



Submission to the National Clinical Programme for Palliative Care: Model of Care for Palliative Care Services Nationally.

February 2018

Pharmaceutical Society of Ireland
PSI House, 15-19 Fenian Street
Dublin 2, D02 TD72
01 218 4000
www.psi.ie

Re: The National Clinical Programme for Palliative Care: Model of Care for Palliative Care Services Nationally.

The Pharmaceutical Society of Ireland (PSI) is the statutory body, established by the Pharmacy Act 2007, to regulate the practice and profession of pharmacy having regard to the need to protect, maintain and promote the health and safety of the public. The PSI recognises the importance of the availability of The National Clinical Programme for Palliative Care in providing a structured framework in the area of the management of palliative care. We think this is of benefit to all professionals and to patients and their families and has the potential to enhance patient safety. We welcome this opportunity to make a submission to the HSE's consultation on The National Clinical Programme for Palliative Care.

Comment:

The Model of Care as outlined in the draft document is welcomed. The patient is at all times at the centre of the proposed initiatives, and the range of inter-professional engagement and collaboration described is commendable.

Suggested improvement:

The PSI feels that in light of this cross-collaboration between various healthcare professionals, the pharmacist could play a key role in the transition of care from secondary care to primary care settings. Communication channels have been established in both the community and the hospital settings between medical practitioners, nurses and other healthcare professionals, and the specialised knowledge of pharmacists in the area of pharmacology and medication therapy has been shown to be of benefit to patients and professionals alike. Perhaps the acknowledgement of this role of the pharmacist in palliative care needs of patients could be explored in the document.

Comment:

In the Workforce Planning Allied Health Professionals section of the document (pg 96 the role of the pharmacist could be further elaborated.

Suggested improvement:

Suggest clear reference to the role of the pharmacist in this section, highlighting the important role that the pharmacist plays in the safe supply of medicines to palliative care patients.

Regulation 9 of the [Regulation of Retail Pharmacy Businesses Regulations 2008](#) places a clear legal responsibility on pharmacists to clinically review a prescription before they dispense a medicine to ensure it is safe and appropriate for the patient, and to counsel the patient on the correct use and storage of the medicines. This regulation specifically states:

'Review of medicine therapy and counselling of patients in the supply of medicinal products on foot of a prescription

9. (1) A person carrying on a retail pharmacy business, the superintendent pharmacist and the supervising pharmacist shall ensure that, prior to the dispensing of each prescription and prior to the supply of the medicinal product concerned, a registered pharmacist reviews the prescription having regard to the pharmaceutical and therapeutic appropriateness of the medicine therapy for the patient.

(2) The review provided for in paragraph (1) shall include screening for any potential therapy problems which may arise out of the use of any medicinal product that may have been prescribed and which the registered pharmacist is, or, in the course of his professional practice, ought reasonably to be, aware of. The potential problems to be screened for shall include those which may be due to therapeutic duplication, interactions with other medicinal products (including serious interactions with non-prescription medicinal products, herbal products or foods), incorrect dosage or duration of treatment, allergic reactions, and clinical abuse and/or misuse.'

This regulation also requires that the pharmacist *shall ensure that the patient has sufficient information and advice for the proper use and storage of the prescribed medicinal product and shall offer to discuss with the patient, or with the carer of such a patient, all such matters as the pharmacist, in the exercise of his or her professional judgement, deems significant.*

Comment:

In the guidelines section Other National Policies, Guidelines and Standards, (pg 84), reference could be made to the PSI/Medical Council Joint Guidance on the Safe Prescribing and Dispensing of Controlled Drugs.

Suggested Improvement:

The PSI believe that it would be beneficial to include a reference to the PSI/Medical Joint Guidance on Safe Prescribing and Dispensing of Controlled Drugs.

(http://thepsi.ie/Libraries/Practice_Guidance/PSI_and_Medical_Council_Joint_guidance.sflb.ashx).

Considering the high proportion of controlled drugs that are used in the treatment and management of palliative care patients and the tight legislative controls surrounding the prescribing and dispensing of controlled drugs, the PSI feel that inclusion of this guidance in the National Clinical Programme for Palliative Care would serve as a useful resource to facilitate safer prescribing and dispensing of controlled drugs. It would also serves to encourage best practice and raise and promote high levels of professional standards in the treatment of patients with palliative care needs.

In conclusion the PSI welcomes the development of the National Clinical Programme for Palliative Care. The PSI anticipate that this policy will promote and enhance evidence based practice in palliative care and palliative care prescribing practices resulting in improved patient care. The PSI is happy to provide any additional input or feedback in the further development of this policy. We look forward to seeing the final document.

PSI –The Pharmacy regulator

PSI House

Fenian Street

Dublin 2

D02TD75

February 2018.