



SCOTLAND

70 YEARS OF BEST PRACTICE

RCGP Scotland consultation response

Community Pharmacy Quality Improvement (Daffodil) Standards for Palliative and End of Life Care

December 2022

1. Will the standards help improve the quality of palliative and end-of-life care delivered through pharmacies?

YES

Further comments:

RCGP Scotland welcomes the opportunity to respond to this consultation. As the membership body for general practitioners in Scotland we exist to promote and maintain the highest standards of patient care.

RCGP Scotland recognises the important role of community pharmacists and the multidisciplinary team in providing the best palliative and end-of-life care services for patients. Community pharmacists are involved with the rapid changing of medication, often subject to day-to-day review and this service is crucial to providing the right comfort and care, and actively addressing symptoms when a person is dying at home. We welcome the emphasis in the standards, not only on high quality technical care but on recognising the emotional and other needs of patients and their families and carers at this difficult time. We like the emphasis on the highest standards of communication, both within and between teams, and also with patients, their carers and family. We are impressed, too, by the prominence given to pharmacists being flexible - considering the patients' needs, and for instance- suggesting alternative approaches and preparations, whilst monitoring and signposting. Patients' relatives may have considerable contact with community pharmacists after their death, returning unused medicines for instance can be traumatic, and it is excellent that care has been considered for them at that time of bereavement too.

We note that pharmacists should deal “with medicines supply chain issues where they arise” and wanted to highlight that supply chain issues are a huge and growing problem, both for community pharmacists and GPs, and we would hope that other, system-wide solutions could be found to stop them arising in the first place.

RCGP's Daffodil Standards were developed together with Marie Curie UK 'to help practices self-assess and consistently offer the best end of life and bereavement care for patients.'^[1] RCGP Scotland supports the partnership of the Royal Pharmaceutical Society and Marie Curie in producing standards which align with the existing RCGP Daffodil Standards. We particularly welcome the alignment with the eight standards for general practice, which enables co-ordinated quality improvement which is vital for quality of palliative and end-of-life care services.

2. Are the standards

- *pitched at the right level*- **YES**
- *clear about what should be achieved*- **YES**
- *flexible enough*- **YES**
- *achievable*- **YES**
- *sufficiently aspirational*- **YES**

3. Do the standards cover the important aspects of palliative and end-of-life-care for community pharmacies?

YES

Further comments:

RCGP developed the eight core areas:

Standard 1: Professional and competent staff

Standard 2: Early identification

Standard 3: Carer Support before and after death

Standard 4: Seamless, well-planned, coordinated care

Standard 5: Care is based on the assessed unique needs

Standard 6: Quality Care during the last days of life

Standard 7: Care after death

Standard 8: General practice being hubs within Compassionate Communities

There is clear alignment with the community pharmacist draft standards here. RCGP also has different levels to the standards.

Level 1- core essentials- focusing on internal practice systems to enable consistency of care.

Level 2- enhanced- improving communication, shared planning, and compassionate care.

Level 3- advanced- coproduction of care and compassionate communities ^[1].

The standards cover these levels within the detailed actions of what community pharmacy can do and the additional information given.

4. Will the standards encourage collaborative working between Community Pharmacy and other key providers of palliative and end-of-life care support e.g., General Practice?

YES

Further comments:

The standards were produced based on the pre-existing RCGP Daffodil Standards demonstrating the importance of general practitioners as a stakeholder alongside community pharmacists. We specifically note Standard 8: 'General Practice as a hub within Compassionate Communities'.

The Scottish population is undergoing demographic change, so this will expand workload, particularly because of the steep rise in multi-morbidity with age ^[2]. Multi-morbidity is associated with greater GP and other teams' workload ^[3], and palliative care for those with end-stage long term conditions is a growing area. Cancer prevalence also rises with age, adding pressure to already-stretched systems. We warmly welcome the alignment of ambition, which will certainly encourage collaborative working.

5. Do you have any specific comments on any of the individual standards? If so, please note them below.

Standard 1 Comments: n/a

Standard 2 Comments:

RCGP Scotland supports the better access of information sharing, IT interoperability, and facilitating access to other relevant healthcare providers.

Standard 3 Comments: n/a

Standard 4 Comments: n/a

Standard 5 Comments:

RCGP Scotland believes the current system in Scotland of Key Information Summaries (KIS) has been helpful in progressing the sharing of information about Anticipatory Care Plans (ACP) ^[4]. However, we note that ACPs are not routinely available to community pharmacy teams, meaning that there often needs to be extensive in-person communication, sometimes daily, or more, at the end of life.

KIS has allowed coded and free-text information to be viewable by a range of healthcare professionals- a significant improvement on the original Emergency Care Summary (ECS). A different opt-in consent model was initially used for KIS, with some relaxation around during the pandemic, and we await further clarification of the information sharing arrangements going forward, noting the important role of pharmacists in the delivery of palliative care to patients. Therefore, we support the 'requests sharing of advance/future care plan (where available/relevant)'.

This helps to achieve the daffodil standards and the principles set in NHS Scotland's 'Caring for people in the last days and hours of life' document: decisions about a person's care usually involve a multi-disciplinary discussion ^{[1][5]}.

RCGP Scotland is optimistic that in the near future, patients will benefit from the deployment of the ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) initiative ^[6]. Pilot stages have already shown the benefits of adapting its anticipatory care plan process, which focusses on identifying what is important to patients and shared decision making, as well as enabling better digital access and involvement of patients, friends, family, and the multi-disciplinary healthcare team ^[7].

Finally, prescription changes are often made rapidly at the end of life: the lack of electronic prescribing means that patients' relatives, who are often wanting to be at the bedside of their loved ones, have to not only collect medications from pharmacies, but also visit the practice first (if controlled drugs are involved, as they often are). This is yet another reason to move to e-prescribing as soon as possible, and Scotland now lags in

this area. Whilst not an area mentioned in the standards, its development would help support palliative and end of life care.

Standard 6 Comments: n/a

Standard 7 Comments: n/a

Standard 8 Comments: n/a

References

- [1] [The Daffodil Standards \(rcgp.org.uk\)](http://rcgp.org.uk)
- [2] Epidemiology of multimorbidity and implications for health care, research, and medical education: a cross-sectional study. Karen Barnett, Stewart W Mercer, Michael Norbury, Graham Watt, Sally Wyke, Bruce Guthrie. The Lancet: DOI:10.1016/S0140-6736(12)60240-2. 10 May 2012.
- [3] [acrc_briefing_3_v.1.pdf \(ed.ac.uk\)](#)
- [4] [Many people in Scotland now benefit from anticipatory care before they die: an after death analysis and interviews with general practitioners \(bmj.com\)](#)
- [5] [j354423 Guidance: Caring for people in the last days and hours of life \(www.gov.scot\)](#)
- [6] <https://nhsforthvalley.com/health-services/az-of-services/respect/>
- [7] <https://www.palliativecarescotland.org.uk/content/publications/36.-Scotlands-first-pilot-of-ReSPECT.pdf>