

## **Northern Ireland Palliative Care Pharmacists Group**

We are the group representing palliative care pharmacy in Northern Ireland. Our members are specialist palliative care pharmacists with roles based in hospital, community and hospices, covering all the Trusts and hospices in NI. As set out in the current NI palliative care strategy Living Matters, Dying Matters (2010), we work as core members of the specialist palliative care team.

### **Current state of palliative care services**

**In your view what is the current state of palliative care services in Northern Ireland?**

Poor

**Do you think there is an understanding by the public of what palliative care is? If no, what are the main barriers to the public understanding palliative care?**

No

Lack of awareness of what palliative care is, what it involves, the benefits of palliative care and the stage of illness when palliative care service may be utilised.

Lack of public information available on the above. Public health campaigns could be used to promote palliative care.

### **Access to services**

**Are palliative care services equally accessible to all who need them?**

No

**From your experience where are the gaps in the provision of service?**

- Lack of equitable access to palliative care medicines in primary care, in the evenings and at weekends
- No overnight access in primary care, to the controlled drugs regularly used in palliative care outside of Belfast. There is also a gap in ensuring anticipatory medicines for end of life care are available in patients homes when they are needed.
- Not all areas of NI have access to a funded specialist palliative care pharmacist with input for community patients
- Not all Trusts or hospices have equivalent specialist palliative care pharmacist input
- There is no 7 day palliative care clinical pharmacy service for hospitals or hospices
- Lack of guidance to patients, carers and healthcare professionals on how to access palliative care Pharmacy services within and outside normal working hours.
- No current roles for pharmacy technicians in palliative care in Northern Ireland. In other areas of the UK, pharmacy technicians working in palliative care have reduced medicines

wastage, reduced staffing pressures, improved use of patients' own drugs, and their understanding of their medication and increased awareness of medication incidents.

**Do you believe barriers exist that prevent equitable access to these services? If yes, please provide examples in the box provided.**

Yes

- Lack of funding for services listed above
- Unlike other areas of the UK, Northern Ireland does not have a primary care Electronic Prescription Service which allows GPs and other community prescribers to send prescriptions electronically to a community pharmacy. This makes the prescribing and dispensing process inefficient and a burden for patients and carers
- Pharmaceutical wholesalers do not keep sufficient stocks of some medicines used in palliative care, so when these are needed for patients in community or in hospices, there are delays in obtaining them while they arrive from England. This includes commonly prescribed medicines such as morphine injection, as well as more specialist medicines like furosemide injection. It is essential that medicines such as these which are on our regional palliative care stock list are easily available from local wholesalers.

**What additional services could/should be provided?**

- Funding available for specialist palliative care pharmacy posts in line with the Palliative Care in Partnership Workforce Planning document (2020), including the role of the pharmacy technician in palliative care
- An Electronic Prescription Service allows prescribers to send prescriptions electronically to a community pharmacy
- Clear pathways on how to access palliative medicines outside normal working hours, ensuring equitable access across NI
- Better collaboration between pharmaceutical wholesalers, primary care and palliative care, to ensure that wholesalers are aware of the critical nature of palliative medicines and that they must be available promptly for primary care patients in Northern Ireland.
- There are particular challenges accessing controlled drugs in community outside normal working hours. A funded agreement in primary care to provide urgent access to palliative medicines from wholesalers should be implemented
- The use of 'Just in Case' boxes should be rolled out regionally and innovative initiatives involving GP OOH that can address urgent access to palliative medicines should be explored
- Nursing homes could keep stocks of non-controlled palliative medicines, not just named-patient supplies
- A dedicated regional palliative care resource e.g. website/app providing access to clinical guidelines, patient information and patient pathways. NHS Scotland have a good example of this.

## **Integration of Services**

### **How well are palliative care services integrated across the health system, through primary, secondary and specialist care?**

- In recent years, there has been an expansion of pharmacy services in HSC Trusts and hospices. This has led to all Trusts and hospices having at least some dedicated palliative care pharmacy input. However, this could be improved as detailed below.
- GPs and hospices do not have full access to encompass which limits integration. Community pharmacy access to patient records could also be improved to further develop integration.
- While hospitals are using electronic medication administration records, community are still utilising paper-based versions which leads to complications at the interface between secondary and primary care.
- NI does not have an Electronic Prescription Service so patients/carers need a physical HS21 prescription which causes delays to accessing medicines.
- Out of Hours services need to be better integrated into the general health system and better access to OOH specialist palliative care advice across all settings.
- Include palliative care in core training for undergraduate, Foundation Year, postgraduate pharmacists and provide regular and varied training opportunities for registered pharmacists, pharmacy technicians, and counter staff, irrespective of which healthcare setting they work in.

### **Should palliative care be a regional service? Please outline your reasons in the box provided.**

Not sure

The current structure of the regional palliative care programme, Palliative Care in Partnership, provides regional direction but gives each Trust, hospice organisation etc the freedom to implement local services. Given the geographical size and mix of urban and rural populations in NI, it is unclear what the benefits of a regional service would be. The main issues are the gaps in current service provision.

### **What can be done to improve integration?**

- IT solutions linking primary, secondary and hospice care
- Specialist palliative care pharmacy roles in all Trusts in NI which include a component of community palliative care, to manage complex patients across the primary/secondary care/hospice interface
- Better integration of community pharmacy services into palliative care by linking in with GPs, district nurses, specialist palliative care.
- Better integration of OOH services with palliative care services

## **Best Practice**

**Do you have any examples of good practice or pilots in palliative care that are meeting the needs of patients and families/carers? If so, is this best practice happening widely across Northern Ireland?**

Pharmacists are recognised as core members of specialist palliative care teams and Palliative Care Pharmacists in NI have demonstrated benefits in improving the quality of care for patients in both hospital and community settings. Not all Trusts have a community palliative care pharmacist, and in all settings, the whole time equivalent differs and is below that recommended in the regional Workforce Planning document (2020)

Just in Case boxes encourage the prompt prescribing and supply of anticipatory medicines in end of life care are widely used in the Western and Southern Areas. These should be rolled out across NI

Belfast Pharmaceutical On-Call consists of a single community pharmacy available to dispense urgent prescriptions from 6pm to 9am. They stock common palliative medicines, however this service is only available to Belfast patients. A regional approach is needed to ensure the equitable supply of palliative medicines out of hours in primary care throughout NI

The Community Pharmacy Palliative Care Network consists of fifty pharmacies across NI who are funded to stock an agreed list of palliative medicines and can provide access to these medicines and advice during their opening hours

The Marie Curie Daffodil Standards for community pharmacy offer simple, practical steps to help community pharmacy teams make continuous quality improvements in palliative and end of life care. Any pharmacy can sign up to these but they have not yet been widely rolled out across NI

**Do you think that families receive sufficient support when accessing services? Please outline your reasons in the box provided.**

No

There needs to be greater support for patients and carers regarding palliative medication. This could include:

- Increased specialist palliative care pharmacists in each Trust, hospice, community to provide support for families. This could include a role for pharmacy technicians
- Resources for upskilling generalist staff in both community and Trusts to provide more support for families.
- Regional patient/carer resource e.g. online/app, providing information on common palliative care medicines, how to access medication in community etc. NHS Scotland have a good example of this

## **Funding and Strategy**

**Do you think the current funding for palliative care is sufficient? Please outline your reasons in the box provided.**

No

- Lack of availability of the services mentioned previously e.g. specialist palliative care pharmacists across hospitals, community, hospices, access to palliative care medication within and outside normal working hours and training of general healthcare professionals in palliative care.

**Is the current model for the funding of hospices, including hospice at home/community care/rapid response support, sustainable and sufficient to meet needs now and in the future? Please outline your reasons in the box provided.**

No

- The role of the pharmacist and pharmacy technician has grown in the last decade and continues to do so yet these roles remain underfunded in the hospices in NI
- Not all patients can avail of hospice care, including hospice at home/community care/rapid response support. Increased funding needed to ensure equitable access to these services for patients across NI. This could include dedicated specialist palliative care beds in each Trust.
- Hospices have to rely on public fundraising to provide services when they provide core services for palliative patients so should be fully funded by government

**Is there a need for a new Palliative Care Strategy for Northern Ireland? If yes, what should it include? If no, why not? Please outline your reasons in the box provided**

Yes

- The need for specialist palliative care pharmacists providing services to hospital, hospice and community (including care homes).
- The role of the pharmacy technician for specialist palliative care units
- The update of the regional specialist palliative care workforce planning document. While this was published in 2020, much of the data used to guide the document was collected in 2017, and services have developed since then
- A public health approach to promoting palliative care to the general public
- It should address the supply of palliative care medication within and outside normal working hours
- Promote the role of the community pharmacist in providing services for palliative care patients and their carers.
- Address training needs in palliative care for both specialist and generalist healthcare professionals