



PRIMARY CARE COMMUNITY PHARMACY

LOCAL PHARMACY SPECIFICATIONS

PROVISION OF PALLIATIVE CARE

JUST IN CASE (JIC) BAG SERVICE

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Specification for Provision of Palliative Care Just in Case (JIC) Bag Service

1. Background/Introduction

The palliative Care Just in Case (JIC) Bag Scheme will be available across Ayrshire & Arran from participating community pharmacies. The bag will contain end of life medication selected from an approved list of drugs, or, where deemed appropriate by the prescriber, an alternative drug may be prescribed.

A multi-disciplinary team in liaison with the General Practitioner will identify adult patients with a terminal diagnosis and who require palliative care support in their home. If it is anticipated that the patient's medical condition may deteriorate into the terminal phase of illness within weeks or a short number of months, with the patient and carer's agreement, the prescriber can initiate and prescribe a JIC bag. The supply of a JIC bag in the last few days of life would not be appropriate as pharmacies require up to 72 hours to dispense a JIC bag and the quantity and choice of drugs may not be sufficient to manage the patient's symptoms.

The GP practice will produce a prescription for the appropriate items and arrange for the chosen community pharmacy to receive the prescription. The community pharmacy will dispense the medicines and the bag. The bag will be kept in the patient's home for rapid administration of medicines commonly prescribed for breakthrough symptom control if needed. Administration of the medicines will require to be authorised using an NHS Ayrshire and Arran Community Medication Record Chart, supplied by the District Nurses.

2. Objectives of Service

- To improve access to palliative care medicines for patients for whom it is anticipated that their medical condition may deteriorate, including the development of new symptoms.
- To provide an easily identifiable source of medication which facilitates the effective management of anticipated breakthrough symptoms by healthcare professionals in urgent situations, until the patient's needs can be fully reviewed.

3. Service Outline

JIC bags may be supplied to patients living in the community, including those living in a residential or nursing home.

Participating Community Pharmacists will:

- Consider the risks of potential abuse or misuse of the medicines and contact the prescriber where this risk is significant.
- Offer a user-friendly, non-judgmental, patient-centred and confidential service.
- Make a JIC bag available for supply within 3 working days following the receipt of a legal and valid prescription. Requests for the urgent supply of a JIC bag should be discussed with the prescriber.
- Check that the contents of the JIC bag align with the Scottish Palliative Care Guidelines and the Ayrshire and Arran JIC Formulary (Appendix 1).
- Supply medication in manufacturer's original packs wherever possible. In some circumstances (e.g. medicine shortages) it may be necessary to prescribe smaller quantities to limit wastage and ensure availability of medicines. This may result in supply of medicines not original packs.
- Ensure that all medicines in the JIC bag have a minimum of 12 months expiry date from the date of issue (except where this is not possible because of drug shortages or other extenuating circumstances).
- Ensure that all supplies made are labelled in accordance with the requirements of relevant legislation.
- Ensure that all medication is labelled with the phrase "JUST IN CASE MEDICATION"
- Supply a patient information leaflet for each medicine supplied, in accordance with the requirements of relevant legislation.
- Supply a JIC Patient information leaflet with the JIC bag.
- Supply symptom control guidelines in the JIC bag.
- Supply a Community Pharmacy Network Leaflet in the JIC bag.
- Place the supplies inside a disposable, single use, orange plastic bag designed specifically for this purpose.
- Apply to the outside of the JIC bag a label identifying the patient for whom the JIC bag has been dispensed.
- Add to the outside of the JIC bag an expiry date, which should be the earliest expiry date of the medicines contained within the JIC bag.
- Advise the patient and/or their representative on the importance of storing the JIC bag appropriately, whilst ensuring that it can be identified and accessed by healthcare professionals if required.
- Advise the patient and/or their representative to return unused medication to the pharmacy for disposal. The safe return and disposal of unused medication is the responsibility of all professionals involved in the care of the patient.
- When supplying a JIC bag to a Care Home, the pharmacist shall advise the Home that the supplied medication is prescribed in anticipation of need and is not intended for routine administration. The contents of a JIC bag should not be included on a Medication Administration Records (MAR) chart until administration has been authorised by a clinician.

Pharmacy should be notified of any changes to JIC bag and on death of patient.

4. Record Keeping

The pharmacist will maintain records on the PMR system of all JICs supplied, which must include the following:

- A unique identifier (i.e. PMR number)
- Prescriber details
- Date of issue of JIC
- Expiry date of each JIC bag issued (Not required but considered good practice).

Details must be kept securely and confidentially in the pharmacy. In line with CD documentation requirements, pharmacists should retain copies for 2 years.

5. Clinical Governance

In order to participate In the JIC bag service, pharmacists must:

- Have read and understood the Service Specification for the JIC bag service.
- Be responsible for their continuing professional development (CPD) in the area of palliative care, including participation in relevant training provided pertaining to the JIC bag service.

Pharmacy contractors must:

- Have a Standard Operating Procedure (SOP) in place for the dispensing and disposal of controlled drugs.
- Have signed the JIC bag service specification before commencing.
- Ensure that the JIC bag service specification is available to be consulted by all pharmacists, including locums, who work in their pharmacy and provide the service.

6. Training

NHS Ayrshire and Arran will provide training for staff that prescribe, dispense or administer JIC bag medication. A Power Point presentation on the JIC bag service is available for this purpose.

7. Health and Social Care Staffing Act

The Health and Care (Staffing) (Scotland) Act 2019 (“the Act”) places requirements on the Health Board stating that: “In planning and securing the provision of health care from another person under an contract agreement must

have regard to the guiding principles for health and care staffing, and the need for the person from whom the provision of health care is to be secured to have appropriate staffing arrangements in place”

The service provider will ensure that appropriate staffing arrangements are in place for the operation of this service.

8. Termination

The provision of this service can be terminated by either party by providing THREE month’s written notice

9. Breach of Contract

Where prima facie evidence of a breach of the terms of this scheme comes to the notice of NHS Ayrshire & Arran the matter will be referred in the first instance to the pharmacy contractor concerned for comment. If appropriate, the pharmacy contractor will be invited to submit proposals for the rectification of the breach. Failure to provide a satisfactory response, or to rectify the breach, will result in the matter being referred to the Chief Executive of the NHS Ayrshire & Arran for consideration by the NHS Board and determination of any further action or sanctions to be taken, including termination of the contract under this scheme and recovery of any payments made in respect of services which have not been provided.

10. Provision

The Health Board will provide participating pharmacy contractors with:

- Disposable, single use, orange plastic bags
- Patient information leaflets
- Medication administration charts (blank)
- Symptom control guidelines
- Community Pharmacy Palliative Care Network Leaflets

Orders can be made via stationery.office@aapct.scot.nhs.uk

Appendix 1 (Current Scottish Palliative Care Guidelines) ([Scottish Palliative Care Guidelines - Anticipatory Prescribing](#))

Anticipatory medication

- If a patient is currently receiving subcutaneous (SC) analgesics, anxiolytic/sedatives, anti-emetics, or anti-psychotics, an additional anticipatory medication supply may not be needed. Check what medicines are already available in the patient's home before prescribing new anticipatory medication.
- If a patient is already prescribed an oral medication for symptom control and this is effective, the same medication may be suitable for prescribing by the subcutaneous route for the JIC bag/box.
- Morphine is the first-line opioid of choice, however some NHS boards may use diamorphine first line. The dose stated below is for an opioid naïve patient.
- If the patient is taking a regular oral opioid, an SC breakthrough dose of the same opioid should be prescribed for the JIC box. SC dose would usually be half of oral dose. The breakthrough dose should be calculated as 1/6th to 1/10th of the 24 hour opioid dose.
- Refer to the [Choosing and Changing Opioids](#) guideline.
- Attention should be paid to renal function.
- If the patient has stage 4/5 chronic kidney disease or severe renal impairment (eGFR <30ml/min), use [alfentanil](#) SC. Refer to the [Renal Disease in the Last Days of Life](#) guideline.

The medications available in the JIC bag/box are prescribed for specific symptoms and for specific doses. These medications can in some circumstances be used for other symptoms, such as severe agitation, at higher doses. Clear instructions for the medication administration for the new symptom must be prescribed in the community medication administration chart, including dose, route of administration, frequency, indication(s), limits and when to seek advice.

Anticipatory prescription	The prescription should include the four medications that might be required for end of life symptom control, plus diluent Note: It is important that prescription wording for controlled drugs meets the legal requirements to reduce delays in dispensing Refer to Sample CD prescription.
Opioid for pain and/or breathlessness (for opioid naïve patient)	Morphine sulfate injection (10mg/ml ampoules) Dose: 2mg to 5mg SC, repeated at hourly intervals as needed for pain or breathlessness If 3 or more doses have been given within 4 hours with little or no benefit seek urgent advice or review If more than 6 doses are required in 24 hours seek advice or review

	Supply ten (10) 1ml ampoules Note: Some NHS boards may use diamorphine
Anxiolytic sedative for anxiety or agitation or breathlessness	Midazolam injection (10mg in 2ml ampoules) Dose: 2mg to 5mg SC, repeated at hourly intervals as needed for anxiety/distress If 3 or more doses have been given within 4 hours with little or no benefit seek urgent advice or review If more than 6 doses are required in 24 hours seek advice or review Supply ten (10) ampoules of 2ml Midazolam can be used in massive terminal haemorrhage (refer to Bleeding guideline) Note: if the patient is already on large background doses of benzodiazepines, a larger dose may be needed (if they are frail, a smaller dose may be sufficient) Levomepromazine can be used in terminal agitation or agitated delirium under specialist advice at a different dose (refer to Care in the Last Days of Life guideline)
Anti-secretory for thin, upper respiratory secretions	Hyoscine butylbromide injection (Buscopan®) (20mg/ml ampoules) Dose: 20mg SC, repeated at hourly intervals as needed for thin upper respiratory secretions Maximum of 120mg in 24 hours. Supply 10 ampoules.
Anti-emetic for nausea and vomiting	OT levomepromazine injection (25mg/ml ampoules) Dose: 2.5mg to 5mg SC, 12 hourly as needed for nausea. May need to be given more frequently initially, for example hourly, to control symptoms. If 3 or more doses have been given within 4 hours with little or no benefit seek urgent advice or review. If more than 6 doses are required in 24 hours seek advice or review. Supply 10 ampoules Levomepromazine can be used in terminal agitation or agitated delirium under specialist advice at a different dose (refer to Care in the Last Days of Life guideline)

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