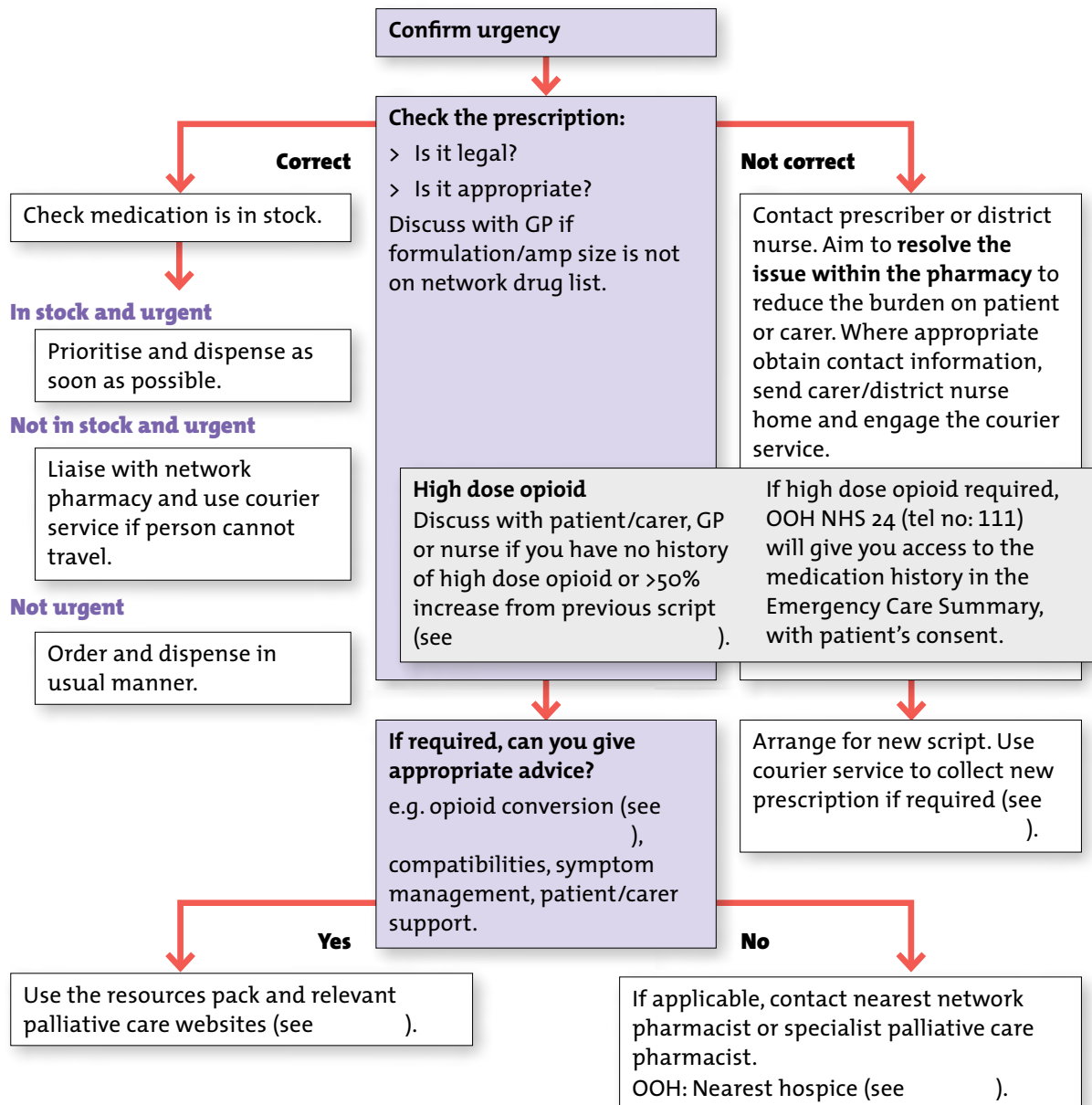
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PROVIDING SAFE AND EFFECTIVE PALLIATIVE CARE

Wherever possible please prioritise the dispensing of medication known to be used in palliative care. Feedback from nurses and patients indicates that the pharmacies that simply prioritise all CD prescriptions give the best service.



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Practice points

- › Confirm the urgency of the prescription.
- › Advise the patient/carer how long it will take.
- › If the item prescribed is an ampoule for a syringe pump, please be aware that most district nurse day services finish at 4.30pm and it can take up to forty minutes to set up a new syringe pump.
- › Consider contacting the GP practice or district nurse service to highlight or discuss any potential delays.
- › If you receive a palliative care prescription for a strength or ampoule size not on the list for , please contact the prescriber.

Is the prescription legal?

When faced with an ethical dilemma regarding supply against an illegal prescription, please remember that pharmacists should be able to defend their actions and inactions. It is advisable to keep records of the decision making process.

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Pharmaceutical care needs assessment tool ■

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PHARMACEUTICAL CARE NEEDS ASSESSMENT TOOL

The pharmaceutical care needs assessment tool for palliative care is part of a NHS Education for Scotland resource for registered pharmacists; *The pharmaceutical care of people requiring palliative care*. The tool can be downloaded (click on any of the thumbnails) and used on its own or in conjunction with an [Aide memoire – quick guide](#) (see page 13-20 of the resource).

A master copy of the assessment tool that can be photocopied, is also provided in the resource folder.

We would encourage you to use this tool to identify care issues for this group of patients who may need more supportive care.

- › Page one is a list of questions about common issues palliative patients may experience.
- › Page two and three give some practical information about how to treat some common symptoms and side effects.

Any interventions/care needs that are identified can either be recorded electronically on a Patient's Medication Record (PMR) or a paper copy of this assessment tool can be used and stored securely within the pharmacy. As a patient's condition changes and/or deteriorates their palliative care needs may change over time so reassessment may be required.

Acknowledgement

The needs assessment tool was developed as part of the 2011 review by the guardians of the NES Pharmacy education resource *The pharmaceutical care of people requiring palliative care*. It is similar in design to pre-existing guidance for care plans for other therapeutic areas for the Chronic Medication Service (CMS).

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COMMUNITY PHARMACY PALLIATIVE CARE NETWORK

Please put the leaflet that you have received (as illustrated) separately in the CD cabinet. A copy of the leaflet text is included in this section.

All network pharmacies have additional resources, in particular:

- > *Symptom Management in Advanced Cancer*
- > *NEWT Guidelines 2012*
- > *The Syringe Driver*, 3rd Edition
- > *The ABC of Palliative care*
- > *Palliative Care Formulary (PCF4)*

PCF4 is now available online, free of charge, from [The Knowledge Network](#) to those with an NES Athens username and password.

Supporting safe, effective and efficient provision of palliative care

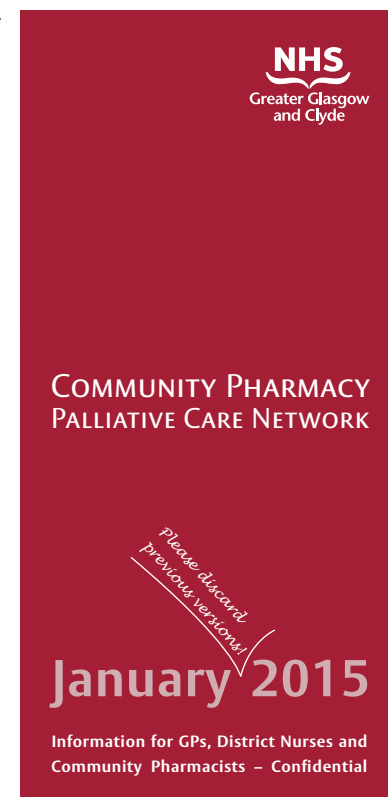
Although in most circumstances, the patient's usual community pharmacist should be the first port of call, if the medication is not available within a reasonable time the nearest network pharmacy should be contacted by the first community pharmacist, the patient's GP or District Nurse, to arrange prompt supply.

Within the Greater Glasgow and Clyde area, there are 71 community pharmacies participating in the above network to provide additional palliative care support to patients. The network pharmacies service includes:

- > Retaining a stock of specialised palliative care medicine. Some of the medication strengths and formulations are specific due to the volume limitations in syringe pumps and for bolus subcutaneous injections.
- > Advice and support on palliative care medications to other pharmacists, GPs and District Nurses.
- > A courier service for the transport of urgent palliative care prescriptions and medications.

Out-of-hours

When a palliative care prescription is required to be dispensed urgently out-of-hours (and the medicine is not available in GP OOH centre), contact the NHS GG&C out-of-hours service to access a network pharmacist. (See .)



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Key points

GPs

- > For some medications or formulations used in palliative care, ampoule size and strength can be specific due to their volume, risk of precipitation and syringe pump compatibility. Please prescribe exactly from the palliative care drugs list on this leaflet.
- > To comply with legal requirements, ensure that directions are written on the prescription. Quantities must be written in words and figures.
- > If medication is urgently required, please communicate this on the prescription or by phoning the pharmacy.

District Nurses

- > If you are collecting a prescription from the GP surgery, check it is the medication, strength and ampoule size required and if it is a CD, that it is written properly.
- > If urgent, advise the pharmacy team.

Pharmacists

- > Wherever possible, establish the urgency of the prescription when it is handed in and appropriately prioritise dispensing of palliative care medication.
- > If the medication strength or ampoule size prescribed is not on the list, contact the prescriber to discuss.
- > Confirm recent opioid dose, especially if the prescriptions is for >30mg of morphine or equivalent and you have no PMR history for the patient. Check that the dose increase is safe.
- > Be alert for any mix-ups between modified release and immediate release preparations.
- > For specialist palliative care pharmacy advice, please contact one of the Specialist Pharmacists (Palliative Care) or the Macmillan Lead Pharmacist (Palliative Care). Details can be found in the section.

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Palliative care drugs in network pharmacies ■

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Point (don't click!) to any of the green triangles (▶) for extra information.

Drug	Quantity
Alfentanil	500microgram/ml 2ml injection 10 amps
	5mg/ml 1ml injection 10 amps
Clonazepam	1mg/ml 1ml injection 5 amps
Cyclizine	50mg/1ml injection 15 amps
Dexamethasone	3.3mg/1ml injection 20 amps
Dexamethasone	2mg tablets 50 tablets
Diamorphine	5mg injection 5 amps
	10mg injection 10 amps
	30mg injection 10 amps
	100mg injection 10 amps
	500mg injection 5 amps
Diclofenac	75mg/3ml injection 10 amps
Glycopyrronium	200mcg/1ml injection 10 amps
Haloperidol	5mg/1ml injection 10 amps
Hyoscine Butylbromide	20mg/1ml injection 10 amps
Hyoscine Hydrobromide	400mcg/1ml injection 10 amps
Levomepromazine	25mg/1ml injection 10 amps
	6mg tablets 28 tablets
Lorazepam	1mg tablets 28 tablets
Metoclopramide	10mg/2ml injection 20 amps
Midazolam	10mg/ml 2ml injection 40 amps
Midazolam buccal liquid	10mg/2ml pre-filled syringes (Buccolam®) 4 syringes
Morphine sulphate	Oral Solution 10mg/5ml 100ml
	injection 10mg/1ml 20 amps
	injection 30mg/1ml 20 amps
Octreotide (stored in fridge)	100microgram/1ml injection 5 amps
	500microgram/1ml injection 5 amps
Oxycodone	10mg/1ml injection 20 amps
	20mg/2ml injection 20 amps
	5mg/5ml oral solution 250ml
Phenobarbital	injection 200mg/1ml 10 amps
Water for injection	10ml 20 amps
Sodium chloride 0.9%	injection 10ml 10 amps

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Network pharmacies details



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NETWORK PHARMACIES DETAILS

Move the cursor over a pharmacy address to reveal its opening times.

EAST DUNBARTONSHIRE

Your Local Boots Pharmacy

92 Kirkintilloch Road, Lenzie G66 4LQ
0141 776 1202

M Farren Limited

133 Main Street, Lennoxton G66 7DB
01360 312 458

Graeme Pharmacy

33 Station Road, Milngavie G62 8PG
0141 956 1710

Lloyds Pharmacy

8 New Kirk Road, Bearsden G61 3SL
0141 942 9248

Morrisons Pharmacy

The Triangle Centre, Bishopbriggs G64 2TR
0141 772 1660

Pulse Pharmacy

10 Newdyke Road, Kirkintilloch G66 2PX
0141 564 1211

WEST DUNBARTONSHIRE

Boots The Chemist

98 Sylvania Way, Clydebank Shopping Centre,
Clydebank G81 2TL 0141 952 2217

Clan Chemists

3 Rockbank Place, Hardgate Cross G81 5NZ
01389 873 764

High Street Pharmacy

8 High Street, Dumbarton G82 1LL
01389 762 598

N & R Gordon Ltd

12/14 Mitchell Way, Alexandria G83 0LW
01389 752 012

Marchbanks Pharmacy

172 Main Street, Renton G82 4PE
01389 752 914

Willis Pharmacy

142 Duntocher Road, Duntocher G81 3NQ
0141 952 7066

GLASGOW NORTH EAST

Abbey Chemist

144 Trongate, Glasgow G1 5EN
0141 552 2528

ASDA Pharmacy

Monument Drive, Robroyston G33 1AD
0141 557 6210

ASDA Pharmacy

Forge Shopping Centre, Parkhead G31 4EB
0141 414 1510

Boots The Chemist

Block 6 Glasgow Fort Retail Park, Auchinlea Road,
Glasgow G33 5AT 0141 773 4817

Dickson Chemist

1024 Tollcross Road, Tollcross G32 8UW
0141 531 9412

Colin Fergusson Pharmacy

150 Petershill Road, Springburn G21 4AL
0141 558 7327

Kennyhill Pharmacy

408/410 Cumbernauld Road, Glasgow G31 3NN
0141 554 2165

Lloyds Pharmacy

186/188 Abercromby Street, Bridgeton G40 2RZ
0141 554 3281

Morrisons Pharmacy

Ravenswood Road, Baillieston G69 7HU
0141 771 9216

Parkhead Health Centre Pharmacy

101 Salamanca Street, Parkhead G31 5BA
0141 554 0554

Highlighted pharmacies are open 7 days a week.

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Townhead Health Centre Pharmacy
Phase 1 Royal Infirmary, Glasgow G31 2ES
0141 552 2050

GLASGOW NORTH WEST

Bannerman's Pharmacy
171/173 Saracen Street, Possilpark G22 5JL
0141 336 8075

Boots The Chemist
Unit 13 Caledonia Centre, Central Station,
Glasgow G1 2SQ 0141 221 7107

Boots The Chemist
200 Sauchiehall Street, Glasgow G2 3EN
0141 332 8405

Cadder Pharmacy
52 Skirsa Street, Cadder G23 5BA
0141 946 8502

Houlihan Pharmacy Partick
312 Dumbarton Road, Partick G11 6TF
0141 339 2349

L G Pharmacy
476 St Vincent Street, Glasgow G3 8XU
0141 221 3690

Lloyds Pharmacy
63 Kinfauns Drive, Drumchapel G15 7TG
0141 944 5724

Lloyds Pharmacy
263 Alderman Road, Knightswood G13 3AY
0141 959 1914

Maryhill Pharmacy
1129 Maryhill Road, Ruchill G20 9AZ
0141 945 1842

Morrisons Pharmacy
900 Crow Road, Anniesland G13 1JD
0141 959 5689

The Park Road Pharmacy
405 Great Western Road, Woodlands G4 9HY
0141 339 5979

Thistle Pharmacy
2354 Dumbarton Road, Yoker G14 0JX
0141 959 1478

Westray Pharmacy
9 Westray Circus, Milton G22 7BE
0141 336 8914

GLASGOW SOUTH

Your Local Boots Pharmacy
155 Crown Street, Gorbals G5 9XT
0141 429 0416

Your Local Boots Pharmacy
220 Dalmellington Road, Crookston G53 7FY
0141 882 8877

Catterson Pharmacy
7-9 McArthur Street, Wellgreen G43 1RU
0141 632 1149

Craigton Pharmacy
2-4 Craigton Road, Govan G51 3TB
0141 445 1352

Gilbride Chemists
40 Paisley Road West, Kinning Park G51 1LB
0141 429 2995

Guidi's Pharmacy
139 Thurston Road, Hillington G52 2AZ
0141 882 1129

Houlihan Pharmacy Darnley
9/10 Darnley Mains Road, Darnley G53 7RH
0141 621 2970

Lloyds Pharmacy
426 Carmunnock Road, Croftfoot G44 5EH
0141 637 0377

Lloyds Pharmacy
1851/1855 Paisley Road West,
South Cardonald G52 3SX 0141 882 1513

Mackie Pharmacy
1067 Pollokshaws Road, Shawlands G41 3YF
0141 649 8915

TLC Mossspark Pharmacy
190 Mossspark Drive, Glasgow G52 1JS
0141 427 9779

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INVERCLYDE

Pettigrew's Pharmacy

38 Cardwell Road, Gourrock PA19 1UH
01475 632 028

Tesco Pharmacy

2 Dalrymple Street, Greenock PA15 1LE
01475 509 847

Wemyss Bay Pharmacy

Unit 4 Shopping Centre, Ardgowan Road,
Wemyss Bay PA18 6AT 01475 522 995

David Wyse Ltd

12 John Wood Street, Port Glasgow PA14 5HU
01475 741 035

RENFREWSHIRE

Abbey Chemist

27 Gauze Street, Paisley PA1 1ES
0141 889 3377

ASDA Pharmacy

Phoenix Retail Park, Linwood PA3 3AB
0141 842 8520

Bishopton Pharmacy

111 Greenock Road, Bishopton PA7 5AX
01505 862 370

Boots The Chemist

Braehead Shopping Centre, Unit MSU 3, 68 Kings
Inch Road, Glasgow G51 4BP 0141 885 9099

Your Local Boots Pharmacy

Unit 4 Clippens Road, Linwood PA3 3PU
01505 327 505

Your Local Boots Pharmacy

15 Livery Walk, Bridge of Weir PA11 3NN
01505 613 614

Your Local Boots Pharmacy

Houston Medical Centre, Kirk Road,
Houston PA6 7AR 01505 614 739

The Co-operative Pharmacy

11 Broomlands Street, Paisley PA1 2LS
0141 889 2576

The Co-operative Pharmacy

4 High Street, Renfrew PA4 8QR
0141 886 2085

Glenburn Pharmacy

2/4 Skye Crescent, Glenburn, Paisley PA2 8EL
0141 884 4842

Andrew Hughes Chemist

Unit 4 Bridgewater Centre, Erskine PA8 7AA
0141 812 0112

Lloyds Pharmacy

10 High Street, Paisley PA1 2BS
0141 889 2304

Lloyds Pharmacy

Tannahill Centre, 76 Blackstoun Road,
Paisley PA3 1NT 0141 849 1030

Penmans Pharmacy

5-7 William Street, Johnstone PA5 8DP
01505 320 116

EAST RENFREWSHIRE

Dr Donald R Fraser

152 Main Street, Barrhead G78 1SG
0141 881 1750

Glendinning Pharmacy

124 Ayr Road, Newton Mearns G77 6EG
0141 639 2723

Lloyds Pharmacy

39 Eastwoodmains Road, Giffnock G46 6PW
0141 638 0084

New Life Pharmacy & Healthcare Centre

665 Clarkston Road, Cathcart G44 3SE
0141 637 6000

Superdrug Stores Plc

Unit 1 The Avenue, Newton Mearns G77 6EY
0141 639 7191

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Courier protocol/flowchart ■

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COURIER PROTOCOL/FLOWCHART

In exceptional circumstances it may be necessary to transport urgently required prescriptions and/or medication or syringe pumps to meet the pharmaceutical care requirements of a particular patient. NHS GG&C has a courier protocol to ensure that palliative care patients are able to obtain necessary supplies when required. Although not an exhaustive list, some examples of situations to use the courier include:

- > Deliver urgent palliative medication to a patient.
- > Incorrect prescription – collect new prescription from GP surgery.
- > Collect prescription from GP surgery, patients home or care home.
- > Collect stock from a Network Pharmacy.

Pharmacy to pharmacy supply of Controlled Drugs

Although not a legal requirement, where one NHS community pharmacy supplies another NHS community pharmacy with a Controlled Drug privately, it is good practice for the pharmacy supplying the Controlled Drug to submit a written CDRF (CP) (updated October 2014) to Practitioner Services (PSD), NHS National Services Scotland (NSS).

If you require to transfer Controlled Drugs between pharmacies, please use the Controlled Drug requisition form (CDRF). A copy of the CDRF (CP) and ordering information is supplied in this section of the folder. Submission of CDRF (CP) and CD34 to PSD is an audit trail and does not initiate payment for the drugs. Stock can be returned using the courier service to the network pharmacy after next delivery or locally negotiated.

The account number for the courier service is restricted to those pharmacies participating in the Palliative Care Network, the NHS GG&C Out of Hours service and the district nurse evening, overnight and weekend service, who are supplied with details of how to access this service. If you require to use the courier service, please contact the nearest Network Pharmacy to arrange.

Network pharmacies: please refer to your confidential courier information for area code and telephone number in section 5 of your Palliative Care Resources folder.

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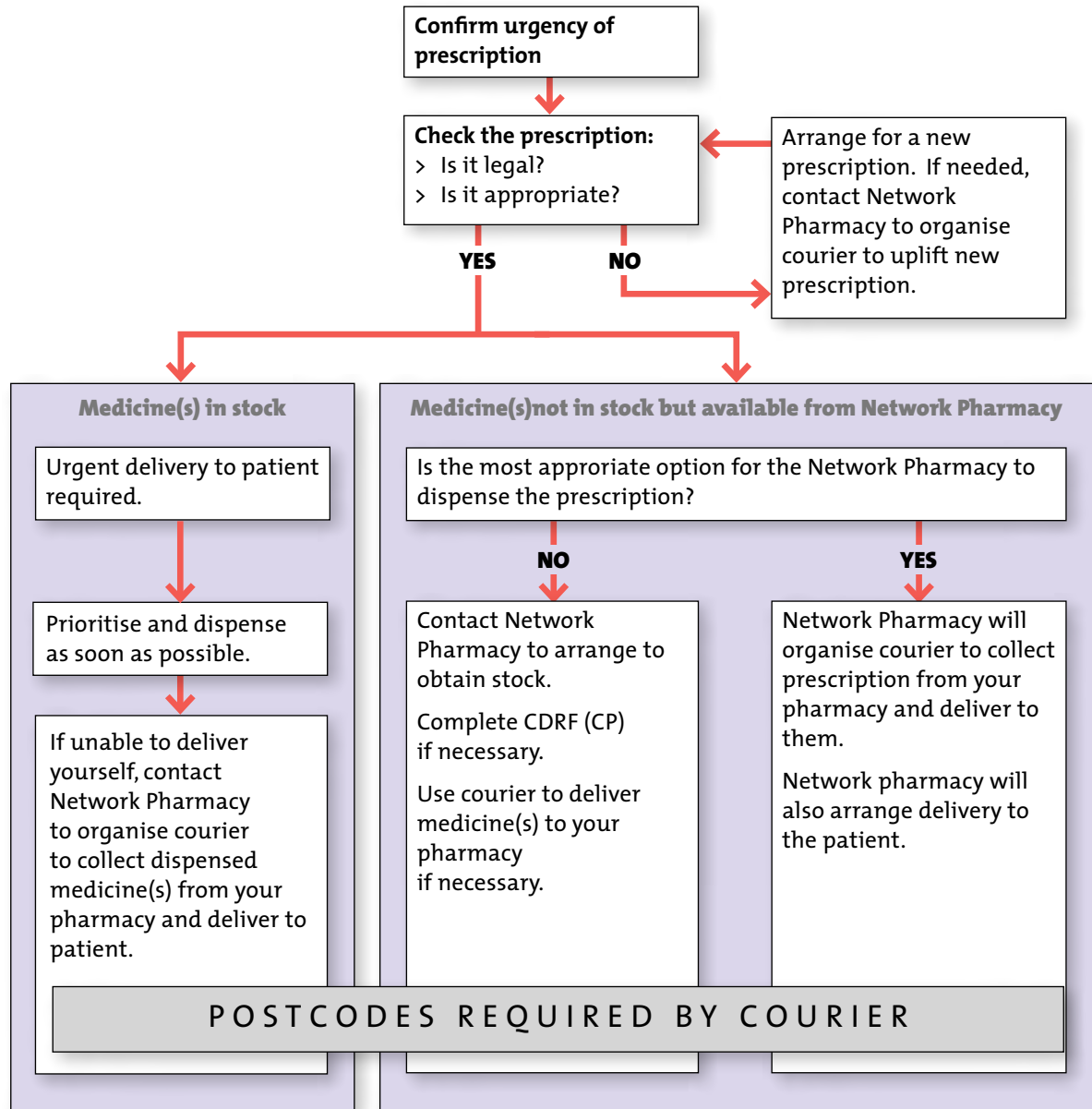
Courier flow chart

The courier service should be used when a palliative care patient/carer can not travel or it is a burden to do so.

Urgent prescription non-Network Pharmacy

Please refer to the

flow chart.



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CDRF

The CDRF (CP) is illustrated here and can be downloaded from Practitioner Services (click on thumbnail). Supplies of CDRF (CP) can also be obtained from:

Practitioner Services
3 Bain Square
Livingston EH54 7DQ
Tel: 01506 705100
NSS.PSD-Scanningcentre@nhs.net

Notes

The person raising the requisition (customer) must:

- If handwritten, complete the form in black biro.
- Write their name, GPhC number, address of premises and Contractor Code
- Provide the required information about the controlled drugs to be requisitioned (including strength + quantity).
- Indicate the purpose for which the drug(s) is/are required.
- Sign their name in black biro.

The person/organisation supplying the Controlled Drug (supplier) should:

- Provide their PSD contractor code, name of business, and address.
- Ensure that the customer has completed their relevant sections.

Pharmacists should follow MHRA, Home Office and ethical guidance when undertaking wholesale transactions.

The supplier must then submit all CD requisitions to NHS National Services Scotland, using both the CDRF (CP) form (good practice) and the CD34 form (see example) which can be obtained from Practitioner Services, 3 Bain Square, Livingston EH 54 7DQ (Tel: 01506 705100).

FORM CD34 (Scotland)

DECLARATION RELATING TO PRIVATE CONTROLLED DRUG PRESCRIPTIONS

Please write with black ballpoint in BLOCK CAPITALS

Dispensing Month:

Date of Dispatch:

First Half Month:

Second Half Month:

Full Month:

PSD Contractor Code:

Business Name:

Address:

Postcode:

Private Controlled Drug Prescriptions:

Items:

Pharmacy Stamp:

09100910

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Opioids and patients safety



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OPIOIDS AND PATIENT SAFETY

Incidents involving opioids are often reported within NHS GGC and have the potential to result in patient harm with loss of treatment efficacy or toxicity. From the moment a decision is made to prescribe a medicine, to the point at which a patient elects to take it, there are a number of opportunities for incidents to occur. Many of these result from patients receiving unsafe doses of opioids where no check has been made against the current opioid dose and resulted in an incorrect dose or formulation being given.

Opioid analgesics have demonstrated effectiveness in ameliorating many types of cancer and non cancer related pain. Usual starting doses will vary depending on the type of patient and formulation choice involved. In addition, patients' response to opioid medicines varies widely and is partly dependant on previous doses received, how opioid-responsive a pain is and underlying hepatic/renal dysfunction.

There are a wide range of different opioid formulations now used, including both immediate release and modified release preparations with similar sounding names. Modified release preparations even of the same active drug are not always interchangeable for example there are different formulations of opioid patches that have different durations of use. Some modified-release morphine preparations are suitable for either once a day or twice a day administration depending on the preparation. NHSGGC policy is that modified release strong opioids should be prescribed by brand name to avoid confusion and ensure consistency of supply across primary and secondary care.

Key safety tips

Three key safety tips to reduce dosing errors associated with opioids have been produced. The following summarises NPSA recommendations which apply to all professionals who prescribe, dispense or administer opioids.

Confirm recent opioid dose – including formulation and frequency of administration, plus any other analgesics. This may be done through discussion with the patient or their representative, the prescriber, or through medication records. Be alert for any unexpected dose increases or for mix-ups between modified release and ordinary-release preparations.

Where dose is to be increased, confirm the calculated dose increase is safe for the patient – check if in doubt. For example, in an adult patient the new dose should not normally be more than 50% higher than the previous dose. Remember to check all daily doses of opioids given, including 'as required' medication.

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Be familiar with the medicine being prescribed, dispensed or administered –including usual starting dose, frequency of administration, standard dosing increments, symptoms of overdose, common side-effects. All patients should be advised at the point-of-care about prescribed medication names, doses, and dosing regimens as well as cautioned about potential opioid adverse effects, including signs/symptoms of opioid overmedication and overdose and safe disposal of any unwanted medicines.

Reducing dosing errors with opioid medicines

There have been a number of significant events relating to the dispensing of high dose opioids against prescriptions written by GPs. Please download this NPSA document (click on thumbnail) and make appropriate changes in your pharmacy SOP.

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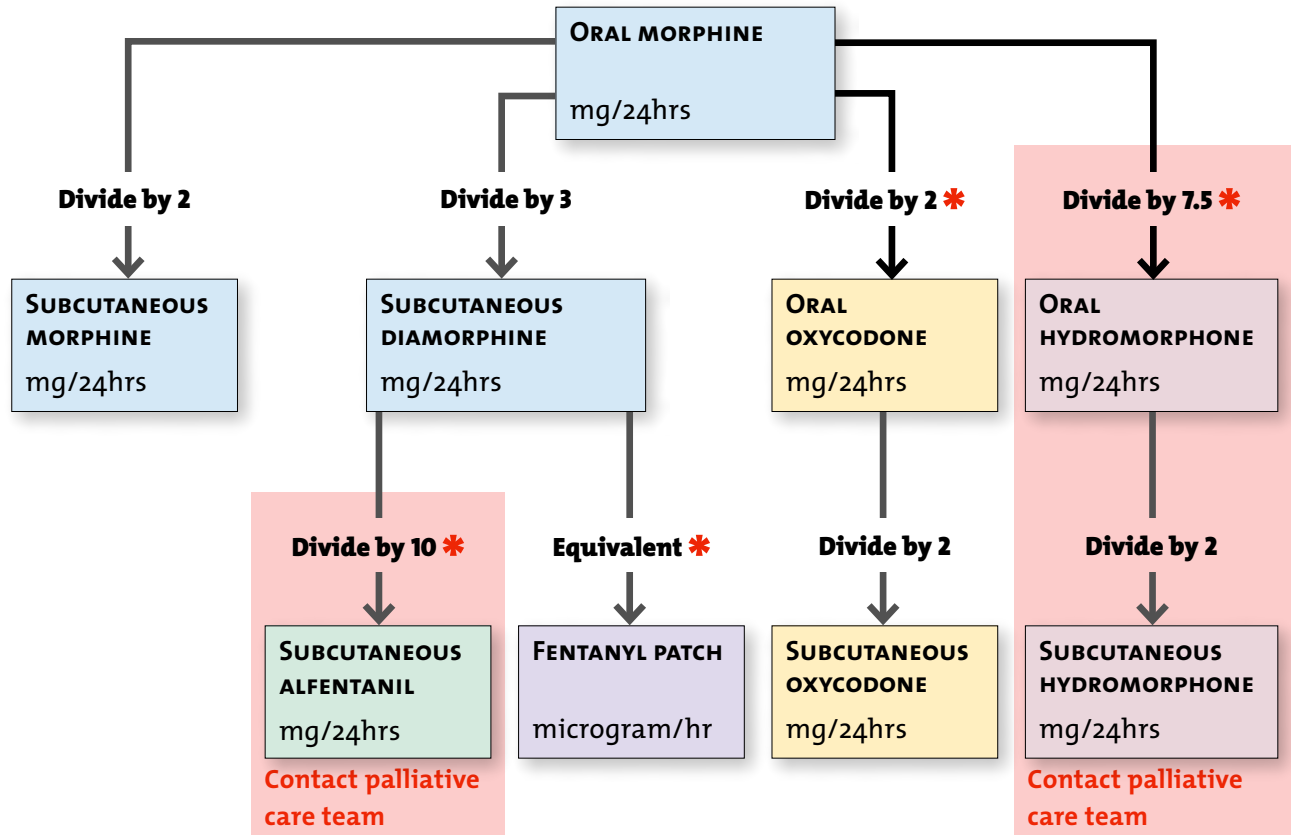
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OPIOID CONVERSION CHART

Marie Curie Hospice in Glasgow have developed an opioid conversion chart to help practitioners. Please refer to this chart if you are asked for advice from a GP or as part of your clinical check of a new prescription for one of your patients. An A4 version is contained in the Palliative Care Resources folder.

*** When changing to a different opioid, it is usual to reduce the final opioid dose by one third: vigilance for opioid toxicity and provision for breakthrough pain is advised at this time. Contact palliative care team for advice.**



Breakthrough pain

- > For same opioid and route, divide 24 hour opioid dose by 6.
- > For Abstral/Effentora/Pectfent/Actiq, start at lowest dose and titrate up.
- > For Fentanyl, divide patch strength (microgram) by 5 to get breakthrough SC diamorphine dose (mg).

Opioid conversion chart

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Incident reporting



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INCIDENT REPORTING

Reporting palliative care incidents in community pharmacy

To improve the quality of patient care it is important to acknowledge and review any palliative care incidents that occur in the community. Reporting and sharing this information enables us to learn from the incident and implement any action plans required to improve palliative care services in the community.

We encourage pharmacies to report any palliative care incident using the Incident Reporting Form (click on thumbnail – a copy can also be found in the Palliative Care Resources folder), even if the issue has been resolved locally. This information is for use by the Macmillan Pharmacy Service and should not replace existing pharmacy incident reporting systems or reports sent to Accountable Officers (CD Incidents).

Examples of Incidents

Some examples of incidents that have been reported are listed. This is not an exhaustive list, but gives guidance to community pharmacists.

- > Medication Incidents
 - dispensing errors
 - wholesaler supply issues
 - Network Pharmacy stock
- > Prescriptions Incidents
 - clinical
 - legal requirements
- > Out of hours / urgent supply Incidents
 - prescribing or supply issues
 - access to community pharmacy OOH
- > Courier Incidents
- > Care Home Incidents

Procedure for reporting palliative care incidents in community pharmacy

Complete the Incident Reporting Form and return to:

Elayne Harris, Macmillan Lead Pharmacist (Palliative Care)
 NHS GG&C, Primary Care Palliative Care Team
 3rd floor, Clutha House
 120 Cornwall Street South
 Glasgow G41 1AF

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End of life care



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END OF LIFE CARE

NHS GG&C is committed to supporting the provision of consistently high quality end of life care for all. End of Life Care should be based on the following key principles:

- > Recognition of dying.
- > Timely and sensitive communication.
- > Need for hydration.
- > Need for nutrition.
- > Management of common symptoms at end of life.
- > Bereavement support.

The Scottish Government has published *Guidance – Caring for people in the last days and hours of life* in December 2014 (click on thumbnail to download the pdf).

Guidance for use in NHS GGC can be accessed via [Staffnet](#). Type “end of life care” in the search box and hit return.

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Just in Case



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JUST IN CASE

Purpose

Just in Case anticipatory prescribing is an initiative for palliative care patients approaching end of life, who often experience new or worsening symptoms that require urgent treatment. This may occur 'out-of-hours' which can lead to significant problems (e.g. medicine availability, treatment delay, patient or carer distress). As patients deteriorate they may be unable to take oral medication and therefore require parenteral treatment.

Living and Dying Well – A national action plan for palliative and end of life care in Scotland (2008 – click on thumbnail to see the PDF) identifies the use of Just in Case boxes as an example of good practice. These boxes should facilitate the use of anticipatory prescribing and aid the prevention of unnecessary crises and unscheduled hospital admissions. The NHS GG&C Managed Care Network for Palliative Care has recognised the potential benefit in primary care of Just in Case boxes which are included in our local delivery plan for 'Living and Dying Well'.

What does the GP need to prescribe?

There is no definitive or exhaustive list. Think about pain relief, nausea, sedation, dyspnoea and secretions. Whatever you think might be needed by your patient.

How should the GP prescribe?

Write a GP10 for every item needed.

Medicines

The most likely symptoms are pain, nausea/vomiting, agitation/ restlessness, respiratory secretions and breathlessness.

Pain Tailor to individual need. Seek specialist advice if the patient is on a strong opioid other than oral morphine. If the patient is receiving oral morphine or a Step 2 analgesic (including 30/500 co-codamol or equivalent) an appropriate dose of diamorphine/morphine SC should be available. If the patient is opioid naïve, then diamorphine 2mg or 3mg (as required for SC bolus use) supplied as 5 x 5mg ampoules would be appropriate.

Nausea and vomiting Tailor to individual need. If the patient is receiving an oral anti-emetic and this is effective, the equivalent drug should be available for SC use. If the patient

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is not on an anti-emetic, levomepromazine 5mg (as required for SC bolus use) supplied as 10 x 25mg ampoules, may be appropriate.

Agitation/restlessness Occurs in about 30% of dying patients. Midazolam 2mg-5mg as required for SC use and lorazepam 500micrograms SL as required should be available. Midazolam 5mg/ml 2ml ampoules (packs of 10 ampoules) should be prescribed as other strengths are not used in palliative care.

Respiratory secretions Occurs in about 50% of dying patients. Hyoscine butylbromide 20mg SC as required should be available (packs of 10 ampoules).

Dyspnoea Tailor to individual need. Seek specialist advice if the patient is on a strong opioid other than oral morphine. If the patient is receiving oral morphine or a Step 2 analgesic (including 30/500 co-codamol or equivalent) an appropriate dose of diamorphine / morphine SC should be available. If opioid naïve, diamorphine 2mg or 3mg (as required for SC bolus use) would be appropriate.

If the patient is breathless and anxious, then consider the use of SL lorazepam (500 micrograms, supplied as 28 x 1mg tablets) or SC midazolam 2mg, as required.

Water for injection 5ml ampoules To flush cannula after a bolus dose. If water for injection has not been included on the prescription, please prompt GP to prescribe.

The GP10 prescriptions should go to the community pharmacy as normal. must be prescribed on the GP10 as 'lorazepam sublingual 1mg tablets' (community pharmacies participating in the Palliative Care Network should have either the Genus, PVL or TEVA brand in stock). This will ensure that the patient receives scored tablets which are most suitable for sublingual use.

The GP should write an 'as required' prescription chart which covers anticipatory prescribing:

- > medicine
- > route of administration
- > dose and frequency
- > indication.

If documentation has been written up and not used, then this should be reviewed by the team caring for the patient at least every 7 days (and before a weekend) to ensure that it is still appropriate. Ensure that the patient and family know that if medicines need to be administered, then the OOH DN service should be contacted directly rather than NHS24.

For more information see Resources > Pharmacy > Pharmacy – Community in www.palliativecareggc.org.uk and scroll down to 'Just in Case'.

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Scottish palliative care guidelines

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SCOTTISH PALLIATIVE CARE GUIDELINES

The Scottish Palliative Care Guidelines, published on 18 November 2014, reflect a consensus of opinion about good practice in the management of adult patients with life limiting illness. Adherence to guideline recommendations will not ensure a successful outcome in every case. It is the responsibility of all professionals to exercise clinical judgement in the management of individual patients. Palliative care specialists occasionally use or recommend other drugs, doses or drug combinations.

An index of information and drug monographs is reproduced below and is available online from www.palliativecareguidelines.scot.nhs.uk. Individual web page can be downloaded and printed using the pdf button at the top of each window. Patient Information is available in the NHS Inform Palliative Care Zone at www.nhsinform.co.uk/palliativecare.

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Alfentanil ■

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ALFENTANIL

Alfentanil is a potent, short-acting opioid analgesic. It is used as:

- > 3rd line with specialist advice in patients unable to tolerate morphine, diamorphine or oxycodone due to persistent side effects (e.g. sedation, confusion, hallucinations, itch)
- > Injectable analgesic for moderate to severe, opioid responsive pain in patients with stage 4-5 chronic kidney disease (eGFR <30ml/min), or severe acute renal impairment.

It is available in the injectable form and a buccal/sublingual spray. The injection is available in two strengths 500 micrograms/ml 2ml amp and a high strength 5mg/ml 1ml amp. Caution is required as alfentanil is 10 to 20 times more potent than subcutaneous morphine. Network Pharmacies open seven days a week, keep these injections in stock.

The spray is formulated as a 5mg/5ml spray (1 metered dose = 140 micrograms) and is available from the Manufacturing Unit at Torbay Hospital in Devon; telephone number 01803 664707, fax number 01803 664354. Only faxed orders are accepted.

For more information see the [Alfentanil](#) page on the Scottish Palliative Care Guidelines web site. A patient information leaflet for alfentanil spray is available online (click on thumbnail).

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Antacid and oxetacaine suspension ■

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ANTACID AND OXETACAINE SUSPENSION

Antacid and oxetacaine suspension is used to relieve pain on swallowing for patients undergoing radiotherapy to the head, neck or chest area. It is available from:

Rosemont Pharmaceuticals

Rosemont House

Yorkdale Industrial park

Braithwaite Street

Leeds LS11 9XE

Tel: 0113 244 1999

Fax: 0113 244 0738

Email: marketing@rosemontpharma.com

www.rosemontpharma.com

Please note if this medication is needed urgently, Rosemont can deliver in 24 hours if 'urgent delivery' is requested. Invoice can then be submitted for payment of delivery charge.

For more information see the full guideline online (click on thumbnail).

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Hydromorphone



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HYDROMORPHONE IN PALLIATIVE CARE

Hydromorphone is a strong opioid analgesic and is usually third or fourth line choice when other opioids have not been tolerated. It is available in immediate release and modified release capsules as Palladone® and Palladone SR®. Injectable and oral solutions are available in several strengths as unlicensed products.

For more product information and order details see the full guideline online (click on thumbnail).

A patient information leaflet for oral hydromorphone can also be downloaded (click on thumbnail).

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Levomepromazine 

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LEVOMEPRMAZINE

Levinan® 6mg tablets

Levinan® is the preferred brand of levomepromazine as it is scored, disperses well in water and can be used sublingually. Levinan® is stocked by Network Pharmacies. If the prescription is not urgent, Levinan® can be ordered as a special from [Oxford Pharmacy Store](#) (Tel: 01865 904141), but this will take up to 48 hours. You should follow the NHS GG&C authorisation guidelines for ordering specials.

General information

Higher doses of levomepromazine are associated with significant levels of sedation, which may be beneficial in the management of terminal agitation or restlessness. Sedation is, however, unwelcome in the majority of patients with nausea and vomiting. With the appreciation that at low doses, levomepromazine is a potent antiemetic with a low incidence of sedation, the use of 'low-dose' levomepromazine has become increasingly widespread.

For more information see the [Levomepromazine](#) page on the Scottish Palliative Care Guidelines web site. A patient information leaflet for levomepromazine can also be downloaded (click on thumbnail).

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Lorazepam



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LORAZEPAM

Key prescribing points

- > Lorazepam is used in palliative care to manage anxiety and fear which are common in patients with breathlessness. Generally, a 500microgram dose is sufficient to control the symptoms.
- > Lorazepam is supplied as 1mg tablets. These tablets need to be scored in order that they can be halved to provide 500mcg dose.
- > To be effective lorazepam is taken sublingually as the onset of action is considerably quicker than if swallowed.
- > Not all generic brands fulfill these requirements. The Genus, PVL and TEVA brands are all blue, oblong, scored tablets and are suitable to supply for sublingual use.
- > Prescriptions should state “Lorazepam sublingual 1mg”.

A copy of the letter sent to all GPs in August 2011, advising them of the prescribing requirements, is included in the Palliative Care Resources folder, for information only.

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Midazolam



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MIDAZOLAM

Prescribing data from 2012 showed that across NHS GG&C nearly 50% of midazolam prescriptions were written for the wrong strength or ampoule size. In one incident a carer visited five pharmacies with a prescription for the wrong strength of midazolam before the pharmacist contacted the prescriber and rectified the situation. This is incredibly stressful and unnecessary.

Midazolam is a Schedule 3 Controlled Drug and prescriptions are frequently written incorrectly. A sample of a correctly written prescription is included in the section [Midazolam](#). You can also copy the page in the Palliative Care Resources folder and share it with your local GPs if there is a problem.

Key prescribing points

- > 10mg/2ml injection is the only strength of midazolam used in palliative care, since more dilute strengths pose two potential problems:
 - 1 The bolus dose may be too large to give subcutaneously.
 - 2 The required volume may be too large to fit in a syringe pump, especially if mixed with other medicines.
- > Pharmacies in the Palliative Care Network only stock 10mg/2ml injection.
- > Midazolam injection is a Schedule 3 Controlled Drug and the prescription has to be written correctly (see sample CD prescription).
- > Please contact the prescriber if you receive a prescription for other strengths or ampoule sizes of midazolam for palliative care patients to confirm and discuss intention.
- > District nurses may also be in a position to help clarify what is intended and help to facilitate any changes required.

Buccal midazolam

Buccal midazolam is used to treat status epilepticus as an alternative to subcutaneous midazolam or rectal diazepam. It can also be used in the event of a terminal haemorrhage.

Using the buccal route means carers can administer in an emergency without having to wait for healthcare professionals to administer midazolam via parenteral route. It is available as two different preparations: Epistatus® and Buccolam®.

Buccolam® is half the strength of Epistatus® and from April 2012 local formulary guidance states that for infants, toddlers, children and adolescents, Buccolam® is on the preferred list

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of the GG&C formulary for management of seizures in epilepsy. Refer to:
www.ggcprescribing.org.uk/blog/formulary-news-april-2012/

The brand Buccolam® (midazolam buccal liquid 10mg/2ml prefilled syringes) will be held by five of the pharmacies participating in the palliative care network – please refer to the palliative care drug list in Section 2 for details of these pharmacies.

Buccal midazolam guideline

For more information see the [Midazolam](#) page in the Scottish Palliative Care Guidelines.

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GP letter/ CD prescription sample

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GP LETTER/CD PRESCRIPTION SAMPLE

Background

One of the most consistent complaints from pharmacists and a common source of delays in the supply of Controlled Drugs is GPs writing prescriptions that do not fulfill legal requirements. Please remember that you do have an ethical duty of care to the patient to act in their best interest and wherever possible please deal with this as promptly as possible.

Practice points

Prescriptions for Schedule 2 and 3 drugs can be amended by the pharmacist if the total quantity is specified in words but not figures or if it contains minor typographical errors.

When faced with an ethical dilemma regarding supply against an illegal prescription, please remember that pharmacists should be able to defend their actions and inactions. It is advisable to keep records of the decision making process.

Suggested actions

If you need a completely new prescription then you can use the courier service to uplift this from the GP surgery.

If this is a common problem in your area, please use the sample prescription, adapted from one produced by the Royal Pharmaceutical Society, and the letter to work with your GPs to improve this. These can be copied from the originals in the Palliative Care Resources folder. The sample prescription can also be seen here (point, don't click!).

if this continues to be a problem, please discuss with your CHCP Lead Clinical Pharmacist or the NHS GG&C Controlled Drugs Governance Team, who may be able to intervene to improve the situation.

NHS
National Health Service

Prescriptions for Controlled Drugs

GP Surgery: _____ Community Pharmacy: _____

Date: _____

Dear Dr _____

Re: Writing of prescriptions for Controlled Drugs

I am writing with regards to a number of prescriptions written for Controlled Drugs which were incomplete or incorrectly written and returned to the surgery for amendment.
Pharmacists cannot legally supply Controlled Drugs if the prescription is not written correctly. This can occasionally cause unnecessary delay in supplying original medication to palliative care patients.
I have indicated below the reason why the prescription(s) were returned to the surgery. Please refer to the Royal Pharmaceutical Society website (<http://www.rps.org.uk/ethical-issues/ethical-controlled-drugs.pdf>) for guidance when writing hard prescriptions for schedule 2 and 3 Controlled Drug medication.

Your help is appreciated in ensuring that patients, including those with palliative care needs, receive their medication quickly and safely when Controlled Drugs are prescribed.
Please contact me if I can be of any further help.

Yours sincerely,

Why was the prescription returned to the GP surgery?

Incomplete/incorrect date

Address of patient

Age/DOB (only if patient is under 12 yrs old)

Dose

Form

Strength (if more than one strength available)

Total quantity in words & figures

Signature

Date

Details:

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Web addresses for health care professionals ■

WEB ADDRESSES FOR HEALTH CARE PROFESSIONALS

Websites with Clinical Information and Guidelines

Scottish Palliative Care Guidelines

[The Beatson West of Scotland Cancer Centre](#) – For Cancer Professionals

[Scottish Intercollegiate Guidelines Network \(SIGN\)](#) – Published Guidelines

[National Institute for Health and Clinical Excellence \(NICE\)](#) – Our Guidance

[NHS Quality Improvement Scotland \(NHS QIS\)](#) – Support for Professionals

[Palliativedrugs.com](#)

[Palliative Care Formulary](#) 5th edition (PCF5+)

Register for an NHS Athens username and password before accessing the Palliative Care Formulary 5th edition via the above website in the palliative care portal

[Scottish Children & Young People's Palliative Care Network](#)

[Gold Standards Framework](#) (UK, Scottish website no longer maintained)

Social media

Social media continues to play a key role in increasing awareness of new developments in palliative care.

Follow [NHS GGC Palliative Care](#) on Twitter for linking to palliative and end of life care news from the Greater Glasgow & Clyde area, Scotland and further afield.

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MACMILLAN SUPPORTERS SERVICE

The Macmillan Supporters Service (MSS) provides matched peer support (in terms, of cancer site) to people affected by cancer from volunteers who have undergone cancer treatment (patients and carers).

These volunteers (Macmillan Supporters) have successfully completed quality assured training in generic areas (i.e. cancer awareness, communication skills, equality and diversity, boundaries of practice) and ‘Nutritional Care in Cancer’.

As you are aware many patients may run into nutritional problems which can be distressing. Macmillan Supporters (MacSs) are available to provide patients and carers with a listening ear and offer support and practical advice in basic nutritional care. It should be underlined that the MacSs only offer frontline basic nutritional information, advice and support, adhere to defined boundaries of practice and do not have dietetic expertise. MacSs are people who have experienced the anxieties and worries of receiving a cancer diagnosis, gone through cancer treatment and its side effects and have made the decision to actively support others.

“It’s very important for me to share experiences and talk about problems. I found talking with someone who has lived through cancer helpful.”

Cancer Patient

“It actually helped me talking with someone who had been through it and, showed me that people do actually survive cancer.”

Cancer Patient

What background do Macmillan Supporters have?

MacSs may come from any walk of life and after an initial interview the process of securing PVG (Protection Vulnerable Groups) checks will be undertaken. Potential MacSs will then undergo training which includes: Cancer Awareness, Effective Communication Skills, Confidentiality, Equality and Diversity, Boundaries of Practice and their selected topic area (e.g. Nutritional Care in Cancer).

Participants are required to pass two observed role play scenarios where they take on the role of MacS. The training programme is quality assured and accredited by Queen Margaret University, Edinburgh. Essentially this provides a ‘kite mark’ for MacSs who operate within our Service.

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What can Macmillan Supporters do for patients/carers?

MacSs provide that listening ear from someone who has experienced the impact of a cancer diagnosis and its treatment. Appropriately share experiences and suggest suitable practical advice, signpost patients/carers to the right people and services to meet their needs. Below are some comments from patients' who have had contact with a Macmillan Supporter.

"She listened to me and made me feel comfortable, could empathise with my experience. Great match to me in terms of similar cancer experiences."

"I felt at ease speaking to supporter could open up it was not formal in the way patient interacts with health professional."

"Able to give advice on nutritional issues and loss of appetite."

"Very helpful, shared experiences especially of nutritional issues. Providing that extra support giving ideas and tips on food and eating."

"Comforting to know not alone."

"Age gap between me and Supporter meant I could not fully relate, I am 60 and he was in his 80s."

"As there was no personal connections I felt it was easy to open up to Supporter and share me feeling. She also provided emotional support."

"Decreased my anxieties and worries."

MacSs act to safely and effectively improve the quality of the cancer patient experience.

What Macmillan Supporters do not do.

MacSs do not cross boundaries such as suggesting changes to clinical care, offering opinions on patient management or talk solely about their own cancer journey.

The Macmillan Supporters Service operates under a robust governance and evaluative framework.

Contact address:

Macmillan Supporters Service

Vale of Leven Hospital

Main Street

Alexandria G83 0UA

Telephone: 0141 340 9223

Mobile: 07557 737 852

Email: Macmillan.Supportersservice@ggc.scot.nhs.uk