Health and Social Care

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REVIEW AND RECOMMENDATIONS FOR NEW MODELS OF PRESCRIBING

Implementation of HS21 Prescribing by Foyle Hospice Community Prescribers

June 2025

Foyle Hospice Pathfinder Evaluation

25 community prescriptions issued per month by 1.0 WTE prescriber

90% of scripts were urgent

5 → 3

Reduction in the number of steps for accessing medicines

50%

of patients required medication change at community visit

Improved communication and excellent collaboration of key stakeholders

Reduced GP workload by displacing prescribing activity for patients

Facilitated professional autonomy

clinical responsibility and increased professional standing

Streamlined processes for District Nurses

e.g. timely introduction of syringe pump meds

Improved symptom management has potential to reduce attendance at Out of Hours or ED

"Time spent waiting for prescriptions to be written is time wasted. Time saving is key and reduces the burden for a family during a distressing time."

"So glad to have had such quick and easy access to medications with no delay to commencement of drivers - great for patients"

Task and Finish Group

A task and finish group was set up to oversee the implementation of the pathfinder. Membership is detailed in table below

Name	Title	Organisation
Sally Convery	Nurse Consultant for Palliative & End of Life Care (Chair)	PHA
Anne Friel (until May 2024)	Head of Pharmacy and Medicines Management (Co-Chair)	WHSCT
Andrea Linton	Pharmacy Co-ordinator (Integrated Prescribing)	SPPG
Gillian McCorkell	Professional Advisor (Integrated Prescribing)	SPPG
James McAuley	Project Manager (Integrated Prescribing)	SPPG
Sabrina Parkhill	Clinical Pharmacy Manager	WHSCT
Joanne Torrens	Interim Head of Service (District Nursing)	WHSCT
Glenda Fleming	Deputy Director	MOIC
Rachel Huey	Senior Research and Innovation Programme Manager	MOIC
Clare Hunter	Community Pharmacy NI rep	CPNI
Dr Donna Mace	GP	NIGPC rep
AnnMarie Casey	Director of Nursing and Clinical Care	Foyle Hospice
Dr Paul McIvor	Medical Director	Foyle Hospice
Caroline McIvor	Hospice Specialist Palliative Care Nurse	Foyle Hospice
Dr Bróna O'Doherty	Hospice Medic/GP	Foyle Hospice
Kim Miller	Pharmacist	WHSCT
Kathleen Gallagher	Community Services Manager	Foyle Hospice

Introduction

This report summarises the evaluation of the New Models of Prescribing (NMOP): Implementation of HS21 Prescribing by Foyle Hospice Community Prescribers pathfinder. It includes the outcomes from the project pathfinder and recommendations based on the evaluation results and learning from the development of new processes. The full report and evaluation data are available from the New Models of Prescribing (NMOP) Foyle Hospice – Evaluation Report Now Available | MOIC

Executive summary

Living Matters, Dying Matters (LMDM) Strategy[11] was launched in Northern Ireland in 2010 however the landscape of palliative care service provision and the population demographics have changed significantly since then. Many people are living longer with increased comorbidities with the majority of people wanting to be cared for and die in their own home or care home (community). In recent years there has been an evident increase in the number of people dying in the community and researchers predict this trend will continue to shift towards community-based palliative and end of life care. Research carried out by Queens University and Marie Curie[2] suggests community deaths in Northern Ireland could rise by a further 74% by 2040. Even if a person dies in hospital they will have been receiving care in their own home or care home prior to admission, it is therefore essential that all opportunities to maximise capacity both within and outside normal working hours are explored and optimised.

Specialist palliative care (SPC) is targeted to those individuals with progressive life-limiting illness causing complex, unresolved symptoms and more challenging care needs that cannot be optimally managed by generalist palliative care services. SPC not only focuses on physical symptom management, but holistic support including complex psychosocial, end-of-life and bereavement issues. Often, people with life limiting conditions wish to have their palliative care needs met in the community, which

[1] Living matter dying matters

[2] delivering-the-best-end-of-life-experience-for-all-evidence-paper-on-place-of-death-trends-and-issues-in-northern-ireland-to-2040.pdf

is provided in partnership by a range of clinicians. This includes general practitioners (GPs), district nurses and voluntary and independent sector teams such as hospices with dedicated SPC nurses (SPCNs) and specialty doctors. Outside of normal working hours and at weekends/bank holidays, continuity of generalist and specialist palliative care is supported by out of hours (OOH) services.

Timely access to medicines both within and outside of normal working hours remains challenging due to workforce pressures and the lack of process to enable voluntary and independent sector medical and non-medical prescribers to issue HS21 prescriptions in the community. They, therefore, rely on GPs or OOH services to implement their prescribing recommendations. Despite extensive arrangements to improve medicines access such as introduction of 'just in case' boxes, establishment of a consultant support care advice line, enhanced transport arrangements and availability of stock within OOH, challenges persist, particularly in the OOH setting.

There are a growing number of qualified non-medical prescribers (NMPs) working in the community setting. However, the process to support both hospice-employed medical and non-medical prescribers to issue HS21 prescriptions in the community continues to be limited. It is essential that additional prescribing models are considered and developed to ensure the needs of the palliative patient population are adequately met and maximise capacity as far as possible within existing resource. A pathfinder was established in 2024 to address these challenges by facilitating hospice-employed SPCN and specialty doctor prescribers to issue HS21 prescriptions to patients living in their own homes or a care home.

The primary aim was to improve access to prescription only medicines for individuals with SPC needs and reduce pressure across the primary care and OOH systems.

Specific objectives of the pathfinder were to:

- Reduce pressure on GPs to issue urgent HS21 prescriptions for palliative medication in-hours;

- Reduce pressure on the out of hours system by decreasing the reliance on community pharmacy palliative care rota and the number of contacts with the Trust pharmacy emergency service rota;
- Support proactive management of symptoms and improve the patient experience;
- Make recommendations on regional expansion of the pathfinder model to other hospice organisations following evaluation.

A Task and Finish (T&F) group, comprising all key stakeholders, was established to oversee the pathfinder, development of accountability processes and a standard operating procedure (SOP), which detailed both governance frameworks and training and competency arrangements for the pathfinder (summarised in Appendix 1). Stakeholders included representation from the Foyle Hospice, the Strategic Planning and Performance Group (SPPG), the Public Health Agency (PHA), Northern Ireland General Practitioners Committee (NIGPC), the Western Health and Social Care Trust (WHSCT), the Medicines Optimisation Innovation Centre (MOIC) and Community Pharmacy NI (CPNI). Terms of reference were drafted and regular meetings were scheduled for the duration of the pathfinder.

The pathfinder was launched by SPPG in collaboration with the PHA and Foyle Hospice, an independent sector charity providing vital palliative care services and support for the local community in the Western Health and Social Care Trust area in Northern Ireland. HS21 prescribing was introduced for members of the Foyle Hospice community team with a medical or non-medical prescribing qualification on 9th September 2024, following a period of baseline data collection.

The Foyle Hospice cipher number for prescribing inpatient discharge medications was used alongside HS21 triplicate prescription pads for the purposes of the pathfinder.

An independent evaluation was carried out by the Medicines Optimisation and Innovation Centre (MOIC).

Positive outcomes from the pathfinder included:

- Timely access to palliative medicines for patients and therefore more prompt symptom management in the end stages of life.
- Facilitating more timely review of symptoms to support the safe and effective titration of palliative medications
- Prescribing by Foyle Hospice staff reduced pressures on other services such as the GP, District Nursing and Western Urgent Care (WUC).
- Excellent collaboration among key stakeholders
- Development and implementation of robust governance systems and standardisation of processes
- Displacement of prescribing activity from the GP, thereby increasing their capacity for other clinical duties.
- Proficient time management for Hospice clinicians and improved clinic efficiency due to the reduction in the number of steps needed and time taken to access prescriptions.
- High level of patient/family satisfaction with the new service pathway.
- High level of stakeholder confidence in the new pathway.
- Encouragement of professional autonomy, clinical responsibility, and increased professional standing leading to increased job satisfaction.

Challenges included:

- Lack of digital infrastructure to facilitate timely communication with GP practices.
- Difficulties in communicating with some GP practices by telephone.
- Engaging all staff in the pathfinder, including those not actively participating, such as administrative staff and non-prescribing SPCNs.
- Inability to obtain multiple ciphers for the hospice i.e. individual prescribing ciphers and prescription pads for each prescriber.
- Overcoming reluctance of some stakeholders to participate
- Recruiting a GP Pharmacist to the T&F group.

- Additional workload of data collection for the pathfinder evaluation was time consuming for Foyle Hospice staff.
- Limited prescribing workforce in the community team
- Distractions in the home environment when prescribers are writing their HS21 prescriptions

Key recommendations

Specific recommendations identified for the future are:

Stakeholder Engagement

1. Ensure early and inclusive engagement of stakeholders, including the wider hospice team, during implementation phase.
2. Undertake robust communication with primary care to raise awareness of HS21 prescribing by hospice staff within the community setting.

Scale and Spread of HS21 prescribing

1. HS21 prescribing by the Foyle Hospice should be sustained and scaled to other hospices across the region.
2. Regional adoption of HS21 prescribing by all hospices across Northern Ireland should be supported
3. The evaluation should be shared with the Palliative Care in Partnership programme to inform future commissioning and service development.

Robust Governance Arrangements

1. Introduce individual prescribing cipher numbers for each prescriber.
2. Implement digital governance processes, such as utilising EpicCare link to inform patient's GP of what has been prescribed, as printing of prescriptions is currently not possible.
3. Ensure there are robust governance frameworks in place to support regional adoption and to provide sustainable service consistency.

Training and Guidance

1. Provide sufficient training, professional support and resources for prescribers in the areas of:
    - Prescription writing
    - Controlled drug prescription requirements and governance processes.
2. Promote joint visits between prescribers (medical and non-medical) and SPCNs (non-prescribers) to provide a learning opportunity for prospective non-medical prescribers.
3. Support SPC nurses who wish to progress towards a non-medical prescribing qualification and provide meaningful opportunities to facilitate them to utilise these skills.
4. Explore how and where prescribers prepare HS21s, addressing distractions in the home environment

Digital Resources and Communication with GPs

1. Ensure the provision of adequate digital resources including access to dedicated work mobile phones.
2. Enable hospice prescribers to access relevant digital patient information systems.
3. Overcome any barriers in relation to communicating with GP practices via EDT and support the successful integration with EpicCare Link for safer transitions of care

Workforce

1. Enhance the availability of both medical and non-medical prescribers to sustain and enhance future service provision and continuity of care.
2. Recognise the valuable role of both medical and non-medical prescribers in hospice community palliative care.

Overview of New Models of Prescribing project

The traditional medical model for the prescribing and supply of medicines in primary care is well established, with clear accountability and budgetary arrangements in place.

There is a well-established governance framework whereby a GP prescribes on a prescription form, the medicines are clinically checked and dispensed from a community pharmacy, and monitoring, reporting and financial management flows from the information from that prescription.

There are also clear arrangements in place for the prescribing and supply of medicines for patients who are in-patients in hospital. However, there is less clarity around the medicines management processes for patients who are being cared for at the interface. For example, there are situations where there are “recommendations to prescribe” from community clinicians based in Hospice outpatient clinics, where it may be more appropriate for a direct prescribing arrangement to exist. There are also a number of models of non-medical prescribing in existence in primary care and across the interface between secondary and primary care, and a range of other areas where a non-medical prescribing arrangement would benefit both patients and the wider HSC.

As a result, it was agreed, by the Integrated Prescribing Oversight Board, that a pathfinder should be established where Specialist Palliative Care Nurse and Medical prescribers employed by Foyle Hospice would issue HS21 prescriptions to patients living in their own homes or within a care home setting, rather than asking a GP to implement their prescribing recommendations.

The Medicines Optimisation Innovation Centre (MOIC) is a regional centre in Northern Ireland dedicated to delivering medicines optimisation to the population. MOIC were tasked with assisting in the evaluation.

Aims and objectives

The overarching aim was to improve access to prescription only medicines for individuals with SPC needs and reduce pressure across the primary care and OOH systems.

The objectives were to:

- Reduce pressure on GPs to issue urgent HS21 prescriptions for palliative medication in-hours;
- Reduce pressure on the out of hours system by decreasing the reliance on community pharmacy palliative care rota and the number of contacts with the Trust pharmacy emergency service rota;
- Support proactive management of symptoms and improve the patient experience;
- Make recommendations on regional expansion of the pathfinder model to other hospice organisations following evaluation.

Evaluation methodology

The evaluation of the pathfinder was led by MOIC. A mixed methods approach was used to gain both quantitative data and qualitative feedback from all key stakeholders.

Baseline data was collected by 2 prescribers (specialty doctor and SPCN) and 3 non-prescriber SPCNs using a bespoke data collection form. This assessed the current process and gave insight into the number of steps and time required to access medications.

Upon initiation of the pathfinder, 2-week periods of midpoint and data collection were completed to assess any changes to the process as a result of the pathfinder.

The main outcome measures from qualitative data collected at baseline and at the midpoint/endpoint periods included:

- Prescribing decision/action taken by Hospice staff following a homecare visit

- Number of new HS21 prescriptions requested/written and where available, indication of urgency;
- Wait times for new HS21 prescription issue and collection;
- Where possible, examples of case studies and feedback received which demonstrates the impact of HS21 prescribing in the community.

Qualitative feedback from Foyle Hospice staff was obtained from in-person interviews/focus groups. The discussions were audio recorded and transcribed in full using Microsoft Teams. Transcripts were then accuracy checked and key themes identified by the Programme Manager. All directly identifiable information was removed from the transcripts and the contents were subsequently verified by the Professional Advisor. Once the transcripts were verified, the audio recordings were deleted.

An online feedback survey (Microsoft Forms) was circulated via email to capture the views of key stakeholders from the pathfinder T&F group, as well as wider stakeholders from both the community and primary care likely to be indirectly affected by the pathfinder. The online survey was open for 21 days to collect responses from these stakeholders.

Quotes of interest from individual participants were selected for illustrative purposes throughout the qualitative evaluation.

Results

Detailed results of the evaluation undertaken by MOIC can be found at the following link [New Models of Prescribing (NMOP) Foyle Hospice – Evaluation Report Now Available | MOIC]

Further results, obtained from Strategic Planning and Performance Group are included in this report.

Community pharmacy palliative care on-call service

The community pharmacy on-call service has been established since the Covid-19 pandemic in 2020 to ensure sufficient access to palliative care medicines to meet

patients' needs at times when pharmacies are closed. The aim of the service is to increase access to palliative care medicines through provision of an on-call rota for palliative care pharmacies. In the Western Trust area this is provided by community pharmacists who are either a Palliative Care Network Pharmacy or a Palliative Care Supply Service Pharmacy as detailed in table below. Further information regarding the service can be found here.

Area	*Rota arrangement effective from 1st July 2024*
Londonderry	Sunday rota 1-6pm (only if no commercial opening of a palliative care pharmacy in the area) A public holiday rota 1-6pm will be put in place on public holidays* if required
Omagh	Sunday rota 1-6pm (only if no commercial opening of a palliative care pharmacy in the area) A public holiday rota 1-6pm will be put in place on public holidays* if required
Fermanagh	Sunday rota 9am -1pm A public holiday rota 1-6pm will be put in place on public holidays* if required

*with the exception of Christmas Day where palliative care rota is not available

The following tables detail the number of call-outs in each area in two periods prior to the pathfinder going live and for the first 6 month period of the pathfinder.

Londonderry community pharmacy palliative care on-call service contacts

Time period	**Number of call-outs**
Oct 23 to Mar 24	3
Apr 24 to Sep 24	2
Oct 24 to Mar 25	0

Omagh community pharmacy palliative care on-call service contacts

Time period	**Number of call-outs**
Oct 23 to Mar 24	2
Apr 24 to Sep 24	2
Oct 24 to Mar 25	0

Fermanagh community pharmacy palliative care on-call service contacts

Time period	**Number of call-outs**
Oct 23 to Mar 24	12
Apr 24 to Sep 24	1
Oct 24 to Mar 25	1

Discussion

The pathfinder delivered an innovative and flexible programme to ensure that the patient remained at the centre of the Foyle Hospice Community Team's interventions. The multidisciplinary approach enabled the pathfinder to be tailored to individual patient requirements and delivered integrated care.

The pathfinder demonstrated that excellent collaboration facilitated quality assurance at each stage of process development. Regular Task and Finish Group meetings ensured that identification of issues were incorporated within service design and delivery.

Results, both qualitative and quantitative, were very positive. A number of favourable outcomes were described including benefits to the patient, health and social care system, and specific disciplines involved in the revised model of care. These are described as follows:

Benefits to patients:

A wide range of patient-perceived benefits were reported via the various data collection methods. Stakeholder feedback and process mapping highlighted that allowing Foyle Hospice Community Team to prescribe on HS21s **reduced the delay in accessing urgent medicines,** indicating that the revised model reduced the number of steps by an average of 2 steps. While it is not possible to quantify, this is likely to result in savings accrued due to reduced professional input.

Furthermore, the **time taken for prescription process** (initial community team assessment to availability of written prescription) **reduced by on average 80%**, as assessed by the process maps.

There were numerous examples of the patient receiving **the right medicine from the right person at the right time in their preferred place of care.** This access to specialist care led to **improved management of EOL symptoms**.

Feedback from stakeholders reported **increased satisfaction** and confidence in the new pathway. Patient journeys provided examples of **increased patient convenience** with the new model. The prescribing intervention by community team clinician may possibly have avoided contact with out-of-hours GP or attendance at ED.

Benefits to the healthcare system

Stakeholders reported that the model owed its success, in part, due to clear, efficient and timely communication between prescribers and other stakeholders. **Robust governance systems and standardisation of processes** resulted in improved time management and avoidance of process duplication.

NMOP also enabled more direct and timely communication between the hospice team and district nursing colleagues, when the intervention required modification of syringe pump requirements.

The results from the evaluation of this NMOP highlight the importance of the specialist palliative care clinician's skill set in managing this vulnerable group of patients so that they may remain at home for as long as possible.

A shorter process has the added benefit of potentially reduced costs, for example, the accrual of **savings in terms of reduced GP input and district nursing time.**

Benefits to Hospice staff

Clinicians participating in the stakeholder feedback session and responding to the survey recorded that the pathfinder **encourages professional autonomy**, clinical responsibility, and increased professional standing leading to increased job satisfaction. The evaluation found that there was a reduction in the need to contact GPs to generate a prescription leading to **better time management** and potential cost savings. This led to **improved efficiency** and has the potential to increase capacity of the team to see more patients, particularly when more nurse prescribers are available in the future. Enabling patients to access urgent medication faster may mean more **efficient management of hospice caseload.**

This result highlights that specialist palliative care clinicians were utilising their existing prescribing skills alongside their new skills enabled by the NMOP. It also underlined how both the existing and new skills were essential for the optimal management of patients.

Benefits to GPs

Evaluation of data found that there was a reduction in the proportion of hospice prescribing clinicians needing to contact GPs to generate a prescription. As well as **reducing GP workload** this would lead to subsequent cost savings.

Displaced prescribing activity and consultation activity from GPs to the hospice community team was also reported by stakeholders.

Stakeholder feedback suggested that as a result of NMOP **GPs were more aware of the role of hospice community team** with the potential to reduce duplication of effort.

Challenges

The pathfinder also provided an opportunity to identify the constraints of the new prescribing process and aspects that would require further consideration before any further roll-out of this new model.

Hospice prescribers participating in the pathfinder reported that communicating to the patient's GP, and uploading information via NIECR, to advise that an HS21 had been issued, could **be time consuming** and there was a requirement to complete **additional pathfinder paperwork.** This was necessary as prescription details could not be transmitted to GP document management systems via EDT

There were specific challenges in implementing the NMOP, that could not have been anticipated but that emerged through stakeholder feedback. Commencing this pathfinder caused difficulties in introducing different ways of working for nurses who were prescribers compared with those that didn't hold a prescribing qualification.

Conclusion

This NMOP pathfinder delivered innovative and flexible care to end-of-life patients in their own homes or in a care home setting. Prescribing in the community setting by Foyle Hospice staff was successfully implemented during the pathfinder. A robust governance process and regular update meetings with key stakeholders provided a supportive framework for prescribers to utilise their skills to prescribe critical medication to this patient group. Results, both qualitative and quantitative, were very positive. Among the favourable outcomes described were benefits to the patient, health and social care system, and specific disciplines involved in the revised model of care. Data collected at various stages during the 6-month time frame demonstrated a benefit to patients in terms of quicker access to medicines and therefore more prompt symptom management in the end stages of life. Prescribing by Foyle Hospice staff also reduced

pressures on other services such as the GP and WUC. The pathfinder also provided an opportunity to identify the constraints of the new prescribing process and aspects that would require further consideration before any further roll-out of the new model. Prescribers and other stakeholders support the sustainability and scale of the service in the future. A number of opportunities to improve the process to support this have been highlighted. It is vital that the learning from this pathfinder is utilised to facilitate the regional adoption of HS21 prescribing by hospices across Northern Ireland so that the benefits can be realised for all SPC patients.