

Online Appendix. Text of the online survey

Anticipatory Prescribing Practice for community end of life care during the COVID-19 pandemic

In the current COVID-19 pandemic some areas of the UK have introduced changes to Anticipatory Prescribing (AP) practice. In order to support each other in potentially making such changes at this very difficult time, we have developed a brief questionnaire which will take less than five minutes to complete. We would be grateful if you could complete this in the near future so that we can rapidly analyse the responses and then widely circulate the results as soon as possible. This survey has been reviewed by the University of Cambridge Psychology Research Ethics Committee.

Anticipatory Prescribing (AP) of “Just in Case” medication is the prescription and dispensing of medications to a named patient, in advance of clinical need, for administration by suitably trained individuals if symptoms arise in the final days of life. AP is widely endorsed as an important component of community end of life care, despite a limited evidence base.

We are sending this to you as someone who attended one of our national workshops on AP last year. Please feel free to forward the link to colleagues in your area / other areas of the UK: it would be helpful to have a good number of responses from across the UK.

We look forward to hearing from you. The results of this survey will be sent to everyone who attended our previous workshops and will also be available from us by email. We plan to publish them in a journal in the near future.

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There are no right or wrong answers. By responding to this survey, you consent to participate in this study

Q1 - In what Clinical Commissioning Group / Health Board area do you work?
(Free text box for reply)

Q2 - What is your current professional role? (Tick one box)

- Pharmacist
- Palliative care Nurse Specialist
- General Practitioner
- Palliative Medicine Consultant
- Palliative Medicine Registrar
- Community Nurse
- Nurse – other
- Doctor – other
- Researcher
- Other (please specify)

Q3 - In what clinical setting(s) do you work? (Tick as many as apply)

- Hospital
- Community Primary Care
- Community Palliative Care
- Hospice Inpatient Unit
- Care Home
- Not applicable (not working clinically)
- Other (please specify)

Q4 - In what stages of the AP process are you involved? (Tick as many as apply)

- Decision to Prescribe
- Prescribing
- Dispensing
- Patient monitoring before administration
- Medication administration
- Disposal of medication after death

Q5 - Has AP practice for community end of life care changed in your area in the light of the COVID-19 pandemic regarding:

Please click on one of the Yes / No / Unsure buttons to the right of each issue.

If yes, please provide details of change or other comments (Free text box for replies)

- a) Which drugs are prescribed
- b) The quantities of drugs prescribed
- c) Drug doses/dose ranges prescribed
- d) Arrangements for drugs and supporting documents to be in the home/care home
- e) Route of administration, especially the sublingual/buccal route
- f) Person administering AP drugs, especially family/informal carers or social care colleagues
- g) Telephone or other advice and support for AP including family/social care administration
- h) The use of phone or video to support AP practice
- i) The prescribing of AP medications for patients with non-COVID-related illness
- j) The use of syringe drivers

Q6 - Do you have any other comments or any suggestions for changes in practice / policy / legislation that might help to optimise AP? (Free text box for replies)

If you would be interested in taking part in a brief follow-up interview concerning these issues, by phone / zoom etc., please give your name and email address below and we will be in touch in the near future. Alternatively, if you would be willing to take part in an interview but would prefer your responses to be anonymous, please do not give your name and email address below but email one of us directly.

Thank you for completing this survey. **Please do forward the link to colleagues in your area or other areas of the UK.**

Q7 – Optional contact details

Name	Email
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