Dear Colleagues,

**Patient and Carer documentation regarding administration of subcutaneous injection**

We are writing to you to confirm that the issue of administration of subcutaneous injections being provided to those in their own home by patient’s and carers was discussed at the North Yorkshire and York Cross Sector Clinical Ethics Committee on 9 April 2020.

The proposal that was made was that where appropriate patients and their carers should be supported to administered their own subcutaneous injections where this would allow them to remain in their own home when nearing the end of their lives. Attached to this letter is a number of documents which have been offered as an already established, though not widely used, pathway.

The Committee considered the documents and formed a view that the approach would be supported wherever this would be possible. The pathway is open to amendment where there are reasons to do so and the Committee is not endorsing a specific pathway; rather the committee would support this approach to managing patients in the community who require subcutaneous injections particularly as part of their end of life care.

**Documents**

The Documents attached are example documents which have been authored by specialist teams in Harrogate and District NHS Foundation Trust and adapted by York Teaching Hospitals NHS Foundation Trust. These documents are gratefully received for consideration and our thanks goes to those who authored them:-

6a. Consent form for patient or carer sc meds

6b. Guide to patient carer sc meds

6c. Protocol for patient or carer administration of subcutaneous medication

6d. Carer medication diary

**Factors to consider**

The Committee considered this approach and the experience of those who have already introduced and used the approach in their areas. What was clear is that appropriate selection of patients and carers will be needed by primary care colleagues for this to be of benefit and be successful.

The Committee discussed a number of factors for consideration and we would invite you to think about these factors and any others which you feel may be relevant to your patients and those supporting them. The factors discussed in the meeting included:-

* Living arrangements – are there children in the address and are the places to appropriately store relevant drugs securely
* Support arrangements – is the patient supported by professional carers but lives alone and therefore may not have appropriate emotional support in place
* Safeguarding – are there any concerns about patient or those supporting them that would suggest this would not be a suitable option
* Wishes of the patient – Do they want to have this treatment to remain in their home at the end of their life or are there other factors leading to that decision
  + Feeling a burden to family and wanting to expedite end of life
  + Pain management being very poor and wanting to expedite end of life
  + Deterioration in mental health
* Wishes of the carer or relative administering the medication.
  + Do they support the patient or have reservations about administering the medication?
  + Are they confident in their ability to be responsible for the medication?
  + Have they got sufficient emotional support to deliver the medication knowing that this might lead to the end of life?
  + Who will support that individual after the patient has died in the event they feel guilt or responsibility for the death (even though expected) on top of grief?

**Next steps**

It is unlikely to be large numbers of patients that will be affected by this process and the Committee hold a view that primary care know their patients and those supporting them better than anyone however we felt it may be beneficial to primary care if the issue had been discussed by the Cross Sector Ethics Committee. This is not intended in any way to require primary care to use this process it is simply intended to support decision making where you believe it may be appropriate.

Implementation of this process will be dependant on adoption by each of the community providers. If you already have a policy in place in your area for sc meds in the community then this does not represent a change from that policy.

In the event that you have further questions arising from this or you wish for clarification from the group please could you direct your query to Abigail Combes – Head of Legal and Governance at NHS Vale of York CCG ([Abigail.combes@nhs.net](mailto:Abigail.combes@nhs.net)) who will collate the questions and ensure the Committee considers them.

Yours faithfully

Dr Charles’ Parker Dr Nigel Wells

Clinical Chair Clinical Chair

NHS North Yorkshire CCG NHS Vale of York CCG