IMPROVING ANTICIPATORY SYMPTOM MANAGEMENT PRESCRIBING AT END OF LIFE

How Northern Health & Social Care Trust improved anticipatory medicines prescribing for those in the last days of their life, by developing an app for on-hand guidance and support for all clinical staff

BACKGROUND

The Northern Health and Social Care Trust (NHSCT) is one of five Trust areas covering Northern Ireland. The NHSCT includes two acute hospital sites and four community hospitals, serving a population of over 460,000.

A Specialist Palliative Care Team supports acute inpatients on both acute and community sites, and a dedicated multi-disciplinary team provide specialist input to patients in a bespoke 12-bedded palliative care inpatient unit.

DESCRIPTION OF INITIATIVE

Anticipatory prescribing refers to prescribing of medicines on an individual, person-centred basis in advance of symptoms occurring at end of life.

NICE NG31 guidance recommends that "suitable anticipatory medicines and routes are prescribed as early as possible" and these should be regularly reviewed.

NICE Quality Standard (QS144) states that "Adults in the last days of life who are likely to need symptom control are prescribed anticipatory medicines with individualised indications for use, dosage and route of administration".

NHSCT service user feedback, based on locally developed end of life key performance indicators, along with anecdotal evidence, supported the need to improve staff knowledge and confidence with regards to the symptom management and anticipatory prescribing in the dying phase.

As part of the NHSCT bespoke end of life care (EoLC) project, an education programme was established to instil a cultural change in recognising patients who were in the last days of life and the importance of good symptom management to ensure their comfort.

The project aimed to support healthcare professionals in recognising when a patient may be entering the last days of life, to increase the timeliness and access to anticipatory medications for patients in hospital, and, where appropriate, on discharge.

One of the main barriers to appropriate prescribing of anticipatory medicines was that clinicians were unsure what to prescribe. Despite the regional guidance available in hard copy and through online resources, these were not always accessible when needed.

The bespoke education programme completed three main components:

- Endorsement of Regional EoLC guidance as NHSCT standard.
- Bespoke multi-disciplinary training to medical, nursing, and pharmacy teams, including encouraging use of pharmacist prescriber skills.
- Improving access to symptom management guidance through a locally designed app, facilitating access to guidance at any time, and in any location.
**Benefits**

Over a period of two years, across both acute sites, the Trust demonstrated:

- A significant improvement in anticipatory prescribing of medicines for patients who died in hospital (see figure 1).
- Improved patient symptom management and reduced delays in accessing medication to control symptoms, as reported by ward-based staff.
- Pharmacy staff self-reported increased knowledge and confidence regarding EoLC, including making interventions and prescribing anticipatory medications where needed.
- No issues or complaints with respect to symptom management from bereaved relatives surveys.
- Relatives impressions of symptom management improved in most cases, according to CODE - Care of the Dying Evaluation.

In addition to the outcomes noted for inpatients, community healthcare staff including GPs, district nurses, pharmacists and palliative care specialists have corroborated that the mobile app has been useful in ensuring the appropriateness of medications used to manage EoL symptoms.

**National Audit of Care at the End of Life (NACEL)**

The locally developed KPIs on anticipatory prescribing are documented as part of the NACEL. This allowed the Trust to easily monitor the outcomes with respect to anticipatory prescribing. It has enabled NHSCT to identify the gaps in anticipatory prescribing and set in motion targeted education and training sessions to support multi-disciplinary clinical staff.

**Further Work**

Internal data collection was suspended due to the Covid pandemic; therefore, outcome monitoring from early 2020 has not taken place. It is difficult to determine if the improvement in anticipatory prescribing would have continued. It would be a useful extension to determine the impact on community care as a result of the interventions and consideration of anticipatory medicines made on discharge from hospital.

NHSCT specialist palliative care pharmacy service to acute inpatients was extended during the pandemic (March 2020). This provided an opportunity to further support the local EoLC work and reinforce appropriate medicines management for palliative and EoLC patients. During this time, two thirds of the interventions undertaken by the pharmacy team related to medications for patients considered to be for EoLC. This work is ongoing but results have shown potential financial savings through medicines cost avoidance, reduced length of stay, and improved quality and time to discharge.

**Contact Details**

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**Figure 1: Percentage of acute inpatients who had anticipatory medicines prescribed at time of death**

- Pain
- Secretions
- Agitation
- Nausea & vomiting
- Breathlessness

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