COVID 19 – NHSGGC PALLIATIVE CARE MEDICINES POLICY 2020

Frequently Asked Questions

22nd April 2020

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1. Implementation of the GP Protocol		
a)	***Does the practice providing the stock order have to write the pre-authorisation forms for every patient in the specified home?***	Practices are asked to provide pre-authorisation forms for their own patients in any care home. Even if a practice is not providing the GP10A for care home stock they are still asked to provide the pre-authorisation forms for all of their own care home patients unless it is clinically inappropriate. This includes any registered patients that move into a care home after the initial batch of forms have been provided to the home.
b)	***Does a GP have to sign all the pre-authorisation forms and the GP10A?***	A GP10A form must be signed by a GP but it can be prepared by another member of the practice team. The pre-authorisation forms can be signed by any prescriber.
c)	***How should signed pre-authorisation forms be returned to the care home?***	The practice, home and community pharmacy should follow standard communication processes where possible. However recognising the current challenges, it may be appropriate for the practice to send an electronic copy of the signed forms to the home with the original signed paperwork to be passed to the home in a timely manner (legislation allows for 72 hours).
d)	***Which medicines should be supplied via stock order for a residential home?***	The medicines listed in Appendix 1 are Level 1 medicines which can be administered as an option in the residential home's Homely Remedy Policy and should be written up on a GP10A. If you are providing a GP10A for a residential home with regular ANP support then you may also wish to order Level 2 medicines for administration in line with the protocol.
e)	***How will the community pharmacy know which home should get the stock order?***	Write the name of the care home on the GP10A or attach a note to advise the community pharmacy which care home to send the stock to.
f)	***For very large homes should a stock order be generated for each unit?***	The supply chain for palliative care medicines is fragile and it is strongly recommended that a single stock order is generated for large homes in order to preserve stock. However there may be particular operational issues in individual care homes such that this is not appropriate.

g)	***How will care home requests for top up stock be monitored?***	Care homes have been asked to request top up stock orders from the relevant GP practice where appropriate. Practices are asked to keep a copy of all GP10As supplied.
h)	***Should practices provide a Just in Case (JIC) prescription for all of their patients residing in care homes?***	In order to protect the limited stock of palliative care medicines across the country, the protocol suggests that this should happen only where COVID-19 is confirmed in a care home. The guidance in this situation is: • It may be appropriate to write JIC Prescriptions for residents to be held in the care home (or in an individual unit if it is a large home and this is considered appropriate) • **The new standard quantities have been reduced to 5 vials of each medicine as per palliative care guidance** • Pre-signed palliative care Kardex to be completed • Prescriptions **should be kept securely in care home until needed** and not automatically be sent to pharmacy for dispensing (risk of wastage and stock shortages) **–** • Note that Controlled Drug prescriptions expire in 4 weeks Given the extreme situation there are currently shortages of many medicines particularly those used in a critical care setting. This may lead to supply issues when GP10As/GP10s are presented to pharmacy for dispensing. It may be helpful to provide a separate prescription for each item on the JIC list as prescriptions may need to be taken to different pharmacies to be dispensed.
i)	***Can the pharmacy prescribing support team support this work in the practices?***	The prescribing support team may be involved but specific details should be agreed at a practice level with consideration of existing practice prescribing support priorities.
j)	***Have any synonyms been developed which can support easier prescribing of medicines for use in palliative care in the context of COVID-19?***	The central prescribing team have developed a range of synonyms relating to: • prescribing some of the palliative care medicines included in this protocol to support access for care home residents • prescribing alternatives to standard palliative care medicines as per the national temporary COVID19 guidance These are now in GP practices for uploading into the GP IT system

k)	***Where can practice and care home staff seek expert palliative care advice?***	**Area**	**Hospice switchboard** **(nurses in IPU may be able to help)**	**Consultant on-call (if different from hospice switchboard)**
		Glasgow North and East Dun.	Marie Curie Hospice 0141 557 7400	Or GRI switchboard 0141 211 4000
		Glasgow South and East Ren.	Prince and Princess of Wales Hospice 0141 420 6785 or 07736 821970	
		Renfrewshire	Accord Hospice 0141 581 2000 St Vincent's Hospice (IPU is currently merged with Accord) 01505 705635	RAH switchboard 0141 887 9111
		West Dunbartonshire and parts of Glasgow North West	St Margaret of Scotland Hospice 0141 952 1141	
		Inverclyde	Ardgowan Hospice 01475 726830	

2. Implementation of the Care Home Protocol *Please note that some of the questions raised regarding implementation of the GP protocol are also relevant for implementation of the care home protocol.*		
a)	***Have these policy changes been signed off for my home?***	The policy has been approved by the Health and Social Care Partnership Tactical Group. Private sector care homes may need approval through their normal governance mechanism before process changes can be adopted.
b)	***The protocol refers to a palliative care Kardex. Where can I get more information about this?***	Information on the community palliative care Kardex can be obtained here: https://www.palliativecareggc.org.uk/?page_id=10#kardex The Kardex **cannot** be photocopied as it is a legal document. Pre-printing on the Kardex helps to minimise the need for filling in but it needs to be individualised for each patient. The Kardex could be written in advance but there needs to be a mechanism in place to make sure they are reviewed in case they are not used for many weeks.
c)	***Do registered nurses have to discuss patient's symptoms and care plan with a prescriber from the patient's own practice?***	The protocol is intended to support timely access to palliative care medicines. While this may involve a discussion to agree the care plan with the patient's own GP, the verbal authorisation may be sought from any appropriate prescriber both in hours and out of hours.
d)	***How will residential homes with ANPs deal with Level 2 (prescription only medicines)?***	Patients in residential homes may be able to access Level 2 medicines in line with the protocol if there is regular ANP input to support the home. If the ANP is also a prescriber, then he/she may also be able to support initiation of medicines as per the protocol flowcharts.
e)	***How will residential homes who have stock of Level 2 medicines use the protocol out of hours?***	Residential homes will not be able to administer Level 2 medicines unless they have a nurse on site who is competent to administer those medicines. They should follow their normal processes for contacting a health care professional out of hours.
f)	***We have a new resident in the home – can they access this medicine stock?***	Please contact the GP practice or prescriber as per standard process to arrange for pre-authorisation paperwork to be completed to minimise any delay in access in the event that symptoms arise.
g)	***My home already has a Homely Remedy policy so do we need extra stock?***	This protocol is specifically aimed at supporting symptom management of COVID 19 at end of life. This should be treated separately to any existing homely remedy policy the care home have in place.

		The protocol provides a mechanism to minimise delay in access to relevant medicines to provide symptom relief for patients. If your home already has such a process in place then no further action would be required. This must be considered at a local level.
h)	***Should all palliative care prescriptions be sent to palliative care pharmacies for dispensing?***	No. Care homes are asked to present all prescriptions to their regular pharmacies to be dispensed, or another suitable pharmacy if needed i.e. out of hours. Palliative care pharmacies should only be used if the care home's regular pharmacy cannot access stock.
i)	***What if the community pharmacy does not want to handle prescription forms that have been in the care home setting?***	Whilst there is very little evidence on how long COVID-19 can survive on surfaces, pharmacy teams may ask care homes to place prescriptions into polypockets which can be disinfected upon arrival in the pharmacy. This allows medicines to be dispensed without delay, with minimal infection transfer risk to the pharmacy team. Pharmacy teams will also follow strict hand hygiene when handling prescriptions. The prescriptions will be removed from the polypocket safely after 72 hours.
j)	***Can unused Just in Case (JIC) medicines prescribed for an individual patient be given to another care home resident?***	The UK Medicines Regulations do not allow the re-use of another patient's medicines but this matter is currently under review at a UK level.
k)	***If a resident currently has some or all of their medicines administered via the Covert Pathway, is there any additional paperwork or review of paperwork required to support this policy?***	The most important issue is that the patient gets the medicine they require, when they need it. There are considerations below but these should not stand in the way of supply of the medication. • There is currently no requirement to review or amend the covert pathway administration form or process, but the Mental Welfare Commission has recommended that Care Home informs the legal guardian/relatives (i.e. those with Power of Attorney or Guardianship) of the possible implementation of the protocol. • As per the Covert Pathway guidance a pharmacist should be consulted, if practicable, for administration advice if the medicine is to be administered covertly via the oral route.