Table 72: Faull et al. (2013)[156]

Study	Faull et al. (2013)[156]
Aim	The aim was to explore the issues that arise for all practitioners working in the community in relation to the prescribing, dispensing and administering of subcutaneous midazolam and diamorphine or morphine for the anticipated need of dying people to have timely and effective symptom management.
Population	A total of 63 participants were recruited from the Leicester and Rutland area. There were 22 GPs, 4 'Hospice at Home' nurses, 4 community matrons, 5 Marie Curie nurses, 16 community nurses 4 specialist palliative care nurses, 1 nursing home matron, 3 community pharmacists, 3 heart-failure nurses and 1 student nurse.
Setting	Various (see above).
Study design	Eight focus groups and 9 individual interviews.
Methods and analysis	**Method of recruitment:** Purposive sampling was used to ensure that there was at least one participant from each of the following areas: district nursing, specialist nursing in palliative care and heart failure, Marie Curie nursing, 'Hospice at Home' nursing, community matrons, nursing home nursing, pharmacy and general practice. **Data collection:** Data collection took place in 2007. focus groups and individual interviews were used so the research process could benefit from the advantages of each approach and to provide participants with choice, given the potential sensitivity of the area. A topic guide was developed utilising research team and steering group discussions, clinical and qualitative I interviewing experience, significant event analysis, educational interactions with primary care professionals and analysis of available 'best practice' guidance developed by some services. Guides were used flexibly so that unanticipated issues of importance to individual participants could be explored. The topic guide evolved in response to new data. **Data analysis**: Focus groups and interviews were audio recorded and interviewers (3 of the authors) maintained reflexive diaries. Data from transcripts were analysed by constant comparison based on grounded theory to identify themes. Open coding summarised the ways that participants talked about the processes that mattered. These codes were progressively focussed into broad categories forming the initial coding frame, further shaped by steering group discussion. The coding frame was systematically applied by the first author using QSR N6 software and continuously developed in response to new information. No new issues were elicited after 8 individual interviews and 6 focus groups (n=51

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	participants) transcripts had been coded.
Themes with findings	**Perceived resourcing problems**: Perceived lack of resources and the associated need to avoid waste were seen as challenging in 12 transcripts. These challenges could be subdivided into 3 further sections: (1) prescriptions not being written in advance of need because of concerns about waste since some had found that people did not actually require them. (2) a delay in dispensing because of limited availability of drugs in pharmacies and (3) a delay in administering drugs through a lack of syringe drivers.
	Reflections on expertise and experience: There were 10 transcripts in which participants emphasised the importance of learning both by formal education and from experience. This theme had 4 separate subthemes: • **Knowing when to prescribe or administer medication –** including uncertainties about recognising dying and fear about it being the wrong time to administer it. • **Knowing what should be prescribed or administered** – including concerns about inappropriate admissions to hospital if the wrong medications were selected, distressing symptoms (such as secretions) may occur if medications are missed out • **Concerns about accountability** – including who would take responsibility, fears about being accused of overdosing people, legal responsibilities about how much to prescribe. • **Non-cancer conditions** – including perceived greater difficulty in knowing when and what to prescribe because the deteriorating process is less predictable
	Patient professional links: In 12 transcripts, lack of opportunity to build and maintain patient-professional links was seen as contributing to failure to prescribe sufficiently in advance. Having enough contact with people to develop longer term, trusting relationships was seen as important because it enabled sensitive communications and provided a way of ensuring that past, present and future treatment was timely and coherent and that care felt 'human' and personal. 'Going in blind' was a huge challenge in making care effective, in the justification of prescribing decisions and in the stress it caused professionals. GPs felt they were less likely to admit their own patients than those of their colleagues especially with the confidence that they could review the situation the following day. There were 4 transcripts that described that getting to know patients and their family had prevented prescribing because that knowledge gave rise to grave concerns about placing controlled drugs in a house where there were reasons to think they might be misused. In another interview the opinion was expressed that an established trusting professional-patient relationship was not always necessary so long as the professional involved had knowledge of and could trust other professionals' judgements and communications about previous medical history.
	Failing to build or maintain trusting and responsive links between professionals: Participants had experienced many occasions when the success of anticipatory prescribing or dispensing, with its ultimate aim of enabling a person to stay at home had been threatened by the failure of reliable links between or within professional teams or disciplines. The importance of this issue is illustrated by that fact that the only 2 transcripts in which it did not arise were interviews in which the participants had almost no direct experience of pre-emptive prescribing. The challenges arising from not knowing or trusting other professionals whether within teams or between teams, tended to be those that caused greatest concern and promoted most discussion among participants. There were 3 areas where links were seen as particularly vulnerable: (1) Links between out-of-hours

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	care and usual care providers presented considerable challenges in joined-up decision making and care planning. (2) Links between community professional and hospital professionals were seen as a challenge in anticipatory planning for care at home with people and their families. This was especially so when the more 'trusted' relationship for the patients was with hospital providers. It was very difficult for community providers to change the direction of care and prepare and plan with the person and family for deterioration. (3) Links between specialist and generalist teams could also pose a challenge in anticipatory prescribing. A professional's title or role was not sufficient in itself for others to trust their advice.
Limitations	Well designed study, good use of providing quotes and data saturation reached.
Applicability of evidence	The topic and setting are directly applicable but the main focus is on barriers rather than facilitators.