

SERVICE AREA:	Commissioning
SUBJECT MATTER:	ACCESS TO END OF LIFE MEDICINES
DECISION:	That Strategic Commissioning Board be recommended to: <ul style="list-style-type: none"> (i) Note the proposed delivery model to improve access and resilience for End of Life medicines; (ii) Support the proposed mechanisms and additional financial investment required.
DECISION TAKER(S):	Strategic Commissioning Board
DATE OF DECISION:	27 May 2020
REASON FOR DECISION:	In COVID 19 situation there is an increased demand for access to End of Life medications. This paper highlights changes made and other changes needing to be made to meet the demand.
ALTERNATIVE OPTIONS REJECTED (if any):	<p>The ICFT was approached as a possible out of hours source but given current workforce pressures in general and on their call out service they were not able to offer help.</p> <p>There are developments around re-use of medicines within care home setting which will help alleviate pressure around EoL medicines in that setting however this option may not be available for several months.</p>
CONSULTEES:	GM Local Pharmaceutical Committee, NHS England, all affected local pharmacies, company pharmacy area managers
FINANCIAL IMPLICATIONS: (Authorised by Section 151 Officer)	<p>HM Government’s guidance: “COVID-19 hospital discharges and out of hospital work” confirms “the Government has agreed to fully fund the cost of extended out-of-hospital health and social care support packages for people being discharged from hospital or who would otherwise be admitted into it, for a limited time, to enable quick and safe discharge and more generally reduce pressure on acute services.”</p> <p>The proposed service outlined in this report meets the criteria of the above and will therefore be included on the CCG submission claim for COVID-19 funding which will be from the CCG share of the £1.3 billion made available by the Government. Notionally the CCG share of this funding is circa £6.2m.</p> <p>The pharmacies chosen to deliver this service are respected providers within Tameside and Glossop. The fee for providing this service is not unreasonable in the current circumstances and is in line with other medical services offering an urgent response for an undefined period. The fees are based on the potential payment of £500 as an annual retainer to the pharmacies agreeing to provide the service; a communications fee of £100 per pharmacy; a nightly on-call cost of £20 and also on a best estimate of the number of call-outs that will be required.</p>

All of the fees have been negotiated across Greater Manchester and have been implemented by other CCGs. As the nature of this service is to meet an urgent requirement under COVID-19 and covered under the COVID-19 Emergency Contract Award Exemption Modification Report, the service will be implemented immediately and reviewed at the end of an initial period of 6 months.

The anticipated costs are:-

- £2,080 for providing an on-call service for 6 months
- £10,400 should the call-outs be at the expected rate
- £700 for providing a protected End of Life communication line
- £3,500 for holding End of Life stock

These figures are based on an assumption the service will run for 6 months. There is potential the figures will double should the service be required for 12 months.

It is also anticipated that the £500 annual cost for each pharmacy holding the End of life medication will continue when we return to business as usual. If as anticipated this reverts to being 6 sites this will create an additional recurrent budget pressure of £3,000.

LEGAL IMPLICATIONS:

(Authorised by Borough Solicitor)

Should it be intended to last longer than 6 months to cover Covid period then appropriate review will need to be undertaken particularly in regard to operational arrangements.

CONFLICT OF INTEREST:

None

DISPENSATION GRANTED BY STANDARDS COMMITTEE ATTACHED:

N/A

ACCESS TO INFORMATION:

The background papers relating to this report can be inspected by contacting Peter Howarth, Head of Medicines Management



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1. BACKGROUND

- 1.1 Under the current Covid 19 situation there is an increase in patients on end of life (EoL) pathways. Under national guidance, many of these will not be admitted to hospital and additional Provider capacity has been commissioned to meet the needs of patients remaining in the community.
- 1.2 There is a requirement to have access to EoL medicines in a timely manner. With the reported rapid rate of deterioration of COVID 19 affected patients, medicines supply systems should aim to be deliverable within one to two hours.
- 1.3 The CCG had existing EoL medicines arrangements in place; in the first week of Covid 19 due to circumstances noted above urgent updates to these arrangements were made as noted in section 2. To develop ongoing resilience as a result of the longer-term impact of Covid 19 within primary care and social care we need to develop new models to transition from emergency arrangements to a 'new normal response'. This is in line with NHS England guidance in order to give assurance at a regional level of robustness of supply around EoL medicines.

2. EXISTING ARRANGEMENTS

- 2.1 The existing CCG arrangements for Out of Hours (OoH) EoL medicines are via six extended hours community pharmacies across Tameside and Glossop. This allows access to a 'traditional' sub-cutaneous route list of EoL medicines. As sub-cutaneous is an injectable route it needs a suitably skilled healthcare professional to administer. The hours of availability cover 11 hours a day Monday to Saturday and 7 hours on Sunday. There is no contract with the pharmacies and no payment is made to the pharmacies for holding the stock. The CCG reimburses the pharmacy on the rare occasion that any EoL medicines that are unused go out of date.
- 2.2 Non-controlled drug EoL medicines are held in stock at Willow Wood Hospice for 24 hour access. Gtd healthcare, as the OOH GP Provider keep a stock of EoL medicines with their on call team. Due to Controlled Drugs regulations the Controlled Drugs can't be carried by the doctor on call and have to be stored at Denton head office.

3. COVID-19 IMPLICATIONS TO PROVISION

- 3.1 In the current situation with demand overstressing GP planning activity, increased pressure on pharmacies including partial closures and the more rapid deterioration of COVID 19 EoL patients three responses are needed;
 - (i) Incorporation of non- sub-cutaneous route EoL medicines into the formulary (NICE/NCA guidance). This will be oral route medicines some controlled drugs but some non- controlled drugs
 - (ii) Increase in the number of pharmacies holding EoL medicines formulary to give greater systemic resilience.
 - (iii) Extension of hours of pharmacy access to EoL medicines so that via an on-call system 24 hour, 7 day a week coverage is provided across T&G.
- 3.2 In line with NICE guidance the 'traditional' sub-cutaneous EoL medicines list has been extended to include first line oral EoL medicines some of which are controlled drugs but some are not. The benefit of this remodelling is that if on assessment by a clinician the patient was able to take medicines orally then the supply of the medicines to them would be sufficient for a relative or carer to administer as opposed to the sub-cutaneous route, which needs a healthcare professional present to administer.

- 3.3 With agreement of representatives from T&G CCG, ICFT, GtD and led by the consultant in palliative care at Willow Wood, the EoL formulary has been expanded to incorporate oral first line options.
- 3.4 **Arrangement 1: maintaining EoL stock:** With the expected increase in demand on services and the pressures community pharmacies were under as Covid-19 emerged the CCG swiftly increased the number of sites holding EoL stock from 6 to 14. This gave better resilience and geographic spread and safeguards the EoL provision within T&G from the impact of individual pharmacies closing or significantly reducing hours or having delays to restock.
- 3.5 Whilst the recruitment of additional stock-holding sites followed the standard model noted above it is an informal non-contracted agreement. For on-going resilience and robustness and regional requirements for regular stock audits we need to formalise these arrangements. The GM Local Pharmaceutical Committee (LPC) have produced a service specification for EoL medicines which is in line with local and regional requirements. The GMLPC proposed a £650 initial setting up fee, which the CCG would not pay as our sites are already established. The proposal also suggests a £500 annual retainer fee per pharmacy. This has been implemented by neighbouring CCGs who were not as prepared as we were locally. All other GM localities are now signed up to or are in the process of signing up to the retainer fee service element. It is recommended that Tameside and Glossop CCG also commits to this.
- 3.6 Due to the potential for Covid patients to deteriorate rapidly there is a need once EoL scenario is identified to move quickly to get the medicines to the patient so that they don't die without access to symptomatic relief. The NW Medicines Cell 'What Good Looks Like' document recommends that patients have access to medicines within 1-2 hours. Given the disruption levels there is a need for a protected communication route to EoL stock holding pharmacies to check stock is available and prompt dispensing occurs. NHS England North West propose that a bespoke mobile phone is provided for all EoL stock holding sites. This line would be reserved solely for EoL communications. NHS England propose a £100 p.a. payment to each pharmacy to allow 24/7 urgent contact.
- 3.7 **Arrangement 2: Extended access:** To ensure 7 day, 24 hour access to EoL medicines within the CCG we would need an additional 12 hours Saturday / Sunday and on call coverage 4 nights per week to bridge the gap where pharmacies are closed. We have coverage via 100 hour sites for other periods. This will need to be commissioned from an extended hours pharmacy.

4. FINANCIAL IMPLICATIONS

- 4.1 An initial commitment of 6 months would be made with a review at the end of this period to continue for a potential further 6 months. One year's total costs would be £7,000.
- 4.2 It should be noted that at some point in the future when we come out of Covid 19 scenario we will revert to having 6 EoL stock holding sites and would continue the £500 per annum stock-holding fee. This would give a future pressure of £3000 p.a.
- 4.3 The protected EoL medicines hotline per stock holding pharmacy would be £700 for 6 months with a review at end of period to continue for a further 6 months. We would not look to continue this service element post Covid 19.
- 4.4 Additional investment is required for arrangement 2 (24/7 access) as follows:
- 4.5 The fee structure would be £20 per on call (4 nights a week), £350 per call out.

- 4.6 We would utilise the taxi service that carries out the day time medicines deliveries as a first line option, however if this were not available in a timely enough manner and the pharmacy needed to deliver there would be a charge of £50.
- 4.7 The payment offered is in line with LPC service specification. We would utilise the call out service as a last resort where Go to Doc OoH service was overstretched, notwithstanding this it is difficult to predict the extent to which it would be used.
- 4.8 If this approach is agreed and we commission the service then the on call fee per 6 months would be £2080 and based on an average of one call out per week and in locality delivery **we could pay £10,400 per 6 months.**
- 4.9 Additional costs will be funded by the Covid-19 central funding source.

5. RECOMMENDATIONS

- 5.1 As set out at the front of the report