

## End of Life Medication Supply to Care Homes Guidance for prescribers

This document is designed to be used alongside the Cheshire CCG COVID-19 symptom management resources for care homes. This guide is intended to summarise options available to prescribers who will need to apply their own clinical judgement on a case by case by basis to ensure medication supply to residents conforms to legislation and medication is supplied in a timely manner.

**Please consider the quantities prescribed to avoid disruptions to the supply chain.**

**You must contact the pharmacy to inform them an urgent prescription is needed to establish stock availability and time frame for collection or delivery.**

**Only use the medicines re-use scheme in a medicines supply crisis. The scheme is time limited and applies to the period of emergency during the Covid-19 pandemic.**

**A valid prescription or authority to administer via a patient specific direction (PSD) must be in the possession of the care home to support the re-use of medicines before it can be administered.**

**The usual end of life documentation (Blue booklet or Care & Communication Record) should be completed and provided by the prescriber if not already in place to enable community nursing teams to administer re-used medication. This may necessitate the physical collection or delivery of the document. It is at the clinical discretion of the prescriber and qualified nurse to administer medication without this documentation to prevent undue delay to treatment.**

**Following authorisation for re-use a prescription should then be obtained to allow the continuation of treatment via a patient labelled supply if needed.**

If the prescriber is sending a prescription direct to the care home there are a number of methods. This must fulfil prescription requirements. Homes with nursing that have requisitioned stock (those with 50% or more public funding) should use this stock prior to using stock assessed as suitable for re-use.

1. Print a paper FP10 or dispensing token to be collected by/ delivered to care home
2. Generate a paper FP10 or dispensing token and email to the care home via NHS email
3. Write a patient specific direction to administer a medicine to be collected by/ delivered to care home or send directly via email from the prescribers NHS mail account.

## **Actions for GP practices**

Practice to import PSD documentation



Patient Specific Direction.zip

<b>GP surgery: Care Home WITH Nursing</b>	<b>GP Surgery: Care Home WITHOUT Nursing</b>
Patient assessed as needing symptom relief including EOL medication (not available as a homely remedy).	Patient assessed as needing symptom relief including EOL medication (not available as a homely remedy).
Clinician to contact care homes regular community pharmacy to determine stock availability and timeframe for delivery. If the usual pharmacy cannot supply contact Urgent palliative care pharmacy service*	Clinician to contact care homes regular community pharmacy to determine stock availability and timeframe for delivery. If the usual pharmacy cannot supply contact Urgent palliative care pharmacy service*
If pharmacy can supply within appropriate time frame for clinical need generate FP10 and send electronically.	If pharmacy can supply within appropriate time frame for clinical need generate FP10 and send electronically.
If Community pharmacy are unable to supply and the care home has <b>requisitioned stock</b> the pharmacy or prescriber can send a copy of the dispensing token to the care home via a secure email account (e.g. NHS net) deliver a copy or arrange for collection of the token.	If Community pharmacy are unable to supply but the care home has stock available via the <b>medication re-use scheme</b> that has been appropriately assessed as suitable. The pharmacy or prescriber can send a copy of the dispensing token to the care home via a secure email account (e.g. NHS net) deliver a copy or arrange for collection of the token. The prescriber may want to write in the directions <b>“Stock supplied via re-use of medicines Covid-19 SOP”</b>
If a prescription is unable to be generated a written patient specific direction can be delivered to, collected by or emailed to the care home from the prescribers NHS email account to a secure email account at the care home. A copy must be uploaded to the patients GP record.	If a prescription is unable to be generated a written patient specific direction can be delivered to, collected by or emailed to the care home from the prescribers NHS email account to a secure email account at the care home. A copy must be uploaded to the patients GP record.
<p>If the care home does not have requisitioned stock but has stock available via the <b>medication re-use scheme</b> that has been appropriately assessed as suitable.</p> <p>If a prescription has been issued to Community Pharmacy the prescription (or token) can be given to the care home. This may be the paper version or sent electronically via secure email. The prescriber may want to write in the directions <b>“Stock supplied via re-use of medicines Covid-19 SOP”</b>. If a prescription cannot be written a patient specific direction to administer needs to be generated as above.</p>	
<b>Following authorisation for re-use a prescription should then be obtained to allow the continuation of treatment via a patient labelled supply if needed/appropriate.</b>	

**Where there are no qualified nursing staff within the care home and/or no agreed procedure for adding medicines to the MAR chart, the usual end of life documentation (Blue booklet or Care & Communication Record) must be completed and provided by the prescriber; it is acknowledged that a requirement for a Blue booklet or Care & Communication Record may necessitate delivery or collection of the physical document where this is not already in place. It is at the clinical discretion of the prescriber and qualified nurse to administer medication without this documentation to prevent undue delay to treatment.**

<b>Out of hours – Care Home WITH nursing</b>	<b>Out of hours – Care Home WITHOUT nursing</b>
Patient assessed as needing symptom relief including EOL medication (not available as a homely remedy).	Patient assessed as needing symptom relief including EOL medication (not available as a homely remedy).
Out of hours clinician to determine if a face to face visit or a remote consultation is more appropriate during the pandemic.	Out of hours clinician to determine if a face to face visit or a remote consultation is more appropriate during the pandemic.
Clinician to prescribe EOL medication on FP10 and supply from clinician's stock if the patient is assessed in the Care Home and is in immediate need of medication. A copy of the blue booklet/care and communication record is completed and given to Care staff for ongoing administration.	Clinician to prescribe EOL medication on FP10 and supply from clinician's stock if the patient is assessed in the Care Home and is in immediate need of medication. A copy of the blue booklet/care and communication record is completed and given to Care staff for administration by community nursing teams.
If the patient is assessed remotely then clinician to ascertain if there is an immediate need to provide a prescription. Care Staff to collect FP10 and blue book / Care and Communication record from OOH provider. If unable to get stock from a community pharmacy or OOH clinician see next step.	If the patient is assessed remotely then clinician to ascertain if there is an immediate need to provide a prescription. Care Staff to collect FP10 and blue book / Care and Communication record from OOH provider. If unable to get stock from a community pharmacy or OOH clinician see next step.
If the Nursing Home has access to <b>requisitioned stock</b> then a PSD or FP10 (see table for requirements) must be written before the medicine can be administered. This can be securely emailed to a NHS.net account or collected by Care staff.	If the care home has stock available via the medication re-use scheme that has been appropriately assessed as suitable. An FP10 or PSD needs to be written before the medication can be administered. The prescriber should write in the directions "stock supplied via re-use of medicines Covid-19 SOP".
If the Care Home does not have requisitioned stock then consider the medicines re-use scheme. A paper/ electronic prescription or PSD needs to be written before the Care staff can administer the medicine. The prescriber should write in the directions "stock supplied via re-use of medicines Covid-19 SOP".  The PSD must fulfil the requirements as specified below. The medicines re-use scheme can be used for any medicine where there is no stock, no suitable alternative and the benefit outweighs the risk.	The PSD must fulfil the requirements as specified below. The medicines re-use scheme can be used for any medicine where there is no stock, no suitable alternative and the benefit outweighs the risk.
<b>Following authorisation for re-use a prescription should then be obtained to allow the continuation of treatment via a patient labelled supply if needed/appropriate.</b>	

<b>Prescription requirements</b>	<b>Patient Specific Direction requirements</b>
Patients name	Patients name
Patients address	Patients address
Date	Date
Medicine Name, Strength, Form, Dose, Quantity (words and figures for controlled drugs)	Medicine Name, Strength, Form, Route of administration and dose, Dose frequency, treatment start and end date
Prescriber name and address	Prescriber name and address
Prescriber type (Dr, independent prescriber)	Prescriber type (Dr, independent prescriber)
Prescriber registration number	Prescriber registration number
Signature of prescriber	Signature of prescriber ( if sending via email electronic signature sufficient but the NHS mail account details must match that of the prescriber)

Direction to administer forms for Schedule 2 and 3 CDs can also be sent electronically via email as there is no additional legal requirement for these to have physical signatures.

### [References and Further information](#)

<https://www.sps.nhs.uk/articles/direction-to-administer-forms-use-of-electronic-signatures-during-covid-19/>

<http://www.cheshire-epaige.nhs.uk/document-library/?top-category=covid-19>

<https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-28-management-controlled-drugs>

<https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-19-patient-group-directions-pgds-patient-specific-directions>

<https://www.sps.nhs.uk/wp-content/uploads/2013/03/PSD-final-July-2018.pdf>

### **For additional advice contact 24- hour palliative care advice lines:**

**St Luke's Hospice 01606 555489** (for Northwich, Winsford, Crewe, Nantwich & Rural and SMASH primary care networks)

**East Cheshire Hospice 01625 666999** (for Middlewood, Macclesfield, Knutsford, Congleton/Holmes Chapel, Chelford/Alderley Edge/Wilmslow primary care networks)

**Hospice of the Good Shepherd 01244 852520** (for Chester, Ellesmere Port, Neston/Willaston and Rural Alliance primary care networks)

### **\*Key Pharmacy Contacts for East Cheshire (Stockists of End of Life Medications)**

A list of these with contact numbers and opening times can be found within Appendix 3 of the following document <https://www.cpcw.org.uk/wp-content/uploads/sites/19/2019/07/Urgent-Palliative-Care-Medicine-Service-Final-010219.pdf>