

## How to get urgent end of life medications to patients in the middle of a pandemic. A collaborative approach across Birmingham & Solihull.

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# IN THE MIDST OF A GLOBAL PANDEMIC, HOW COULD WE ENSURE PATIENTS WOULD GET THE MEDICINES THEY NEEDED?

When the WHO announced the COVID-19 outbreak was officially a pandemic, providers were asked to increase wider support to community teams and hospitals. **HoBS: Hospices of Birmingham & Solihull** joined to form a collaboration working in partnership with all providers to support the wider healthcare system. **A 24-hour contact centre**, staffed by experienced clinicians and clinical administration support was set up. This included urgent responders, available to go out to the patient at any time, supporting the non-specialist teams. **The Pharmacy Teams** worked together to identify the risks and problems for patients and collaborated with other organisations to design practical solutions. With COVID-19 affecting the integrity of the workforce, by working together and embracing new working initiatives, services were maintained which has led to long-term improvements in the way we work (1).



**Background: Facing a national lockdown we identified the potential barriers and worked in partnership with other services to reduce them to maintain safe, fast access to essential EoL medicines for our communities.**

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ISSUE	SOLUTION
Risk of supply issues of key EOL medicines for hospices.	Policy introduced for the emergency transfer of medicines between hospices.
Risk of supply issues of EOL medicines in the community for patients.	WhatsApp group set up to link hospice teams and Community Pharmacists to identify location of medicines. CCG liaised with pharmacies already providing Specialist Palliative Care Drug Scheme (SPCDS) who agreed to increase stock levels of key medicines. Local NHS Trust agreed to provide out of hours dispensing of FP10s for urgent or hard to obtain medicines.
Timely prescribing and reducing face to face contact with vulnerable patients.	Remote prescribing policy written and agreed, increased access to telephone and video consultations.
Access to medicines for vulnerable patients shielding.	CCG/ICB initiated a rota for the delivery of prescriptions to vulnerable patients.
Risk that community services would be so stretched patients would not have access to urgent symptom control (e.g., injectable opioids, antiemetics).	Hospice Clinical Nurse Specialists provided with kits to allow prompt administration of medicines during home visits if needed. Carer and family administration of s/c medicines policy implemented.
Specialist clinical pharmacy advice and support.	Three Specialist Pharmacists formed a 24-hour rota to provide expert clinical and practical advice for any healthcare professionals. These pharmacists provided cross-cover between the hospices. Remote clinical checking policy written and ratified.
West Midlands Ambulance crews had limited drug administration rights due to their PGDs.	We liaised with West Midlands Ambulance Service to support changes to support their crews to utilise the patient's own medication. The HoBS team worked closely with WMAS to empower their crews and support the patient's wishes to remain at home. Crews would stay with patients until a hospice response team arrived.

## OPPORTUNITIES & CHALLENGES

The work continues, ensuring clinicians and patients in Birmingham and Solihull have access to specialist pharmacy advice. By working together, we can increase sustainability and resilience of services offered by small teams. The recent publication of the Palliative & End of Life Care Statutory Guidance for Integrated Care Boards has strengthened the case for improved access for all, 24/7 (2). Barriers to partnership working were removed during the pandemic but individual and organisational goodwill was utilised. As services get back to 'normal', demand is growing, longer-term funding of services to support partnership working is key.

In October 2022 the new guidance for community pharmacy contract for 2023 includes a Palliative and End of Life Care (PEoLC) Action Plan. The aim of this criterion is for sufficient arrangements to be in place so patients and their relatives/carers and healthcare professionals can obtain palliative/end of life care medicines in a timely manner and support dying at home (3).



## REFERENCES:

1. NICE guidance [NG163] COVID-19 Rapid guidelines: Managing symptoms (including end of life) in the community 2020
2. www.england.nhs.uk/wp-content/uploads/2022/07 Palliative and End of Life Care Statutory Guidance for Integrated Care-Boards September-2022
3. NHS England: PR2051 Pharmacy Quality Scheme Guidance 2022/23 10 October 2022