

Welcome to the **COVID-19** K&M Medicines Optimisation (MO) news update.

Articles in this week's edition include:

- Palliative Care Locally Enhanced Service Update
- New COVID-19 Pre-populated Chart
- Access to Palliative Care Medications: Repurposing of Palliative Care Medication in Care Homes and Hospices
- Shortages Update

Access a list of Medical Specialties/ Professional Body advice with direct links to their respective COVID-19 published guidance [here](#)

Please send all medicines queries relating to COVID-19 and any further points of clarification for the articles written to:

wkccg.gpscovid19@nhs.net

Palliative Care Locally Enhanced Service Update

As you may be aware, Kent & Medway CCG has commissioned a number of pharmacies across Kent and Medway to stock limited supplies of end of life drugs.

For updated information please refer to the documents attached with this newsletter:

- Updated list of community pharmacies commissioned to hold palliative care drugs.
- Updated formulary of palliative care drugs held by these pharmacies (addition of hyoscine tablets & patches and specific brands of lorazepam tablets).
- The current "Management of symptoms" guide updated with latest recommendations on the use of NSAIDs for patients with COVID-19 symptoms or diagnosis

New COVID-19 Pre-populated Drug Chart

As you will be aware, we are experiencing an increased need during the COVID -19 pandemic for palliative care medicines. As some of these medicines are also used within critical care we are anticipating that we may experience supply issues. To manage this situation the Kent and Medway End-of-Life group has developed an **additional** revised pre-populated anticipatory drug chart, which now includes oral medications and provides recommendations on quantities to be prescribed. These oral medications should be used first line when patients are able to swallow and it is clinically appropriate, this maybe particularly relevant for patients with COVID-19 symptoms or diagnosis. It is still recommended that subcutaneous medications are prescribed in case patients are unable to take orals. The original anticipatory drug chart remains in place and is to be used as normal.

For EMIS practices:

An EMIS Web template for this form is provided along with a guide to importing it; **please import this template into your EMIS**. Once added to your system the template will auto-populate with patient details in the same way as the Community Medicines Referral (CMR) forms. Once a form has been completed for a patient it should be emailed to the KCHFT Local Referral Unit as usual.

For Vision practices:

A guide for practices with the Vision system is still being developed; we will share that as soon as possible. In the meantime these practices can download the chart from central repositories such as DXS or DORIS.

If you have any clinical queries about the form or if you need any assistance importing the template, please email ACCG.eastkentprescribing@nhs.net.

Access to Palliative Care Medications -Repurposing of Palliative Care Medication in Care Homes and Hospices

Please find ([here](#)) the NHSE COVID-19 standard operating procedure for:

Running a Medicines Re-Use Scheme in a Care Home or Hospice Setting

With regards to this NHSE guidance please see below some key clarification points and local narrative for prescribers and care homes in Kent and Medway during the COVID-19 pandemic:

1. **We would recommend that currently this SOP is used for improving access to palliative care drugs only.**
2. **This SOP is for implementation only when normal supply routes are unavailable or the timeframe for supply is too long.**
3. The algorithm on page 12 provides a useful overview of the process to be followed including the governance and recording required within the home and hospice.
4. All medicines are the property of the patient so before repurposing consent from the patient or the patient's family / power of attorney should be obtained. However to ensure re-use of medicines is an option that can be used as flexibly as possible we suggest that care homes and hospices proactively seek written permission from all patients for:
 - their medicines (if no longer needed) to be made available for other patients and/or
 - them to receive a re-used medicine provided they are deemed safe for reuse.

In the interim until proactive consent can be achieved we advise clinicians to use their clinical discretion in relation to this issue.

5. Drugs can be **only be** repurposed if, in line with the SOP:
 - The contents (including blister strips and sealed individual units such as ampoules) are completely intact – please note that the box does not need to be intact only the contents. As long as the contents match the description on the packaging they were retrieved from they can be reused.
 - They have been stored in line with the manufacturer's instructions.
6. **Requirement for a prescription** -The SOP states that "the direction (to administer repurposed medication) would normally be in the form of a prescription". However the Kent and Medway CCG and Community Trust Chief Pharmacist's view (until formal approval by the Kent and Medway End of Life Group), is that where a Kent and Medway Community Trust Community Medication Record chart has been signed by a prescriber and emailed from an nhs.net account, this would be acceptable as an alternative to a prescription for the purposes of this SOP. It is essential that there is a record in the patient's notes of the direction and action taken.
7. **Table 2 – Minimise risk of contamination** – this section should not be relevant for medications that have been stored centrally within a care home or hospice.
8. **We strongly recommend that all care homes and hospices use Annex B to record all repurposing of medication.**

Shortages Update

Sulfasalazine 250mg/5mL oral suspension (Rosemont)	Out of stock until August 2020. Sulfasalazine 500mg tablets remain available. Some manufacturers are able to produce an unlicensed Sulfasalazine 250mg/5mL oral suspension.
Propantheline bromide 15mg tablets (Kyowa Kirin)	Out of stock until end of May 2020. Clinicians should review patients to determine the ongoing need for propantheline tablets. For patients with ongoing need and insufficient supplies to last until the resupply date, clinicians should consider prescribing unlicensed imports.
Sertraline 50mg & 100mg tablets	Teva: Currently out of stock. Expected return date end May 2020 Accord: Stock expected to be released from this week.