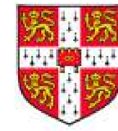

UNIVERSITY OF CAMBRIDGE
Public Health and Primary Care
The Primary Care Unit

Anticipatory prescribing: policies in place

Anticipatory Prescribing Workshop, April 3rd 2019

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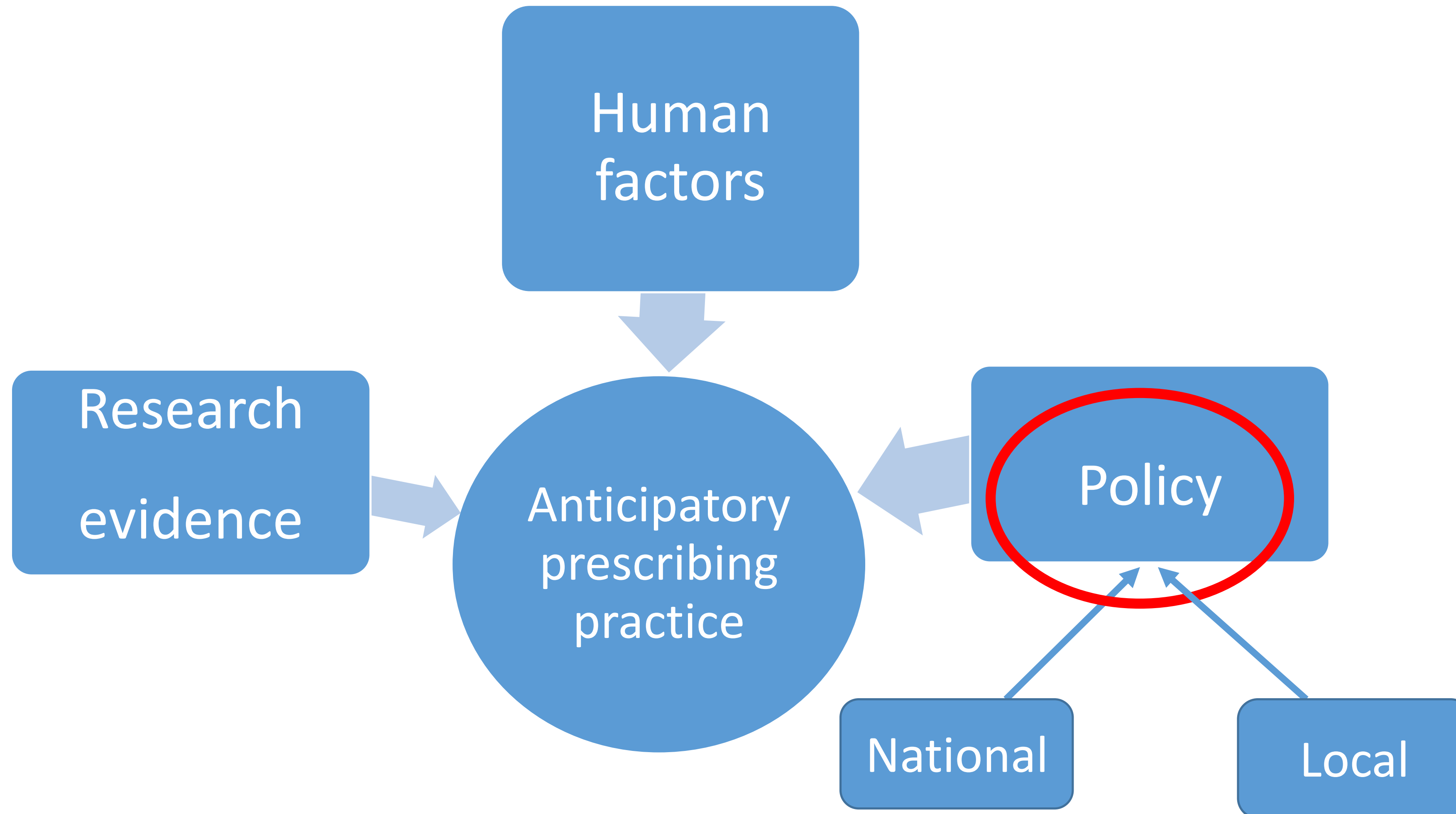
Outline

- Discuss the role of national policy and guidelines in AP practice
- Describe some preliminary findings from our current research investigating the role of local policies and procedures in AP practice across the UK

Background: factors influencing AP practice?

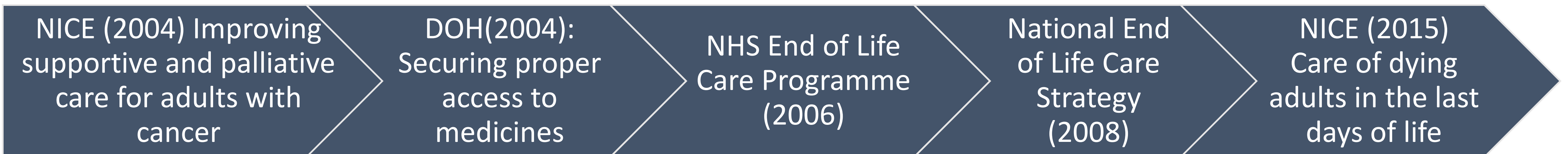


Background: how important is policy in AP?

- Standard practice

- Liverpool Care Pathway (1997-2014)

- Gold Standards Framework (2000)
- Mount Vernon Cancer Network Pilot (Amass 2005)



Section 1.6: Care of dying adults in the last days of life, NG31, 2015

NICE guideline

- Use an ***individualised approach*** to prescribing anticipatory medicines (AMs)
- Should be prescribed for ***people who are likely to need symptom control in the last days of life***
- Ensure that suitable AMs are prescribed ***as early as possible***
- ***Review*** AMs as the dying person's needs change
- Before AMs are administered, ***review*** the person's individual symptoms
- ***Monitor*** for any benefits and side effects ***at least daily***

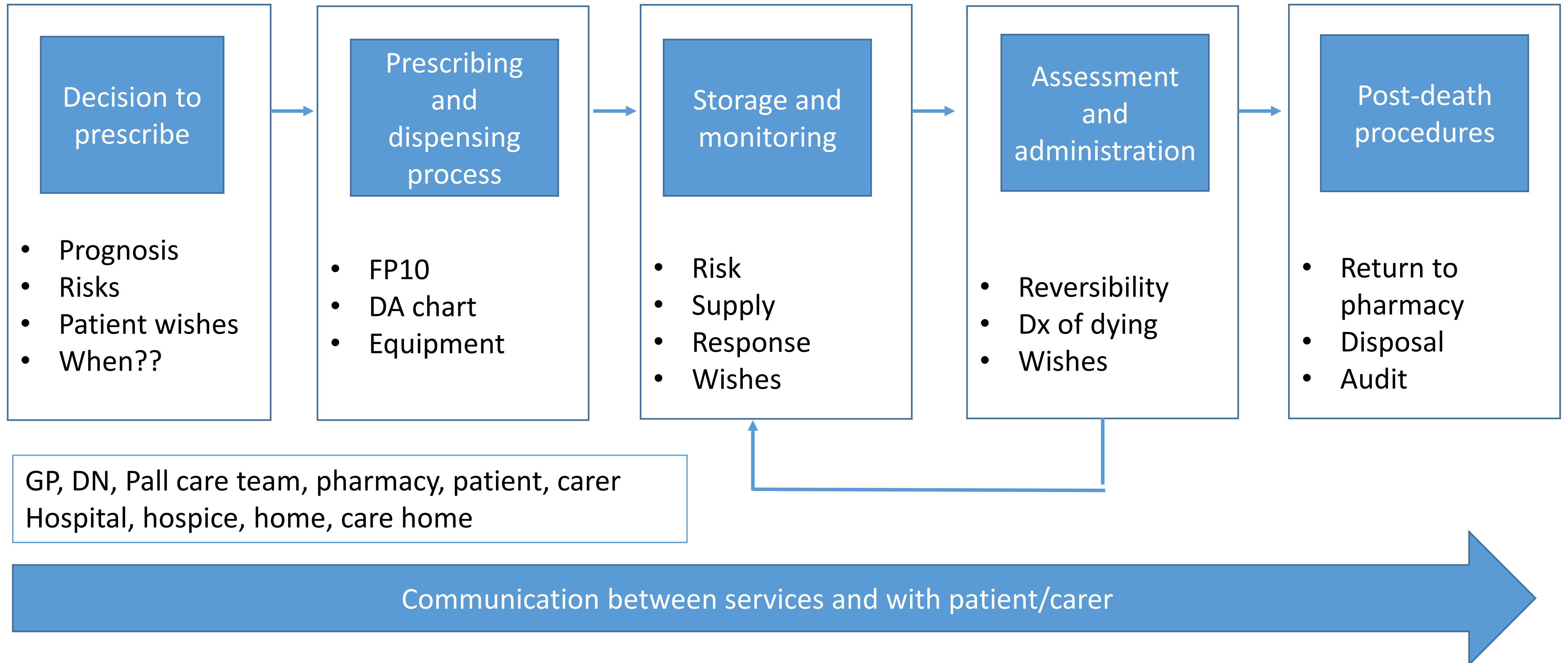
Scottish Palliative Care Guidelines: AP (updated 2016)

- If a patient is ***in the last days of life*** at home or in a care home, it is usually helpful if medication for end-of-life symptom control is available…
- The decision to prescribe medication for use in the future should always be based on a ***risk/benefit analysis***. Reasons for not providing anticipatory medicines include risk of drug diversion or misuse.
- ***Specific guidance for prescription*** of each type of medication
- ***Specific guidance for renal failure***
- ***Linked to practice points***:
  - Opioid analgesics should not be used to sedate dying patients
  - Sudden increase in pain or agitation; exclude urinary retention or other reversible causes

But….

- How do we *individualise* anticipatory prescribing?
- How do we decide who is 'likely to need symptom control in the last days of life'?
- What does '*as early as possible*' mean?
- What does a 'review' or 'risk-benefit' analysis consist of?
- Who is making these decisions?

Current practice- complex system



Aim and objectives:

- To investigate the role of local/regional policies and procedures in guiding anticipatory prescribing practice in end of life care across the UK, particularly focusing on community practice, including the transition from hospital to community.

- Q1: How is AP practice governed and facilitated?
- Q2: What is the nature and scope of documents governing AP practice?
- Q3: What is current AP practice, according to policy?

Methods

- Simple UK-wide scoping survey:
  - England: random sample of 55 out 207 CCG areas
  - Scotland: all 14 health board areas
  - Wales: all 7 health board areas
  - NI: all 5 local commissioning groups
- Collection of documents from respondents
- Quantitative analysis of the document frequency/type/domains covered
- Qualitative analysis of document content

Email survey

What types of documents do you have in place in the (CCG name) area to guide and facilitate anticipatory prescribing at the end of life in the community?

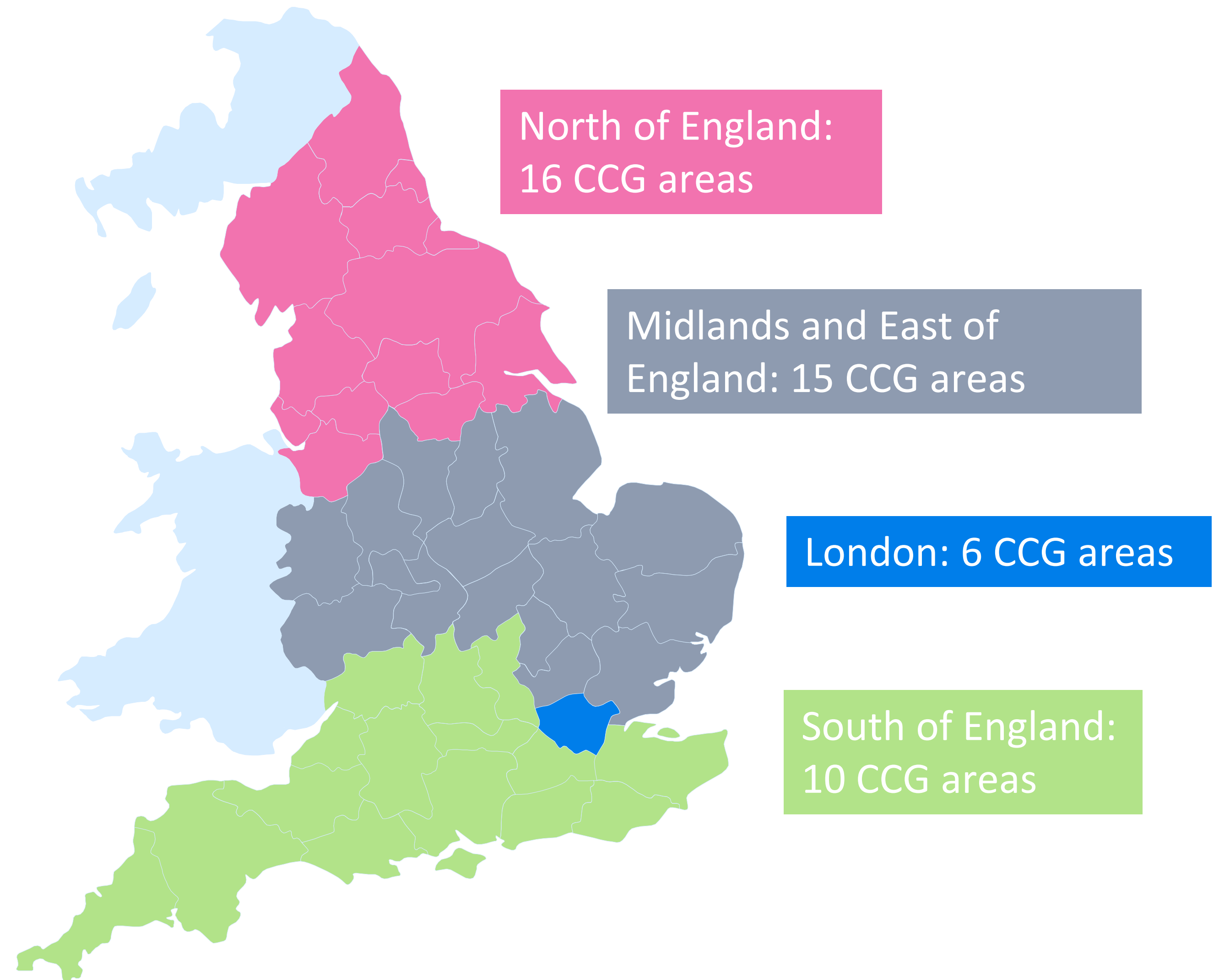
In particular, we would like to know if you have any of the following (please indicate with 'yes' or 'no' if possible):

1. *Policy (yes/no)*
2. *Guidance (yes/no)*
3. *Standard operating procedure (yes/no)*
4. *Drug authorisation chart (also known as a MAR or community prescription chart) (yes/no)*
5. *Patient information leaflets (yes/no)*
6. *Any other supporting documents (yes/no)*

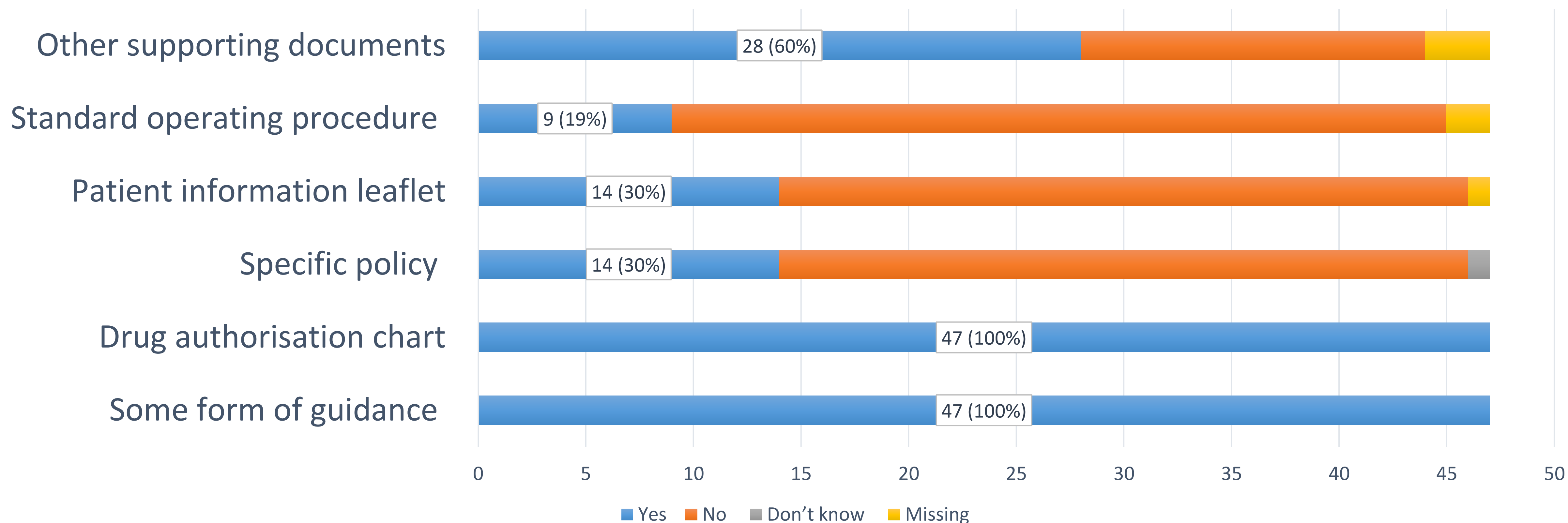
Results England- response

- 48/122 identified stakeholders responded, representing 47 of the 55 CCGs sampled (85% CCG response rate), from all 4 regions of England

- All respondents (n=48) were senior professionals from a variety of disciplinary backgrounds: medical consultants (48%), senior palliative care nurses (23%), pharmacists (13%), CCG managers or clinical leads (8%) and other (8%).



Results England: document type and frequency (n=47 CCG areas)

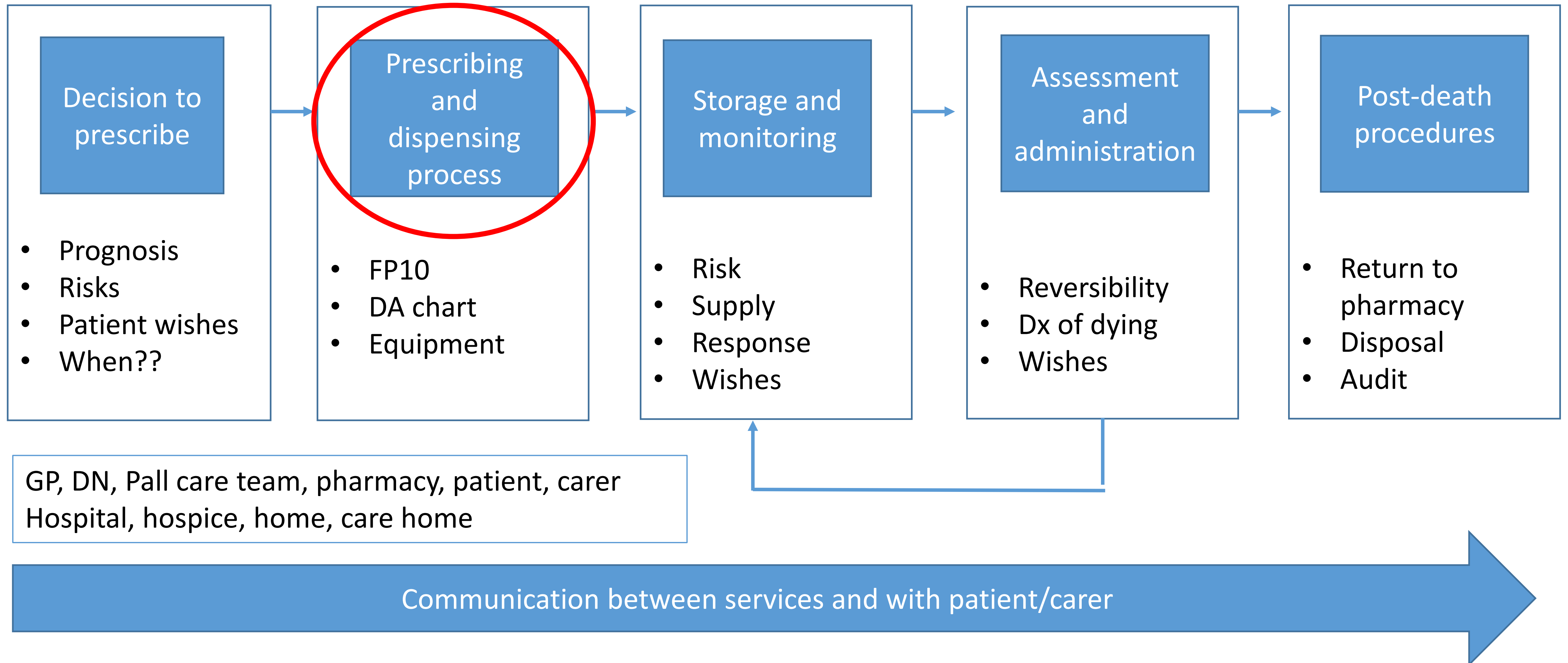


Documents collected from 31 out of the 47 responding CCG areas→ document analysis

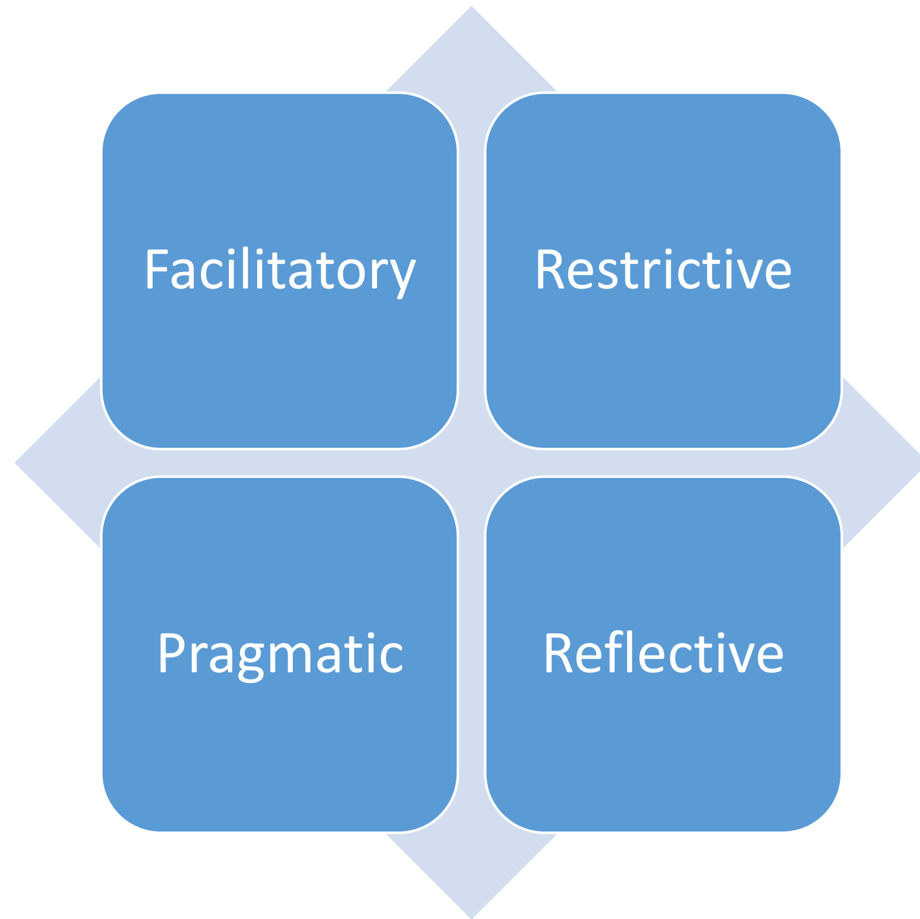
Preliminary document analysis: a) domains covered

✓	X
Prescribing	Patient selection
Symptom assessment	When to prescribe
Who to call for help	Conditions for administration
	Monitoring
	Roles and responsibilities
	Training
	Communication
	Process aspects: equipment, disposal etc.

Current practice- complex system

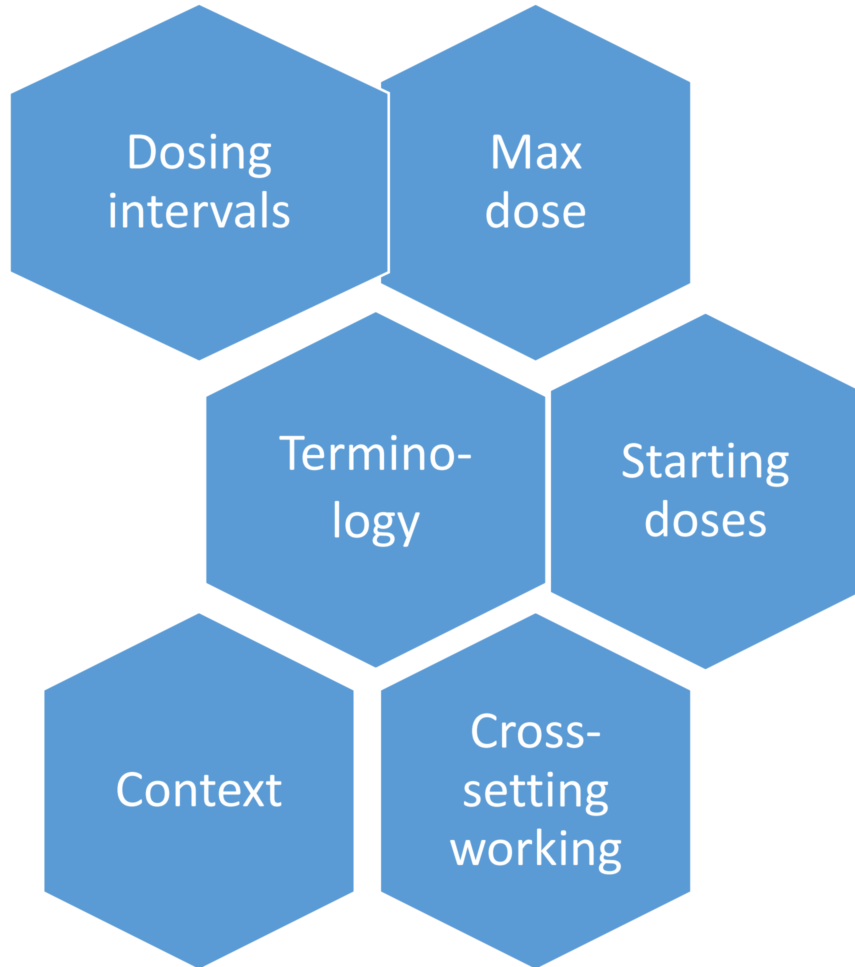


Document analysis- emerging themes:



Different approaches

Document analysis- emerging themes



Lots of variation

Next steps

- Complete quantitative and qualitative analysis of England documents
- Complete data collection from Scotland, Wales, NI
- Hoping to integrate findings with learning from the workshop discussions today

Acknowledgements

- The anticipatory prescribing process map (slide 8) was informed by collaborative work with the Cambridge Engineering Design Centre (Professor John Clarkson and Ian Hosking) as part of the Marie Curie Design to Care Project