

WELSH HEALTH CIRCULAR



Llywodraeth Cymru
Welsh Government

Issue Date: 30 April 2020

STATUS: ACTION

CATEGORY: HEALTH PROFESSIONAL LETTER

Title: Guidance for Local Health Boards and NHS Trusts on the reuse of end of life medicines in hospices and care homes

Date of Expiry / Review: This advice applies only during the COVID-19 pandemic.

For Action by:
Chief Pharmacists; and Controlled Drugs
Accountable Officers

Action required by: N/A

Sender: Pharmacy and Prescribing Branch, Health and Social Services Group

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Enclosure(s): CPhO Letter

CPhO/2020/01

Dear Colleague,

COVID-19: GUIDANCE ON THE REUSE OF END OF LIFE MEDICINES IN HOSPICES AND CARE HOMES

Purpose

1. This guidance provides NHS organisations with advice to support establishing arrangements that ensure timely access to end of life medicines for patients in care homes and hospices in particular through the reuse of medicines prescribed for one patient by others. This guidance applies only during the COVID-19 pandemic.
2. Local Health Boards (LHBs) should put in place arrangements to support the limited reuse of end of life medicines in care homes and hospices, in exceptional circumstances. These arrangements should be informed by existing procedures that support the reuse of medicines in hospitals in Wales. The Controlled Drugs Accountable Officer (CDAO) and Chief Pharmacist of the relevant LHB should agree any such arrangements.

Background

3. In accordance with the [Human Medicines Regulations 2012 as amended](#), where a prescription-only medicine is supplied to a person in accordance with a prescription ordered by an appropriate practitioner, it becomes the property of the person named on the prescription. This means in normal circumstances, a medicine prescribed to one person cannot be supplied to another.
4. It is the accepted position in the UK that the reuse or recycling of one person's prescribed medicines by another is not recommended. The rationale being that once dispensed the conditions under which medicines have been stored cannot be guaranteed and as such, there is a risk that the quality, safety and efficacy of a medicine may fall below the standard required either in legislation or by professional regulators. Patients' unused medicines should normally be returned to a pharmacy for safe disposal.

From the Chief Pharmaceutical Officer

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CPhO/2020/001

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5. There are increasing concerns about the ability of the supply chain to meet increased demand for end of life medicines during the COVID-19 outbreak; arrangements which in exceptional circumstances, support the appropriate reuse of end of life medicines in care homes and hospices will prevent unnecessary delay and distress for patients.
6. Arrangements that support the reuse of medicines are already widely used in hospitals in Wales and have been shown to [reduce medicine waste](#). Reuse of medicines supplied to hospital and inpatients is acceptable in situations where storage conditions can be controlled and appropriate record keeping arrangements are in place. Chief pharmacists remain accountable for the reuse of medicines in these environments.
7. In general, hospices and care homes will be able to provide similar assurances to hospitals regarding the storage and record keeping for medicines. In these situations, it may be appropriate to support the reuse of medicines in limited circumstances in order to avoid unnecessary delays in accessing end of life medicines.
8. In light of the current unprecedented impact of COVID-19, the UK Department of Health and Social Care (DHSC) has relaxed its previous position to accommodate the reuse of medicines under limited specific circumstances as outlined in this guidance.

General principles supporting reuse of medicines

9. The primary concern is to be appropriately assured regarding the quality, integrity and safety of any medicine(s) being considered for reuse.
10. The most effective means of being assured of a medicine's quality, integrity and safety is for it to be supplied through the regulated supply chain, and appropriately labelled for the person for whom it is supplied. However, during the COVID-19 pandemic, it is recognised that it may be possible to assure a medicine's quality such that it can be reused, where formal arrangements are in place. These arrangements should mirror those already in place in hospitals.
11. Where a medicine is reused the principles of good practice for managing medicines in care homes, set out in the National Institute for Health and Care Excellence's social care guideline [Managing medicines in care homes](#) continue to apply.

Circumstances in which it may be acceptable to reuse medicines

12. This guidance only applies to the reuse of medicines prescribed to one person by another. It does not apply to situations where a hospice or, less commonly, a care home is supplied stock for general use. In these situations existing arrangements should continue.
13. Where local arrangements¹ are put in place to reuse medicines in hospices and care homes, they can be used **only** during the current COVID-19 pandemic.

¹ Local arrangements refer to arrangements agreed by the relevant Local Health Board for use by a care home or hospice within its area or to which it provides medicines.

14. In addition any local arrangements must ensure that reuse is only considered where:

- Having made an attempt to obtain the required medicines from a local pharmacy, out of hours service or the [COVID-19 end of life medicines service](#), no other stocks of the medicine are available in an appropriate timeframe and there is an immediate patient need for the medicine;
- No suitable alternatives for an individual patient are available in a timely manner, i.e. a new prescription cannot be issued and those medicine(s) supplied without causing otherwise avoidable delay and distress;
- The benefits of re-using a medicine outweigh any risks for an individual patient; and
- The medicine(s) being considered for reuse have been assessed by an appropriate healthcare professional and in accordance with local guidelines, to be acceptable for reuse.

Other matters to be addressed in local policies and procedures

15. In addition to the specific matters set out above, policies must provide detailed advice on the physical assessment of medicines being considered for reuse, a description of the type of healthcare professional who may undertake assessments, and storage and record keeping requirements including any specific requirements in relation to controlled drugs. Further advice on authority to possess controlled drugs and their storage requirements is available from the CDAO and Chief Pharmacist of the relevant LHB.

16. Local policies must make it clear the type of healthcare professionals who may undertake an assessment of a medicine's suitability for reuse. Local policies will need to be clear who may undertake such an assessment in care homes providing only personal care only (i.e. without nursing).

17. Local procedures should ensure the unnecessary and excessive storage of medicines in care homes and hospices is prevented.

18. Local procedures should include advice on infection control measures that must be taken before the reuse of a medicine particularly in relation to the reuse of any medicine prescribed to a patient with COVID.

Dealing sensitively with the issue of reusing medicines

19. Local policies should make clear to healthcare professionals, carers, patients and their families, that the reuse of medicines is reserved for the limited and exceptional circumstances where a patient's needs cannot be met without causing otherwise avoidable delay and distress.

20. Local procedures should ensure conversations about the reuse of a medicine should be handled sensitively and take place at an appropriate point in someone's care, and only in advance of a medicine needing to be reused.