

**LOCAL ENHANCED SERVICE FOR PALLIATIVE CARE MEDICINES SUPPLY FROM  
COMMUNITY PHARMACIES IN Kent and Medway Integrated Care Board**

**SERVICE SPECIFICATION**

Author	Bal Minhas / Michelle Dutton
Date Issued	01/04/2023
End Date	31/03/2024
Contact Point for Queries	<a href="mailto:kmicb.medicinesoptimisation@nhs.net">kmicb.medicinesoptimisation@nhs.net</a>
Version	1.5

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## 1 Service Aims

The aim of this service will be to provide an integrated Palliative Care Medicines service across primary and secondary care in the Kent and Medway ICB area. The service will:

- Improve and ensure the availability of palliative care medicines in the K&M area through community pharmacies during normal opening hours
- Provide relevant healthcare professionals (including other community pharmacists) with contact details of pharmacies in their locality who have committed to stock the full range of palliative care medication as per the palliative care formulary.

## 2 Standards

All providers will be expected to adhere to the standards as laid out in sections 2.1 to 2.5, as well as being compliant with all the current essential services under the Community Pharmacy Contractual Framework during this agreement.

### 2.1 Indemnity

The provider will maintain personal indemnity insurance for services carried out as part of this agreement. The provider will set up and maintain indemnity insurance against all costs, claims, demands, liabilities and damages incurred or suffered by them as a result of any act or omission of the provider, its staff or agents.

The provider will maintain Public Liability Insurance for the Pharmacy premises.

### 2.2 Training

The provider will ensure that all staff involved in providing any aspect of care under this scheme has the necessary training and skills to do so.

### 2.3 Confidentiality

The provider (this term includes its employees, agents and all others authorised by it) shall respect the confidentiality of all information relating to patients, carers or other users of the service. They will comply with The Confidentiality and Disclosure of Information: General Medical Services, Personal Medical Services and Alternative Provider Medical Services Directions 2021, Caldicott, the Data Protection Act 2018 and all other relevant legislation.

This requirement does not preclude appropriate sharing of information where proper legal authority for such sharing exists.

### 2.4 Untoward Incidents

It is a condition of being a service provider that practitioners will give notification to the K&M ICB Lead Pharmacist via email to [kmicb.medicinesoptimisation@nhs.net](mailto:kmicb.medicinesoptimisation@nhs.net) of all emergency admissions

or deaths of any patient covered under this service, where such admission of death is or may be due to usage of the drug(s) in question or attributable to the relevant underlying medical condition. This must be reported within 72 hours of the information becoming known to the practitioner. This is in addition to a practitioner's statutory obligations.

## 2.5 Complaints

In the event of a complaint being made by a member of public regarding the provider (this term includes its employees, agents and all others authorised by it) then the provider will deal with the complaint under their own complaints procedure.

Details of such complaints will be made available to K&M ICB Medicines Optimisation Team [kmicb.medicinesoptimisation@nhs.net](mailto:kmicb.medicinesoptimisation@nhs.net) on a quarterly basis.

## 3 Service Specification

- The service must be provided during full time opening hours, OR those opening hours allowed under emergency e.g. Covid 19, national arrangements.
- Within regulations the pharmacy will participate in the bank holiday opening hours rota.
- This service will be available to any patients with a valid NHS prescription, including housebound patients. This does not specifically have to relate to patients resident in the pharmacy's ICB area only.
- This service is aimed at the prompt supply of palliative care medicines, the demand of which may be urgent and/or unpredictable, including urgent supply of medication not in stock, see Appendix 3.
- The pharmacy will stock the complete quota of palliative care formulary drugs at all times.
- Pharmacies are required to dispense promptly and accurately all NHS prescriptions presented in accordance with the K&M formulary.
- When a pharmacy has insufficient stock to fulfil the NHS prescription, the pharmacy should supply sufficient medication to last for the period that re-stocking will take. If this is not possible then patients/carers and/or relatives requiring medication must be informed of other pharmacies participating in the Palliative Care Service, where they can obtain their medicines.
- Pharmacies must ensure that stocks of palliative care drugs are maintained at the minimum stated stock level on the formulary (see appendix 1) and that they are in date. The pharmacy must have a stock rotation process and record. Any stock issued must be replaced within a 24 hour period.
- The pharmacist will provide information and advice to the patient, carer and clinician about local palliative care services.
- The pharmacy team will work closely with other community pharmacies, GP practices, Urgent Care Services and Palliative Care teams.
- The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of this service have relevant knowledge and skills and are appropriately trained in the operation of this service. This will include locum pharmacists.
- The pharmacy contractor has a duty to ensure that all pharmacists and staff involved in the provision of this service are aware of and operate within local protocols.
- The pharmacy contractor must ensure that Standard Operating Procedures are readily available for all staff (including locums) involved in operating under this scheme.
- The pharmacy will keep patients, or their representatives fully informed regarding the supply of medicines.

- Controlled drugs should not be supplied without appropriate identification of the patient/carer and/or relatives collecting the prescribed medication.
- K&M ICB may choose to provide the pharmacy contractor with a mobile phone which should be kept switched on and charged during business hours so that the pharmacy contractor can be contacted, by healthcare professionals only, regarding availability of drugs. **During emergency conditions such as Covid 19, the ICB will contact the pharmacy on a regular basis regarding status of the EoLC service at the pharmacy** e.g. functioning normally and stock readily available or unable to open on certain days or certain stock is unobtainable.
- **Inform the ICB of any stock issues**, as soon as they become known via [kmicb.medicinesoptimisation@nhs.net](mailto:kmicb.medicinesoptimisation@nhs.net).
- The ICB reserve the right to complete physical stock checks.

### 3.1 Information Requirements for Pharmacies Offering the Palliative Service

- Hold an up-to-date list of pharmacies offering the Palliative Care Medicines Service.
- Ensure all staff and locum pharmacists are aware of the arrangements under the scheme to avoid any unnecessary delays with the provision of the service.

### 3.2 Identification Requirements for the Supply of Controlled Drugs

- Pharmacists should be aware of the identification requirements under the Controlled Drugs legislation that patients/carers or relatives will have to produce before controlled drugs can be released by the pharmacy.

### 3.3 Record Keeping Requirements

- All legal requirements for Controlled Drugs must be adhered to at all times. All pharmacists are required to keep up to date with any changes to the Controlled Drugs legislation.

### 3.4 Quality Service Indicators

- The palliative care pharmacies must have reviewed their standard operating procedures to ensure that these are adequate for this service.
- The pharmacy co-operates with any locally agreed K&M ICB led assessment of the service including site visits.

### 3.5 Variations

All variations to this agreement must be formally agreed by K&M ICB and the provider and confirmed in writing between the points of contact.

### 3.6 Disputes Resolution

In the event that the provider fails to provide the service as laid out in the specification then K&M ICB will refer the service faults in writing to the provider's point of contact within ten working days of the service failure being identified.

The point of contact will, within ten working days from receipt of notification, either rectify the fault or confirm agreed action in writing.

In the event of a fault not being rectified, reasonable endeavours come into action including the termination of this agreement.

### 3.7 Reasonable Endeavours

In the event of a disagreement or dispute not being resolved as above, then a senior representative of the provider and K&M ICB will meet and use reasonable endeavours to resolve the dispute without resorting to adjudication.

### 3.8 Termination

Termination of this agreement may be made giving no less than 2 months' notice in writing to the point of contact or unless the pharmacy is not able to open due unforeseen circumstances.

## 4 Performance Management

K&M ICB and the provider may hold review meetings on an annual basis, which may cover the strategic planning of the service and performance management.

As part of this review, the provider may be asked to provide service-related information. Details of the information requirements will be made no later than four weeks in advance of any performance meeting.

## 5 Palliative Formulary

A copy of the Palliative Care Formulary is shown in Appendix 1.

Appendix 2, lists alternative drugs that may be requested by clinicians if the first line drugs are not available. This list is for information only for community pharmacies.

## 6 Finance Details

Up to a £1000 retainer will be paid to all pharmacies operating under this scheme. £500 will be paid upon return of the of the 2023/24 contract and written confirmation that all items from the formulary in appendix one are in stock. A further £500 in March 2024 of the scheme provided we have been able to contact the pharmacy each month, or the store has provided and an update via email detailing activity and supply issues. A failure to provide the monthly stock update could lead to a reduction in the final payment, based on £50 reduction for each month missed up to £500

Payment will be made using NHS Shared Business Services (SBS), invoices can be submitted via email to [sbs.apinvoicing@nhs.net](mailto:sbs.apinvoicing@nhs.net) or via post to:

NHS KENT AND MEDWAY ICB  
QKS PAYABLES N115  
PHOENIX HOUSE  
TOPCLIFFE LANE  
WAKEFIELD  
WF3 1WE

## 7 Stockholding

All pharmacies operating under this scheme are expected to hold at least the minimum quantities of stock for the complete Palliative Care Formulary in appendix 1.

The cost of re-stocking of out of date palliative care drugs will be met by K&M ICB.

The re-stocking of palliative care drugs to replace dispensed drugs will be by the pharmacy as reimbursement for the items dispensed will come from the NHS Business Services Authority.

**8 Signature Sheet**

This document constitutes the agreement between the provider and K&M ICB in regard to this enhanced service.

Name of provider.....

Address of provider.....

.....

.....

.....

**Signature on behalf of the Provider:**

Signature & Name (please print)	Provider Name/Stamp	Date

**Signature on behalf of K&M ICB**

Signature & Name (please print)	Position	Date

Note: Original signed document to be returned via email to [kmicb.medicinesoptimisation@nhs.net](mailto:kmicb.medicinesoptimisation@nhs.net)



**9 APPENDIX 1 – Palliative Care Formulary**

Presentation	Pack Size	Quantity for stock
Alfentanil 0.5mg/ml injection	10	1 x 10
Alfentanil 5mg/ml injection	10	1 x 10
Cyclizine 50mg tablets	50	1 x 50
Cyclizine 50mg/ml injection (1ml)	5	2 x 5
Dexamethasone 2mg tablets	50	1 x 50
Dexamethasone 3.3mg/ml injection (1ml)	10	2 x 10
Glycopyrronium Bromide 200mcg/ml injection (1ml)	10	3 x 10
Haloperidol 500micrograme tablets	28	1 x 28
Haloperidol 1.5mg tablets	28	1 x 28
Haloperidol 5mg/ml injection (1ml)	5	1 x 5
Hyoscine Butylbromide 20mg/ml injection (1ml)	10	2 x 10
Hyoscine hydrobromide 300 microgram Tablets	12	1X12
Hyoscine 1.5 mg patch	2	1X 2
Levomepromazine 25mg/ml injection (1ml)	10	3 x 10
Levomepromazine 25mg tablets	84	1 x 84
Lorazepam 1mg tablet (scored tablets to enable 0.5mg sublingual use e.g. Genus, PVL and TEVA brands which are all blue, oblong tablets)	28	1 x 28
Metoclopramide 10mg tablets	28	1 x 28
Metoclopramide 5mg/ml injection (2ml)	10	2 x 10
Midazolam 5mg/ml injection (2ml)	10	4 x 10
Morphine 10mg/5ml oral solution	500ml	2 x 500 ml
Morphine sulphate 10mg/ml injection (1ml)	10	5 x 10
Morphine sulphate 30mg/ml injection (1ml)	10	2 X 10
Oxycodone 10mg/ml injection (1ml)	5	5 x 5
Oxycodone 50mg/ml injection (1ml)	5	4 x 5
Oxycodone 1mg/ml oral solution	250ml	1 x 250ml
Oxycodone 10mg/ml oral solution	120ml	1 x 120ml
Water for injection (10ml)	10	2 x 10
Sodium Chloride injection (10ml)	10	2 x 10

## 10 APPENDIX 2 – Alternative medicines which may be requested

Adopted by Kent & Medway Covid-19 Response Group

### Management of symptoms for all COVID-19 patients

*COMMUNICATE with sensitivity and compassion with the patient and those closest to them. INVOLVE patient (where possible) and those closest to them in decisions as much as they want. SUPPORT & explore holistic needs of patient and those closest to them. Be mindful family may not be able to visit, is there an alternative way for them to talk?*

*Write, Phone, Text, Face-time*

#### Patients dying acutely from COVID related acute respiratory distress syndrome

The bottom line is that, if a patient is going to die, we need to ensure they die without distress

- Morphine 5-10mg SC prn hourly (oxycodone 2.5 – 5mg prn hourly if eGFR < 30) – for breathlessness
- Midazolam 5-10mg SC prn hourly for anxiety/distress
- Glycopyrronium 400 micrograms SC prn hourly for any respiratory secretions
- Consider levomepromazine 5 – 12.5mg SC prn 4 hourly if nauseated

Once no longer distressed and if not dying within short number of hours, then start syringe driver morphine 20mg and midazolam 20-30mg CSCI though this dose will need to be adjusted according the response to the prn medication

Doses may not fit with established practice and may need to be determined on a case by case basis. Do use advice from the palliative care team or your local hospice out of hours line:

**East Kent** Pilgrims Hospices Support Line 01233 504133

**North Kent** Ellenor Hospice 01474 320007

**Mid Kent** Heart of Kent Hospice 01622 792200

**West Kent** Hospice in the Weald 01892 820515

**Medway and Swale** Wisdom Hospice 01634 830456

#### Patients where non-invasive ventilation (CPAP/BiPAP) is being discontinued as the patient is dying

This requires the right medication to be put in place and careful management Whilst the following guide is a suggestion, discussion with the palliative care team is strongly recommended

- Start syringe driver (CSCI) morphine 20mg and midazolam 30mg over 24 hours at least 3 hours prior to stopping ventilation AND ensure patient is not responsive to voice or physical stimuli before ventilation removal
- Have morphine 10mg and midazolam 10mg drawn up ready to give the patient subcut if distressed when mask is removed and consider whether to abort ventilation removal until patient an adequate level of sedation is achieved – seek palliative care advice in this situation.

#### Patients dying from other conditions but happen to be COVID positive

See guidance on next page

#### All patients require effective symptom control even if they may survive from their COVID illness

There is no convincing evidence that the agreed symptom control guidance causes significant respiratory depression or leads to worse outcomes in this group. It may be that outcomes are better with improved compliance and reduced anxiety and discomfort

See guidance on next page

## Management of symptoms for all COVID-19 patients

For all COVID-19 patients, please ensure the following symptoms are considered and PRN/regular medication prescribed:

Symptom	Recommendation	If <b>injectable route not available</b> (community or care home setting), consider
<b>Breathlessness AND/OR Pain</b>	Morphine 2.5mg – 5mg subcut. 2 hourly prn <b>OR</b>  Oxycodone 1 – 3mg subcut. if eGFR <30 and then commence subcut. syringe driver as above  <b>If patient still able to swallow:</b> Morphine Sulphate liquid 5mg 2 hourly PRN <b>OR</b> Oxynorm 2.5mg if eGFR<30  Paracetamol PO for pain  <b>*Avoid fans if risk of spreading infection**</b>	Paracetamol 500mg-1g <i>supps</i> PR for pain  Zomorph <i>capsules</i> can be opened and sprinkled onto food  Buprenorphine patch: Starting dose depending upon conversion from oral opioid  Fentanyl patch: High potency – use only if converting from higher oral doses <i>Note patches will take 24 hours to have significant effect and risk of increased absorption with fever - use last resort</i>  Abstral (sublingual Fentanyl) could be an alternative - starting dose 100 micrograms which may be repeated after 15-30 minutes. Seek advice if further titration required.
<b>Respiratory secretions</b>	Glycopyrronium 200 – 400 micrograms 1 hourly subcut. PRN. Max 2.4mg/24hours (Subcut syringe driver 1.2-2.4mg/24Hrs) <b>OR</b> Buscopan (Hyoscine Butylbromide) 10mg-20mg 1 hourly subcut. PRN up to 120mg/24 hrs initially. (Subcut. syringe driver 120mg/24hrs) <b>*Avoid suction*</b>	Hyoscine Hydrobromide ( <i>Kwells</i> ) 300micrograms SL tablets 6 hourly  Hyoscine Hydrobromide ( <i>Scopaderm</i> )1mg/72hrs patch may need up to 4 patches  Atropine 1% drops (Ophthalmic drops) 2 drops sublingually every 2-4hrs
<b>Anxiety</b>	Midazolam 2.5 – 5mg mg subcut 2 hourly prn  If persistent anxiety, consider a subcut infusion via a syringe pump (starting dose Midazolam 10mg/24hrs)  If oxygen only needs to be continued for anxiety reasons minimise flow rate	Lorazepam <i>tablet</i> 0.5mg sublingually up to hourly PRN if patient still able to swallow. Usual maximum 4mg/24hrs  Oxazepam <i>tablet</i> 5mg-10mg sublingually up to hourly PRN. Usual maximum 40mg/24hrs  Buccal midazolam 5- 10mg can be used at home or in care home
<b>Cough</b>	Simple linctus-5mls QDS PO <b>OR if ineffective:</b> Codeine phosphate linctus-15mg QDS PO <b>OR</b> Morphine Sulphate liquid 2.5mg 4 hourly PO <b>OR</b> Morphine sulphate inj. 2.5mg subcut. 2 hourly PRN	
<b>Delirium</b>	Haloperidol tablets/oral solution or subcut 0.5mg-1mg every 2-4hrs (Subcut. syringe driver 2.5-5mg/24hrs if persistent symptoms)  <b>If distressing agitation unresponsive to usual measures consider:</b> Midazolam 5mg subcut 2 hourly (Subcut. syringe driver 10-20mg/24hrs)  Levomepromazine 12.5mg subcut 4 hourly (Subcut. syringe driver 50mg/24hrs)	Risperidone <i>orodispersible tablet</i> 0.5-1mg OD/PRN  Olanzapine <i>velotabs tablet</i> 5-10mg OD/PRN  Buccal midazolam (5mg/ml) pre-filled syringes 5mg-10mg Can be repeated after 10 minutes if rapid sedation needed. 5mg if weight <50kg or elderly Midazolam ampoules can also be used via buccal route  Consider Diazepam PO 2.5mg to 10mg 2-4 times a day but may worsen symptoms. Rectal Diazepam pre-filled syringes may also be considered.
<b>Nausea or vomiting</b>	Cyclizine 50mg PO/subcut. 8hourly (Subcut. syringe driver 150mg/24hrs)  Levomepromazine 5 – 12.5mg PO/subcut. 4hourly (Subcut. syringe driver 5-25mg/24hrs)  Haloperidol 0.5-1mg PO/subcut. 4hourly (Subcut. syringe driver 2.5-5mg/24hrs)	Hyoscine Hydrobromide ( <i>Kwells</i> ) 300micrograms sublingual tablets 6 hourly  Ondansetron <i>orodispersible tablets</i> 4-8mg 8-12 hourly  Prochlorperazine <i>buccal tablets</i> 3mg-6mg 12 hourly  Domperidone <i>suppositories</i> 30mg PR 12 hourly  Olanzapine <i>velotabs tablet</i> 5-10mg OD/PRN
<b>Fever</b>	Regular antipyretics:  Paracetamol PO 1g QDS. Max 4g/24 hours  Oral Ibuprofen 400mg TDS if able to swallow <b>Or</b> Diclofenac 75mg SC/IM 12 hourly <b>Or</b> Parecoxib 10-20mg subcut. 4-6 hourly  <b>*Avoid fans if risk of spreading infection*</b>	

**\*\*Sedation and opioid use should not be withheld because of an inappropriate fear of causing respiratory depression\*\***

References: Nice GG191 COVID-19 rapid guideline: managing symptoms (including at the end of life) in the community

<https://www.nice.org.uk/guidance/ng191>

Association for Palliative Medicine COVID-19 and Palliative, End of Life and Bereavement Care in Secondary Care <https://apmonline.org/>  
Scottish Palliative Guidance <https://www.palliativecareguidelines.scot.nhs.uk/> v1.5 EKHUFT D&TC

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## 11 APPENDIX 3 – Alliance Healthcare Out of Hours Emergency Delivery Service Cost(s) Reimbursement Process

# Alliance Healthcare Out of Hours Emergency Delivery Service 0330 100 0448

Pharmacies should monitor stock levels and expiry date of the items held as part of the palliative care formulary. As soon items are dispensed/expire they should be replaced via the pharmacies usual supply routes to ensure timely supply should further prescriptions be presented to the pharmacy.

In the unlikely event that an prescription is presented to the pharmacy and there is no stock Pharmacies can access urgent out of hours supplies via the Alliance Healthcare Out of Hours Emergency Delivery Service. **Pharmacies should be able to evidence using ICB template that other routes of supply have been exhausted, that there is an urgent clinical need for the medication and that it would not be suitable or appropriate to wait until the next available delivery.**

Alliance Healthcare Out of Hours Emergency Delivery Service fees are £100 per delivery plus courier costs.

NHS Kent and Medway will reimburse pharmacies for the cost of this using this service. Pharmacies are required to submit an invoice to NHS Kent and Medway using the templates provided. Pharmacies must also submit a completed copy of the emergency delivery service backing data and a copy of the invoice from Alliance Healthcare for the cost of the use of this service.

the NHS Kent and Medway reserve the right to ensure that there is not excessive use of the service, and that the service is used solely for the supply of palliative care formulary items.

**12 APPENDIX 4 – Data Collection For The Use Of Alliance Healthcare Out of Hours  
Emergency Delivery Service**

**Pharmacy name, Address and ODS code?**

**Date and time prescription presented to the pharmacy?**

**Date the prescription was signed by the prescriber?**

**Which items were out of stock and why?**

**Were alternative pharmacies contacted?**

If no please state why

**Was the prescriber contacted for alternatives / advice?**

If no please state why

**What was the level of clinical need for the patient?**

- a. No stock at home and dose needed in less than 24 hours OR before the next scheduled delivery (inc bank holidays and weekends)
- b. Limited stock at home which will last to the next delivery
- c. Stock at home which will last beyond the next scheduled delivery

**Please add any other relevant information**

Please submit this form to [kmicb.medicinesoptimisation@nhs.net](mailto:kmicb.medicinesoptimisation@nhs.net)

Invoices should be submitted to [sbs.apinvoicing@nhs.net](mailto:sbs.apinvoicing@nhs.net) and a copy of your invoice from alliance should be submitted to [kmicb.medicinesoptimisation@nhs.net](mailto:kmicb.medicinesoptimisation@nhs.net) to enable validation of the invoice