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**Response from the Royal Pharmaceutical Society to: Together for Health –delivering End of Life Care**

The Welsh Pharmacy Board of The Royal Pharmaceutical Society would like to take this opportunity to submit general comments to the above named consultation by Welsh Government.

The Royal Pharmaceutical Society (RPS) is the professional body for every pharmacist in Great Britain. We are the only body that represents all sectors of pharmacy in Great Britain.

The RPS leads and supports the development of the pharmacy profession within the context of the public benefit. This includes the advancement of science, practice, education and knowledge in pharmacy. In addition, it promotes the profession's policies and views to a range of external stakeholders in a number of different forums.

Its functions and services include:

**Leadership, representation and advocacy:** promoting the status of the pharmacy profession and ensuring that pharmacy's voice is heard by governments, the media and the public.

**Professional development, education and support:** helping pharmacists to advance their careers through professional advancement, career advice and guidance on good practice.

**Professional networking and publications:** creating a series of communication channels to enable pharmacists to discuss areas of common interest.

## **General comments**

Palliative care services have traditionally focused on cancer care but there are other therapeutic areas where illness can be terminal and end of life care can be distressing for patients and carers. These include Heart Failure, Chronic Obstructive Pulmonary Disease and several neurological conditions. Hospice beds are not always available and patients die in hospital when their preference is often a hospice or supported home option. To facilities the option of dying at home the care pathways and protocols must recognise and include the patient's community pharmacist as a core member of the palliative care team.

The Welsh Pharmacy Board (WPB) is concerned that the delivery plan offers no mention of medicines or pharmacy services. It is important that every aspect of end of life care is considered within this delivery plan and as such we would stress that it must include access and availability to a pharmacist and palliative care medicines as a planned intervention.

Whilst palliative care specialists have specialist knowledge which will be useful in formulating the protocols and ensuring the use of evidence-based medicines in palliative care, these medicines must be supplied by a pharmacist. Pharmacists have a professional obligation to support and advise patients in all aspects of their pharmaceutical care from supply, adherence to disposal, and as such medicine and patient safety cannot be compromised in palliative care.

We believe that Outcome four of the delivery plan ***-Reducing distress in the terminal phase for the patient and their family***, should also include a bullet point that covers access and availability to palliative care medicines and pharmaceutical advice from pharmacists. This point should then be expanded to encompass the more detailed points below:

- **Access to drugs out of Hours**

Access to drugs 'out of hours' has been identified by professionals and carers as one of the biggest concerns when caring for the terminally ill and consequently compromises the delivery of good palliative care (<http://www.nice.org.uk>)

- **Availability and access to palliative care medicines in the community**

Despite the fact that up to 90% of all palliative care occurs in a patient's home environment and the majority of patients and their carers wish for a home death, most people who are suffering from terminal malignancy die in an inpatient setting. Breakthrough symptom control and lack of anticipatory palliative care are a contributory factor to high hospital death rates and patients being unable to die in their place of choice.

The availability and access to palliative medication, which when needed, are often needed urgently to prevent undue suffering and unnecessary admission to hospital, must be a planned intervention.

A patient's local community pharmacist must be an integral member of the palliative care team; they need to be kept informed of drug and dose changes to ensure the availability of the medicines when needed. For security reasons community pharmacies do not store excess stock of controlled drugs, so must be informed in a timely manner of changes to a patient's drug regime to enable them to order in supplies on an as needed basis.

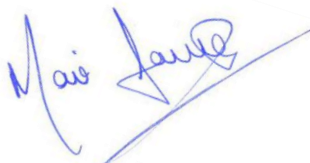
- **Disposal of unused drugs**

During the later stages of palliative care, patient's drug regimes may change daily to ensure appropriate levels of pain control, and to take into account a patient's need for more injectable medicine when they lose the function to take medicine orally. This has a consequence of generating pharmaceutical waste, especially for controlled drugs. As part of delivering end of life care, families and healthcare professionals should be aware of the importance of ensuring that packs no longer required are returned to the appropriate pharmacy. Families need to be aware of how they return medicines that are no longer needed as a medicine safety issue.

One solution to these issues is the planning of an Enhanced palliative care services through community pharmacy and the support for issuing of Palliative Care Emergency Medicine Pack "Just in case box" service. This service would support anticipatory prescribing and rapid access to medicines commonly prescribed in palliative care by ensuring a Palliative Care Emergency Medicine Pack (PCEMP) has been prescribed and placed in the patient's home. The packs are targeted at patients reaching the terminal phase of their illness. It also supports effective team working between doctors, nurses and pharmacists, both in and out of normal working hours.

The WPB would be happy to elaborate on any comment made in this response

Yours sincerely



Mair Davies, Chair Welsh Pharmacy Board