

Palliative and End of Life Care in Sussex

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Why the need to move to a pan-Sussex MIC approach?

- Multiple providers of PEO LC in community/primary care setting in Sussex
- Multiple different PEO LC charts and processes used in Sussex
- Staff unfamiliar with how to use various PEO LC charts
- Inconsistent implementation, with some services coming up with individual/local solutions instead of working in partnership
- Limited/variable governance across providers to support their use
- Unclear roles and responsibilities causing concern for some professionals
- Lack of clear systems in place that support shared use of documents
- Healthcare professionals using valuable clinical time to deal with problems related to PEO LC charts and processes
- Poses risks to patient care both in terms of safety and quality

This ICS Medicines
Optimisation
Programme Board
report was submitted to
the Sussex PEOLC
Oversight Programme
Group for their
inaugural meeting in
September 2022:

Report to:	Sussex Palliative and End of Life Care (PEoLC) Programme Oversight Group
Meeting date:	12 September 2022
Report Title:	Sussex Medication Authorisation and Administration Record Charts (or PEOLC charts) used for symptom control in PEOLC patients in the community/Primary Care setting.
Key question:	<i>How can Sussex PEOLC Programme Oversight Group enable and prioritise the development and implementation of Sussex PEOLC charts for use in the Primary Care/community setting with supporting governance that all providers can use?</i>
Sponsor:	ICS Medicines Optimisation Programme Board

Challenges of developing and implementing pan-Sussex PEoLC charts and governance

- Need organisational 'buy-in' across Sussex with engagement from commissioners and providers (clinicians, pharmacy, digital)
- Time and resource
- Digital:
 - Sussex PEoLC charts should be on all systems (ideally with drop down menus) - should include GP surgeries (SystmOne, EMIS etc), acute trusts, community providers, OOH, hospices, SECamb)
 - Need a simple and clear process for prescribers to complete medication instruction charts and for these charts to be received safely and in a timely way by community nurses

The Pan-Sussex Palliative Care Medication Instruction Chart (MIC) for Adults

- The Medication Instruction Chart (MIC) is **not** a prescription used to obtain medicines from a community pharmacy
- The MIC can be authorised by prescribers from different providers
- The MIC allows trained clinicians to administer the medicines and doses on the chart to the patient
- If completed correctly, the MIC helps to promptly treat any anticipated symptoms at the end of life
- The MIC is left in the patient's home as a paper-copy, so visible to all providers

NHS Sussex (ICS)
PEoLC Task and
Finish Group:
Standardisation of
Medicines
Management

- Workstream 1: Overarching group
 - SOP and Policy
 - One-page EoLC Prescribing Guidance
 - Updated Opioid Conversion Chart
- Workstream 2:
 - PRN + CSCI Administration Chart
 - Controlled Drug Stock Sheet
- Workstream 3:
 - Ensuring pan-Sussex availability of required PEoLC medications and processes for obtaining them
- Workstream 4:
 - Digitalisation and electronic safe sharing policy and procedure


Development Process

- 4-week pilot scheme
- 6-week stakeholder engagement period
- All feedback collated, and changes made to 7 documents as appropriate
- One-page prescribing guidance and opioid conversion chart to Area Prescribing Committee for formal approval
- Each provider took the suite of 7 documents through their individual ratification process for approval
- On successful ratification by all - go live



- Templates for SystmOne and EMIS – Demonstration by Ardens colleagues

Sussex HealthCare		PAIN SUSSEX PALLIATIVE CARE MEDICATION INSTRUCTION CHART (PAINIC) FOR ADULTS	
FOR MEDICATION GIVEN AS REQUIRED (PRN) +/- VIA SYRINGE PUMP		Chart _____ Of _____ To be used in conjunction with Pain Sussex Policy and Procedure	
Patient's full name: _____	*If chart printed without prescriber's signature, it MUST be verified below as having been produced by named prescriber and printed by verifier to be valid.		
	Prescriber's name: _____	Verifier's name: _____	
Date of birth: _____	Prescriber's role and registration number: _____	Verifier's role and registration number: _____	
NHS number: _____	Prescriber's employing organisation: _____	Verifier's employing organisation: _____	
State chart completed: (for review, see page 2)	*Prescriber's signature: _____		
Alterations and/or drug considerations	Verifier's signature: _____		

<div>  <div> PAIN SUSSEX PALLIATIVE CARE MEDICATION PRESCRIPTION CHART (MPC) FOR ADULTS FOR MEDICATION GIVEN AS REQUIRED (PRN) +/- VIA SYRINGE PUMP </div> </div> <div> CHART _____ OF _____ </div>	
PATIENT DETAILS KEY/USEFUL CLINICAL INFORMATION REGARDING PATIENT THAT PRESCRIBER FEELS IS RELEVANT	
Full name:	e.g. Blood results (such as eCRF, UFTs), relevant comorbidities (such as Parkinson's disease, epilepsy), etc.
Date of birth:	
bed number:	
Address:	REVIEW OF CHART Review of the MPC and the patient's clinical condition is recommended at least every 3 months. When the patient and chart are reviewed, please complete this section. Please note, if the chart is outside of the 3 month review window, it still remains valid, but the administering healthcare professional should consider whether the clinical situation and chart remain applicable and should seek additional advice from a named prescriber should they have any concerns. It is the responsibility of the primary care team to ensure timely clinical reviews of the patient and the chart. Date of first review of chart with name/role/organisation of reviewer:
PROFESSIONAL DETAILS	
GP Practice and contact phone number:	
Community Nursing Team and contact phone number:	Date of second review of chart with name/role/organisation of reviewer:
Palliative Care Team and contact phone number (if applicable):	

MICs: Options for sharing charts to SCFT

Longstanding options for sharing

- Physical chart with physical (wet) signature
- Sent from prescriber's personal nhs.net address
- the name of the prescriber on the chart must match that on the sender's email
- should have a cc email (of prescriber's choice- does not need to be practice's generic email) in case of queries

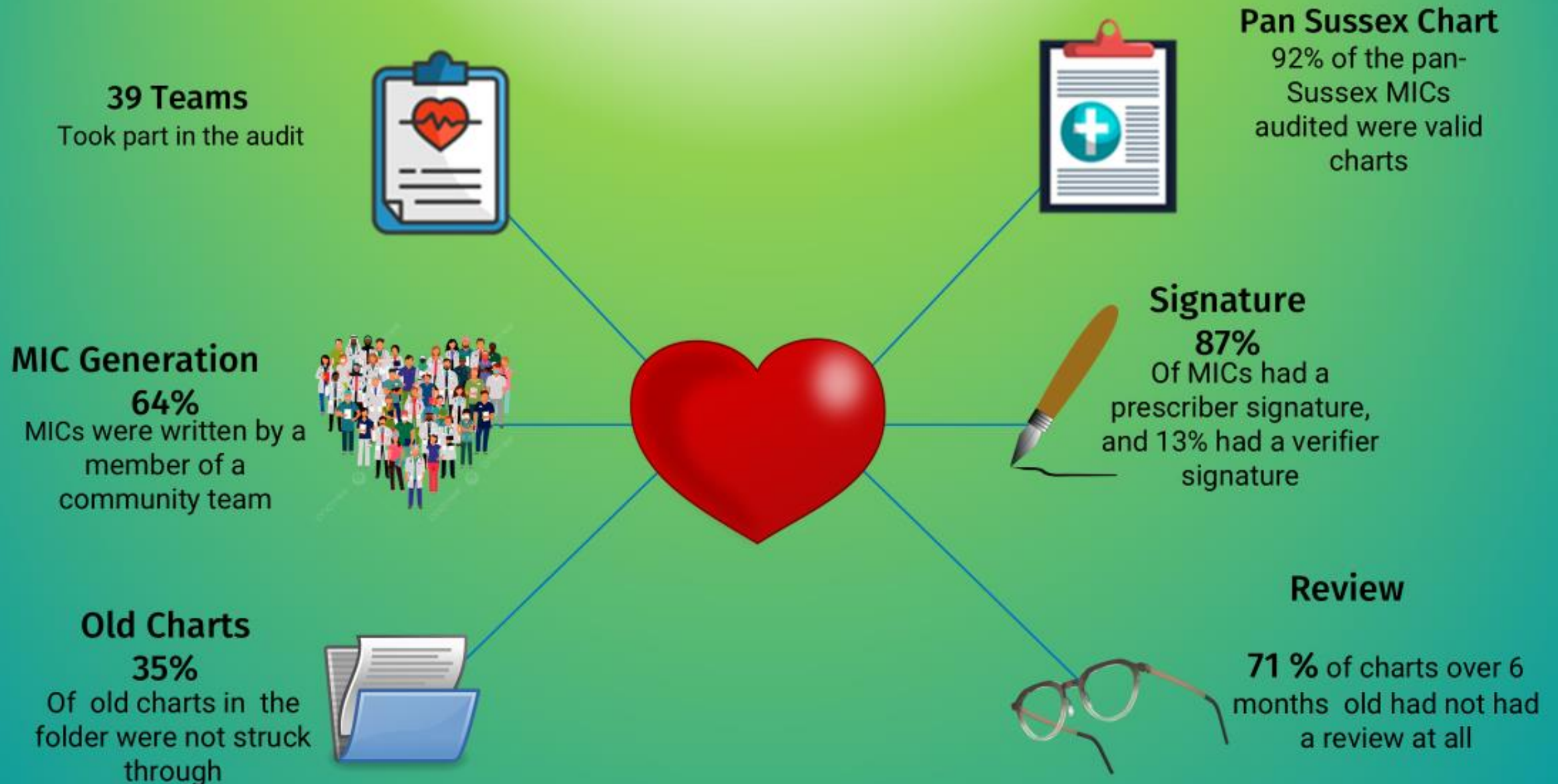
New options for sharing since April 2023

- Sent via AccuMail from SystmOne GP
- Sent via AccuMail from EMIS GP
- Informed via task in SystmOne from SystmOne GP

Digital plan

- Workstream 4: developing and optimising template design of the digital MIC for use in primary and non-primary care
- Development Ardens templates for SystmOne and EMIS
- Key aims: Confine MIC to 2 pages; clear and user friendly (self-populates; drop down menus for key meds for each symptom); allow completed MIC to be sent to clinician for administration of meds more easily
- Each organisation was responsible for their own training, using a framework of training and shared resources for use
- Issues identified

Pan Sussex Medication Instruction Chart (MIC) Audit



Why its important for Ambulance Paramedics

- Cross border consistency
- Familiarisation
- Medicines safety and human factors
- Understanding scope of practice



Pan-Sussex Palliative and End of Life Care Medication Instruction Chart and supporting documentation

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