



Londonwide LMCs

The professional voice of London general practice



To:

- Primary Care
- Community Nursing
- Integrated Care Boards
- Specialist Palliative Care Team
- Acute Provider Organisations

NHS England – London
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cc.

- NHSE London region

Dear colleagues,

MAAR charts for End of Life Care/Last Phase of Life

The London task & finish group reviewing MAAR charts, which includes members from community teams, LMC representatives, palliative care leads and digital leads, has been reviewing and exploring potential solutions that both simplify the transcription process and improve prescribing safety. Unfortunately, finding a quick solution to this complex problem has proved challenging despite wide engagement from across the London system. The most promising, but longer-term, solution is one proposed by Better Health, who have demonstrated their medicines module which could be procured within the Universal Care Plan (UCP). The Better Health solution has the potential to produce MAAR charts simply by dragging and dropping the prescribed medications that have been imported via the GP connect integration, which went live in the UCP on the 1st October. The T&F group will now explore piloting this system in some ICB areas. If successful, this could be a long-term solution to improve the MAAR chart process and increase safety.

Alongside the above solution, we will be working to standardise the prescribing sentences for the end-of-life subcutaneous PRN medication and syringe driver medications within EMIS and TTP. Once finalised, this will standardise the prescribing, making it instantly recognisable by community colleagues administering the medication.

The legal requirement for GPs is to provide an FP10 prescription for the medications they are prescribing, including clear dosing instructions. Whilst GPs do not have a professional or contractual obligation to produce a MAAR chart, historically prescribers have been asked to complete the charts, despite the requirement that the person administering the medication keeps a record of administration. Due to increasing workload and workforce pressures, many GPs feel that they can no longer continue to conduct such additional non-resourced work. As such, LMCs would ask practices to consider if they are prepared to continue producing MAAR charts for EoL patients whilst a longer-term solution is developed and, if not, to inform community trusts of their decision. Community trusts will potentially need to collaborate with

local partners to find alternative pathways to produce MAAR charts until a long-term solution is implemented. This pathway needs to be implemented rapidly to prevent the situation where the administration of a patient's medication is delayed due to the lack of a valid MAAR chart.

Yours sincerely,



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