

Service	Palliative Care (Just in Case Medicines)
Commissioner Lead	Fylde and Wyre CCG
Provider Lead	Community Pharmacy
Period	1st April 2019 to 31st March 2020
Date of Review	1st October 2019

1. Population Needs

1.1 National/local context and evidence base

Approximately 20% of the population die in their own homes and evidence suggests that given the choice most people prefer to die in this environment (Higginson, 2003). Quick and effective management of pain and other symptoms often has an impact on the quality and place of death of individuals who are terminally ill. It is inevitable that some patients with palliative care needs will require a rapid response to new or worsening symptoms and yet over 75% of the week is outside GPs' working hours (Thomas, 2001). Therefore, the availability of appropriate medication in the patient's own home has the potential to enable crises to be resolved quickly and prevent unnecessary admissions to secondary care (Amass and Allen, 2005).

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	
Domain 2	Enhancing quality of life for people with long-term conditions	
Domain 3	Helping people to recover from episodes of ill-health or following injury	
Domain 4	Ensuring people have a positive experience of care	✓
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	✓

Domain 4 - Ensuring that people have a positive experience of care

Overarching indicators

- 4a Patient experience of primary care
i GP services
ii GP Out of Hours services

Improvement areas

Improving access to primary care services

4.4 Access to:
i GP services

Improving the experience of care for people at the end of their lives

4.6 Bereaved carers' views on the quality of care in the last 3 months of life

Domain 5 - Treating and caring for people in a safe environment and protect them from avoidable harm

Overarching indicators

5a Patient safety incidents reported
5b Safety incidents involving severe harm or death
5c *Hospital deaths attributable to problems in care*

2.2 Local defined outcomes

The outcomes of the Just in Case service are as follows:

- improved access to palliative care medicines when they are required by ensuring patients have the medicines in their own homes in advance of need.
- support patients, carers and clinicians by providing them with up to date information and advice and referral where appropriate.
- Increase the number of patients dying in their place of choice.
- Reduce the number of patients attending A&E inappropriately.

3. Scope

3.1 Aims and objectives of service

The aim of the Just in Case service is to facilitate patients' end of life care in order to allow them to die in their place of choice.

Medicines are prescribed in advance of need so that if a patient deteriorates there is timely and immediate access to Medicines.

This is to be achieved by prescribing Just in Case (JIC) medicines for patients to be kept in their home. By keeping the JIC medicines in the patient's home health care professionals will be able to access them out of hours and therefore treat the patient in their own home.

In addition to this the service will aim to reduce the number of inappropriate attendances to A&E.

3.2 Service description/care pathway

JIC medicines must be prescribed by a GP or Non-Medical prescriber via an FP10

prescription. The pharmacy provider must dispense the prescription upon the presentation of the FP10. Criteria for prescribing are outlined below (clause 3.4)

The pharmacy provider will stock a locally agreed range of specialist medicines for inclusion in a 'Just in Case' sealed bag as per attached policy. The bag will be labelled using a copy of the label on each medicine inside the bag. Further supplies of the bags can be obtained from Fylde and Wyre CCG. The contractor will make a commitment to ensure that users of this service have prompt access to these medicines during opening hours. The pharmacy should maintain appropriate records to ensure effective ongoing service delivery and audit.

The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service are aware of and operate within local protocols. These are available in Appendix 1 and 2. Pharmacy Collection and Delivery Form For The 'Just In Case 4 Core Drugs Supply' is in Appendix 4.

The pharmacy provider has a duty to ensure that pharmacists and staff involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service.

The pharmacy will also provide an information leaflet and advice and the reason for the medicines to the user, carer and clinician. They may also refer to specialist centres, support groups or other health and social care professionals where appropriate.

JIC medicines must only be administered by a GP or a nurse.

The CCG will agree with local stakeholders the medicines formulary and stock levels required to deliver this service. The CCG will regularly review the formulary to ensure that the formulary reflects the availability of new medicines and changes in practice or guidelines.

The CCG will need to provide details of relevant referral points which pharmacy staff can use to signpost service users who require further assistance. E.g. Specialist Trinity Services

The CCG will disseminate information on the service to other pharmacy contractors and health care professionals in order that they can signpost patients to the service

3.3 Population covered

All patients registered with a Fylde and Wyre CCG member practice and identified as being on the end of life care pathway are eligible.

3.4 Any acceptance and exclusion criteria and thresholds

Acceptance

Patients can be prescribed JIC medicines when they have been identified as being on the end of life care pathway.

The pharmacy provider will be expected to take reasonable steps to ensure that the patient is on the pathway.

Exclusion

The JIC service should not be used for the prescription of emergency or urgent palliative care medicines. Emergency or urgent palliative care medicines should be prescribed in the normal way.

The pharmacy provider will be expected to redirect prescriptions onto the relevant pathway, if required.

Any Pharmacy not providing this service receiving a JIC prescription should redirect the patient to a pharmacy that provides the JIC service.

3.5 Interdependence with other services/providers

The JIC service is part of a wider care pathway which includes:

- GP Practices
- Pharmacies, including those that are not providing the JIC service
- District Nurses
- Community Matron
- Secondary Care Services
- Palliative Care Services

The pharmacy contractor will be expected to develop working relationships with each of the above providers and health care professionals in order to ensure that the provision of JIC medicines for end of life patients is managed appropriately.

3.6 Finance

There is a retainer fee of £220 per year for the delivery of this service.

Payment is made upon receipt of Appendix 5 being completed and submitted to Midlands and Lancashire Commissioning Support Unit via email to enhancedserviceslcsu@nhs.net

4. Applicable Service Standards

4.1 Applicable national standards (eg NICE)

- Department of Health (DH). End of Life Care Strategy - promoting high quality care for all adults at the end of life. London: DH; 2008.
- National Institute for Health and Clinical Excellence (NICE). Improving supportive and palliative care for adults with cancer. London: NICE; 2004

4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)

- Royal College of General Practitioners (RCGP) and Royal College of Nursing (RCN). Matters of life and death: helping people to live well until they die. London; RCGP and RCN: 2011.

5. Applicable quality requirements and CQUIN goals

5.1 Applicable Quality Requirements (See Schedule 4 Parts [A-D])

- **Duty of candour**

Local Quality Requirements

- All reported concerns or problems are passed to the CCG from Community Pharmacy, GPs using the Insight System.
- Leaflets to be supplied with the issue of the JIC Medicines.

Information to be completed on template Appendix 3

5.2 Applicable CQUIN goals (See Schedule 4 Part [E])

6. Location of Provider Premises

The Provider's Premises are located at:

1. Well Pharmacy (Kirkham)
5 Market Square
Kirkham
PR4 2SE
2. Warburtons Chemist
84-86 Lord Street
Fleetwood
FY7 6JZ
3. Well Pharmacy (Freckleton)
Trinity Medical Centre
Douglas Drive
Freckleton
PR4 1RY
4. Windmill Pharmacy
Lytham Health Centre
Warton Street
Lytham
FY8 5EE
5. Carleton Pharmacy
5 Poulton Road
Carleton
FY6 7NH
6. Hambleton Pharmacy
Kiln Lane
Hambleton
Poulton-le-Fylde
FY6 9AH
7. Kepple Lane Pharmacy
Garstang Medical Centre
Kepple Lane
Garstang
PR3 1PB

8. Great Eccleston Pharmacy Great Eccleston Health Centre Raikes Road Great Eccleston PR3 0ZA

**Appendix 1: Policy for Anticipatory Prescribing for Palliative Care Patients
(Just in Case 4 Core Drugs)**



CORP-POL-452 Just
in Case Policy v4 Draf

Appendix 2: Procedure For Anticipatory Prescribing For Palliative Care Patients using the Subcutaneous, as required and syringe Pump prescription and Administration Record (SPAR booklet)



CORP-PROC-592
Just In Case Procedu

Appendix 3 - Reporting Template

Quality performance indicator	Detail		Evidence	Frequency of indicator
1	All reported concerns or problems are passed to the CCG from Community Pharmacy, GPs using the Insight System .e.g. Health Professionals using the service inappropriately			Report within 2 working days of being made aware of the incident to the CCG Quality Team. Telephone number 01253 953385
2	Leaflets to be supplied with the issue of the JIC Medicines.	Incident Report any JIC Medicines that are issued without a leaflet detailing the reason		Report within 2 working days to the CCG Quality Team. Telephone number 01253 953385

Appendix 4

Pharmacy Collection and Delivery Form For
The 'Just In Case 4 Core Drugs Supply'
(To be retained in the pharmacy)

Name of Patient	Address of Patient	Date of Collection	Name of Person Collecting Medicine	Signature or Person Collection Medication

Drug	Quantity Dispensed	Batch Number	Expiry Date
Diamorphine 10mg inj			
Levomepromazine 25mg/ml inj (1ml amps)			
Midazolam 5mg/ml inj (2ml amps)			
Glycopynonium bromide 200mcg/ml inj			
Water for injection 10 ml			

Date dispensed.....

Pharmacy Name.....

Pharmacist Name.....

Pharmacy Signature.....

Appendix 5

Stock Holding of Just In Case Medicines - Claims for Payment 2019/20

Pharmacy Name and Address	Please return to: Local Improved Services Team NHS Midlands and Lancashire CSU Jubilee House Lancashire Business Park Leyland PR26 6TR
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This form should be completed and returned to the address above to claim for the annual retention fee of £220 for the provision of the Just In Case Scheme.

Annual Retention Fee

The above pharmacy has opened in accordance with the Just In Case Scheme commissioned by Fylde & Wyre Clinical Commissioning Groups and maintained the required stock of medicines as listed in the service specification for supply against FP10 prescriptions.

Fee claimed (£220.00) = £220.00
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Total claimed (£220.00) = £220.00
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Counter Fraud Declaration

I declare the information provided above is a true and accurate reflection of the service provided. I understand that I will be liable for prosecution and monies to be reclaimed if I deliberately provide false information.

Signed..... Date.....

Full Name.....

enhancedserviceslcsu@nhs.net