

NHS England/Improvement EOLC Clinical Network (London region)

Medication Authorisation and Administration Record Project

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NHS England and NHS Improvement



Background

2016 – Publication of regional practical guidance on medication in the last days of life



1. Information about medications	<ul style="list-style-type: none"> Helps the dying person, and those important to them, understand and get the most from their medications. Offers information in ways that take into account developmental level, learning disabilities, and any speech, language and other communications needs. <p>See page 5</p>
2. Ways to share information about medications	<ul style="list-style-type: none"> Ensures accurate information about the dying person's current medications follow them as they move between care settings. Addresses the risks particularly with medications given via a syringe pump and where medications have been prescribed pre-emptively. Offers ways for those important to the dying person to take part in this process. <p>See page 5</p>
3. An agreed list of medications	<ul style="list-style-type: none"> Includes medications to treat symptoms that are likely to occur in the last days of life. Includes medications for complex cases that can be used on the advice of specialist palliative care. Considers choices already agreed in local clinical guidelines. <p>See page 6</p>
4. Guidelines and supporting documentation	<ul style="list-style-type: none"> Ensures medications can be prescribed and administered safely and on time. Is accessible by members of staff, who are familiar with their content. <p>See page 8</p>
5. Ways to obtain medications when they are needed	<ul style="list-style-type: none"> Considers a variety of solutions, including pre-emptive prescribing. Explores more innovative ways to access medications in urgent situations. <p>See page 10</p>
6. Ways to dispose of medications when they are finished	<ul style="list-style-type: none"> Offers the family and those important to the dying person the opportunity to become involved. Supports the healthcare professional to do this when necessary. <p>See page 12</p>
References	See page 14

Section 4 – Guidance and supporting documentation

– Supplement guidelines with charts that help with ordering, prescribing, administering, monitoring and disposing of medications.

Use templates that allow pre-population of data where appropriate and safe. This can streamline the process and reduce errors and delays.

Examples include:

- » Instruction sheets to help GPs prescribe the correct medications and quantities and where to get the prescription dispensed, for example the location and opening times of community pharmacies that stock palliative care medications.
- » A chart that authorises the healthcare professional to administer medications, for example in the home. These charts include the medications for each of the symptoms likely to be seen in the dying person, the dose or dose range over which the medication can be titrated according to clinical need, the date and prescriber's signature. Medications can be prescribed on a pre-emptive basis.
- » A chart to record the stock balance of controlled drugs and avoid supplies running out.
- » A chart to record the medications and doses being administered by the syringe pump, including checks to monitor the pump is running correctly.
- » An example of these kind of charts is available from the London Cancer Alliance²⁹.

Rationale for Medication Authorisation and Administration Record (MAAR) project

- Several MAAR charts in use in London.
 - Where used -> demonstrable safety improvement, and users value

However:

- Community providers often cross borough borders so have had to use different MAAR charts dependent on borough
 - Different designs introduce confusion – and risk
 - Acute providers confused by/unaware of the different MAAR charts -> try to use, but can discharge with the wrong chart for the borough or do not use any, so that community teams must ask GP to transpose discharge instructions onto correct MAAR ... asap
- Several pieces of work in London to improve or share their MAAR chart

London programme (1)

- May 2019 - Survey of all 32 CCG EOLC and clinical leads
- 16 charts in use
- 3 put forward as potential for pan-London MAAR
 - RMPartners
 - Harrow MAAR based on improvements to the RMPartners Chart
 - North East London Foundation Trust (NELFT) MAAR Chart
- June 2019 – steering group meeting and work programme agreed:
 - Looked at elements of best practice from all 3 charts towards a single hybrid
 - Required scrutiny of every single part of each chart: what stayed in and what went out

London programme (2)

- Formation of a MAAR Chart Working Group:
Multidisciplinary representation from across the system/
organisations / disciplines) – to develop the following:
 - A Pan-London MAAR Chart– a proforma to support safe practice
 - Supporting policy / procedure to ensure safe, effective use

Out of scope:

- Anticipatory prescribing guidelines
- Clinical decision making guidance

Progress to date and next steps

- Draft Policy v2
- Draft Procedure v1
- Draft MAAR Chart v3

Aiming for:

- Final Drafts sign off end of calendar year
- Steering group Jan/Feb
- Discussion with Regional Medicines Optimisation Committees (RMOC)
- Testing and cascading