Specialist Palliative Medicines Management in the Community

A Framework for Shared Care

Introduction

This document has been produced to support teams in caring for patients in the community with specialist palliative care needs. The document outlines a generic approach to the management of complex medications, underpinned by the Adult Sheffield Palliative Care Formulary, the Trust End of Life Guidelines and individualised patient plans.

The aim is to provide a framework for practitioners to:

- Set clear requirements for shared care or delegation of care across community teams
- Outline information and resources available locally and nationally to meet these requirements

Responsibilities of the Specialist Clinician

- To assess patient symptoms with regard to appropriateness of medication, considering any contraindications.
- To discuss benefits and side effects of the medication with the patient/carer and obtain informed consent, in line with national guidance. This is particularly important for unlicensed products.
- To provide patient/carer with relevant plan, written information on use, side effects and need for monitoring of medication.
- To provide patient / carer with contact details for support and help if required; both in and out of hours.
- To initiate and titrate the dosage regimen either as an inpatient in the hospital or hospice, or on an outpatient/home visit assessment.
- To assess response and side effects.
- To arrange shared care with the GP and community nursing team when patient is managed on a stable regimen. To write a prescription for an appropriate quantity, usually at least 7 days' worth, to ensure continuity of supply in the community. If care is to be shared / patient to be managed by primary care then ensure smooth handover and continued supply until prescribing is transferred to primary care.
- To provide the GP with contact details of the specialist clinician / team involved in the care of the patient.
- To provide clear advice on prescribing and any syringe driver use.
- To advise the primary care prescriber regarding continuation of medication, including the duration of treatment and potential dose changes.
- To discuss any concerns with the GP / Community nursing team regarding the patient's therapy.

- To provide clear instructions to the GP, community nursing team community specialist palliative care nurses and other health care professionals involved in the patient's care. The patient will have a copy of this letter and advice.
- Provide a copy of these letters to other services as appropriate e.g. Out of Hours services in case of deterioration or if the patient requires additional medications.
- To review the patient's response and continuing appropriateness of the specified medication at specified intervals, sending a written summary to the GP.
- To provide any other advice or information for the GP and community nursing, hospital teams or hospice teams if required.

The information to be provided as described above could be provided in the form of a template or management plan.

Responsibilities of the Primary Care Clinician

- To confirm the agreement and acceptance of the shared care prescribing arrangement and that supply arrangements have been finalised; or contact the requesting specialists if there are concerns in joining in shared care arrangements.
- To continue to prescribe the medication for the patient once stable and arrange on-going monitoring as advised by the specialist.
- Refer to specialist when symptoms fail to respond or when change of administration route may be indicated.
- To seek the advice of the specialist if there any concerns with the patient's therapy.
- Review the patient at specified intervals as agreed with the specialist clinician to monitor control of symptoms.
- To report any serious adverse drug reactions to the appropriate bodies e.g. MHRA and the referring specialist. See yellow card.
- Liaise with community and specialist nurses, as appropriate, to provide on-going patient care and monitoring.
- For medication supplied from another provider prescribers are advised to follow recommendations for Recording Specialist Issued Drugs on Clinical Practice Systems.

Responsibilities of Community nursing team/Community specialist palliative care nurses

- To ensure that they have the necessary information and an understanding of the medication in order to complete a care plan and administer medication safely.
- To undertaking specific training, if needed, in order to have adequate information and understanding of the medication.
- Be aware of the potential side effects and beneficial effects of the medication.
- Record the contact details for the GP community teams and specialist teams involved in the care of the patient in the patients care plan to ensure adequate patient monitoring and understand who to contact in the event of any problems.

- Be aware of and follow T34 Ambulatory Syringe Pump Protocol , The Adult Sheffield Palliative Care Formulary and Guidance for the care of the person who may be in the last hours to days of life.

Responsibilities of Patients or Carers

- To be fully involved in, and in agreement with, the decision to move to shared care.
- To report any suspected adverse effects to their community nurse team / specialist or primary care prescriber whilst receiving the medication.
- To read the product information provided to them.

Useful Palliative Care Resources

Sheffield Teaching Hospitals NHSFT

- Guidance for the care of the person who may be in the last hours to days of life
- The Adult Sheffield Palliative Care Formulary
- T34 Ambulatory Syringe Pump Protocol
- STH Community Agile Pharmacy Service (CAPS)
  - **0114 307 8100** (8am to 6pm Monday to Friday, 8am-12pm Sat and Sun)
- STH Medicines Information:
  - NGH **0114 271 4371** 9am-5pm Monday to Friday
  - RHH **0114 271 2346** 9am-5pm Monday to Friday
- The Palliative Care Specialist Registrar on call for palliative medicine can be contacted via STH switchboard - **0114 2434343**

ST Luke's Hospice

The specialist team at St Luke's Hospice continues to operate a 7day service between the hours 9am-5pm. A help line is available up to 5pm. The team are available to take calls and give advice within these hours via the rapid response phone, which can be accessed through the main hospice switchboard **0114 2369911**.

CCG/primary care

Contacts for answering medication information queries:

NHS Sheffield Medicines Optimisation Team: For non-urgent queries 9am-5pm Monday to Friday. E-mail - sheffieldccg.medicinesoptimisation@nhs.net

Local community pharmacies: If the patient local pharmacy does not have EOL medicines in stock the following pharmacies have been commissioned to keep the following medicines in stock.

See link for information on suggested flow of how to access end of life medicines in the community.

Patient GP practice / PCN pharmacy team.

Other

British National Formulary

Medicines Complete (accessible direct or via Athens account from an NHS computer) – access to Palliative Care Formulary.

Medusa Injectable Medicines Guide

Palliative drugs.com – Note you need to register to access but it is free to do so .Access syringe driver compatibilities via SDSD tab.

Electronic Medicines Compendium for individual Summary of Product Characteristics.

Document produced complied by Sarah Alton, in conjunction with colleagues from STHFT, St Luke's Hospice and Sheffield CCG.

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