

SCHEDULE 2 – THE SERVICES

A. Service Specification

Service Specification No.	0.03
Service	Availability of Palliative Care Drugs – Just in Case Boxes
Commissioner Lead	Marion Andrews-Evans
Provider Lead	Lead Pharmacist/Lead Dispenser
Period	1 April 2023 to 31 March 2025
Date of Review	January 2025

<p>1. Population Needs</p> <p>1.1 National/local context and evidence base</p> <p><u>National Context</u></p> <p>Gold Standards Framework: ‘Just in Case’ boxes (JICB) containing anticipatory medications and the necessary equipment to administer to patients at the end of life are widely used across the UK. They were advocated by the Gold Standards Framework as an example of best practice in 2006. Care Co-ordination and access to 24/7 services are key themes in End of Life Care for adult NICE Quality Standards (QS13 2021) and Ambitions for Palliative and End of Life Care (2021-2026).¹ Access and trust in community services are pivotal in providing care outside of hospitals which is most people’s preferred place of death.¹</p> <p><u>Local Context</u></p> <p>NHS Gloucestershire Integrated Care Board and partner organisations are working together to improve services for people who require palliative and end of life care. The Gloucestershire Integrated Care Service (ICS) Palliative and End of Life Strategy [2021 – 2025] contains important steps in making improvements happen².</p> <p><u>Evidence Base</u></p> <p>Although the Forest of Dean pilot results were not compared with a control group, the JICB approach is successful in avoiding hospital admissions and reducing the need for out of hours’ services during the terminal stages of disease. Families in the Forest of Dean welcomed the presence of the JICB in the home because it provided additional reassurance that medicines were readily available when need was greatest.</p>

¹ Ambitions for Palliative and End of Life Care: a national framework for local action 2021 – 2026
<https://www.england.nhs.uk/wp-content/uploads/2022/02/ambitions-for-palliative-and-end-of-life-care-2nd-edition.pdf>

² <https://www.gloucestershireccg.nhs.uk/your-services/eolc/>

A JICB set up in Lanarkshire, Scotland in 2010 won the NHS Scotland patient-centered and NHS health care management awards for the scheme.³

A literature review found 5 published audits of JICB schemes in the UK but no large scale trials. Three of the audits were able to show evidence of hospital admissions or calls to out-of-hours calls being avoided by the use of JICB.^{2,3,4} Westwood D, Bagshaw K, Curtis C, et al reported 81% respondents claimed that use of the JICB had prevented a call to out of hours services and 53% claimed it had prevented an unscheduled hospital admission.² NHS Lanarkshire reported 84 hospital admissions and 114 calls to out of hour were avoided after using 219 JICB over an 18 month period.³ Provision of the boxes improved symptom control in 55% of cases.² The length of time that the JICB was in a patient's house ranged from 1 - 105 days, Lawton, S Denholm, M et al citing an average of 2 days and NHS Lanarkshire citing an average of 12 days.^{5,3}

Healthcare staff have reported positive experiences including the usefulness of the JICB in the planning and delivery of end-of-life care in primary care settings and in providing welcomed guidance for practitioners.⁵ The availability of prescribed drugs was seen as a benefit for both other staff and families, especially out of hours.⁵ Families welcomed the presence of the just-in-case supply in the home because it provided additional reassurance.⁴

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	
Domain 2	Enhancing quality of life for people with long-term conditions	✓
Domain 3	Helping people to recover from episodes of ill-health or following injury	
Domain 4	Ensuring people have a positive experience of care	✓
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	✓

³ NHS Scotland Chief Executive's Annual Report 2011/12. The Scottish Government, Edinburgh 2012. P66. <http://www.gov.scot/Resource/0040/00408794.pdf>

⁴ How a "just in case" approach can improve out-of-hours palliative care C Amass, M Allen. *The Pharmaceutical Journal*, 2005 Vol. 275, p22

⁵ Timely symptom management at end of life using 'just in case' boxes. Lawton, S Denholm, M et al *Br J Community Nurse*. 2012;17(4):182-3

2.2 Local defined outcomes

All patients requiring palliative care medicines for end-of-life anticipatory prescribing will receive them in a timely manner as set out in the Ambitions for palliative and end of life care: a national framework for local action 2021-2026⁶.

3. Scope

3.1 Aims and objectives of service

The aim of this service is to improve access to these palliative care medicines for end-of-life anticipatory prescribing for people in the last few months/ weeks of their lives.

The Contractor will provide a locally agreed range of specialist medicines and pack them into the Just in Case Box with appropriate labelling and explanatory paperwork and make it available to the patient on receipt of a completed FP10 prescription annotated 'FOR JUST IN CASE BOX'.

A Just in Case Bag will be issued for patients residing in care homes, where medications are stored in locked controlled drugs cupboard. In the patient's own home, a Just in Case box as requested by their GP and will be stored in a safe place within the home. The pharmacist will decide whether a bag or a box is required depending on where the person lives.

The Contractor will provide information and advice to the user, carer and clinician.

They may also signpost to specialist centres, support groups or other health and social care professionals where appropriate.

3.2 Service description/care pathway

The Contractor provides the medicines required to deliver this service as illustrated in the suggested list (Appendix 1) and will dispense these in response to NHS prescriptions presented and labelled for JICB.

The Contractor should be prepared to telephone suppliers to confirm delivery of stock if necessary (or delegate this task appropriately).

The Contractor must keep patients or their representatives fully informed regarding supplies of medicines (or delegate this task appropriately).

⁶ Ambitions for Palliative and End of Life Care: a national framework for local action 2021 – 2026
<https://www.england.nhs.uk/wp-content/uploads/2022/02/ambitions-for-palliative-and-end-of-life-care-2nd-edition.pdf>

For patient's in their own home, the Contractor will pack the drugs into a Just in Case Box and seal it with a tamper-evident seal and appropriate labelling and issue the explanatory 'Information for Patients and Carers'.

The Just in Case Box will be made available with reasonable promptness (e.g. 2 working days, subject to supply problems) to the patient/carer for collection or via their normal delivery mechanism, using a proper audit trail. If a participating Contractor is not able to fill the prescription in the time available, then he/she needs to find another Contractor who is able to fill the prescription. This should be done by telephoning another Contractor to ensure they can supply the required medications within the required timeframe.

If changes are required to the medications contained within the box/bag a new 'Just in Case' box/bag will need to be used. This should be recorded as a **new claim** on PharmOutcomes.

If more medication is needed to restock a 'Just in Case' box or bag the GP should prescribe this as a **normal FP10 without the need to write for JICB on the prescription**. Once the box or bag is in use no further stock will be issued as a 'Just in Case' box/bag. Therefore, this would **not be** recorded as a new claim on PharmOutcomes. It can only be claimed for once for each patient receiving it.

However, if the just in case box is opened in error or damaged it should be returned to the pharmacy who will check the contents. A new just in case box will need to be issued. This should be recorded on PharmOutcomes as a **new claim**.

3.3 Population covered

Palliative care medicines will be provided to residents aged 18+ registered with a GP in Gloucestershire where a GP thinks there is a need for end-of-life care anticipatory prescribing.

3.4 Eligibility to provide the service

The Contractor has a duty to ensure that all staff involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service. The Contractor should maintain appropriate records to ensure effective on-going service delivery and audit.

The Contractor has a duty to ensure that pharmacists and staff involved in the provision of the service are aware of and operate within local protocols.

The Integrated Care Board will:

- Provide locally agreed induction training for participating Contractors as necessary⁷
- Agree with local stakeholders the medicines to be included in the Just in Case Box (Appendix 1).
- Review the protocol every 2 years, or earlier if necessary.

⁷ Just in Case boxes/ bags presentation. https://glos.nhs.uk/pathway/872/resource/10#chapter_4750

- Provide a framework for the recording of relevant service information for the purposes of audit and the claiming of payment as indicated in PharmOutcomes for pharmacies or via: glccg.justincasebox@nhs.net for dispensing practices.
- Provide details of relevant referral points which Contractors staff can use to signpost patients or carers who require further assistance⁸
- Disseminate information on the service to other contractors and health care professionals in order that they can signpost patients to the service⁹
- Ensure that GP practices participating in the Palliative Care/End of Life Locally Commissioned Service understand the scheme and that they communicate effectively when appropriate with community pharmacy.

3.5 End Date

This service shall continue until either party serves notice of termination.

This service may be terminated by either the NHS Gloucestershire Integrated Care Board or the Contractor through the service of 1 month written notice. Any amendments deemed necessary to improve the quality of the service will be attributed 1 months written notice.

The Integrated Care Board may require the Contractor to suspend the provision of the service immediately if it has reasonable grounds for believing that patient health or safety is at risk as a result of continuing performance of this Service.

3.6 Reporting and evaluation

Each claim should be recorded on PharmOutcomes at the time of issue. Claims will be collated monthly within PharmOutcomes by Gloucestershire Integrated Care Board.

The Contractor should also submit the audit return which is generated automatically by PharmOutcomes to the Integrated Care Board. The audit return will be verified against payment invoices and significant discrepancies will be investigated with the Contractor.

3.7 Interdependencies with other services/providers

The Contractor will make contact and work with relevant individuals or organisations in order to achieve the outcomes of this service.

4. Applicable Service Standards

4.1 Applicable national standards (e.g. NICE)

⁸ Caring for someone at the end of their life Information leaflet. <https://g-care.glos.nhs.uk/uploads/files/Caring%20for%20someone%20at%20the%20end%20of%20their%20life%20leaflet%20V5.pdf>

⁹ Just in Case boxes/ bags presentation. https://g-care.glos.nhs.uk/pathway/872/resource/10#chapter_4750

Not applicable.

4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)

Not applicable.

4.3 Applicable local standards

The Pharmacy should review its Standard Operating Procedures and the referral pathways for the service on an annual basis.

The Pharmacy should be able to demonstrate that Pharmacists and staff involved in the provision of the service have undertaken CPD relevant to this service e.g. the CPPE training, Care of the terminally ill – communicating with patients open learning.

The Pharmacy must co-operate with any locally agreed Integrated Care Board led assessment of service user experience.

The service may be monitored by spot check or as part of an annual monitoring visit.

Information Sharing: Information will be shared between key partners within the framework of the Gloucestershire Information Sharing Partnership Agreement (GIPSA).

Safeguarding Adults, Children and Child Protection Standards: The Contractor will adhere to relevant Standards for Safeguarding and Child Protection. For an issue which may be Safeguarding this must reported to the Gloucestershire Adult Helpdesk: 01452 426-868. To Report a Child at risk contact the Children and Families Helpdesk on **01452 426565** (during office hours), NSPCC 0808 800 5000 or the Police.

For queries about whether an issue may be safeguarding, the Lead GP to contact the Gloucestershire Safeguarding Advice Line 01452 614-194.

4.4 Outcomes/Audit

A quarterly audit submission via PharmOutcomes is required to monitor usage of the service and to help identify problems that need resolving or if any amendments to the scheme are required. This submission will automatically be generated by PharmOutcomes.

The Contractor must co-operate with any locally agreed Integrated Care Board led assessment of service user experience.

5. Applicable quality requirements and CQUIN goals

5.1 Applicable Quality Requirements (See Schedule 4A-D)



Local operational standards and the national quality requirements schedules 4 a/b to apply where applicable to the relevant services.

5.2 **Applicable CQUIN goals (See Schedule 4E) :**

Not applicable.

SCHEDULE 3 – PAYMENT

A. Local Prices

Pricing/Claiming

NHS Gloucestershire Integrated care Board will remunerate the Contractors participating in this service as follows:

Fee per Just in Case Box (with associated paperwork, audit etc.) £12 paid on a monthly basis via PharmOutcomes.

Practitioners must ensure that they claim the correct volume of activity.

A full audit trail of activity claimed must be maintained via PharmOutcomes.

The Integrated care Board reserves the right to undertake an audit of claims made to ensure that they reflect services properly provided under the terms of this Locally Commissioned Service and the Contractor is required to comply with any reasonable requirements of such an audit including furnishing the Integrated Care Board with appropriate evidence to support a claim.

Appendix 1

Palliative Care Drug Stock for Just in Case Boxes

Stock of drugs prescribed by a GP or any qualified prescriber in 'end of life care' and kept at the patient's home or care home, to cover initial requirements in out of hour's period or when a syringe pump is initiated. This can include the following, as well as anything the prescriber deems necessary to be available in anticipation from, but not limited to, the Emergency Care medicines List held by community pharmacies:

(<https://ccglive.glos.nhs.uk/intranet/index.php/ccg-strategy/medicines-management/emergency-care-medications-list>)

Drug	
Morphine Sulphate	10mg in 1ml x 5 ampoules
Midazolam	10mg in 2ml x 5 ampoules
Glycopyrronium -	200 micrograms/1ml x 5 ampoules
Levomepromazine	25mg/1ml x 5 ampoules
Water for injection	10ml x 5 ampoules

During the Covid-19 pandemic, oral medications were added to the guidelines for JICB to enable family members and/or carers to administer if healthcare staff are unable to attend to the patient quickly. The oral medications can now be prescribed **as standard** alongside the injectables medications for the JICB if requested.

- **Oramorph Liquid 10mg/5ml.** Suggest 100ml for use in JICB (also available as 300ml or 500ml bottles if required).

Oramorph (or alternative opioid if indicated) 2.5-5mg prn po hourly max supply 100ml (2mg/ml) for pain and breathlessness

If this is prescribed, please issue the patient/carer/family **an oral syringe** when they collect from the pharmacy dispensing the medications (allows for accurate administration).

- **Lorazepam 1mg tablets** (routinely in packs of 28 tablets).

Lorazepam 0.5-1mg prn hourly max, sublingual, max4mg/24hrs, supply 28 tablets; for anxiety and breathlessness

An information leaflet to support family members and carers to give medications can be found here: ['Just in Case' Medicines Carers' guidance sheet.](#)

Further information on JICB can be found here

<https://gcare.glos.nhs.uk/pathway/872/resource/10> .