

Rolling out the 'Just in Case Box' initiative: one year on

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Background

Although Anticipatory prescribing is not a new concept in palliative care, it was new to many primary care bases across NHS Grampian. We rolled out 'Just in Case' boxes (JICB) in 2010 as part of the Living and Dying Well Action Plan[1].

This audit reviewed awareness and use of the boxes at the end of the first year of implementation. The standard was that 100% of respondents would be aware of the 'Just in Case Box' initiative.

Method

We developed a short survey that asked about awareness, access, use and comments about the JICB. The Community Macmillan Specialist Nursing Team distributed the surveys. We also asked clinicians to return a stock balance sheet when a JICB was used as part of the original implementation programme.

Results

Response rate: 83 individuals from 58 Community Nursing bases (89% of bases). On 45 occasions, one person replied on behalf of a team, while a few forms were completed by different members of the primary care team.

The respondents were 22 community nurses, 44 District Nurses and 17 GPs. All respondents were aware of the JICB initiative and 70 (84%) noted that they had access to a JICB.

Table 1 shows how many times the respondents estimated that the JICB had been used within the first year.

Table 1 Use of the 'Just in case box'

No of times the 'JICB' has been used	No of respondents
Never	13
1	10
2-9	31
10 - 20	5
>21	3
'regularly'	5
unaware	16

Diagnoses were identified of some of the patients who had been issued with a JICB. The majority were diagnosed with a malignancy (n=43). Five were diagnosed with a non-malignant condition and three with dementia. Diagnosis was unknown for the remainder.

Reasons for not using a JICB were reported by 34 individuals (40%).

These included:

Forgetting it was available, sudden deterioration in a patient's condition and lack of availability of a JICB.

Sixty three comments were made by the respondents

Positive comments

Thirty seven were positive, outlining how useful the initiative had been in the planning and delivery of end of life care in primary care settings. Illustrative comments include "it clarifies the situation for all involved", "enables more planning ahead proactively", "improves access to medicines when they are needed", "reassuring for out of hours colleagues to know that drugs are in house", "well received by families and the nursing team...medically, a good idea".

Issues requiring clarification

Fifteen highlighted that further clarification was needed about the process of implementing JICBs, especially around prescribing for each patient - "there is confusion about whether drugs are individually prescribed or taken from practice stock"

Negative comments

Eleven respondents made negative comments about the introduction of this initiative. Examples include "conscious of the wastage of drugs", "we have decided not to use this scheme", "difficult to find the best time to discuss this with a patient and their family".

Costs

We estimated the drug costings of 68 JICBs using the stock balance forms returned throughout the first year of implementation. We are aware that more boxes were used than this. Costs were estimated using MIMs [2] and the July 2011 Drug Tariff.

Table 2 shows the total cost and unused stock costs. The prescription cost for each JICB equates to £21.12 per patient.

Table 2 Costs of the Just in Case Box Initiative

Drug	Total cost for 68 boxes (£)	Percentage of stock remaining unused	Cost of unused stock (£)
Morphine	230	60%	138
Midazolam	248	69%	171
Hyoscine	76	74%	56
Levomepromazine	656	75%	493
Water for injection	227	60%	135
Total	1,504		994

Discussion

100% of respondents were aware of Just in Case Boxes, therefore, the audit standard has been met.

Overall, this has been a positive experience for most respondents who have used the JICB as part of end of life care planning and delivery. Issues raised highlight the importance of continuing to monitor and offer ongoing education following introduction of an initiative.

Whilst a significant percentage of medicines were unused, 77% of boxes issued had at least one drug used. The cost of unused medicines was deemed to be acceptable when compared to the cost of an Out of Hours visit by a Doctor or Nurse.

References

1. Scottish Government. Living and Dying Well: a national action plan for palliative and end of life care in Scotland. 2008. Scottish Government
2. Monthly Index of Medical Specialities (MIMs). July 2011 edition. Haymarket Publishing. London

Acknowledgement:

Many thanks to the Community Macmillan Specialist Nurses for their help in the distribution of the survey and to all respondents.

