

A faded background image showing two people, likely a caregiver and a patient, holding hands. The person on the left is wearing a white coat and glasses, and the person on the right is wearing a dark shirt and glasses. They are both looking down at their hands.

COVID-19 Palliative and End of Life Care Weekly Updated 30th April 2020

@Pers_Care
#Pallicovid

The webinar will be starting shortly.

Please remember to **mute your phone** and **introduce yourself** in the chat box – where are you from, what is your role?

NHS England and NHS Improvement



House keeping

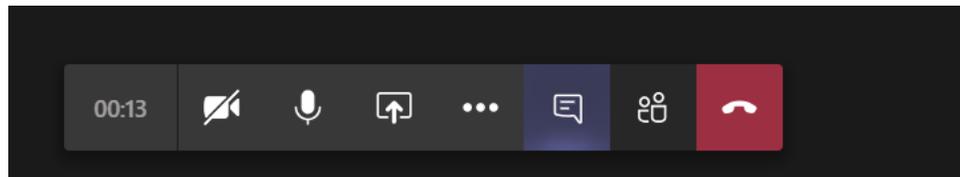


Mute – *All attendees are muted on entry to avoid background noise but please ensure that you **mute your own phone too***



Questions – *Please send your questions to the presenters via the CHAT box by selecting '**Everyone**' on the bottom right-hand side of your screen.*

Questions may be posted by attendees throughout this section. To access chat



Introduce yourself to everyone in the chat box - *Where are you from, what is your role? (If you are replying to someone specifically in the chat box use **@theirname**)*



Agenda



Update	Presenter	Role
1. National Guidance <ul style="list-style-type: none">• Re-use of medicines• Critical medicines• Verification of Death	Prof Bee Wee	National Clinical Director, PEO LC
2. Compassionate Conversations	Kathryn Mannix	Consultant in Palliative Medicine
3. Hospice Grant Funding	Sue Bottomley	National Head, PEO LC

Facilitated by

Phil Brough - Senior Programme Manager, Palliative and End of Life Care





Staying up to date



The following channels are available to keep up to date:

- These new weekly calls, every Thursday 6-7pm
- @Pers_Care Twitter account for regular updates – using #PalliCovid
- A dedicated COVID-19 mailbox for all queries relating to PEOLC – england.covid-eolc@nhs.net
- End of Life Care Practitioners Network. Contact Sherree.fagge@nhs.net to join

Note:

- Tweetchat this week: [#pallicovid](https://twitter.com/pallicovid) each day focusing on supporting people in the last months of life





Produced by NHSE/I

[Running a medicines re-use scheme in care homes and hospices](#)

Published 28 April 2020

[Clinical guidelines for children and young people with palliative care needs in all care settings](#)

Published 17 April 2020

[Hospice funding announcement letter](#)

Published 16 April 2020

[Community health services, Standard Operating Procedure](#) appendix 5, Advice on support for people with palliative and end of life care needs in the community

Published 15 April 2020

[Advance Care Plan guidance and editable template](#)

Published 13 April 2020

[Update on anticipatory medicines at the end of life](#)

Published 10 April 2020

[Letter from Steve Powis and Ruth May re: maintaining standards and quality of care in pressurised circumstances](#)

Published 7 April 2020

[GP standard operating procedure](#) appendix 7, Advance Care Plan guidance and template

Published 6 April 2020

[Clinical specialty guide for palliative and end of life care in secondary care](#)

Published 28 March 2020



Produced by other organisations

[Priority medicines for PEOlc during a pandemic](#)

Published 30 April 2020

[NICE Rapid Guidelines – Managing symptoms \(including at the end of life\) in the community](#)

Published 3 April 2020

[Discussing Unwelcome News: a framework for communication](#)

Published 2 April 2020

[Macmillan Courageous Conversations Resources](#)

[Helix Centre end of life care toolkits for carers at home](#)

[Joint statement on advance care planning](#)

Published 30 March 2020

[Community Palliative, End of Life and Bereavement Care in the COVID Pandemic](#)

Published 30 March 2020 by RCGP and APM

[RCGP COVID19 Resource Hub](#)

[Association of Palliative Medicine - COVID-19 and Palliative, End of Life and Bereavement Care in Secondary Care - Role of the specialty and guidance to aid care](#)

Regularly updated – use APM homepage to access latest version

[COVID-19 Adult Social Care Action Plan](#), pg.23 ‘Supporting people at the end of their lives’

Published 15 April 2020 on gov.uk





Upcoming guidance

We are working on a number of further publications and hope to be able to share the following over the coming weeks:

- Alternative routes to symptom management
- Standard operating procedure for community palliative care services
- Standard operating procedure for children and young people hospice inpatient units
- Standard operating procedure for verification of death in a period of emergency
- Information to support unpaid carers looking after someone with palliative or end of life care at home





Re-use of medicines

NHS England and NHS Improvement



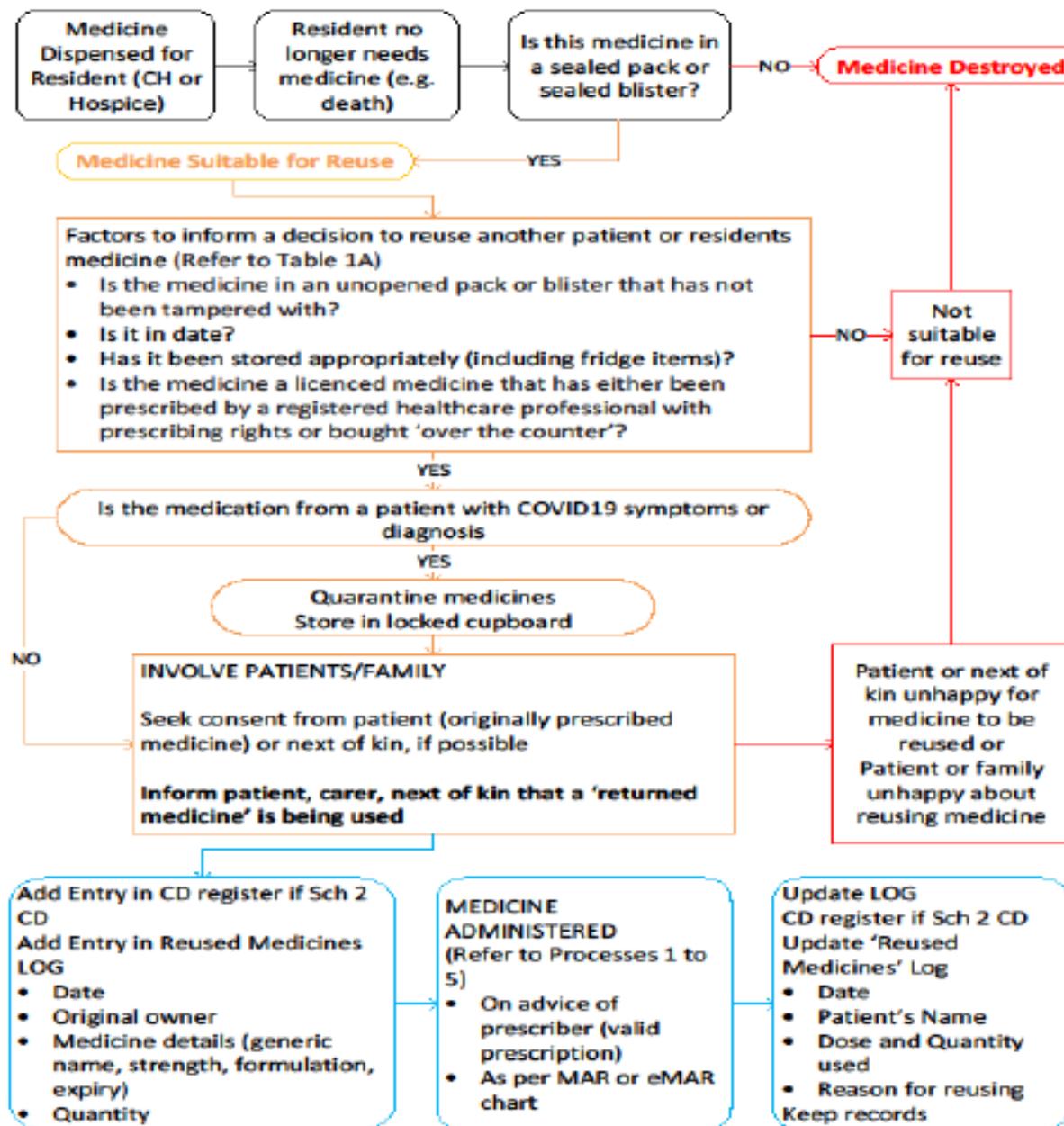
Overview of Guidance and Standard Operating Procedure (SOP)



- Due to the current crisis DHSC has relaxed the recommendations to accommodate reuse, under very specific circumstances.
- Unused medicines would normally be disposed of; around £50 million worth of NHS supplied medicines are disposed of each year by care homes - 17% of the total prescription medicine wastage in England each year.
- Medicines reuse schemes:
 - shown to reduce medicines waste and environmental pollution
 - already operate successfully internationally and in NHS hospitals across the United Kingdom.
- The medicines re-use scheme is only designed for use during the COVID-19 pandemic. Under usual circumstances, the reuse or recycling of another patient's medicine is not recommended as the quality of any medicine that has left the pharmacy cannot be guaranteed.
- Hospices and care homes generally have good procedures in place to store medicines in an appropriate way

<https://www.gov.uk/government/publications/coronavirus-covid-19-reuse-of-medicines-in-a-care-home-or-hospice>

Medicines re-use pathway





Priority medicines for palliative and end of life care during a pandemic

NHS England and NHS Improvement



Overview

During the coronavirus pandemic, additional demand on some medicines and other supplies is inevitable. Guidance jointly published by APM with Hospice UK, RCGP and Association of Supportive and Palliative Care Pharmacy, working with NHSE/I – sets out small set of priority medicines for palliative and end of life care.

Principles:

- Palliative care clinicians and Chief pharmacists should work together to review and reallocate medicine stock supplies from areas where clinical demand is less
- The oral route should be used if patients are able to swallow
- Due to regional variation in practice, first and second line options may be used interchangeably
- Pharmacological options may be used to treat more than one symptom, e.g. haloperidol used for delirium as well as anti-emetic
- Drug interactions with any of the drugs listed need to be considered
- Substitutions discussed with patient and/or care

Priority Medicines for palliative and end of life care:



Indication	1st option	2 nd option
Breathlessness, Pain	Morphine	Oxycodone for patients with e-GFR <30
Fever	Paracetamol (PO)	Paracetamol (PR)
Anxiety	Lorazepam Midazolam	Levomepromazine
Delirium	Haloperidol	Levomepromazine
Anti-emetic	Haloperidol	Levomepromazine
Cough	Codeine linctus	Morphine
Noisy breathing, Colic	Hyoscine butylbromide	Glycopyrronium

Other Medicines issues

- Anticipatory prescribing:
 - individualised
 - clinical assessment of deterioration and understand cause of symptoms
- Local hubs to ensure rapid access to end of life meds - unless alternative arrangements for 24/7 access available
- Emergency packs **could** include:
 - Morphine – 100 mls (10 mg/5 ml) and 5 ampoules (10 mg/ml)
 - Lorazepam – 10 tablets
 - Haloperidol – 10 tablets (500 mcg) and 5 ampoules (5 mg/ml) or
 - Levomepromazine – 5 tablets (25 mg) and 5 ampoules (25 mg/ml)
 - Midazolam – 5 ampoules (10 mg/2 ml)
 - Hyoscine butyl bromide – 5 ampoules (20 mg/ml)
 - Water for injection – 5 ampoules (10 ml)



Verification of death in a period of emergency (pending publication)

NHS England and NHS Improvement



Overview of Guidance and Standard Operating Procedure (SOP)

- Provides framework for safe verification of **expected adult** deaths in the **community** during the Coronavirus emergency
- Aims to prevent distressing delays in verifying all expected deaths in the community.
- Proviso – not suspicious nor unexpected death
- It is not intended to replace/duplicate any existing timely processes which may already be in place locally.
- Medical practitioners, trained registered nurses and paramedics already verify deaths BUT this enables non-medical professionals using remote clinical support.
- Non- medical professionals should not experience any pressure to verify deaths
- Guidance not yet published



Questions and Discussion





Compassionate Conversations

NHS England and NHS Improvement



PREPARE

clarify purpose

from a place of COMPASSION

Consider the ending and further support

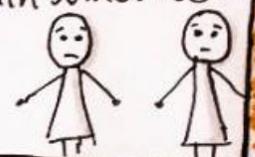
comfortable
undisturbed

BEGIN

Hello... my name is...
outline - update? decision?

speak slowly
attend to tone of voice

FIND OUT WHO? What do they know, expect, feel?

With someone?


PROGRESS

to a new understanding


NORMALLY? TODAY

EXPLAIN
• What is happening?
• What is expected to happen?

We're so sorry. She is dying


LISTEN ACKNOWLEDGE
signs of distress
silence
pauses
voice change


FINISH

? Are there things we haven't covered?
? What's important?

Words of comfort and truth
We will care for her. She is comfortable.

WHO ELSE? needs to know

• What next
• Who can support
• Where to find information

AFTER

DEBRIEF
How do you feel?

It's OK not to be OK.


REFLECT
I am confident that...

We have a shared understanding of what's important
We're focusing on the right things
We know what we need and what we need to do.

DISCUSSING UNWELCOME NEWS ~ COVID19
A FRAMEWORK FOR COMMUNICATION

Worth Pondering...

This is a shared task: me and the person I am talking to. Let's be partners.

Use more questions than statements

Q, Q, S 'waltz'

Share the summaries: give the person ownership/power.

Closure includes:

- Next steps – shared
- Next steps – theirs
- Next steps – mine

This is different by phone or when wearing PPE: but different isn't always 'less than.'



CARDMEDIC™

COMMUNICATION FLASHCARDS



B

Breathing

Bowel Management

C

Circulation

Comfort

Conveen

D

DNAR

Drugs

DVT / PE

Allergies

AMPLE History

Anaesthetic Assessment

Analgesia

Antibiotics

Any Questions?

E

End Of Life Care

Examination

F

Family & Friends

Fluids

G

Glucose

H

Hello My Name Is...

History

[Introduction](#)

[Preparation](#)

[Recognition 1](#)

[AMBER CARD: Clarify, Confirm & Continue](#)

[Recognition 2](#)

[AMBER CARD: Clarify, Confirm & Continue](#)

[Next Steps: Are You Ready To Talk? NO](#)

[Next Steps: Are You Ready To Talk? YES](#)

[EOLC Plan 1: Involve & Support](#)

[EOLC Plan 2: Individualised Care Plan](#)

[EOLC Plan 3: Religion & Spirituality](#)

[Symptom Management 1](#)

[Symptom Management 2](#)

[Starting a Subcutaneous Syringe Pump](#)

[Comfort](#)

[Important Messages](#)

[Closing the Conversation](#)

[The Palliative Care Team](#)

[Useful Documents](#)

Recognition 1.

Things are looking serious now.

I'd like to talk to you about this.

Is that okay?

What I am about to say is not easy.

I am sorry.

If you want me to stop at any point, please tell me.

We are in a different place in your treatment and care now.

We were hoping to stop you from getting any worse or more unwell.

We are sorry to say that despite all the treatments we have given you, you are not getting any better.

Things are still getting worse.

Go to AMBER CARD to Clarify, Confirm and Continue

AMBER CARD: Confirm, Clarify & Continue.

What do you think about what I have told you so far?

Do you need me to say or explain anything again?

Do you want me to explain more?

Would you like me to continue?



Useful links

- <https://www.ahsnnetwork.com/helping-break-unwelcome-news>
- <https://www.realtalktraining.co.uk/>
- <https://www.cardmedic.com/>



Questions and Discussion



Hospice Grant Funding

NHS England and NHS Improvement



Hospice Grant Funding



- Wednesday 8th Chancellor announced up to £200 million grant funding to Hospices
- The Grant funding agreement and guidance documents are waiting for clearance and sign off
- An internal guidance document and finance workbook have been developed in line with the final grant agreement
- Hospice UK distributed £60 million of £67 million grant funding to 168 hospices by 14th April
- A further 7 hospices have £1m allocated funds waiting disbursement on final confirmation of eligibility status.
- A further 10 hospices have applied to Hospice UK for grant funding and are being checked against eligibility criteria
- Hospice UK is holding £2m contingency funding against clawback arrangements.
- 248 hospices have now registered with the National Capacity Tracker this includes NHS hospices
- Hospice UK have complied and agreed with NHS E&I a set of Frequently Asked Questions to be managed and made available to hospices and CCGs by Hospice UK

Hospice Grant Funding



- Covid-EOLC Response team are daily monitoring hospice capacity on the tracker working with Hospice UK to ensure full compliance with the data capture requirements of the grant
- A webinar was held for CCGs on grant funding on 22nd April
- A webinar for Hospice CEO's and CFO's on grant funding was held with Hospice UK on 23rd April to be repeated at the next webinar hosted by Hospice UK
- Funding Grant Panel met 29th April and agreed the second tranche of funding at £67m



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