

NSW Community Pharmacy Involvement in Palliative Care 2018 Survey Report

May 2019

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Background

The Australian population is ageing. The number of people aged over 65 years is projected to increase in NSW by 65 per cent between 2002 and 2021 (1). As a result of this trend, the prevalence of chronic disease and age-related illness is estimated to increase and so is the demand for palliative care services. Within the context of our ageing population and projected demographic trends, the need to implement innovative solutions to meet healthcare demands is evident (2, 3).

Respecting choices at the end of life and ensuring access to quality palliative care services, regardless of geographical location or socioeconomic status, are key priorities for the NSW Government. This includes optimising palliative care service delivery in the community and supporting patients' choice to remain at home for as long as possible, including the choice to die at home.

The accessibility of community pharmacists and their integral role within the community means they are ideally placed to assist in the delivery of community-based palliative care services. However, community pharmacists are not widely recognised as members of the palliative care team and are often an underutilised resource (2, 3).

The NSW Health 2017 Palliative Care round table discussions identified the need for improved access to palliative care medications in the community and the strengthened involvement of community pharmacists in the multidisciplinary palliative care team. To address this need, the NSW Community Pharmacy Palliative Care Initiative, led by the NSW Clinical Excellence Commission, was established.

The NSW Clinical Excellence Commission led broad stakeholder consultation, including: six key informant interviews with peak community pharmacy organisations and leaders in palliative care, two regional and rural focus groups, and two face-to-face workshops involving over 100 individuals from over 35 organisations. Consultation provided a wide range of perspectives from government and non-government organisations, peak professional bodies, health services, consumers and health professionals from tertiary, primary and community care settings across NSW, Australian Capital Territory, Queensland and South Australia. There was recognition and strong support from stakeholders for strengthened involvement and integration of community pharmacy in palliative care, by leveraging the expertise and accessibility of community pharmacists.

Stakeholder consultation identified a range of recommendations for improvement and implementation (4). Three of these strategies were recommended by the Community Pharmacy Palliative Care Initiative steering committee to progress in 2018/2019:

1. Establish the need for a recommended core palliative medicines list for NSW pharmacies.
2. Develop a standardised palliative care education package for community pharmacists.
3. Explore ways to support community pharmacists in specialist palliative care education programs (e.g. Program of Experience in the Palliative Approach (PEPA)).

A survey, 'NSW Community Pharmacy Involvement in Palliative Care,' was conducted to progress the first initiative and understand the current capacity of community pharmacy to supply medicines to palliative care patients using their service. This report summarises the findings of the survey.

Method

Study population and recruitment

All registered pharmacies currently operating in NSW were included in the study. Their names and addresses were obtained from the Pharmacy Council of NSW. The survey plan was endorsed by the NSW Branch of the Pharmacy Guild of Australia who provided official communication to their members via their website. The study was approved by the South Eastern Sydney Local Health District Human Ethics Committee in accordance with NSW Health Guideline GL2007_020 Human Research Ethics Committees- Quality Improvement and Ethics Review: A Practice Guide for NSW. The project was deemed to be a quality assurance (QA/QI) activity not requiring further independent ethics review.

Each pharmacy was sent a questionnaire (Appendix 2) via mail with a reply-paid envelope, together with a letter requesting participation from the Chief Executive, NSW Clinical Excellence Commission (Appendix 1). All questionnaires were mailed out over a four day period from Monday, 3 September 2018 to Thursday, 6 September 2018. Pharmacies were asked to complete and return the survey within one week of receiving it.

Data collection

The questionnaire (Appendix 2) used in the survey was developed by Mr Paul Tait, Lead Palliative Care Pharmacist, Southern Adelaide Palliative Services. It was previously used in two South Australian surveys (2012 and 2015). The aims of the South Australian surveys were to identify, establish and measure improvement in accessing medicines required for symptom control in the last days of life (5).

As this questionnaire had been successfully used previously, permission to use this questionnaire as a survey tool for NSW was sourced from Mr Paul Tait, Lead Palliative Care Pharmacist, Southern Adelaide Palliative Services and granted.

The 'NSW Community Pharmacy Involvement in Palliative Care' survey contains four sections, relating to:

1. Demographic information and the range of services provided by the pharmacy;
2. Awareness of the pharmacy of palliative patients using the service;
3. The range and expiry dates of palliative care medicines in stock, using a predetermined list of 13 oral (liquid) and injectable formulations likely to be prescribed in the last days of life;
4. How pharmacy staff respond when unable to immediately supply end-of-life medicines.

Data Management and Statistical Analysis

Questionnaires were received between 6 September 2018 and 18 October 2018. Each questionnaire was allocated an individual code allowing anonymous identification of survey non-responders. This allowed for a comparison of the data of responders and non- responders, and an assessment of the generalisability of the survey data. All statistical analyses were performed using the Statistical Package for Social Sciences (SPSS) for Windows (version 25). The level of significance used for all tests was 0.05.

Pharmacies were assigned a Pharmacy Access/Remoteness Index of Australia (PhARIA) category based on their postcode and locality (6), as provided by the Pharmacy Council of NSW, and indexed according to their accessibility/remoteness.

Survey respondents were given a preparedness score (Table 1). If a pharmacy held any of the 13 key medicines (or an alternate strength) used to ameliorate one of the most common end of life symptoms, it was deemed prepared to address the symptom and subsequently scored a point. Conversely, if the pharmacy did not hold any of the medications used to ameliorate the most common end of life symptoms, they did not score a point. Pharmacies were required to score a total of six points (having a medication available to ameliorate every symptom) to meet preparedness. The preparedness scores were dichotomised into “prepared” and “not prepared” groups with the corresponding scores of 6 and <6 respectively.

Table 1: Pharmacy preparedness based on availability of medicines to treat end- of- life symptoms

Symptom	Medicine	Score
Anxiety	Clonazepam 1 mg/mL Injection Clonazepam 2.5 mg/mL Oral Drops Midazolam 5 mg/mL Injection (or alternative strength)	Score 1 point if pharmacy holds any of these medicines
Pain	Morphine 10 mg/mL Oral Liquid (or alternative strength) Morphine 10 mg/mL Injection (or alternative strength) Fentanyl 100 mcg/2mL Injection (or alternative strength) Hydromorphone 10 mg/mL Injection (or alternative strength) Oxycodone 10 mg/mL Injection (or alternative strength)	Score 1 point if pharmacy holds any of these medicines
Dyspnoea	Morphine 10 mg/mL Oral Liquid (or alternative strength) Morphine 10 mg/mL Injection (or alternative strength) Fentanyl 100 mcg/2mL Injection (or alternative strength) Hydromorphone 10 mg/mL Injection (or alternative strength) Oxycodone 10 mg/mL Injection (or alternative strength)	Score 1 point if pharmacy holds any of these medicines
Terminal restlessness	Haloperidol 5 mg/mL Injection Clonazepam 1 mg/mL Injection Clonazepam 2.5 mg/mL Oral Drops Midazolam 5 mg/mL Injection (or alternative strength)	Score 1 point if pharmacy holds any of these medicines

Nausea	Metoclopramide 10 mg/2mL Injection Haloperidol 5 mg/mL Injection Dexamethasone 4 mg/mL Injection (or alternative strength)	Score 1 point if pharmacy holds any of these medicines
Noisy breathing	Hyoscine butylbromide 20 mg/mL Injection Hyoscine hydrobromide 400 mcg/mL Injection	Score 1 point if pharmacy holds any of these medicines

Results

Of the 1,970 surveys mailed to NSW pharmacies, 584 responses were received, representing a 30 per cent response rate.

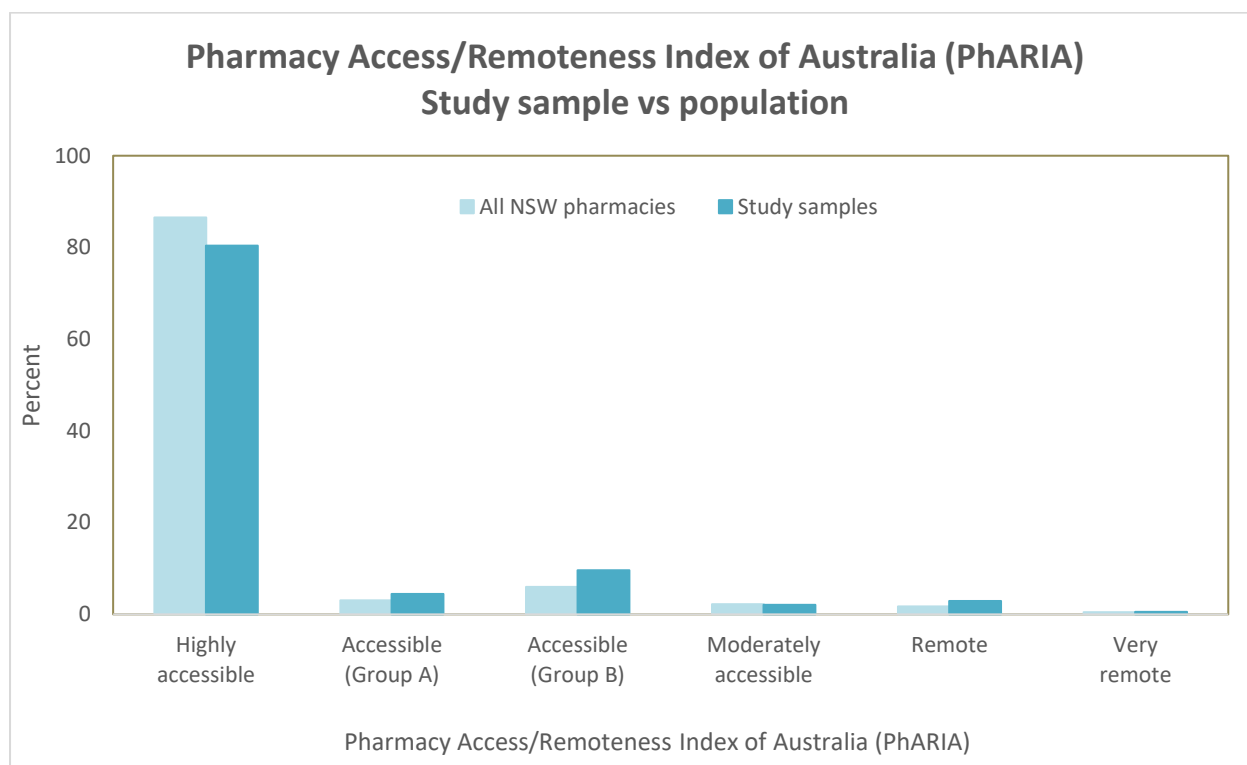
Slightly less survey participants were located in accessible to highly accessible areas, compared with non-participating pharmacies (94.5% vs 96%), but slightly more survey participants were located in remote to very remote areas (3.4% vs 1.7%) (Table 2). The difference was not statistically significant ($p=0.13$), indicating similarity in the remoteness/accessibility between participating and non-participating pharmacies.

Table 2: Distribution of PhARIAs, study participants vs non participants, % (n)

PhARIA	Non-participating pharmacies	Participating pharmacies
Accessible to Highly Accessible	96.00 (1,326)	94.50 (549)
Moderately Accessible	2.20 (31)	2.10 (12)
Remote to Very Remote	1.7 (24)	3.40 (20)
Total valid PhARIA	100.00 (1,381)	100.00 (581)
PhARIA not assigned	5	3
Total	1,386	584

In addition, the difference in the PhARIA categories between the sample, and population pharmacies was not statistically significant (Kolmogorov-Smirnov, $p=0.07$), indicating that the study sample is representative in remoteness/ accessibility to all NSW pharmacies. Graphical presentation of the sample vs population distributions of PhARIAs is shown in Figure 1.

Figure 1: PHARIAs of pharmacies in study sample vs PHARIAs of all pharmacies in NSW

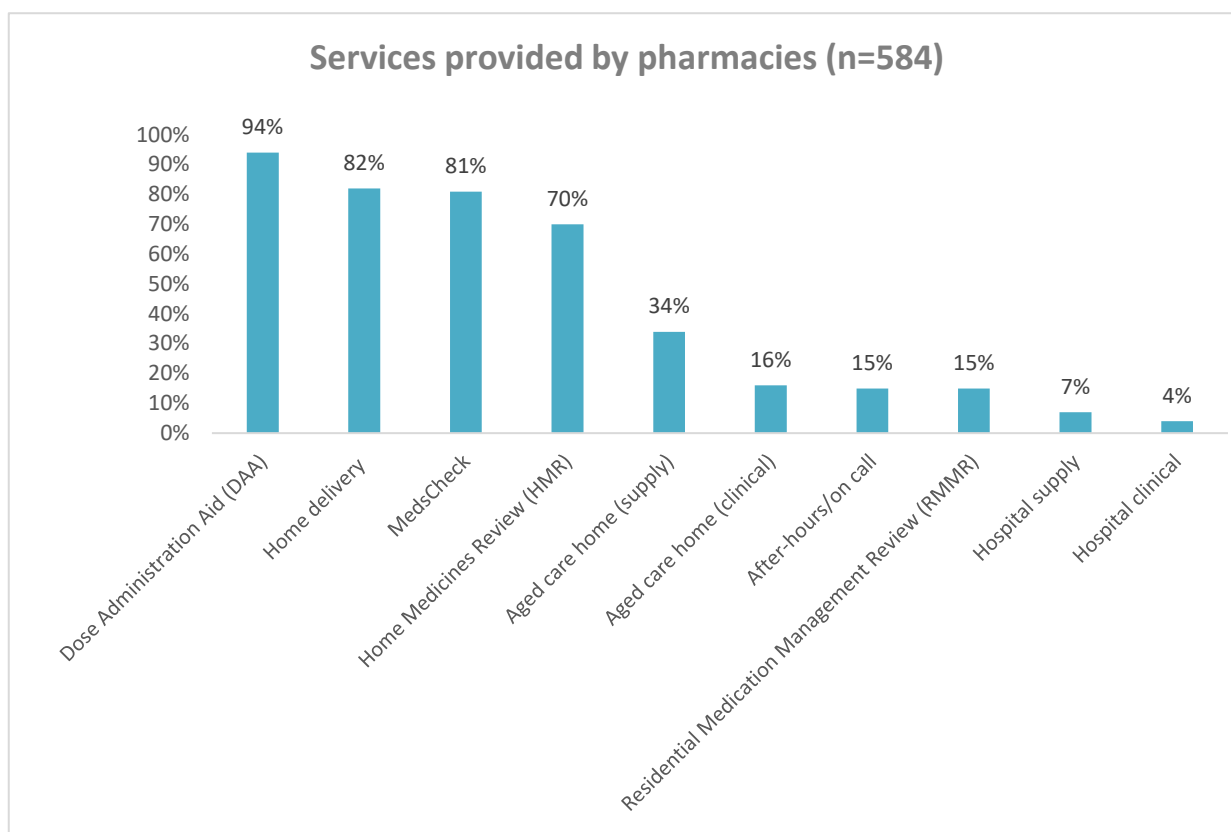


Most survey respondents identified themselves as pharmacists, with 46 per cent of survey responses received from proprietors, 37 per cent of responses received from pharmacists, 13 per cent of responses received from pharmacy managers, 1 per cent of surveys completed by locum pharmacists and 3 per cent of surveys completed by pharmacy interns and technicians.

The survey showed that the median number of full- time community pharmacists working per pharmacy was two, and ranged between one and 11. Community pharmacies with six or more pharmacists working per pharmacy were noted to provide services to aged care facilities or hospitals.

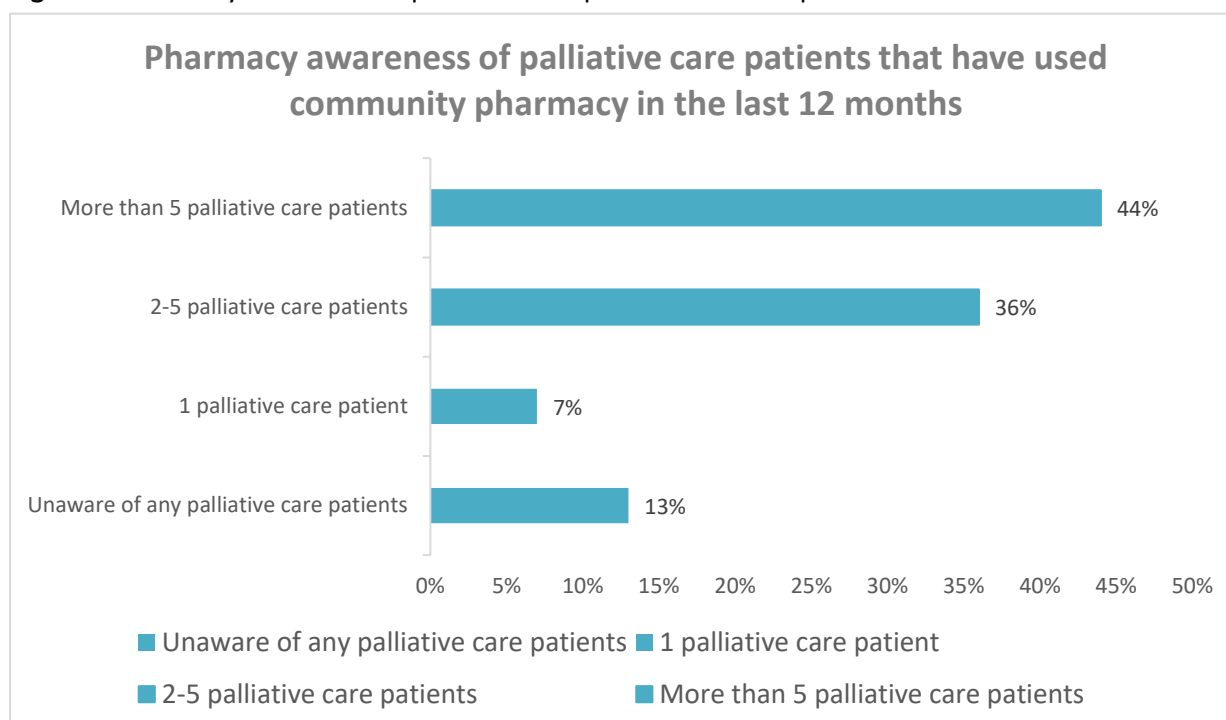
The survey highlighted that each pharmacy provides varied services (Figure 2). Provision of a dose administration aid service, home delivery service, MedsCheck service and a Home Medicines Review service were provided by the majority of participating pharmacies. The median number of services provided by each community pharmacy was four.

Figure 2: Services provided by community pharmacies



Pharmacy awareness of palliative care patients using the pharmacy services in the preceding 12 months differed between pharmacies. While 87 per cent of pharmacies were aware of at least one palliative care patient using their pharmacy in the last 12 months, 44 per cent of pharmacies were aware of five or more palliative care patients using their pharmacy in the last 12 months (Figure 3).

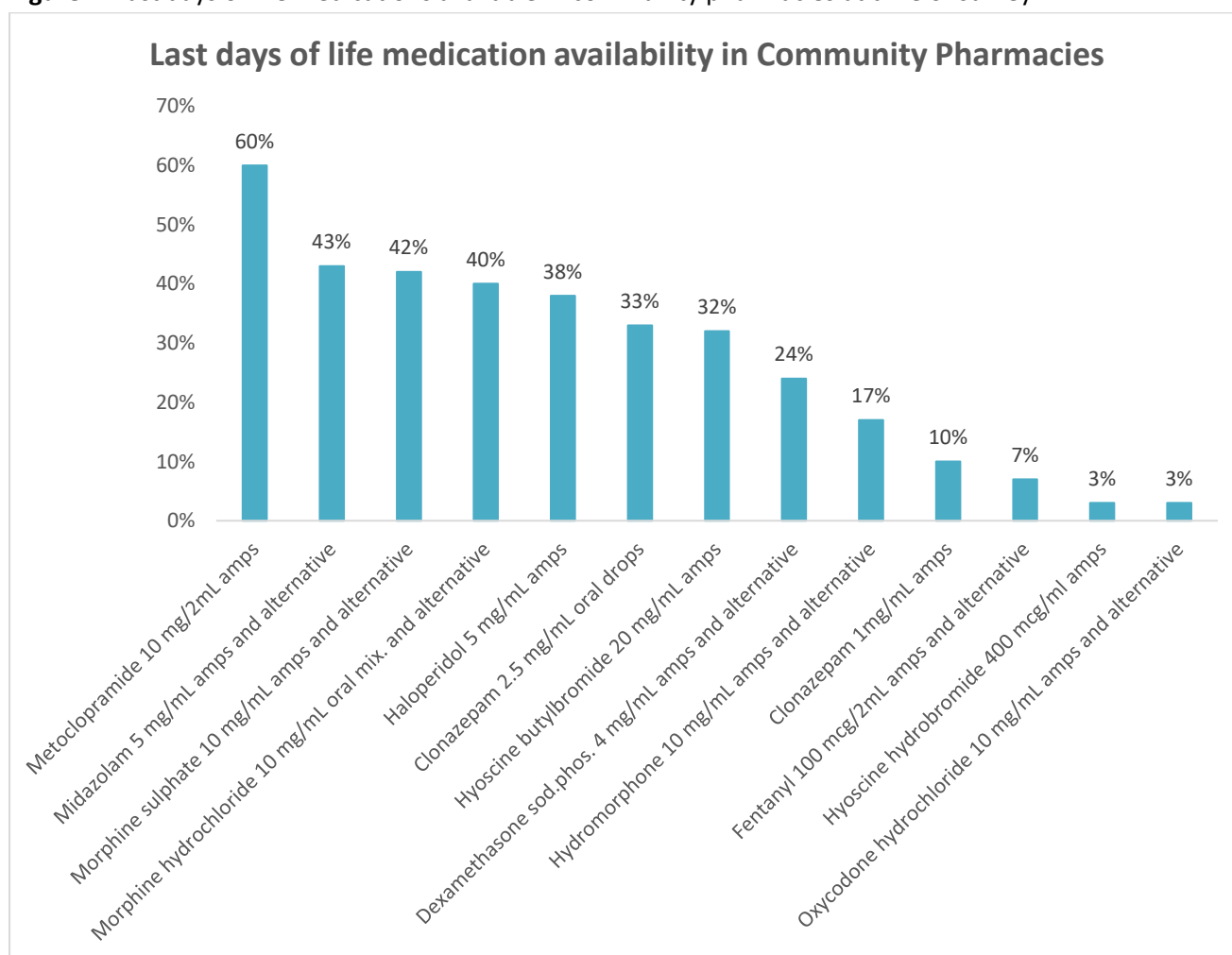
Figure 3: Pharmacy awareness of palliative care patient use in the past 12 months



Pharmacies who were aware of palliative care patients using their pharmacy were informed through a range of means. Survey respondents could select more than one way of how they were informed. While 76 per cent of pharmacies were informed directly by the patient or carer, 57 per cent of pharmacies identified the palliative status of their patient through a prescription, while only 36 per cent of pharmacies were informed via another health service. The percentage of pharmacies that marked 'other' in their response was five per cent and included: via the local GP, aged care facilities, community nurse, local palliative care team/unit and local hospital. These responses could also fit into the category 'another health service informed you.'

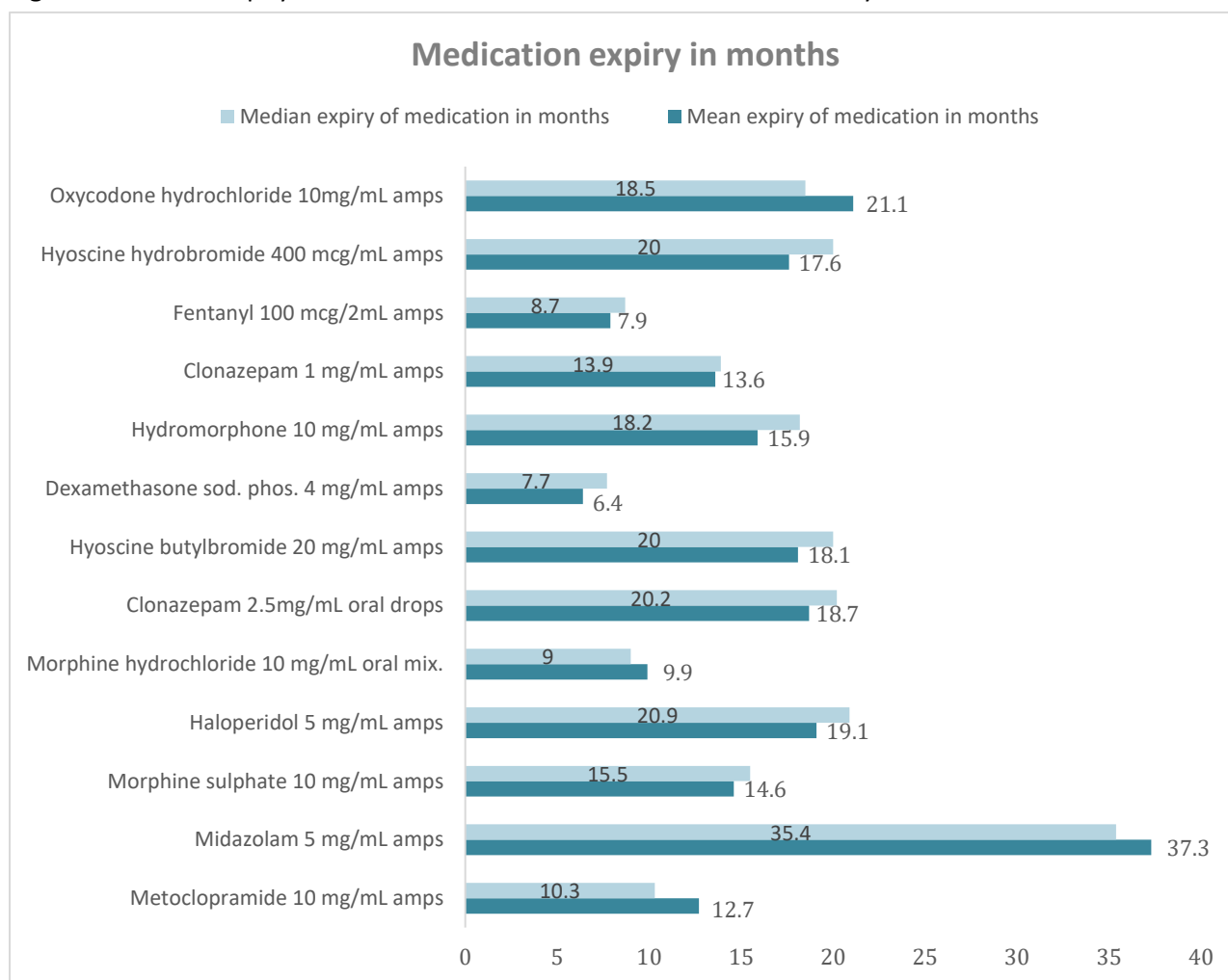
The availability of medicines used in the last days of life varied between pharmacies (Figure 4). Pharmacies were asked to indicate the medicines in stock from a specific list of 13 medicines, or alternate strengths of these medicines. Community pharmacies were most likely to stock metoclopramide 10 mg/2mL, midazolam 5 mg/mL ampoules and morphine sulphate 10 mg/mL ampoules. All other medications had reducing levels of availability, and the combinations of medicines held in each pharmacy was also varied. Of note, 24 per cent of pharmacies did not stock any of these medicines.

Figure 4: Last days of life medications available in community pharmacies at time of survey



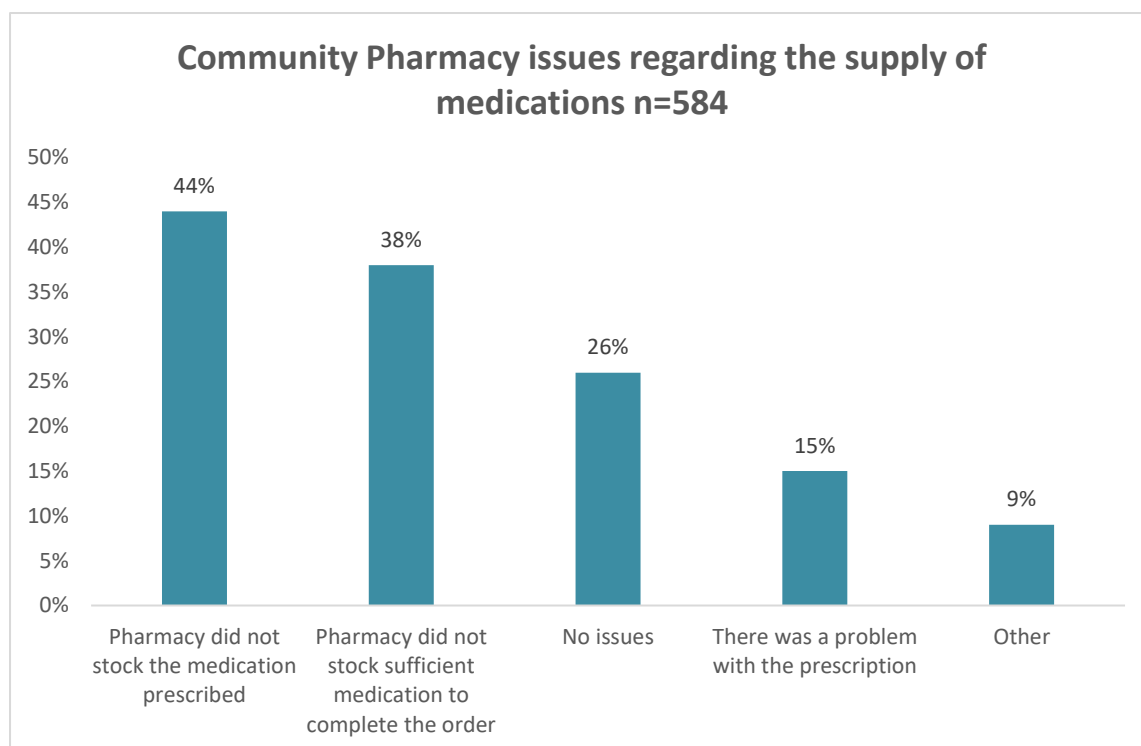
Pharmacies were asked to record the shortest expiry date of the medications they had in stock. Medications held in community pharmacies had a median expiry date ranging from 7.7 months to 35.4 months (Figure 5). Dexamethasone sodium phosphate 4 mg/mL ampoules had the shortest median expiry of 7.7 months with a mean expiry of 6.4 months, and midazolam 5 mg/mL ampoules had the longest expiry with a median expiry of 35.4 months and a mean expiry of 37.3 months.

Figure 5: Shortest expiry date for end- of- life medications at time of survey



Pharmacies encountered different barriers to supplying medications for palliative patients (Figure 6). While 26 per cent of pharmacies had no issues with supplying medicines, 82 per cent of pharmacies indicated that they could either not supply the medicine prescribed, or did not stock sufficient medications to complete the order. A portion of pharmacists indicated issues with the prescription. Pharmacies that answered 'Other' included barriers such as: ordered medicines were out of stock with the wholesaler, a dosage correction was required, the ordering cut- off time was missed, discontinued medications were prescribed and medications prescribed were expensive and the family was unable/ unwilling to pay.

Figure 6: Issues encountered by community pharmacies regarding the supply of medications



Pharmacies were then asked how they responded when someone presented with a prescription they were not able to dispense due to insufficient stock on-hand. Multiple answers could be selected.

Of the participating pharmacies:

- 79% would contact another pharmacy on the patient/carer's behalf to borrow stock.
- 60% would contact the distributor and add item to regular daily order for the following day
- 24% would contact the doctor to discuss the appropriateness of an alternate strength
- 23% would contact the distributor and get the item urgently couriered to the pharmacy
- 20% would contact the doctor to discuss the appropriateness of an alternate medicine
- 10% would tell the carer they were unable to supply the item

The preparedness of community pharmacies to immediately supply a medicine for each symptom commonly occurring at end-of-life was also assessed. The proportion of NSW pharmacies with a preparedness score of six was 24 per cent (n=139). Pharmacies aware of five or more palliative care patients were 4.5 times (OR 4.5 (2.8-7.3), $p < 0.001$) more likely to stock medications to manage terminal phase symptoms than pharmacies being aware of up to four palliative care patients, after adjusting for aged care facility supply, after-hours or on call service provision, home delivery service provision, and the number of staff in the multiple logistic regression model. Other factors significantly associated with preparedness of pharmacies included: an after-hours or on call service (OR 2.4 (1.4-4.1), $p = 0.002$), a home delivery service (OR 2.3 (1.1-4.7), $p = 0.03$), medication supply to an aged care facility (OR 1.7 (1.1-2.7, $p = 0.02$) and having more than two pharmacists on staff (OR 1.6 (1.0 -2.5, $p = 0.04$) after adjusting for the other variables in the multiple logistic regression model (Table 3).

Table 3. Characteristics significantly associated with preparedness of pharmacies in NSW

Predictor	Adjusted odds ratio (95% confidence interval)	P value
Pharmacy staff being aware of five or more palliative patients using their service in the preceding 12 months	4.5 (2.8 – 7.3)	p<0.001
Offering an after-hours or on call service	2.4 (1.4 – 4.1)	p=0.002
Offering a home delivery service	2.3 (1.1 – 4.7)	P=0.03
Supplying medicines to an Aged Care Facility	1.7 (1.1-2.7)	p=0.02
Having greater than two full time equivalents of pharmacists on staff	1.6 (1.0 – 2.5)	p=0.04

Community pharmacies were also asked if any local arrangements had been implemented to support access to palliative care medicines. The survey revealed two last days of life medicine lists that had been developed and implemented in the Far West Local Health District (LHD) and in the Illawarra Shoalhaven Local Health District (LHD). Some pharmacies described an informal arrangement with their local palliative care provider or contracted aged care facilities, or did not indicate any arrangements had been made.

Survey responses were also analysed to determine the percentage of pharmacies who had the South Australian five core medicines list (Table 4) and the Australian and New Zealand Society of Palliative Medicine (ANZSPM) nine core medicines list (Table 4) in stock at the time of the survey. Survey results showed 6 per cent of pharmacies (n=35) had the five core medicines available, and 1.5 per cent of pharmacies (n=9) in NSW had the nine ANZSPM core medicines available.

Table 4: South Australian Five Core Medicines List and ANZSPM Nine Core Medicines List

South Australian Five Core Medicines List	ANZSPM Nine Core Medicines List
Clonazepam 1 mg/mL Injection*	Clonazepam 1 mg/mL injection*
Haloperidol 5 mg/mL Injection	Haloperidol 5 mg/mL injection
Hyoscine butylbromide 20 mg/mL Injection	Hyoscine butylbromide 20 mg/mL injection
Metoclopramide 10 mg/2mL Injection	Metoclopramide 10 mg/2mL injection
Morphine 10 mg/mL Injection	Morphine 10 mg/mL and 30mg/mL injection
	Clonazepam 2.5 mg/mL liquid drops
	Fentanyl 100 mcg/mL injection**
	Hydromorphone 2 mg/mL injection
	Midazolam 5 mg/mL injection**

* Not subsidised on the Pharmaceutical Benefits Scheme (PBS), except for epilepsy

** Not subsidised on the PBS General Schedule or PBS Palliative Care Schedule

Discussion

Community pharmacists have a vital role in supporting patients and their families through the palliative care journey, as highly trusted and accessible health care professionals and experts in medication management. The results of the 'Community Pharmacy Involvement in Palliative Care' survey indicate the current capacity of community pharmacies to support patients who choose to receive end- of- life care at home. The survey identified current service gaps and highlighted the need for a strategy to improve immediate access to palliative care medicines.

Timely access to medicines is critical for patients approaching the last days of life. Of the participating pharmacies, only 24 per cent of pharmacies had at least one medicine on hand to alleviate the six symptoms (anxiety, pain, dyspnoea, terminal restlessness, nausea and noisy breathing) that patients commonly experience in the last days of life. However, 82 per cent of pharmacies could either not immediately supply the prescribed medication, or did not stock sufficient medication to immediately complete the prescription. Furthermore, 24 per cent of pharmacies did not stock any of the key medicines commonly used at the end- of- life. The ability to promptly manage symptoms occurring in the last days of life is important to prevent avoidable deterioration and hospitalisations, and avoidable distress for patients and their families. Limited and unpredictable availability of medicines in the community, and delays in accessing treatment should not be a barrier in determining a person's place of care in the last days of life.

Best practice should ensure health care providers are prepared to support dying patients and their families. Lindqvist et al (2013) recognise that access to medicines used to manage symptoms that occur at a person's end- of- life is a major issue, particularly in non- specialist settings (7). Currently, it is difficult for pharmacies to know which palliative care medicines are likely to be prescribed to manage end- of- life symptoms, and therefore the essential medicines they should stock. Lindqvist et al (2013) recommend four classes of essential drugs that should be available for all patients in the terminal phase. These four classes include an opioid, a benzodiazepine, an antipsychotic and a glyco- pyrronium/hyoscine formulation (7).

There are a number of recommended core palliative care medicine lists that include these four classes of medicines in Australia. Medicines in the Australian & New Zealand Society of Palliative Medicine (ANZSPM) nine core medicines list (developed in 2015 and reviewed in 2018) were chosen on the basis of cost, simplicity of use, ease of storage, safety and efficacy (8). Medicines in the South Australian five core medicines list (developed in 2012) were chosen based on evidence to manage symptoms, cost (including the availability of government subsidies), ability to address more than one symptom and non-oral route(s) of administration (5) (9).

The survey also revealed medicine lists that have been informally created between specialist palliative care services and community pharmacies in certain Local Health Districts (LHDs) (Illawarra Shoalhaven LHD and Far West LHD). The creation of these lists highlights the need to ensure consistent and transparent prescribing patterns, enabling community pharmacies to be more prepared and responsive to medication orders commonly requested to manage end- of- life symptoms.

A core palliative care medicines list, complemented by the specialised and supporting role of the community pharmacist, has shown improvements in the availability of core palliative care medicines in the community. Implementation of a core medicines list in South Australia has contributed to an improvement in number of pharmacies stocking the five core medicines (18 per cent of community pharmacies had the five core medicines in stock in 2015 compared with 7 per cent in 2012) (10).

The smaller list of five core medicines is a more pragmatic approach for pharmacies in NSW to stock, as holding a smaller list reduces the financial risk to the pharmacy business unit. Although fentanyl, midazolam and hydromorphone (listed on the ANZSPM nine core medicines list) are often prescribed during end- of- life care, they are either expensive, require complex administration or there are safety concerns for prescribers unfamiliar with their potency. Should these medicines be required, they can be ordered by the community pharmacy for urgent or next day delivery with appropriate palliative care specialist support initiated.

The financial risk to community pharmacy of stocking medicines listed on the core medicines list due to low stock turnover, and the possibility of stock expiring, must be considered. The survey results showed that the five core medicines had a median expiry date ranging from 10.3 months to 35.4 months. As well as being prescribed for persons receiving palliative care, four out of the five medicines on the medicines list can also be supplied for a Prescriber Bag order. The survey also indicated that 87 per cent of community pharmacies were aware of at least one palliative care patient using their pharmacy in the last 12 months. These findings indicate that while the stock turnover ratio of the core medicines is likely to be mostly sub- optimal, if consistent prescribing of medicines on the core list is promoted, it is likely that medicines will be dispensed before they expire, reducing the risk of lost revenue to the pharmacy.

In the instance where it is not viable for pharmacies to stock the core medicines, a network of community pharmacies may be able to collaborate to maintain continuity of care. Survey data indicates that 79 per cent of community pharmacies contact other pharmacies when they are unable to supply a medicine or the quantity requested. This suggests that community pharmacies tend to work together to ensure patients can promptly access medicines needed to manage end- of- life symptoms. This existing camaraderie between pharmacies lends itself to a model where pharmacies in close proximity could nominate a particular pharmacy within a district to stock the core medicines and operate as a specialised palliative care “hub”(5). Such a model would ensure patients are able to promptly access medicines commonly used to manage symptoms in the last days of life.

While the survey suggests collaboration between community pharmacists, the data alludes to a lack of communication between the wider palliative care multidisciplinary team (MDT) and community pharmacists. Data suggests that only 41 per cent of pharmacies were made aware of the palliative status of their patients through another health service such as a general practitioner, residential aged care facility, community nurse, local palliative care team/ unit and local hospital, while 76 per cent of pharmacies were informed by the patient or carer. As a lack of communication has been identified as a barrier to pharmacists taking on a more active role in palliative care (11), successful integration of community pharmacists into the palliative care MDT is likely to support patient’s choice to receive end- of- life care at home.

Although the survey provides valuable insights about the current capacity of community pharmacies to support end of life care in the community, the limitations of the survey results must also be considered. While 30 per cent of responses were received, the impact of non- response error on the results is unclear. Analysis of the survey results considered the geographical representativeness of the sample population, however other potential confounding factors were not considered. For instance, the demographic profile of pharmacy postcodes (10) and the proportion of elderly Australians within each postcode was not considered, and may have influenced pharmacy awareness of palliative care patients. Furthermore, survey responses were based on an individual pharmacist’s recall and personal practice, which may not be representative of the practice of other pharmacists in the same pharmacy.

The need for patients and their families to access medications more readily and cost effectively for the symptoms commonly seen at the end- of- life is well recognised. The survey results demonstrate that there is potential to improve the preparedness of community pharmacies to support palliative care patients, by recommending that pharmacies

stock a minimum range of core medicines used during the last days of life, and promoting this list to prescribers. Improving communication between prescribers and community pharmacists is also likely to improve delivery of end-of-life care for patients and their families.

Recommendations

In line with the survey findings and good practice evidence, the following recommendations would support improved community based care for patients approaching the end of life and their families:

1. The introduction of a standardised 'Core Palliative Care Medicines List for NSW Community Pharmacy' to manage the most common end-of-life symptoms.
2. That a communication strategy be developed to notify community pharmacies and prescribers to support the implementation and utilisation of the NSW core medicines in the last days of life.
3. Community pharmacies and pharmacy organisations consider establishing networks/hubs, where a designated number of pharmacies are allocated to hold the NSW core medicines to support other pharmacies in a local geographical network.
4. 'Community Pharmacy Involvement in Palliative Care Survey' to be repeated in three years to monitor for improvement.

Next Steps

A recommended 'Core Palliative Care Medicines List for NSW Community Pharmacy' will be presented to the Agency for Clinical Innovation's Palliative Care Network Executive Committee, and representatives from the Pharmacy Guild of Australia and the Pharmaceutical Society of Australia, for endorsement. Once endorsement has been received from these peak professional bodies, a 'Core Palliative Care Medicines List for NSW Community Pharmacy' Fact Sheet will be published on the NSW Health website, and the core list will be promoted to community pharmacists, general practitioners and local palliative care teams.

NSW Health will continue to work with the pharmacy sector to monitor and maintain the core list.

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Appendix 1.

To the Manager,

Re: Survey of Community Pharmacy Involvement in Palliative Care

The NSW Clinical Excellence Commission (CEC) would like to invite you to participate in a survey (enclosed) to gather information on the current services and timely provision of medicines provided through the community pharmacy network. Your completion of the survey enclosed will assist in improving essential support to palliative patients and families. Information from the survey will be used to inform the CEC Community Pharmacy Palliative Care Initiative by identifying areas that require strengthening and support.

The survey has been approved by the Pharmacy Guild of Australia.

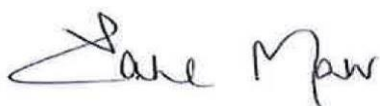
This survey will be conducted across NSW by the NSW Clinical Excellence Commission and across South Australia by the Southern Adelaide Palliative Services. The survey will:

1. Gather general pharmacy demographic information
2. Identify if community pharmacies are aware of palliative care patients using their service
3. Identify the range of medications that are held within the pharmacy that are useful in treating symptoms that are commonly seen in the terminal stages of palliative care.
4. Understand the community pharmacy's ability to respond to requests for medicines useful in the management of symptoms in the last days of life.

After completing the survey please return it within a week via reply post envelope.

The information will be coded and stored on a secure database. No identifying details will be used on the database to link individual pharmacies with any information provided. Once analysed, the findings of this survey may be published in a peer reviewed journal.

Yours Sincerely,



Carrie Marr

Chief Executive

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Appendix 2.

Survey of Community Pharmacy Involvement in Palliative Care

Thank you for your participation! Community pharmacies play a significant role with supporting palliative patients through timely access to medicines. This survey seeks to map what services and medicines are available through the community pharmacy network, for palliative patients and their families. This information will be de-identified and used to further develop and connect pharmacy services for this patient group.

Please take a moment to help us identify areas where we can improve access to medicines for palliative care patients.

All surveys should be returned to Kylee Sheehy via reply post envelope to the Clinical Excellence Commission

Level 17, 2-24 Rawson Pl, Haymarket NSW 2000

1. General Demographics of Pharmacy

1.1. Which role best describes you?

- ☐ Proprietor ☐ Manager ☐ Pharmacist ☐ Locum ☐ Intern ☐ Technician

1.2. What is the postcode that your pharmacy is located within? _____

1.3. How many full time equivalent pharmacists are working in your pharmacy? _____

1.4. Does your Pharmacy offer the following services? (You may tick multiple answers)

- | | |
|---|--|
| <input type="checkbox"/> After-hours/ On-call service | <input type="checkbox"/> Home Medicines Review (HMR) |
| <input type="checkbox"/> Aged Care Home (Clinical) | <input type="checkbox"/> Hospital (Clinical) |
| <input type="checkbox"/> Aged Care Home (Supply) | <input type="checkbox"/> Hospital (Supply) |
| <input type="checkbox"/> Dose administration aid service (e.g. Dosette or Webster-pak®) | <input type="checkbox"/> MedsCheck |
| <input type="checkbox"/> Home delivery service | <input type="checkbox"/> Residential Medication Management Review (RMMR) |

2. Awareness of Palliative Care Patients

Palliative care is provided to those whose illness cannot be cured. It helps people to live as well as possible while they manage their illness by concentrating on maintaining quality of life through the controlling of physical symptoms, such as pain or respiratory difficulties.

2.1. How many palliative care patients/carers have used your pharmacy over the past 12 months?

- | | |
|---|---|
| <input type="checkbox"/> I'm unaware of any palliative care patients using our pharmacy (go to Q3) | <input type="checkbox"/> 2 to 5 patients over the year |
| <input type="checkbox"/> 1 patient over the year | <input type="checkbox"/> More than 5 patients over the year |

2.2. If you were aware of palliative patients throughout the year, how were you aware that they were palliative? (You may tick multiple answers)

- ☐ Patient/Carer informed you
- ☐ Identified through prescription
- ☐ Another health service informed you (provide details): _____

2.3. If you were aware of palliative patients throughout the year, were there any issues that came up around the supply of medicines at the time? (You may tick multiple answers)

- ☐ No issues
- ☐ Pharmacy did not stock sufficient stock of the medication to complete the order
- ☐ Pharmacy did not stock the medication prescribed
- ☐ There was a problem with the prescription
- ☐ Other: _____

3. Access to Stock

3.1. Today's date is _____

3.2. Below is a list of medications that are likely to be used in the last hours or days of life. For each medication, please indicate:

- A. With a tick ☒ if you have this specific item on your shelf right now;
- B. What is the shortest expiry date you have for each item; and
- C. With a tick ☒ indicate if you carry an alternate strength of selected formulations.

Medication	Shortest Expiry Date	Stock Alternate strength?
<input type="checkbox"/> Clonazepam 1mg <i>Amps</i>	___/___/___	
<input type="checkbox"/> Clonazepam 2.5mg/mL <i>Oral Drops</i>	___/___/___	
<input type="checkbox"/> Dexamethasone Sod. Phos. 4mg/mL <i>Amps</i>	___/___/___	<input type="checkbox"/>
<input type="checkbox"/> Fentanyl 100microgram/2mL <i>Amps</i>	___/___/___	<input type="checkbox"/>
<input type="checkbox"/> Haloperidol 5mg/mL <i>Amps</i>	___/___/___	
<input type="checkbox"/> Hydromorphone 10mg/mL <i>Amps</i>	___/___/___	<input type="checkbox"/>
<input type="checkbox"/> Hyoscine Butylbromide 20mg/mL <i>Amps</i>	___/___/___	

- | | | | |
|--------------------------|---|-------------|--------------------------|
| <input type="checkbox"/> | Hyoscine Hydrobromide 400mcg/mL Amps | ___/___/___ | |
| <input type="checkbox"/> | Metoclopramide 10mg/2mL Amps | ___/___/___ | |
| <input type="checkbox"/> | Midazolam 5mg/mL Amps | ___/___/___ | <input type="checkbox"/> |
| <input type="checkbox"/> | Morphine Hydrochloride 10mg/mL Oral Mix | ___/___/___ | <input type="checkbox"/> |
| <input type="checkbox"/> | Morphine Sulfate 10mg/mL Amps | ___/___/___ | <input type="checkbox"/> |
| <input type="checkbox"/> | Oxycodone Hydrochloride 10mg/mL Amps | ___/___/___ | <input type="checkbox"/> |

3.3. If there are any medicines in the above list that you do not have, how would you most likely respond to someone who presented with a prescription for that item right now?

- ☐ Tell the carer that you are unable to supply the item
- ☐ Contact the doctor to discuss the appropriateness of an alternate strength
- ☐ Contact the doctor to discuss the appropriateness of an alternate medicine
- ☐ Contact the distributor and get item urgently couriered to the pharmacy
- ☐ Contact the distributor and add item to regular daily order for the following day
- ☐ Contact another pharmacy on patient/carer's behalf to see if they had stock
- ☐ Other (please specify): _____

4. Other

4.1 Tick if you or your pharmacy subscribes to the Palliative Care Update via CareSearch.com.au

Yes ☐ No ☐

4.2 If your pharmacy has a local arrangement, either formal or informal, to assist access to palliative care medicines, please provide us details here:

Thank you for your participation.



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EXCELLENCE
COMMISSION

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