Sussex CCGs incident response related to controlled drugs during Covid-19 – Guidance for care homes on re-use of medicines and Improving access to end of life care medicines

South East & South West CDLIN Learning Event, Sep-20

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Thanks to …

With thanks to ….

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and

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Plus other MOCH service leads

Plus Chirag Patel, Deputy Head of Medicines Management, West Sussex CCG

…. For their hard work in delivering the outputs described and for allowing me to adapt their slides!

Medicines Optimisation in Care Homes (MOCH)

- From April 1st - 7 Sussex CCGs merged to form 3 CCGs working closely together as Sussex CCGs and across Sussex Health and Care Partnership Integrated Care System
- Mixed map of different models and levels of MOCH provision across Sussex including commissioned from community services Trust and MOCH staff employed by CCG
- During Covid-19 pandemic, the MOCH service providers in Sussex have rapidly adapted and expanded to work together and with CCG to meet requirements of
  - NHS England directions 1st May : COVID-19 response: Primary care and community health support for care home residents
  - NHS England Call to Action 19th May: Pharmacy and Medicines Support to Care Homes: Urgent System-Wide Delivery Model

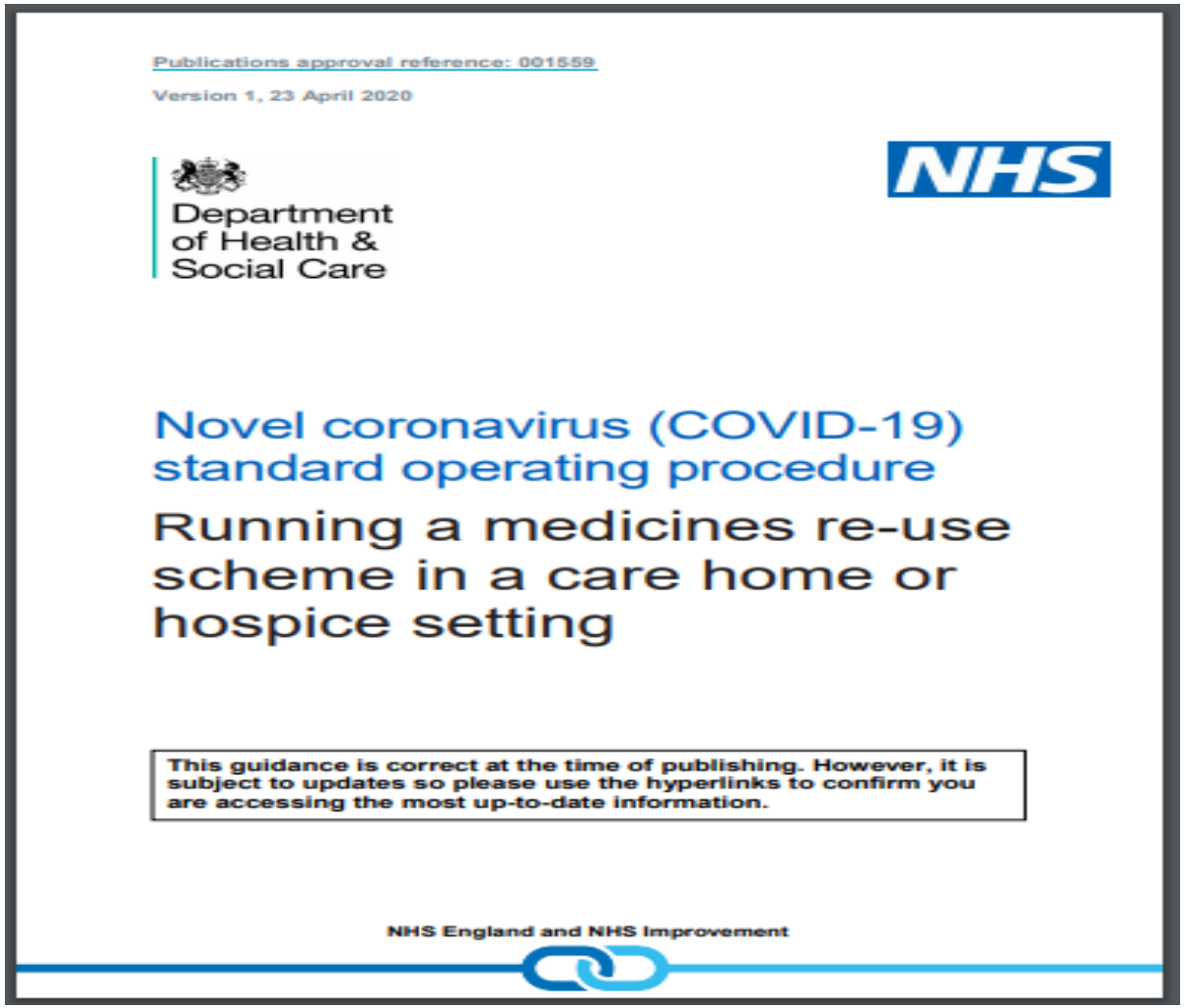
Medicines Optimisation in Care Homes (MOCH) Pharmacy Team

The letter to primary care providers and commissioners from NHS England and NHS Improvement (1st May 2020) set out four key areas where urgent clinical pharmacy and medicines optimisation support is needed during Covid-19

- 1. facilitating medication supply to care homes, including end of life medication;
- 2. delivering structured medication reviews via – video or telephone consultation where appropriate – to care home residents;
- 3. supporting reviews of new residents or those recently discharged from hospital;
- 4. supporting care homes with medication queries, and facilitating their medicines needs with the wider healthcare system (e.g. through medicines ordering).

Re-use of medicines in a care home or hospice

- The Covid-19 pandemic had led to many shortages of medicines due to supply chain fragility, market forces, over prescribing and stockpiling – the ‘toilet roll’ effect
- Concerns throughout healthcare that controlled drugs used as critical part of end of life care were frequently unavailable for patients in need
- However, untouched supplies of end of life care and other medicines in short supply remaining after a patient died could not be used for other patients in need due to legal and good practice frameworks
- Guidance issued by DHSC 28 April 20 to provide a Standard Operating Procedure for hospices and care homes to re-use medicines under certain clearly defined circumstances

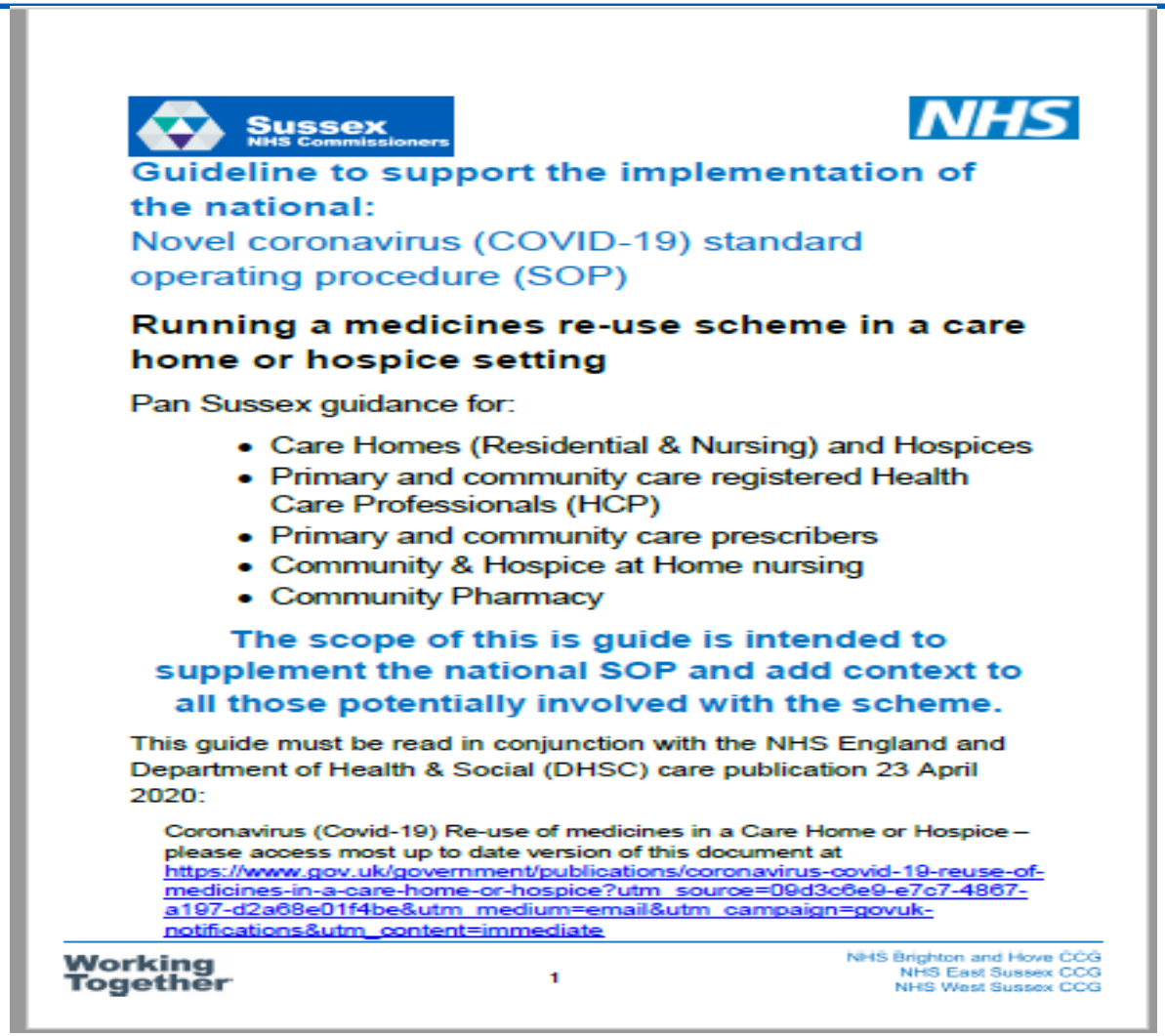


Re-use of medicines in a care home or hospice

- The Standard Operating Procedure provides a novel framework for how to run a safe and effective medicines reuse scheme in a care home or hospice during the coronavirus outbreak.
  - It applies to medicines, including controlled drugs, that are no longer needed by the person for whom they were originally prescribed
  - Medicines cannot be “borrowed”
  - The medicine being re-used must be authorised as suitable by a registered health care professional and a prescription must be provided to the care home or hospice
  - The medicine must stay within the care home or hospice
- It includes a template log for care homes and hospices to use.
- Care Homes requested some additional practical support and guidance on how the SOP could be used in practice

Re-use of medicines in a care home or hospice

- MOCH teams worked together and with CCG to develop Sussex wide guideline for Care Homes to sit alongside advice from DHSC
- Care home or hospice chooses to **OPT IN** to the scheme
- It applies to **ANY** medicine when there is:
  - No stock
  - No suitable alternative
  - And the benefit outweighs the risk



Sussex NHS Commissioners

NHS

Guideline to support the implementation of the national:

Novel coronavirus (COVID-19) standard operating procedure (SOP)

Running a medicines re-use scheme in a care home or hospice setting

Pan Sussex guidance for:

- Care Homes (Residential & Nursing) and Hospices
- Primary and community care registered Health Care Professionals (HCP)
- Primary and community care prescribers
- Community & Hospice at Home nursing
- Community Pharmacy

The scope of this is guide is intended to supplement the national SOP and add context to all those potentially involved with the scheme.

This guide must be read in conjunction with the NHS England and Department of Health & Social (DHSC) care publication 23 April 2020:

Coronavirus (Covid-19) Re-use of medicines in a Care Home or Hospice – please access most up to date version of this document at https://www.gov.uk/government/publications/coronavirus-covid-19-reuse-of-medicines-in-a-care-home-or-hospice?utm_source=09d3c6e9-e7c7-4867-a197-d2a68e01f4be&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate

Working Together

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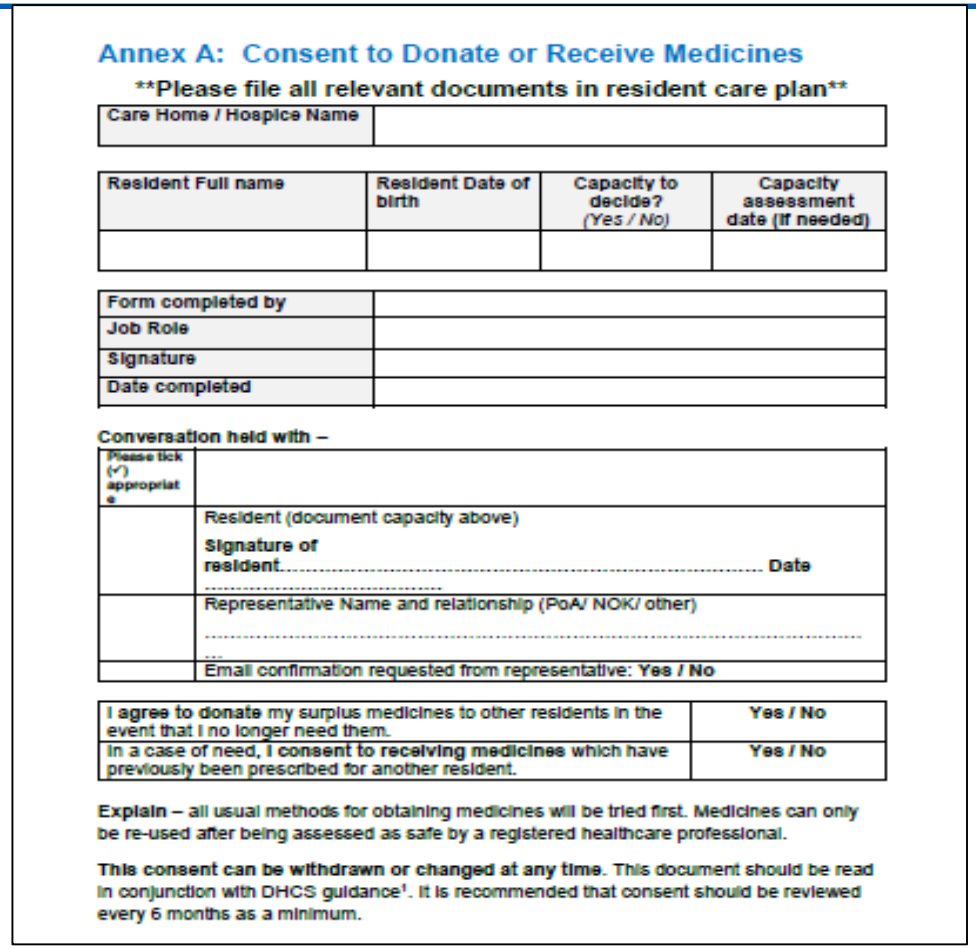
NHS Brighton and Hove CCG
NHS East Sussex CCG
NHS West Sussex CCG

Assessing a medicine for re-use

- Where possible, gain consent from service user for re-use
  - Annex A: Consent to Donate or Receive Medicines
  - Not mandatory but good practice
  - Consent can be asked prior to need to use medication
- Nurse or registered HCP checks medicine using checklist criteria in Annex B of Pan Sussex guideline
- Also the medicines re-use pathway from the DHSC Standard Operating Procedure (SOP)
- If medication is not suitable for re-use dispose as normal



Annex A: Consent to Donate or Receive Medicines

****Please file all relevant documents in resident care plan****

Care Home / Hospice Name	

Resident Full name	Resident Date of birth	Capacity to decide? *(Yes / No)*	Capacity assessment date (if needed)

Form completed by	
Job Role	
Signature	
Date completed	

Conversation held with –

Please tick (✓) appropriate	
	Resident (document capacity above) **Signature of resident**..... **Date** .....
	Representative Name and relationship (PoA/ NOK/ other) .....
	Email confirmation requested from representative: **Yes / No**

I agree to donate my surplus medicines to other residents in the event that I no longer need them.	**Yes / No**
In a case of need, **I consent to receiving medicines** which have previously been prescribed for another resident.	**Yes / No**

Explain – all usual methods for obtaining medicines will be tried first. Medicines can only be re-used after being assessed as safe by a registered healthcare professional.

This consent can be withdrawn or changed at any time. This document should be read in conjunction with DHCS guidance[1]. It is recommended that consent should be reviewed every 6 months as a minimum.

Checklist criteria for medicines re-use

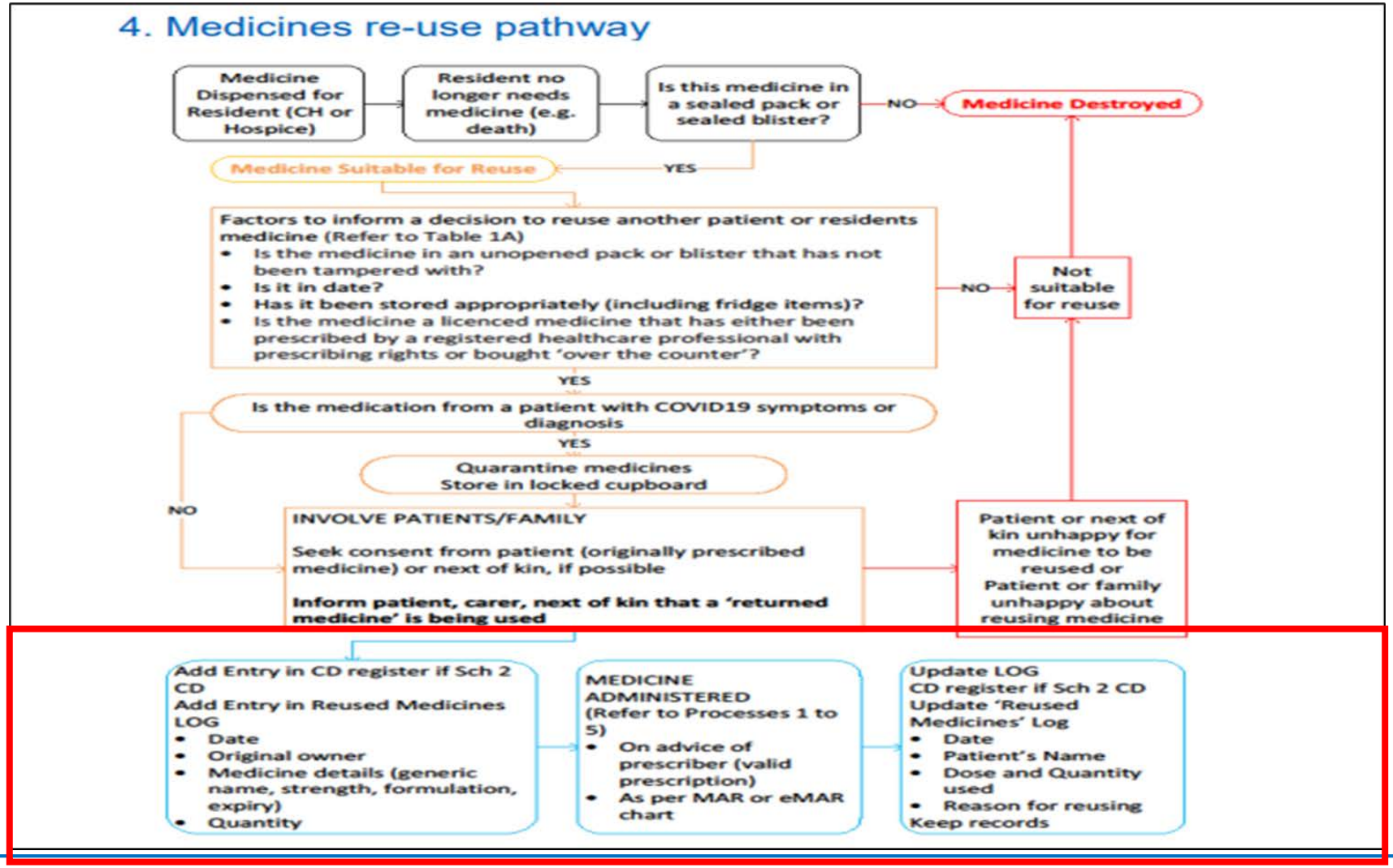
Annex B: Checklist criteria for medicines reuse

Care Home / Hospice Name			
Check completed by:		Job Role	
Registration number		Date completed	
Method of check (in situ or virtual)			

Medicine Name:	Strength:
Formulation:	Quantity:

Criteria	Yes	No	Notes
Is the medicine in an unopened pack or blister that has not been tampered with?			In an unopened, unadulterated and sealed pack (including sub-pack) or blister strip. If any doses have already been used, the remainder of that blister strip should be destroyed. If the contents (including blister strips and sealed individual units such as ampoules) are completely intact, then as long as they match the description on the packaging they were retrieved from (including check of batch numbers) they can be considered for re-use.
Is it in date?			Medicines should be in date. If medication is expired then it should be disposed of as per usual safe disposal of medication procedure.
Has it been stored in line with the manufacturer's instructions, including any need for refrigeration?			Any medication that requires refrigeration, or that has a reduced shelf-life once removed from refrigerated storage, should be destroyed if it has not been stored appropriately. Medicines left in unsuitable conditions (e.g. direct sunlight, near radiators) or where appropriate storage cannot be confirmed, should be destroyed.
Is the medicine a licensed medicine that has either been prescribed by a registered healthcare			For some medicines, 'homely remedies' are an option in care homes and should be considered in line with guidance: https://www.sps.nhs.uk/articles/rmoguidance-homely-remedies/

Medicines re-use pathway and controlled drugs



Administering a reusable medication

- Checklist for both nursing & residential homes continued
  - Administer medicine as usual
  - In residential homes Community Nursing or Hospice at Home nurses must be informed of the re-use of medicine process
  - Complete details on log Annex C as before
    - Community Nursing or Hospice at Home nurse to complete as well
    - Update CD register if needed

Example Mrs AB

- 87 year old female resident
- Lived in current residential home for 4 years

- Medical history
  - Osteoarthritis
  - Atrial fibrillation
  - Hypertension
  - Hypercholesterolaemia

- Unfortunately, Mrs AB has been diagnosed with pancreatic cancer
  - Limited prognosis
  - Palliative care team are involved
  - Mrs AB started on anticipatory medication for her symptoms
    - Diamorphine 10mg/1ml injection
    - Midazolam 10mg/2ml injection
    - Levomepromazine 25micrograms/ml injection

Example Mrs AB cont'd

- National shortage of 10mg/1ml injections
  - *Would you need to consider using the re-use of medicines scheme?*
- The community pharmacist has highlighted the shortage to the patient's GP but there is no alternative form of Diamorphine
  - *Allergy to Oxycodone*
- As there is no alternative medicine there is a **need** to use the re-use of medicines scheme
  - Care home have opted in to the re-use of medicines scheme
  - Both patients have consented to the re-use of medicines scheme
  - Care home has a supply of Diamorphine from an alterative patient who passed away last week
- GP contacts community palliative team for advice
  - Discussed and agreed to re-use of medicines

Example Mrs AB cont'd

- Community palliative team contact care home to clarify if they have Diamorphine to be re-used
- Zoom call between care home staff and palliative care nurse to assess suitability of medicines
- Medicines are deemed suitable by palliative care nurse
- Care home staff put a X through original label
- Ensuring that drug, strength and dispensing date are visible
- Care home staff update CD register
- Palliative team nurse contacts GP for prescription and administration chart
- Prescription sent via NHS.net email to care home staff
- Diamorphine administered as per usual procedure
- CD register updated

National Joint Guidance on Palliative Medicines

- Guidance led by Professor Bee Wee, National Clinical Director for End of Life Care, NHS England and NHS Improvement
- During the coronavirus pandemic, additional demand on some medicines and other supplies is inevitable, in addition to normal supply chain fragility.
- The demand for drugs used, especially for managing symptoms frequently seen in people infected with coronavirus, will increase.
- Guidance sets out a small set of key medicines for palliative and end of life care that need to be managed nationally with local collaboration across all sectors.

Emergency Palliative Care Medicine

- Shortages of medicines also causes distress to relatives of patients or community nurses who are forced to go to several pharmacies to try to source palliative care medications for loved ones at very end of life
- NHS England advise that care homes should not routinely hold anticipatory medicines stock, even after taking the Re-Use Standard Operating Procedure into account
- NHS England and CQC recommended that supplies should be centralised as much as possible, through local hubs to ensure safe, legal and rapid access to anticipatory medicines.
- Many areas already had arrangements in place for some community pharmacies to hold increased stocks of end of life medicines for when the patient's usual pharmacy unable to supply
- Merger of CCGs across Sussex meant that there were varied and inconsistent arrangements

Emergency Palliative Care Medicine in Sussex

- Decision made to build on existing arrangements with community pharmacies to create ‘hubs’ across Sussex
- Rapid incident response project to :
  - map current arrangements
  - increase numbers of pharmacy service providers
  - ‘level up’ quantities and range of medicines held in stocks
  - harmonise palliative care formularies across Sussex
  - issue new harmonised Community Pharmacy local service contract
  - Negotiate agreement with Trust providers to be system back-up where the usual routes are unavailable or have been tried and were unsuccessful.
  - Make all stakeholders aware of new arrangements, including Care Homes

Appendix 1 – Emergency Palliative Care Drugs LCS Stock list

Emergency Palliative Care Medicine Stock – range and quantity

In order that staff working in the community can always have access to essential Palliative Care drugs the following list of items should be stocked in their respective minimum stock quantities:

Stock List	Minimum quantity to be kept
Cyclizine 50mg/ml injection	5x1ml amps
Dexamethasone 3.3mg/ml injection	5x1ml amps
Diclofenac 75mg/3ml injection	10x3ml amps
Diamorphine 10mg injection	10 amps
Diamorphine 30mg injection	10 amps
Glycopyrronium 600mcg/3ml injection	9x3ml amps (or 1 box of 10amps)
Haloperidol 5mg/ml injection	5x1ml amps
Hyoscine butylbromide 20mg/ml injection	10x1ml amps
Hyoscine hydrobromide 600mcg in 1ml injection	10x1ml amps
Levomepromazine 25mcg/ml injection	10x1ml amps
Metoclopramide 10mg/2ml injection	10x2ml amps
Midazolam 10mg/2ml injection	10x2ml amps
Morphine sulphate 10mg/ml injection	10x1ml amps
Morphine sulphate 30mg/ml injection	20x1ml amps
Morphine sulphate 10mg/5ml oral solution	4x100ml bootle
Oxycodone 10mg/ml injection	10x1ml amps
Sodium chloride 0.9% solution for injection	10x10ml amps
Water for injection	20x10ml amps

Any questions?

Please feel free to contact Sue Carter for more information:

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