SYSTEM QUALITY INDICATORS

Getting palliative medications right at home, in hospital and hospice

- All patients and nominated carers to be included as part of the palliative care team. Make it easier for patients to nominate someone to act on their behalf regarding logistics and practicalities around medication management. Ensure patients have a call-back number to get medication-related problems sorted for 24-48 hours post-discharge from hospital/hospice.
- All palliative care patients receiving medication for symptom control to have direct and regular access to a pharmacist, trained in palliative care. All patients to receive a structured medication review and have shared decision-making conversations about deprescribing.
- Increase commissioning of palliative care pharmacists in community services, acute hospital teams as well as hospices and enable working across boundaries.
- Train healthcare professionals to support carers through education initiatives regarding micro decisions about medication (e.g. deciding when to administer 'when required' medication) red flag symptoms and side effects, adapting to changes in medication and carer-led administration.
- Everyone in the system (irrespective of place of practice) including the patient/carer, to have access to live GP medication records and access to hospital/hospice discharge summaries. This is not the same as access to universal or electronic care plans. All prescribers to have access to live drug charts, i.e. Medication Authorisation and Administration Record (MAAR) charts in the community on electronic systems.
- Encourage healthcare professionals to rotate periodically into other locations and settings, e.g. hospice, hospital, and community. Commissioners/policy makers to work with local providers to increase real time dialogue for transitions (e.g. hospital discharge) and complex care handover – partly technology enabled (such as increased availability to work mobile phones for staff) and partly cultural change.
- Out-of-hours palliative care services to deliver care using appropriately trained and experienced healthcare professionals. Create mechanisms for staff to be flexible around a patient's needs when dealing with a patient who is alone or only has one carer (e.g. not needing to leave a dying person alone to get medications).
- Set-up systems so that availability of, and point of access to, 24/7 supplies of palliative medications is coordinated by professionals and shared with prescribers, patients, and families. Consider systems to use hospital pharmacies as back up for community access out of hours.
- Identify and increase the number of community pharmacies working to Royal Pharmaceutical Society/Marie Curie Daffodil Standards and those willing to deliver palliative medications to patients at home.
- All community and hospital pharmacies to accept medication returns when someone has died.

Where did this come from?
www.ucl.ac.uk/psychiatry/research/marie-curie-palliative-care-research-department/research/activity-theory-analysis

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Getting palliative medications right

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