**Access to palliative and end-of-life care medicines: supporting community pharmacy’s role**

Across the world, the need for palliative and end-of-life care is rising as the population ages and more people are living longer with multiple long term conditions. During the Covid-19 pandemic the number of deaths at home rose steeply (Marie Curie 2021) and more generally, the home is still the preferred place of death for large numbers of people (Cicely Saunders International 2021). Community-based palliative and end-of-life care should be delivered by a multi-disciplinary primary and community healthcare professional team. It is generally considered to involve a combination of generalists - those for whom this care forms part of a broader role, such as GPs, pharmacists and community nurses – working together with specialists in palliative and end-of-life care, such as specialist community nurses and doctors employed by hospices and / or secondary care specialists.

Palliative and end-of-life care includes actions taken to prevent and relieve symptoms such as pain and breathlessness – and medicines are central to achieving this. A recent Delphi study across 27 European countries (Payne et al 2022) identified the availability of essential palliative medicines, including opioids, to be a core component of palliative care internationally. Community and primary care-based pharmacists have a key role to play in the delivery of such care, collaborating with nurses and GPs to ensure there is timely delivery of medicines into the home, to well-informed patients and carers, knowledgeable about both their medicines and also who to contact about medicines in and out-of-hours. The Royal Pharmaceutical Society Wales (2018) provides a comprehensive overview of the potential role of pharmacy in this area: for example, they recommend pharmacists adopt a key role in supporting and informing patients through regular conversations with them about their prescribed medicines, supported by written material and an ability to signpost and refer patients directly to a full range of health and social care, as well as third sector services. The report also identifies the central role of pharmacy in facilitating urgent access to important medicines, to ensure patient can stay in their own homes, without the need for hospital admission. In England, community pharmacies can be contracted by local or regional health service commissioners to provide a locally-agreed stock of palliative and end-of-life care medicines, often together with offering extended opening hours so that these can be accessed out-of-hours. In addition, the current drive in the United Kingdom (Royal Pharmaceutical Society Great Britain 2022) to ensure that pharmacists, including those working in the community, are trained and supported to independently prescribe medicines, highlights they may also have a role in prescribing directly to patients, working with the multi-disciplinary team.

So, what does international research tell us about how pharmacists are currently contributing to palliative and end-of-life care? Limited evidence suggests they experience barriers which need to be addressed for their full potential to be achieved. In our recent systematic review (Ogi et al 2021) of international evidence investigating patient experience of access to medicines within a variety of service delivery models, we found some challenges with community pharmacy provision. These focused on either pharmacy stock, or communication between pharmacists and other health professionals, or between pharmacist and patients. For example, in Ise et al’s (2010) national survey of community pharmacies in Japan, only 77% held a licence to stock opioids and even fewer (50%) reported involvement in monthly provision of these medicines. Evidence from a small number of research studies in the review suggested limitations on the community pharmacist’s role might be due to poor communication from the wider multi-disciplinary team, so that for example they lacked awareness of patients’ palliative care status, and prescriptions issued by GPs did not always match community pharmacy stock.

Further detail about their role and the context in which they operate was investigated in our recent study (Latter et al 2020; Campling et al 2022a; Campling et al 2022b) on access to medicines at end-of-life in the community. Community pharmacy services were a vital part of ensuring access to medicines in the home: nurses valued services that were commissioned to keep these medicines in stock and told us that when these worked well, they speeded access to medicines. We also recorded evidence of good working relationships between nurses and pharmacists and these were influential in supporting medicines access for patients – for example through dialogue about medicines when community specialist nurses were prescribing for patients, to ensure medicines prescribed matched stock held. The study also found that community pharmacists put considerable effort into securing end-of-life medicines from distributors and wholesalers, to fulfil their professional duty, often in the face of fragmented and difficult supply chain systems and communication (Campling et al 2022a).

However, pharmacists faced challenges in executing their role in this area. Our survey confirmed that, for large numbers of pharmacists, not knowing whether a patient was in the palliative care phase of illness limited their role in helping patients (Latter et al 2020). The research also found that the majority of health professionals surveyed– GPs in particular - were not aware of community pharmacies commissioned to provide access to these medicines. Other difficulties included a significant proportion of community pharmacists being dissatisfied with access to shared electronic records – a view shared by specialist palliative care and generalist community nurses. Whilst higher numbers of primary care-based pharmacists reported access to a range of electronic patient records, the majority felt less than highly competent in prescribing palliative care medicines. Furthermore, more than half (58%) of nurse and pharmacist prescribers did not have access to an electronic prescribing system.

In the face of rising demand for palliative and end-of -life care in the community, and a backdrop of nurse and GP workforce shortages, harnessing the potential of all professional groups is required to respond to this need. If pharmacists are to fulfil their role, ways of better integrating them with the multi-disciplinary primary and community healthcare team need to be found. Successful integration will require concerted action at a number of different levels, including organisational, functional service and professional levels (Fulop et al 2005). It will also require a shared vision on how pharmacists can work alongside other health professionals delivering palliative care, mapping how and when they are likely to provide care for patients and carers as part of a well co-ordinated palliative and end-of-life care pathway. Pharmacy’s contribution needs to be underpinned by greater numbers of pharmacists who can competently prescribe palliative and end-of-life care medicines to patients, working alongside GPs and nurses. Their contribution must also be supported by fuller access to patient records to enable greater awareness of patients who have been assessed as needing palliative care as well as an ability to view details of their medical and drug history. The current inequity in the access that different professionals have to electronic prescribing systems also needs to be addressed – all pharmacist prescribers, as well as nurse prescribers, need access to these in the organisations and places where they work. Further research evaluating the effectiveness of such strategies is also required.

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