

Abstracts

compliant and which also contained other salient information relating to the use of strong opioids. The PIL is titled "Morphine and other opioid painkillers for moderate to severe pain" and contains the following section headings:

- Using Opioids - why prescribed, preparation and how to take, managing breakthrough pain
- Side effects - common side effects, what to do if experiencing side effects
- Driving and Travelling
- Other Information - collecting from pharmacy, opioids and alcohol, storage, disposal

There is also the facility on the front cover of the PIL for the dispensing pharmacy to stick duplicate labels of strong opioid medicines dispensed so that patients and carers know to which drugs the PIL refers. The PIL produced has, if locally adapted, wide potential for use in any palliative care organisation and pharmacy dispensing strong opioids for moderate to severe pain in the UK.

P113 RE-DESIGNING HOW PATIENT MEDICINES INFORMATION IS PRESENTED ON DISCHARGE

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A plethora of written patient information accompanies medicines dispensed (TTOs) for patients discharged from an independent Hospice inpatient unit. This includes:

- Manufacturer's patient information leaflets (PILs) for each medicine used within license - legally required.
- Locally developed PILs for medicines that are unlicensed or for use off-label.
- Green (regular) and blue (when necessary) 'Drug Information Cards' listing all medicines and dosage information electronically transposed from the TTO prescription.
- Locally developed PILs informing about medicine groups warranting special care in use e.g. 'morphine and other opioid painkillers for moderate to severe pain'.

It was observed that this 'jumble' of leaflets and medicines looked disorderly and unprofessional, with a real risk of information being lost, overlooked or simply discarded as unimportant. The aim was to develop how written patient information was presented to patients and carers in a way that was:

- Professional and distinctly noticeable.
- Neat, orderly and clear.

This problem was presented to the hospice Medicines Management Group (MMG) for resolution. The MMG is a multidisciplinary team comprising of medical, nursing and pharmacy representation with roles including the continuous improvement of the quality of pharmaceutical related practice and processes, often in an innovative way. They developed the following solution:

- 'Hospice branded' A4 front and rear cover, cardboard folder with rear cover hole punched near spine.
- Flat bar file fastener fitted to the rear page to hold:
 - Explanatory page.
 - A4 unlicensed PILs.
 - A4 Drug Information Cards.

- An A4 plastic pouch holding the manufacturers PILs (variable sizes)

- The completed file is then placed in the bag containing TTOs.

This solution has potential for application in other settings.

P114 IMPROVING THE USE OF PATIENTS OWN MEDICATION IN THE HOSPICE SETTING

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Introduction The use of patients' own medications is improved at Trinity Hospice by patient's being encouraged to bring them in when being admitted. Advantages of using a patient's own medications are widely recognised and include aiding prompt completion of medicines reconciliation, thus achieving more accurate prescribing on admission, medication being available faster on the wards and of a quality that is suitable for self-administration, reducing the number of late and missed doses, patients continuing to use medication brands with which they are familiar or are required to due to inter-brand differences in bioavailability and considerable savings for the hospice's drug expenditure.

Aims

- To establish a procedure framework that improves the re-use of a patient's own medications whilst minimising patient risk.
- To inform governance priorities for the re-use of a patient's own medications particularly those involving high risk drugs.

Method A multidisciplinary team was established with representation from pharmacy, doctors and nurses in order to develop a clinical protocol for the management of a patient's own medications.

The protocol manages how a patient's own medications are assessed for suitability to be administered using a decision-support algorithm, obtaining further supplies and the essential documentation. Staff were deemed competent to undertake this procedure provided they attended a training workshop and successfully complete the training competency.

Results & Discussion In order to quality-assure the protocol adherence to the process will be audited on a regular basis. The results of this alongside incident surveillance will provide ongoing risk management and identify areas for improvement.

Conclusion Trinity hospice has approved this protocol. Staff eligible to undertake a role have been accredited to do so. Under the terms of the Hospice's approval an audit of adherence and critical risk assessment will inform the further development of this medicine system.

P115 CLINICAL PHARMACISTS - HANDS ON IN THE PATIENTS HOME AT END OF LIFE

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The introduction of frontline clinical pharmacy services for patients in their preferred place of care is redefining the