

Macmillan Palliative Care Service Improvement Project Information for GP Practices

Dear all,

The Macmillan Palliative Care Pharmacy Service Improvement Project commenced in December 2016 and aims to develop and promote palliative care pharmacy services throughout Northern Ireland.

When a person is approaching the end of life, they may be unable to take or tolerate oral medication. The enclosed regional [Guidance for the Management of Symptoms in Adults in the Last Days of Life](#) has been updated, and provides useful information on management of five common symptoms:

- Pain
- Breathlessness
- Nausea and vomiting
- Anxiety, delirium and agitation
- Noisy respiratory secretions

The regional [Converting Doses of Opioid Analgesics for Adult Use](#) guidelines have also been recently updated, replacing those issued in 2014 and they provide conversion tables for switching between oral, transdermal and subcutaneous opioids in any adult setting. They have been chosen to reflect best evidence and safe practice.

Palliative care is provided by all community pharmacies. The [Community Pharmacy Palliative Care Network \(CPPCN\)](#) are 39 pharmacies distributed throughout Northern Ireland that have carried out specialist training and stock an agreed list of medications commonly used in palliative and end of life care. However, a survey of community healthcare professionals showed that many were not aware of the CPPCN and the medicines they stock. We have enclosed some information on the CPPCN.

Midazolam and Morphine injections are palliative medications where the prescriptions often need changed to a more appropriate or commonly used strength, causing subsequent delays. The preferred strengths are **midazolam 10mg/2ml** injection and **morphine sulfate 10mg/ml** injection (or 30mg/ml for higher doses). We have demonstrated that adding a simple flag to your GP prescribing system can increase prescribing of these preferred strengths, reducing delays. Please consider adding these to your systems.

The quick reference sheet (overleaf) that can be shared with other practice staff, including your pharmacist.

Kind regards,

Peter Armstrong

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Quick reference to improve palliative and end of life care for patients

1. Refer to RPMG Guidance for the Management of Symptoms in Adults in the Last Days of Life for patients who require general end of life care

<http://primarycare.hscni.net/pharmacy-and-medicines-management/resources/palliative-care>

<http://niformulary.hscni.net/Formulary/Adult/PalliativeCare>

2. Raise awareness of the Community Pharmacy Palliative Care Network (CPPCN) and the medication they stock within your GP surgery to GPs and district nurses.

Patients and carers **should be encouraged to use their regular pharmacy** to obtain medication but if a medication is required urgently and cannot be obtained via their regular pharmacy, patients/carers should be signposted to their nearest CPPCN. Some are open late and have Sunday opening. Please find attached **CPPCN Information for Healthcare Professionals 2018**

3. Attach the flag/alert below to ALL midazolam injections on GP prescribing systems

Please prescribe Midazolam 10mg/2ml injection
This is the preferred strength in palliative care.

- Midazolam injection is often used to relieve symptoms of agitation and anxiety at end of life, either through administration via syringe pump/driver or subcutaneous PRN injection. Midazolam 10mg/2ml injection is the most appropriate strength as it is a smaller and less painful volume to administer PRN and does not use up the limited volume available in syringe pumps. Because of this, it is part of the CPPCN stock list.
- Recent work in the South Eastern Area showed that adding the flag above on GP prescribing systems to direct prescribers to the 10mg/2ml strength increased its prescribing from 57% to over 90% in the twelve GP practices that had the least prescribing of midazolam 10mg/2ml injection.



4. Attach a flag or alert to ALL morphine sulfate injections on GP prescribing systems

Morphine Sulfate injection, 10mg/ml is the routine strength to prescribe in palliative care (30mg/ml for higher doses). Please highlight this on prescribing systems.

Pharmacies are reporting Morphine Sulfate 1mg/ml or 5mg/5ml injections being prescribed. These are indicated for in-patient controlled analgesia systems; community prescribing is inappropriate and can cause delays in accessing medication while the prescription is changed.