

Challenges to timely access to out-of-hours end-of-life medications: A UK qualitative study

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On behalf of the Marie Curie Better End of Life Research Team (Katherine Sleeman, Fliss Murtagh, Stephen Barclay, Irene Higginson, Sophie Pask, Therese Johansson, Rachel Chambers, Ahmed Mohamed and Phillippa McFarlane).



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Challenges to timely access to out-of-hours end-of-life medications: A UK qualitative study

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**Timely medication access: essential for home-based end-of-life care
but especially difficult out-of-hours.**

Assessment: Patient evaluation by healthcare professionals

Prescribing: Medication prescribed by qualified prescriber

Dispensing: Pharmacy prepares and provides medication

Administration: Medication given to patient, often by injection

Study aim: to identify system-level challenges and solutions to out-of-hours medication access in community end-of-life care

Methods:

- Structured interviews with professionals across the UK.
- Thematic analysis of qualitative data using NVivo.

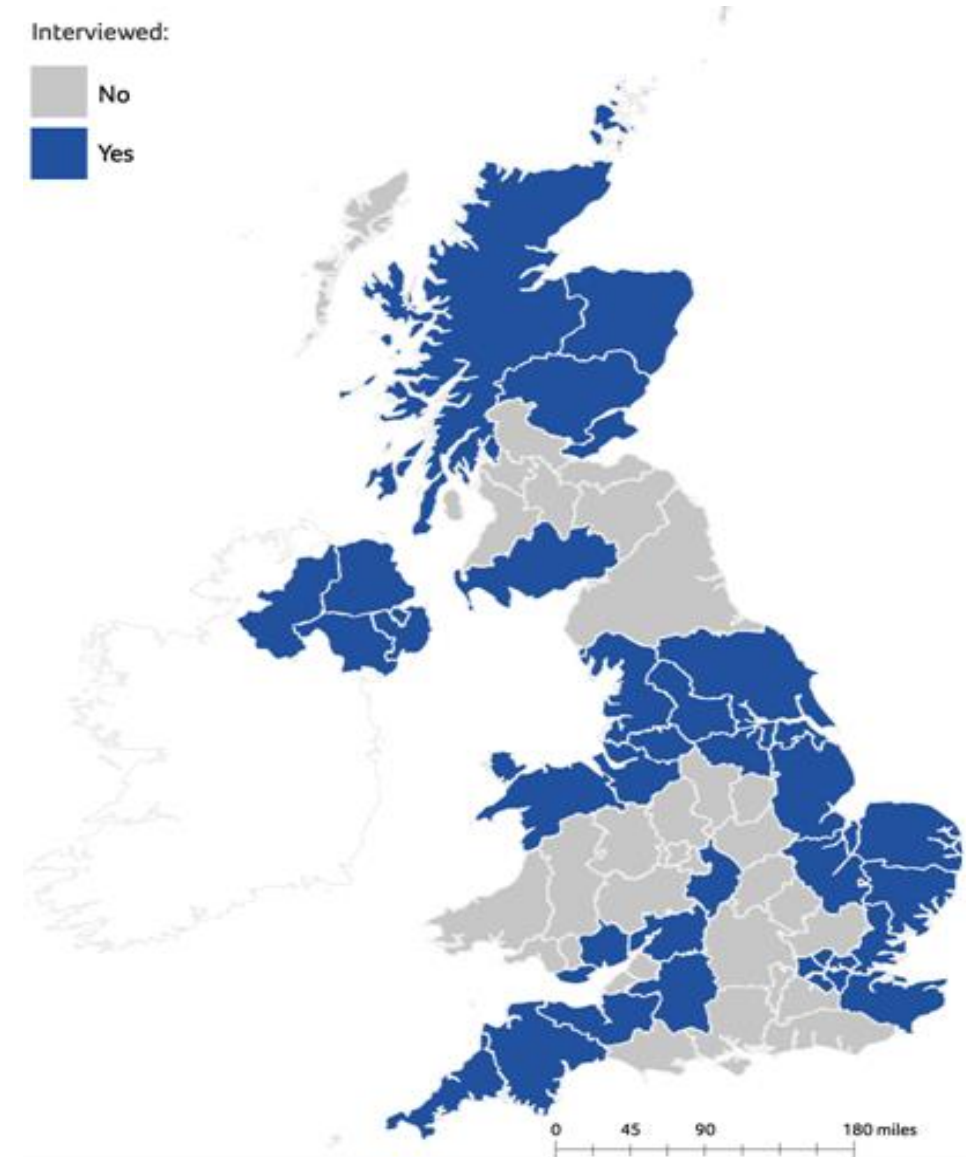


Who we spoke to

71 interviews across 60 geographical areas

- Interviews* with:
 - Strategic/clinical leads or managers of services (n=27)
 - Commissioners (n=21)
 - Senior clinicians (n=36) or those with a service development role (n=3)
- Average of 19 (3 – 40) years of experience in out-of-hours services.

* 16 interviewees had more than one role.



What we found



Four themes:

1. Patient assessment and medication prescribing
2. Dispensing and collecting medications
3. Administering medications
4. Anticipatory prescribing

1. Assessment and Prescribing

Assessment and prescribing: dependent on overburdened community teams

Overburdened community services:

- Community services play a key role but face long response times due to limited staff covering large areas.

Timely identification of people who need palliative care:

- Those already known to hospice or specialist teams tend to receive quicker support.

“The pathway for the District Nurses is to get the prescription from the hospice. If the patient is not known to [the hospice], it would be more difficult as the hospice will not have access to medical information and may need to involve an out-of-hours GP.

(ID37, England)

Involving professionals beyond community nurses and GPs

- Hospice clinicians prescribing remotely after nurse assessment.
- Specialist palliative care or rapid response teams available out-of-hours

Increasing non-medical prescribers

- Increasing non-medical prescribers to ensure they are almost always available.
- Full access to patient records is essential.

2. Dispensing and collecting medications

Even when a prescription is ready, obtaining medication can be difficult.

Limited Pharmacy Hours:

- Few pharmacies open 24/7, particularly in rural areas. Safety concerns limit late-night dispensing of controlled medications.

Medication Shortages:

- Even designated pharmacies sometimes lack stock of essential end-of-life medications.

Burden on Carers:

- Family members often have to travel long distances to collect medications.

*“They previously tried to set up an out-of-hours pharmacy rota, but this was very difficult to put in place. One of the resounding issues was safety and security with a pharmacy being open in the middle of the night.”
(ID35, England)*

Alternative dispensing facilities

- Hospital/hospice pharmacies provide urgent out-of-hours access.

Core medications with out-of-hours GPs and paramedics

- Out-of-hours GPs and paramedics carry core end-of-life medications.

Assist with medication collection and delivery

- Driver services or healthcare professionals are available.

GP cooperative delivers medications

- Medications could be picked up from hospital pharmacy to home.

3. Administration

Timely administration is often delayed, even when medications are available.

Long waits for nurses:

- Staffing shortages and geography cause long waits—especially out-of-hours

Protocols for carer administration:

- It exists in limited areas—but require careful screening and training

“[There is] also a system, where they teach relatives to administer medications, so they can administer out-of-hours. [...] It is not suitable for everybody and there is a strict protocol to determine whether people are suitable to be trained for this.”
(ID47, Wales)

Paramedics or rapid response teams

- Provide medication administration when nurses are unavailable.

Specialist Palliative Care Paramedic Service

- Provides home visits to patients requiring palliative care.

4. Anticipatory Prescribing

Anticipatory prescribing: helpful but limited

Administration Issues:

- Still requires healthcare professional to administer

Limited access:

- Primarily available to identified palliative patients and less common for non-cancer patients

Safety concerns (drug abuse or theft):

- Issued later than normal as ways to balance medication safety and symptom control

*“Anticipatory medications are often in place, but **there isn’t anyone to give them.**”
(ID17, England)*

Timely access requires a streamlined, coordinated approach

1) Assessment and prescribing

- Can be delayed if healthcare professionals are not available
- If patients are yet formally recognised as palliative

2) Dispensing and collecting

- Affected by pharmacy opening hours and geography
- Families often face challenges collecting medications

3) Administration

- Relies on staff capacity, often limited especially out-of-hours

- Anticipatory prescribing can be helpful with stages 1) and 2), but it is not a panacea.

Thank you



Research Team

**Katherine Sleeman, Fliss Murtagh, Stephen Barclay,
Irene Higginson, Sophie Pask, Therese Johansson,
Rachel Chambers, Ahmed Mohamed and Phillippa McFarlane**

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Joined-up solutions across prescribing, dispensing, and administration

Prescribing

- Increase non-medical prescribers with access to full patient records
- Involving other healthcare professional to ensure out-of-hours prescription

Dispensing and collecting

- Enable hospital/hospice pharmacies to supply medications
- Improve out-of-hours stock availability
- Driver services to help families collect medications

Administration

- Expand out-of-hours community nursing and rapid response teams
- Support safe carer administration through clear protocols and training

Anticipatory Prescribing

- Ensure timely and appropriate anticipatory prescribing across diagnoses
- Use structured tools (e.g., EARLY) to support early palliative identification