



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

End of Life Care Medicines Hubs

A LOCAL ENHANCED SERVICE for COMMUNITY PHARMACY

This document describes the specification and standards pertaining to the provision of the End of Life Care Medicines Enhanced Service. This document does not constitute a Service Level Agreement (SLA) although the provisions within the document may be contained within any SLA between a Local Health Board and pharmacy contractor for the provision of the service.

1. Interpretation

1.1. In this document:

- 1.1.1. *Patient* means any person in receipt of the service.
- 1.1.2. *Pharmacist* means a person who is registered in Part 1 of the GPhC register or in the register maintained under Articles 6 and 9 of the Pharmacy (Northern Ireland) Order 1976.
- 1.1.3. *Pharmacy* means any premises where drugs are provided by a pharmacist as part of pharmaceutical services.
- 1.1.4. *Pharmacy contractor (or contractor)* means a person lawfully conducting a retail pharmacy business.
- 1.1.5. *General Practitioner (GP)* means a person who is registered with the General Medical Council and on the all Wales performance list in line with The National Health Service (Performers Lists) (Wales) Regulations 2004, as amended.
- 1.1.6. *Carer* is a person who is providing care for a patient

2. Service outline

- 2.1. Commissioned pharmacies will hold stocks of end of life care medicines and provide regular assurance of their availability, with access available seven days per week, including during normal bank holidays
- 2.2. Medicines will be supplied against a valid prescription and pharmacy teams will work with other healthcare professionals who are providing end of life care to ensure timely access to medicines to minimise pain and suffering

3. Service outcomes

- 3.1. To provide confidence that key end of life care medicines will be available when and where they are needed
- 3.2. To provide clarity regarding stock levels of critical EoLC medicines across North Wales
- 3.3. To provide timely access to medicines throughout the week, from Monday to Sunday
- 3.4. To provide equity of access for all patients across the BCUHB population

4. Service quality indicators

- 4.1. Number of requests within and outside of normal pharmacy hours
- 4.2. Times between request and supply
- 4.3. Number of requests received and fulfilled/not fulfilled

5. Accessing the service

- 5.1. End of life care medicines should be obtained from the patient's usual pharmacy wherever possible

- 5.2. Where the patient's usual pharmacy are unable supply within an acceptable timescale (normally within 1 hour), the GP or other healthcare professional will contact an EoLC enhanced service provider using the healthcare professional line. They will confirm that stock is available and ask the pharmacy to earmark the necessary stock for supply to the patient
- 5.3. Wherever possible, a patient representative (usually friends/family) will take the prescription to the commissioned pharmacy to have the medicines dispensed and take the medicine(s) to the patient.
- 5.4. The pharmacist providing this service will work with the patient, their carer(s), and other healthcare professionals involved in the patient's care to facilitate prompt access to medicines and minimise pain and suffering
- 5.5. Medicines other than those listed in Appendix 1 *may* be available from the commissioned pharmacy, but if they are unable to supply, the nearest Acute Hospital pharmacy should be contacted via the hospital switchboard for assistance. Where the pharmacy is unable to supply all of the items on a prescription form in a timely fashion, they should return the prescription to the person collecting the medicines so that they are able to obtain a full supply from the hospital.

6. Pharmacy Contractor responsibilities

- 6.1. Pharmacy contractors wishing to provide this service will apply to their Local Health Board
- 6.2. The pharmacy contractor will make a commitment to hold stocks of end of life care medicines according to the agreed formulary (Appendix 1), except in circumstances beyond their control, and will supply these medicines against a valid prescription
- 6.3. Where the patient/carer is having difficulty in accessing the medicines, the pharmacy contractor will take all reasonable steps to support them. This will include working with the patient, their carer, and other healthcare professionals involved in their care to identify practical solutions to facilitate access the medicines and minimise pain and suffering¹
- 6.4. The pharmacy contractor will provide regular stock levels for all formulary medicines according to the format and frequency required by the LHB – if stock levels fall below the minimum level set out in Appendix 1, and no delivery is scheduled within the next two hours, the pharmacy contractor will **immediately** notify the LHB contact, or OOH, to inform them (see Section 10)
- 6.5. The pharmacy contractor will ensure that, during normal opening hours, a fully working healthcare professional line mobile will be kept in the dispensary to enable the palliative care team, local GPs, and GP OOH service staff to contact the pharmacy to discuss access to the EoLC medicines
- 6.6. The pharmacy contractor will ensure that patient representatives, or healthcare professionals, attending the pharmacy to obtain medicines that are needed urgently are able to access these promptly and, where significant queues are in operation, are prioritised over other people waiting to access the pharmacy
- 6.7. Where the pharmacy does not normally open on Sunday, and on Bank holidays, an on-call service may be requested by the Health Board to operate between 10am and 6pm, whereby a pharmacist will carry the pharmacy healthcare professional line mobile and will be able to attend the

¹ Where all other avenues have been explored, the Blood Bikes Wales service may be able to facilitate access, through collecting the prescription, bringing it to the pharmacy, and taking the dispensed medicines back to the patient. Please note that this service is provided by volunteers, and should only be used where all other options have been exhausted.

To contact the Blood Bikes service to request support, please call 0300 303 1733

pharmacy to supply medicines. Where the pharmacy contractor agrees to provide this service, the relevant fee will be payable for each day the service is offered on an on-call basis.

- 6.8. In the exceptional circumstances that the pharmacy is unable to provide the service during their commissioned hours, the pharmacy contractor will make all reasonable efforts to arrange for the healthcare professional line mobile to be temporarily held by another local pharmacy who are able to provide access to the medicines during the commissioned hours. Where such an arrangement is in place, the contractor **must** notify the LHB, and where applicable the GP out of hours service, as soon as possible.
- 6.9. The pharmacy contractor will maintain a record of formulary medicines supplied, which includes:
 - 6.9.1. Time/date of request being received
 - 6.9.2. Time/date of supply
 - 6.9.3. Whether supplied during normal opening hours of the pharmacy, or on an on-call basis
 - 6.9.4. Medicines and quantities supplied
 - 6.9.5. Details of any steps taken to facilitate access (e.g. pharmacy delivery, blood bikes etc.)
- 6.10. The service record set out in paragraph 6.9 will be provided to the Local Health Board on request

7. Local Health Board responsibilities

- 7.1. Local Health Boards, or their authorised officers, will determine the fees and allowances payable in respect of the service
- 7.2. The Local Health Board will have in place reasonable measures to ensure that relevant stakeholders are aware of local service provision
- 7.3. The LHB will agree with Palliative Care Specialists the medicines formulary and stock levels required to deliver this service and regularly review this formulary to ensure that it reflects changes in practice or guidelines.
- 7.4. The Local Health Board, or its authorised officer, will support the handling of any complaints or issues relating to the service, as far as they relate to issues within the control of the Local Health Board.

8. Review, variation and termination

- 8.1. Variation to the service specification will only be made following consultation with Community Pharmacy Wales.
- 8.2. Pharmacy Contractors will be notified by the Local Health Board of any variations to the service specification in writing. No variation to the specification will be made until 90 days after that notice is received, other than where it is clinically or legally necessary to do so.
- 8.3. The Pharmacy Contractor or the Local Health Board may terminate the service by giving the other party 90 days' notice
- 8.4. Where the Local Health Board terminates the service, any remaining stock that has been held for the purposes of providing this service will be purchased from the pharmacy contractor by the Local Health Board at current Drug Tariff prices (if requested by the pharmacy contractor)

9. Fees and allowances

- 9.1. A monthly fee of £60 will be paid to pharmacy contractors commissioned to provide this service. This fee will cover the following costs
 - 9.1.1. Maintenance of appropriate facilities to store the medicines required under this service
 - 9.1.2. Regular stock checks and reporting of stock levels to the Local Health Board
 - 9.1.3. Audit and administration tasks associated with the smooth running of the service
 - 9.1.4. Maintenance of a mobile phone to be used as a Healthcare Professional Line
- 9.2. Where a pharmacy provides the service on an on-call basis (see paragraph 6.7):
 - 9.2.1. an on-call fee of £ £115.92 would be payable per day that the on-call is provided
 - 9.2.2. a call out fee will be paid for each occasion where the pharmacist has to attend the pharmacy to provide access to end of life care medicines (only time spent in the pharmacy and does not include travel to/from the pharmacy from the pharmacist's home):
 - 9.2.2.1. £82.16 for the first 60 minutes present in the pharmacy
 - 9.2.2.2. £41.08 for each subsequent 30 minute period (or part thereof)
- 9.3. All fees set out above are for 2020/21 and will be subject to any nationally agreed enhanced services fee uplifts
- 9.4. Where medicines held under this service go out of date drugs prior to being issued against a prescription the costs of these medicines will be reimbursed at current Drug Tariff rates

10. Key contact details

Key contacts will be shared periodically with contractors. If you have difficulties in contacting the right person, please contact your local area pharmacy and medicines management team for support.

Appendix 1: Formulary stockholding

The below medicines will be held by each pharmacy commissioned to provide this service (subject to normal replenishment cycles)

End of life care medicine	Normal stock holding	Minimum stock holding <i>LHB or OOH must be notified if levels fall below this and no delivery due within 2 hours</i>
INJECTIONS (supplied as ampoules)		
Cyclizine 50mg/1mL	30	5
Glycopyrronium Bromide 600mcg/3mL	30	10
Glycopyrronium bromide 200mcg/mL	20	10
Haloperidol 5mg/1mL	30	10
Hyoscine BUTYLbromide 20mg/1mL	30	10
Hyoscine HYDRObromide 400mcg/mL	30	10
Levomepromazine 25mg/1mL	30	10
Metoclopramide 10mg/2mL	30	10
Midazolam 10mg/2mL	30	10
Morphine Sulfate 10mg/1mL	30	10
Morphine Sulfate 30mg/1mL	20	10
Oxycodone 10mg/1mL	20	10
Water for injection 20mL	20	10
Dexamethasone 3.3mg/mL	20	10
Phenobarbital 200mg/mL	10	10
ORAL PREPARATIONS		
Haloperidol 500microgram capsules OR tablets	2 x 28	1 x 28
Levomepromazine 25mg tablets	2 x 28	1 x 28
Lorazepam (scored) 1mg tablets	5 x 28	2 x 28
Morphine 10mg/5mL oral solution	10 x 100mL	5 x 100mL
Oxycodone 5mg/5mL solution	2 x 250mL	1 x 250mL
Simple linctus	10 x 200mL	5 x 200mL