ROYAL PHARMACEUTICAL SOCIETY

Palliative Care Formulary (PCF)

Past, Present and Future

RPS

Objectives

- Understand how PCF and palliativedrugs.com has developed over the last 20 years
- Become familiar with the new on-line PCF
- Learn about the opportunities for PCF

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Sir Michael Sobell house

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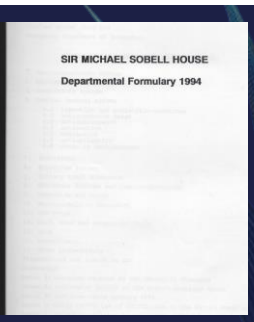

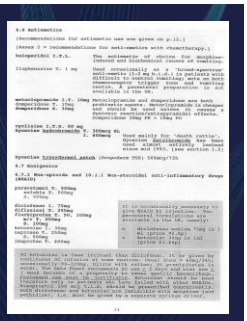

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Oxford advanced course dinner 1995

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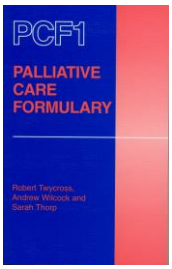
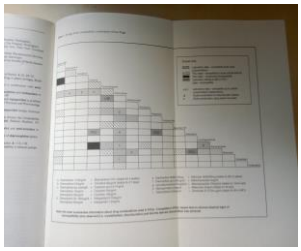


- Published in 1998 by Radcliffe Medical Press
- Sold over 22,000 copies
- 254 pages long
  - 137 drug monographs
  - chapter on syringe drivers
  - 9 appendices
- Fold out compatibility charts
- Tear out syringe driver reporting chart

9

10



PCF1 Compatibility charts and syringe driver reporting form

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palliativedrugs.com
Essential independent drug information for palliative and hospice care

Palliativedrugs.com provides essential independent information for health professionals about drugs used in palliative and hospice care.

Palliativedrug.com Ltd established 2000

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- Launched 2001
- Free access for *health professionals* following registration

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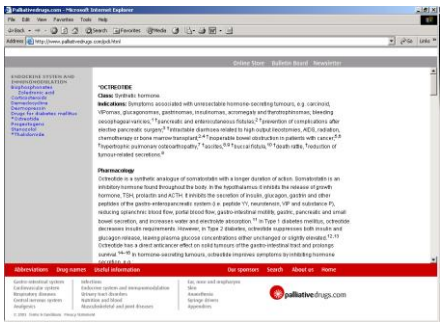

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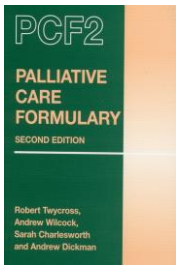

- published in 2002 by Radcliffe Medical Press
- 380 pages long
- sold over 70,000 copies
- Italian (2004) and German (2005) translations

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PCF 2 CD-ROM in 2002

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RPS

- published in 2007 by palliativedrugs.com
- 614 pages long

palliativedrugs.com

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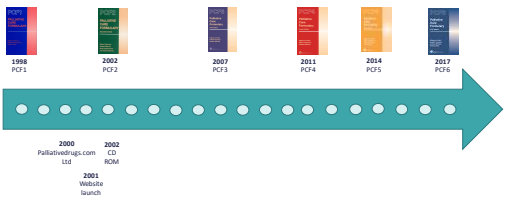
PCF Timeline



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PCF Timeline

254 pages	380 pages	614 pages	799 pages	847 pages	890 pages

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BMA Medical Book Awards Presentation 2015

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PCF Timeline

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PCF Japanese translations

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PCF Timeline

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PCF Timeline

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PCF was free on-line for 13 years!

2014 significant challenges

- IT requirements becoming ever greater
- Declining print sales

To future-proof PCF

- Charging for on-line access
- Producing additional educational pamphlets/booklets

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Palliativedrugs.com educational booklets

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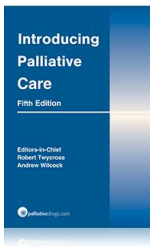
Palliativedrugs.com other publications



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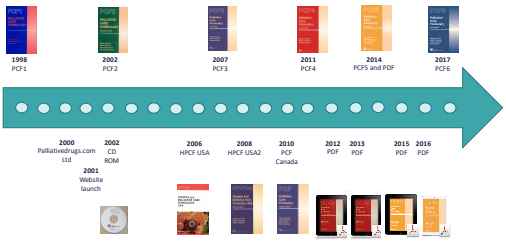
PCF Timeline



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Claire Stark- Toller
Consultant

Andrew Wilcock
Consultant

Robert Twycross
Retired in 2001

Paul Howard
Consultant

Sarah Charlesworth
Pharmacist

Sarah Keeling
P/T freelance office manager

Karen Isaac
P/T secretary

Julie Mortimer
P/T freelance pharmacist

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PCF6 Contributors

Jason Boland	Louise Free	Laura Miller
Virginia Bray	Catherine Gwilt	Simon Noble
Andrew Broadbent	Janet Hardy	Stephen Oxberry
Alpna Chauhan	Vaughan Keeley	Victor Pace
Brian Creedon	Samuel King	Maggie Presswood
Vincent Crosby	Malgorzata Krajnik	Rachel Quibell
Andrew Davies	Susie Lapwood	Joy Ross
Joanne Droney	Mark Lee	Anna Spathis
Jo Elverson	Michael Lucey	Mark Taubert
Ruth England	Staffan Lundstrom	Jillian Wall
Caroline Facey	Louise Lynch	

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RPS

Clinical
- Writing
- Editing/reviewing
- Approving

Publishing
- Copyediting
- Typesetting
- Proof-reading
- Indexing
- Organising logistics of printing and orders
- Advertising and sales/marketing

Technical
- Uploading and approving onto the website
- Managing subscriptions and on-line e-commerce

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Other

- VAT and accounts
- Project managing external IT consultants
- Co-ordination of workload
- Future-proofing
- Packaging
- Storage
- Posting and distribution

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Karen's trips to the local post office

35

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Time for change

Sustainability and future of PCF

- Robert retirement from PCF
- Increasing workload, both clinical and non-clinical

Update IT

- On-line Formulary content design and search facility
- Configure for mobile devices
- Access requirements for organisations

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News

Royal Pharmaceutical Society acquires Palliativedrugs.com

The Royal Pharmaceutical Society (RPS) is pleased to announce the acquisition of Palliativedrugs.com, the publisher of the Palliative Care Formulary and Introducing Palliative Care, key resources for health professionals delivering care to patients at the end of life.

The Royal Pharmaceutical Society (RPS) is pleased to announce the acquisition of Palliativedrugs.com, the publisher of the Palliative Care Formulary and Introducing Palliative Care, key resources for health professionals delivering care to patients at the end of life. This acquisition sees these well respected and market leading resources joining the stable of world-renowned drug information resources provided by Pharmaceutical Press, the publishing arm of the Royal Pharmaceutical Society.

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ROYAL PHARMACEUTICAL SOCIETY

Present

RPS

ROYAL PHARMACEUTICAL SOCIETY

Together, we are pharmacy

We are the Royal Pharmaceutical Society, the professional membership body for pharmacists and pharmacy.

Our mission is to put pharmacy at the forefront of healthcare.

Our vision is to become the world leader in the safe and effective use of medicines.

Since RPS was founded in 1841 we have championed the profession, and are internationally renowned as publishers of medicines information.

We promote pharmacy in the media and government, lead the way in medicines information, and support pharmacists in their education and development.

Our three main roles:

- Recognition for Pharmacy
- Publications for Pharmacy
- Development for Pharmacists

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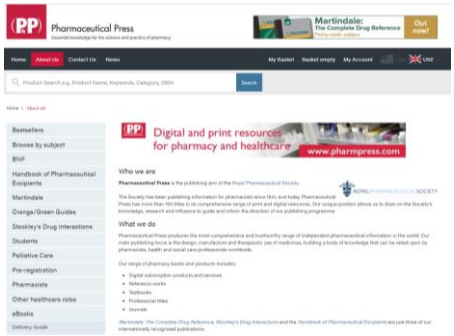

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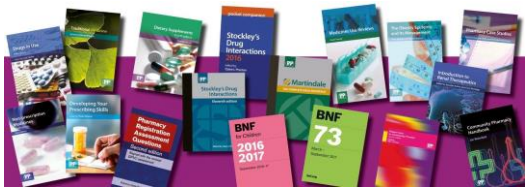
Pharmaceutical Press publications



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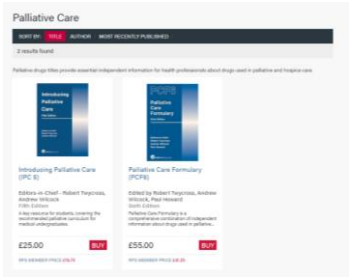
Direct
www.pharmpress.com

Or via store tab on
www.palliativedrugs.com



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MedicinesComplete on-line digital platform
www.medicinescomplete.com

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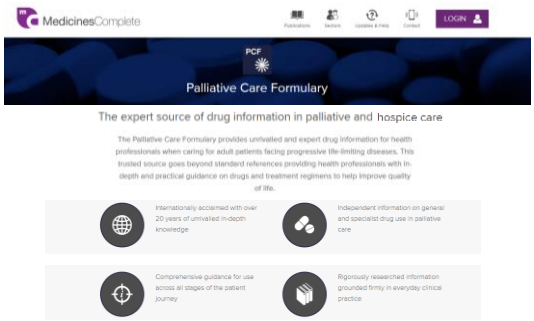

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Move from individual to organisational subscription

Initial transition to MedicinesComplete for existing on-line PCF subscribers

- Login to MC with current palliativedrugs.com email and change password
- Given a temporary access account until your existing subscription expires

pharmpress-support@rpharms.com

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RPS

Move from individual to organisational subscription

Initial transition to MedicinesComplete for existing on-line PCF subscribers
- Login to MC with current palliativedrugs.com email and change password
- Given a temporary access account until your existing subscription expires

Next subscription renewal (or new subscribers)
- Your account will need to move across to organisational subscription
- Liaise with Pharmaceutical Press account manager
  - Link up individual subscriptions within the same organisation
  - Help form consortiums

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Within a hospital

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Within a Trust!

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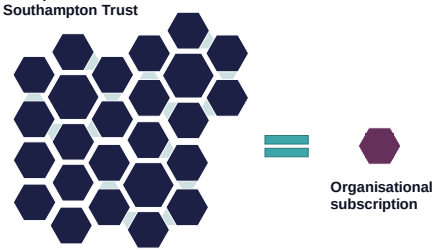
Example
Southampton Trust



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MedicinesComplete on-line digital platform
www.medicinescomplete.com

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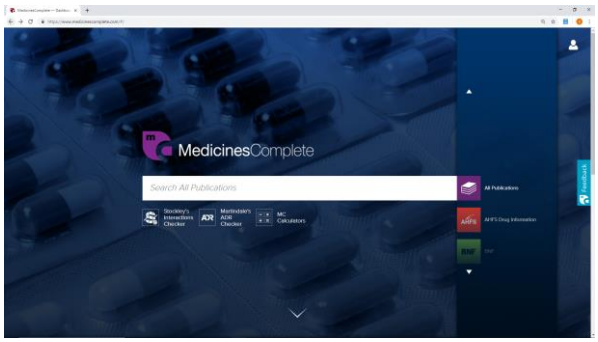

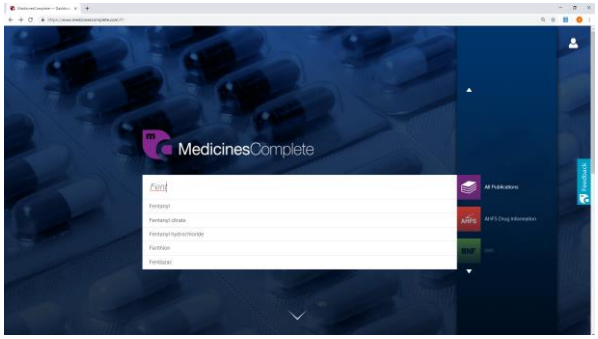
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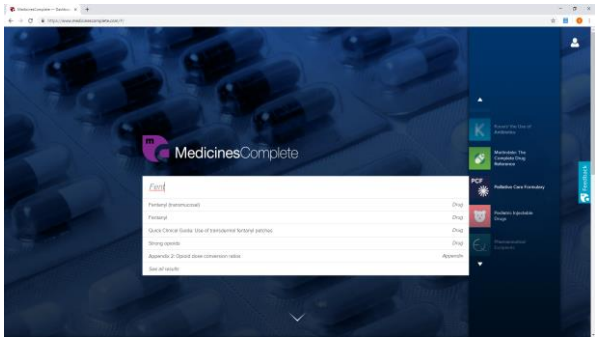
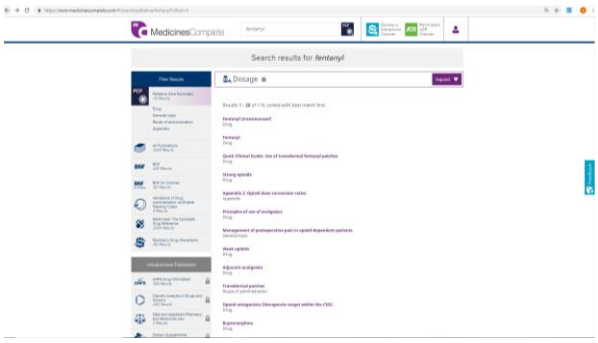
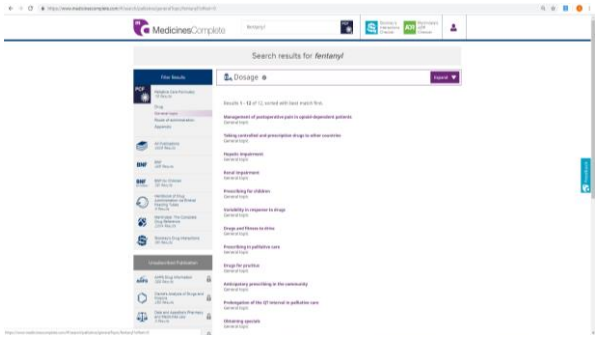
Fent
Fentanyl
Fentanyl citrate
Fentanyl hydrochloride
Fentnion
Fentazac
All Publications
AHFS Drug Information
BNF


MedicinesComplete
Fent
Fentanyl (transmucosal)
Drug
Fentanyl
Drug
Quick Clinical Guide: Use of transdermal fentanyl patches
Drug
Strong opioids
Drug
Appendix 2: Opioid dose conversion ratios
Appendix
See all results
Fentanyl
Fentanyl Injectable Drugs


MedicinesComplete
Search results for fentanyl
Dosage
Filter Results
Unabsorbed Fabricates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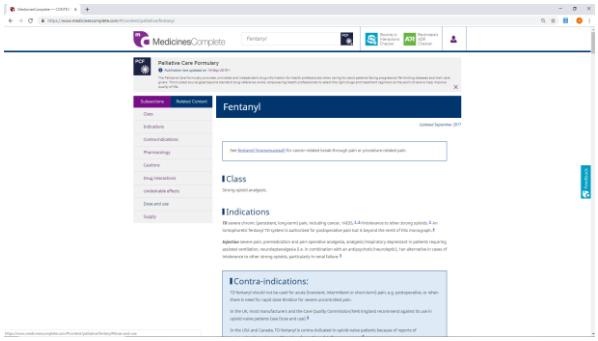
Search results for fentanyl
Dosage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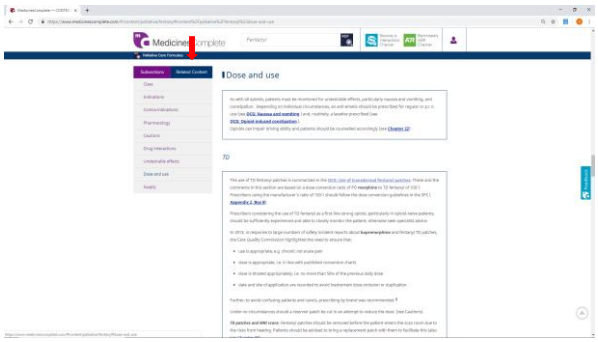
Palliative Care Formulary
Fentanyl
Class
Indications
Contra-indications: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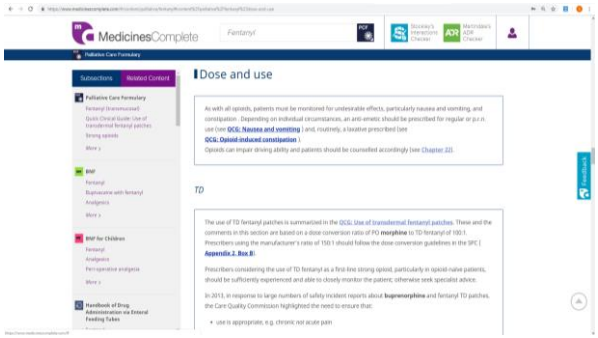
Dose and use
TD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Palliative Care Formulary
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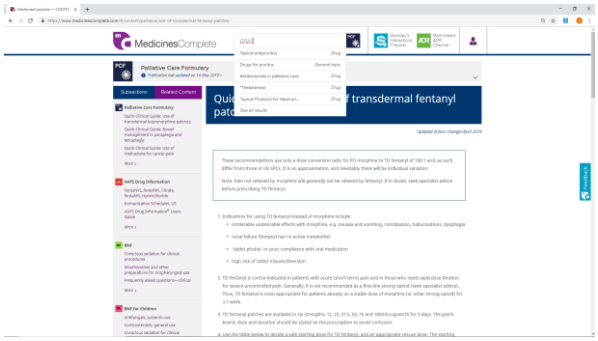
Dose and use
TD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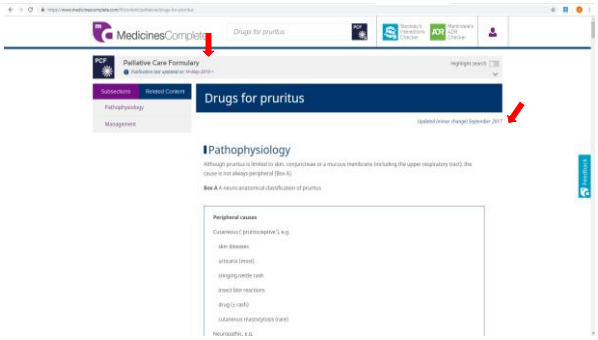
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Palliative Care Formulary
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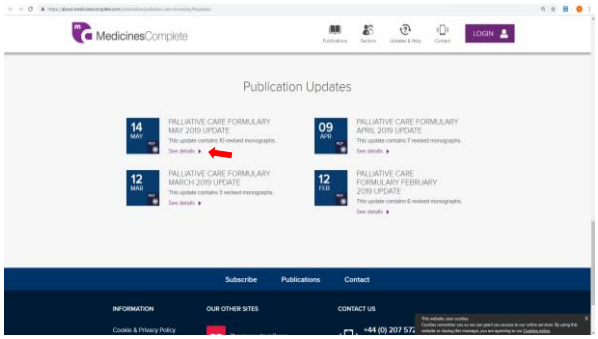
Management
Drugs for pruritus
Pathophysiology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LOGIN
Publication Updates
14 MAY
PALLIATIVE CARE FORMULARY MAY 2019 UPDATE
This update contains 10 revised monographs.
See details
09 APR
PALLIATIVE CARE FORMULARY APRIL 2019 UPDATE
This update contains 7 revised monographs.
See details
12 MAR
PALLIATIVE CARE FORMULARY MARCH 2019 UPDATE
This update contains 3 revised monographs.
See details
12 FEB
PALLIATIVE CARE FORMULARY FEBRUARY 2019 UPDATE
This update contains 6 revised monographs.
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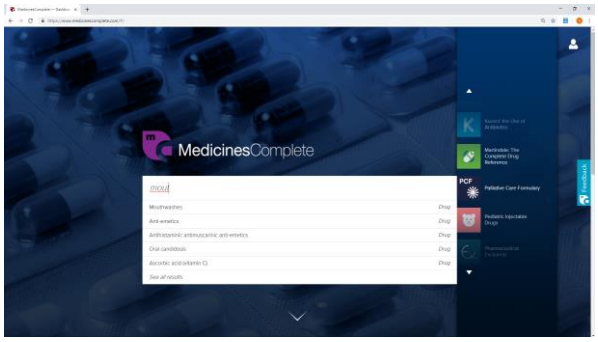
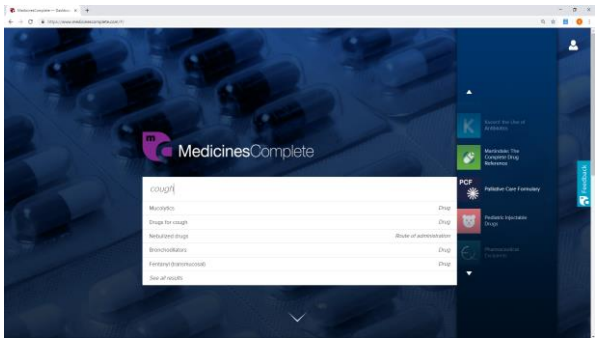

MedicinesComplete
mouth
Mouthwashes
Drug
Anti-emetics
Drug
Antihistaminic antimuscarinic anti-emetics
Drug
Oral candidiosis
Drug
Ascorbic acid (vitamin C)
Drug
See all results
PCF
Palliative Care Formulary
Paediatric Injectable Drugs
Feedback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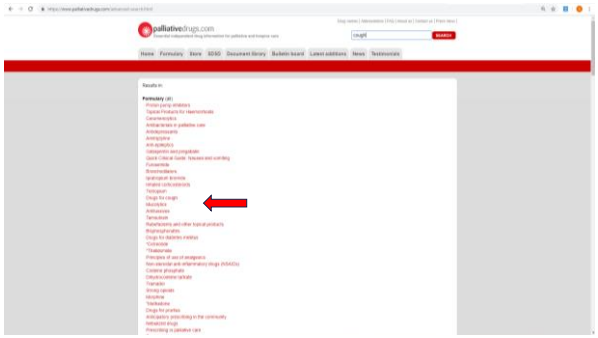
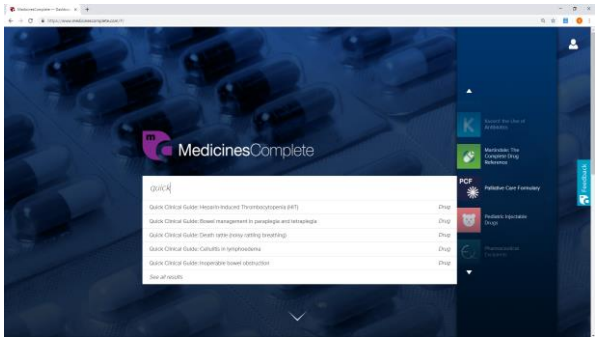
cough
Mucolytics
Drug
Drugs for cough
Drug
Nebulised drugs
Route of administration
Bronchodilators
Drug
Fentanyl (transmucosal)
Drug
See all results
PCF
Palliative Care Formulary
Paediatric Injectable Drugs
Feedback


palliativedrugs.com
Home
Formulary
Store
SOS!
Document library
Bulletin board
Latest additions
News
Testimonials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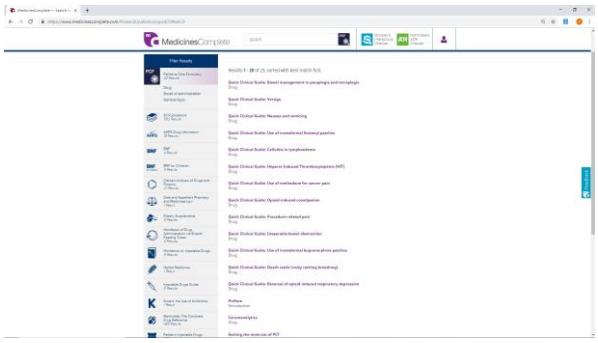
quick
Quick Clinical Guide: Heparin-induced Thrombocytopenia (HIT)
Quick Clinical Guide: Bowel management in paraplegia and tetraplegia
Quick Clinical Guide: Death rattle (noisy rattling breathing)
Quick Clinical Guide: Cellulitis in lymphoedema
Quick Clinical Guide: Inoperable bowel obstruction
See all results
Palliative Care Formulary
Paediatric Injectable Drugs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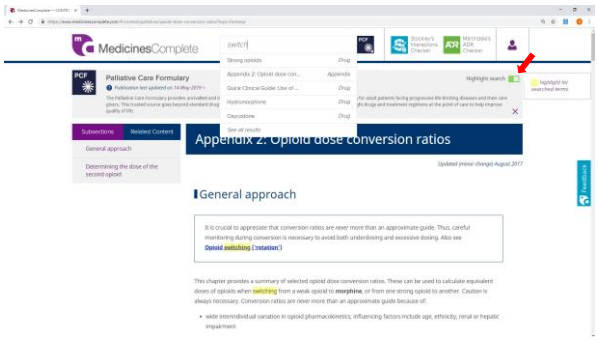
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switch
Palliative Care Formulary
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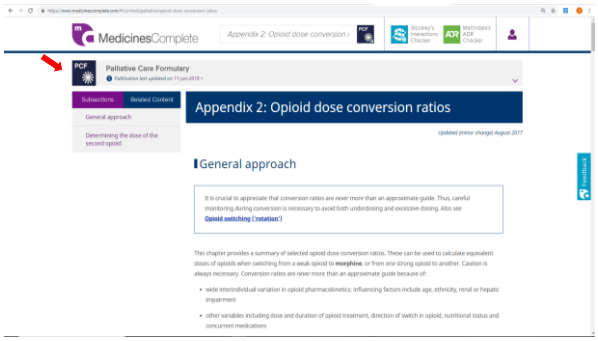
Subsections
Related Content
General approach
Determining the dose of the second opioid
Appendix 2: Opioid dose conversion ratios
Updated (minor change) August 2017
General approach
Feedback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Determining the dose of the second opioid
Appendix 2: Opioid dose conversion ratios
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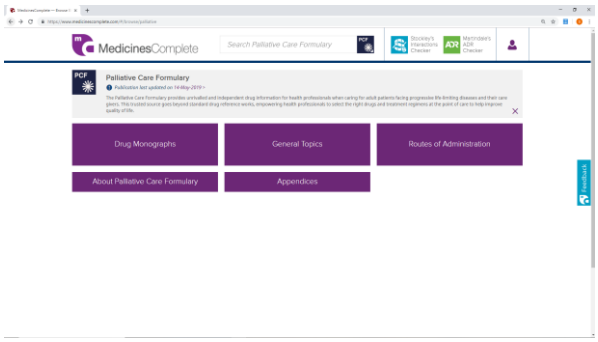
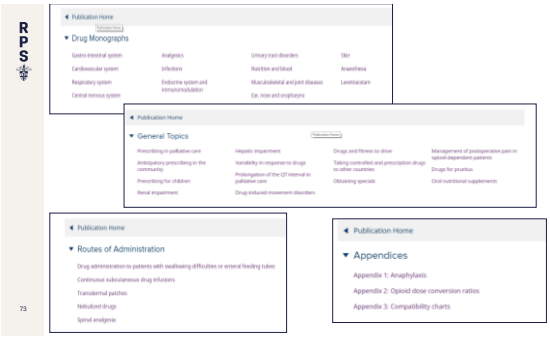

MedicinesComplete
Search Palliative Care Formulary
Palliative Care Formulary
Drug Monographs
General Topics
Routes of Administration
About Palliative Care Formulary
Appendices
Feedback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Publication Home
Drug Monographs
Gastro-intestinal system
Cardiovascular system
Respiratory system
Central nervous system
Analgesics
Infections
Endocrine system and immunomodulation
Urinary tract disorders
Nutrition and blood
Musculoskeletal and joint diseases
Ear, nose and oropharynx
Skin
Anaesthesia
Levetiracetam
General Topics
Prescribing in palliative care
Anticipatory prescribing in the community
Prescribing for children
Renal impairment
Hepatic impairment
Variability in response to drugs
Prolongation of the QT interval in palliative care
Drug-induced movement disorders
Drugs and fitness to drive
Taking controlled and prescription drugs to other countries
Obtaining specials
Management of postoperative pain in opioid-dependent patients
Drugs for pruritus
Oral nutritional supplements
Routes of Administration
Drug administration to patients with swallowing difficulties or enteral feeding tubes
Continuous subcutaneous drug infusions
Transdermal patches
Nebulized drugs
Spinal analgesia
Appendices
Appendix 1: Anaphylaxis
Appendix 2: Opioid dose conversion ratios
Appendix 3: Compatibility charts
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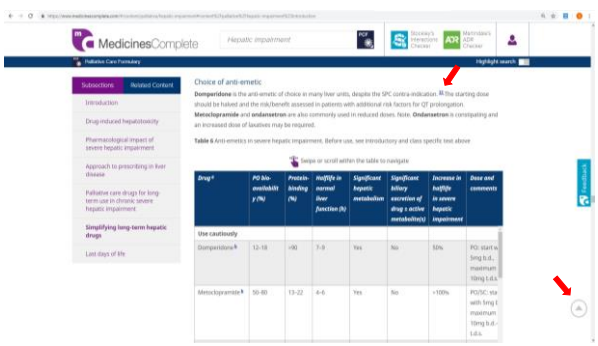
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Hepatic impairment
Palliative Care Formulary
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Introduction
Drug-induced hepatotoxicity
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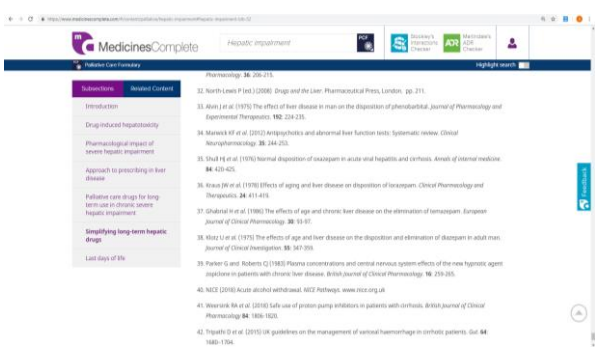
Approach to prescribing in liver disease
Palliative care drugs for long-term use in chronic severe hepatic impairment
Simplifying long-term hepatic drugs
Last days of life
Choice of anti-emetic
Domperidone is the anti-emetic of choice in many liver units, despite the SPC contra-indication. The starting dose should be halved and the risk/benefit assessed in patients with additional risk factors for QT prolongation.
Metoclopramide and ondansetron are also commonly used in reduced doses. Note: Ondansetron is constipating and an increased dose of laxatives may be required.
Table 6 Anti-emetics in severe hepatic impairment. Before use, see introductory and class specific text above
Swipe or scroll within the table to navigate
Drug
PO bio-availability (%)
Protein-binding (%)
Half life in normal liver function (h)
Significant hepatic metabolism
Significant biliary excretion of drug + active metabolite(s)
Increase in half life in severe hepatic impairment
Dose and comments
Use cautiously
Domperidone
12-18
>90
7-9
Yes
No
50%
PO: start w. 5mg b.d., maximum 10mg t.d.s.
Metoclopramide
50-80
13-22
4-6
Yes
No
>100%
PO/SC: start with 5mg t maximum 10mg b.d.-t.d.s.
Feedback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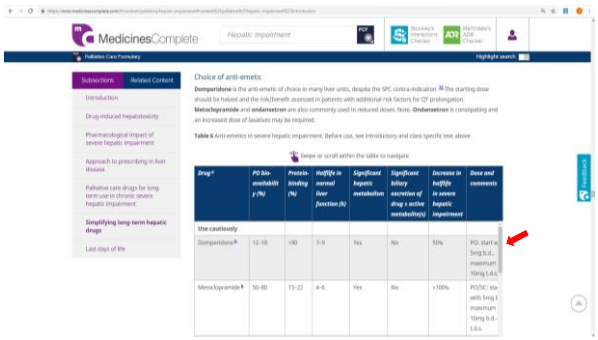
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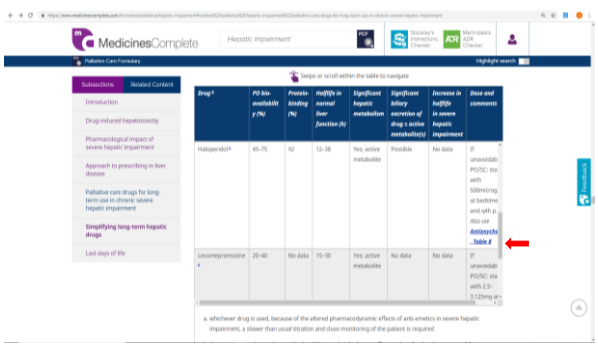
Last days of life
Choice of anti-emetic
Dompéridone is the anti-emetic of choice in many liver units, despite the SPC contra-indication. The starting dose should be halved and the risk/benefit assessed in patients with additional risk factors for QT prolongation.
Metoclopramide and ondansetron are also commonly used in reduced doses. Note: Ondansetron is constipating and an increased dose of laxatives may be required.
Table 6 Anti-emetics in severe hepatic impairment. Before use, see introductory and class specific text above
Swipe or scroll within the table to navigate
Drug a
PO bio-availability (%)
Protein-binding (%)
Half-life in normal liver function (h)
Significant hepatic metabolism
Significant biliary excretion of drug + active metabolite(s)
Increase in half-life in severe hepatic impairment
Dose and comments
Use cautiously
Dompéridone b 12-18 >90 7-9 Yes No 50% PO: start w 5mg b.d., maximum 10mg t.d.s.
Metoclopramide b 50-80 13-22 4-6 Yes No >100% PO/SC: sta with 5mg t maximum 10mg b.d.-t.d.s.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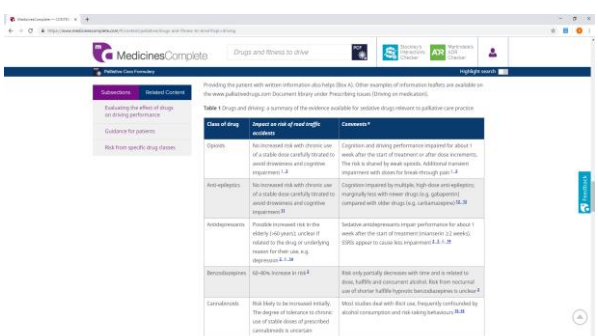
Swipe or scroll within the table to navigate
Drug a
PO bio-availability (%)
Protein-binding (%)
Half-life in normal liver function (h)
Significant hepatic metabolism
Significant biliary excretion of drug + active metabolite(s)
Increase in half-life in severe hepatic impairment
Dose and comments
Haloperidol c 45-75 92 12-38 Yes; active metabolite Possible No data If unavoidab PO/SC: sta with 500microg at bedtime and q4h p. Also see Antipsychotic Table 8
Levomepromazine c 20-40 No data 15-30 Yes; active metabolite No data No data If unavoidab PO/SC: sta with 2.5-3.125mg at
a. whichever drug is used, because of the altered pharmacodynamic effects of anti-emetics in severe hepatic impairment, a slower than usual titration and close monitoring of the patient is required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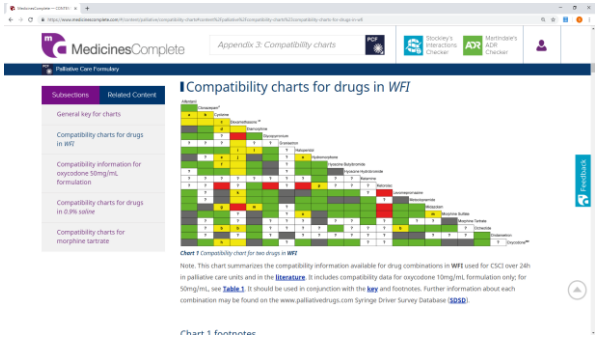
Drugs and fitness to drive
Subsections
Related Content
Evaluating the effect of drugs on driving performance
Guidance for patients
Risk from specific drug classes
Providing the patient with written information also helps (Box A). Other examples of information leaflets are available on the www.palliativedrugs.com Document library under Prescribing Issues (Driving on medication).
Table 1 Drugs and driving: a summary of the evidence available for sedative drugs relevant to palliative care practice
Class of drug
Impact on risk of road traffic accidents
Comments a
Opioids
No increased risk with chronic use of a stable dose carefully titrated to avoid drowsiness and cognitive impairment 1-8
Cognition and driving performance impaired for about 1 week after the start of treatment or after dose increments. The risk is shared by weak opioids. Additional transient impairment with doses for break-through pain 1-8
Anti-epileptics
No increased risk with chronic use of a stable dose carefully titrated to avoid drowsiness and cognitive impairment 10
Cognition impaired by multiple, high-dose anti-epileptics; marginally less with newer drugs (e.g. gabapentin) compared with older drugs (e.g. carbamazepine) 10-20
Antidepressants
Possible increased risk in the elderly (>60 years); unclear if related to the drug or underlying reason for their use, e.g. depression 2-1-24
Sedative antidepressants impair performance for about 1 week after the start of treatment (mianserin ≥2 weeks). SSRIs appear to cause less impairment 2-3-1-20
Benzodiazepines
60-80% increase in risk 2
Risk only partially decreases with time and is related to dose, half-life and concurrent alcohol. Risk from nocturnal use of shorter half-life hypnotic benzodiazepines is unclear 2
Cannabinoids
Risk likely to be increased initially. The degree of tolerance to chronic use of stable doses of prescribed cannabinoids is uncertain
Most studies deal with illicit use, frequently confounded by alcohol consumption and risk-taking behaviours 10-20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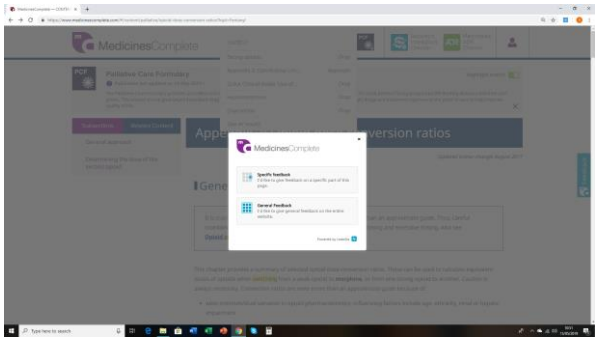
Appendix 3: Compatibility charts
Stockley's Interactions Checker
Martindale's ADR Checker
Palliative Care Formulary
Subsections
Related Content
General key for charts
Compatibility charts for drugs in WFI
Compatibility information for oxycodone 50mg/mL formulation
Compatibility charts for drugs in 0.9% saline
Compatibility charts for morphine tartrate
Compatibility charts for drugs in WFI
Feedback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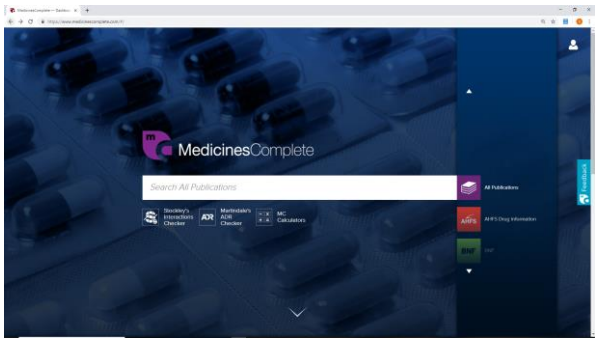
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All Publications
Stockley's Interactions Checker
Martindale's ADR Checker
MC Calculators
All RPS Drug Information
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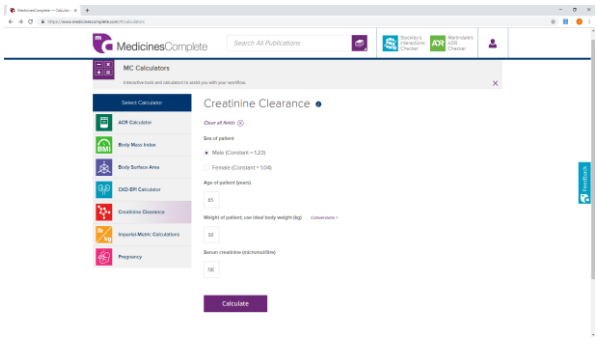

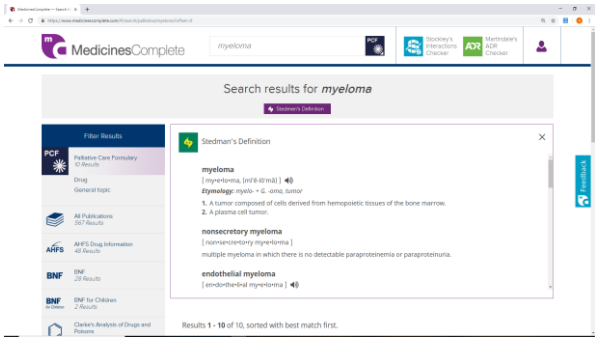

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Advantages already

- IT issues addressed by moving to MedicinesComplete
  - On-line PCF design and functionality
  - Configured for mobile devices
  - Organisational access

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Advantages already

- IT issues addressed by moving to MedicinesComplete
  - On-line PCF design and functionality
  - Configured for mobile devices
  - Organisational access
- Big company, large infrastructure and many individual departments
  - concentrate now on clinical writing

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Non-clinical writing roles now undertaken by PhP

Publishing
- ☑ Copyediting
- ☑ Typesetting
- ☑ Proof-reading
- ☑ Indexing
- ☑ Organising logistics of printing and orders
- ☑ Advertising and sales/marketing

Other
- ☑ VAT and accounts
- ☑ Project managing external IT consultants
- ☑ Co-ordination of workload
- ☑ Packaging
- ☑ Storage
- ☑ Posting and distribution
- ☑ Future-proofing

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Pharmaceutical press

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Summary

Changed

- Palliativedrugs.com is owned by the Royal Pharmaceutical Society
- PCF on-line is on a different platform
- Access will move to organisational upon subscription renewal
- IT, sales, marketing and technical aspects of publishing and subscription all delegated to various PhP departments

Stayed the same

- Clinical content produced by the same people
- www.palliativedrugs.com
  - News
  - SDSD
  - Document library
  - Bulletinboard

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ROYAL PHARMACEUTICAL SOCIETY

Future

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Mission statement

PCF aims to be a major prescribing resource for all health professionals involved in providing specialist and general palliative care. It does this by:

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Mission statement

PCF aims to be a major prescribing resource for all health professionals involved in providing specialist and general palliative care. It does this by:

- providing essential, independent and high-quality information, presented succinctly and clearly

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Mission statement

PCF aims to be a major prescribing resource for all health professionals involved in providing specialist and general palliative care. It does this by:

- providing essential, independent and high-quality information, presented succinctly and clearly
- including information for the use of medicinal products beyond the scope of their marketing authorization, e.g. in relation to indication, dose and routes of administration

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Mission statement

PCF aims to be a major prescribing resource for all health professionals involved in providing specialist and general palliative care. It does this by:

- providing essential, independent and high-quality information, presented succinctly and clearly
- including information for the use of medicinal products beyond the scope of their marketing authorization, e.g. in relation to indication, dose and routes of administration
- ensuring the content is rigorously researched but grounded firmly in everyday clinical practice

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Mission statement

PCF aims to be a major prescribing resource for all health professionals involved in providing specialist and general palliative care. It does this by:

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- including information for the use of medicinal products beyond the scope of their marketing authorization, e.g. in relation to indication, dose and routes of administration
- ensuring the content is rigorously researched but grounded firmly in everyday clinical practice
- considering international issues, despite a main focus on the UK.

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Future plans

On-line PCF

- Continual updating of content
- Enhance clinical content
- Continual Refining of layout

www.palliativedrugs.com

- Bulletinboard
- Surveys

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Future plans

Other

- Cross publication working
- Speciality information
- Improve access to palliative care information

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The evolution of PCF

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Thank you for your support over the years

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SDSD survey participants

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Guideline donation
Compatibility information submission
Bulletinboard correspondent
Survey completion

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PCF Palliative Care Formulary

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Thank you to Andrew Wilcock and Robert Twycross……

Josie and Deidre

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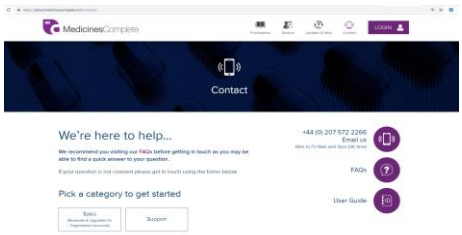

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