

## SCHEDULE 2 – THE SERVICES

### A. Service Specifications

Mandatory headings 1 – 4: mandatory but detail for local determination and agreement  
 Optional headings 5-7: optional to use, detail for local determination and agreement.

All subheadings for local determination and agreement

<b>Service Specification No.</b>	V.1
<b>Service</b>	HMR – Availability of Palliative Care Drugs
<b>Commissioner Lead</b>	NHS Heywood, Middleton and Rochdale CCG
<b>Provider Lead</b>	Community Pharmacists within HMR CCG
<b>Period</b>	2 Years
<b>Date of Review</b>	

<b>1. Population Needs</b>														
<p><b>1.1. National/local context and evidence base</b>                  High quality palliative end of life care matters. The effective management of pain and other symptoms is an essential element of palliative care. Even though up to 90% of all palliative care occurs in a patient's home environment and the majority of patients and their carers wish for a home death, most people die in an institution. Breakthrough symptom control and lack of anticipatory palliative care are a contributory factor to high hospital death rates and patients being unable to die in their place of choice.</p> <p>1.1.1. The demand for specialist palliative care and antiviral medicines is often urgent and/or unpredictable. In addition, community pharmacies do not generally hold a stock of all these medicines, which can lead to a shortfall in provision of medicines for patients who are terminally ill and/or receiving end of life care or suffering from influenza infection.</p> <p>1.1.2. In order to ensure availability of palliative care and antiviral medicines, both within standard opening hours and out of hours, a small number of community pharmacies across HMR will be remunerated to hold an ongoing stock of these medicines and the CCG agree to reimburse pharmacies should this medicine be held beyond the expiry date.</p> <p>1.1.3. Pharmacies providing the service will have adequate opening times and will be located to provide geographical coverage across the geography.</p>														
<b>2. Outcomes</b>														
<p><b>2.1. NHS Outcomes Framework Domains &amp; Indicators</b></p> <table border="1" style="width: 100%;"> <tr> <td style="width: 15%;">Domain 1</td> <td style="width: 65%;">Preventing people from dying prematurely</td> <td style="width: 20%; text-align: center;">✓</td> </tr> <tr> <td>Domain 2</td> <td>Enhancing quality of life for people with long-term conditions</td> <td style="text-align: center;">✓</td> </tr> <tr> <td>Domain 3</td> <td>Helping people to recover from episodes of ill-health or following injury</td> <td></td> </tr> <tr> <td>Domain 4</td> <td>Ensuring people have a positive experience of care</td> <td style="text-align: center;">✓</td> </tr> </table>			Domain 1	Preventing people from dying prematurely	✓	Domain 2	Enhancing quality of life for people with long-term conditions	✓	Domain 3	Helping people to recover from episodes of ill-health or following injury		Domain 4	Ensuring people have a positive experience of care	✓
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Domain 4	Ensuring people have a positive experience of care	✓												

Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	✓
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**2.2. Key Service Outcomes**

- To improve the care of patients in their homes during the final stages of life.
- To ensure that patients requiring palliative care receive continuity of supply of essential medicines and devices for drug delivery.
- To avoid unnecessary distress caused by inadequate access to medicines.

The potential benefits resulting from the success of the service are:

- Pain and other difficult symptoms will be managed more effectively with cooperation between palliative care, primary care and community pharmacy
- A reduction in unplanned hospital/hospice admissions

**2.3. Locally Defined Patient Outcomes**

- To improve access to specialist palliative and end of life medicines when they are required by ensuring prompt access and continuity of supply.
- To support people, carers and clinicians by providing them with up to date information and advice, and referral where appropriate on End of Life Care.
- To ensure rapid dispensing of medicines for end of life care

**3. Scope**

**3.1. Aims and objectives of service**

The aim of the service is to support anticipatory prescribing and allow rapid access to medicines commonly prescribed in palliative and end of life care, to enable a greater percentage of patients to spend their final hours or days at home if they so choose, rather than a transition to an institution such as a hospital against their wishes. By establishing a small network of pharmacies that will routinely hold stock of the main end of life medicines. Carers and other health care professionals should not experience delays in obtaining medicines for the patients that they are caring for.

The commissioned pharmacy contractor(s) will stock the agreed formulary of palliative care medicines (as specified below) and will make a commitment to ensure that users of this service have prompt access to these medicines during their contracted opening hours. The pharmacy will also be able to provide specialist information and advice to the user, carer and clinician. They may also sign post to specialist centres, support groups or other health and social care professionals where appropriate to do so.

This will aim to provide equitability for patients choosing their home environment for End of Life Care and to reduce the need for out of hours access to drugs, with the ultimate aim of providing the best level of End of Life care.

**3.2. Service Description**

During normal working hours, it is anticipated that in the first instance, prescriptions should be presented at any local community pharmacy, and the “palliative care” Pharmacies used mainly in an emergency situation, where the drugs cannot be obtained by the local community pharmacy within an appropriate timescale.

The commissioned service will be available at the chosen localities and will be used in circumstances where the End of Life care drugs cannot be supplied by the patients preferred supplier in an appropriate time scale.

- 3.2.1. To maintain a minimum stock level of palliative care medicines, as detailed in Appendices 1 & 2 and will dispense these in response to presented NHS prescriptions. Allowances will be made for medicines issued and awaiting delivery from the wholesaler and where stock is unavailable due to manufacturing problems. This list will be agreed between HMR CCG, local palliative care specialists and GMLPC and updated as necessary.
- 3.2.2. The list of pharmacies that have agreed to provide this service (section 5), together with contact details will be shared with all community pharmacies, all GP Practices, Out of Hours (OOH) services 'Hospice at Home' service, NHS 111 and local palliative care teams in the HMR area.
- 3.2.3. The pharmacy will ensure all staff including locums are aware of the service and will produce a Standard Operating Procedure (SOP) which all staff should adhere to. The SOP will include:
- List of agreed medicines
  - Details of wholesalers – delivery/order times and contact details
  - Contact details of other pharmacies providing the service
  - Contact details for the Commissioner Lead
  - Record of stock check

#### Significant event reporting

- 3.2.4. All prescriptions received for medicines listed in Appendix 1 or 2 will be prioritised for dispensing with the aim of ensuring they are ready for collection within one hour of receipt.
- 3.2.5. The provider will have a dedicated phone number to be used by the prescriber to phone the pharmacy to advise that a fast track palliative care prescription is required. A mobile phone will be provided to the provider by the commissioner; the dedicated phone number will only be shared by the commissioner with health care professionals (and not to the general public) for the purposes of supporting rapid dispensing for covid palliative care prescriptions.
- 3.2.6. The provider will ensure that the mobile phone provided by the commissioner is charged and switched on at all times during the provider's opening hours.
- 3.2.7. The provider should report any issues with the mobile phone to CHL via [enquiries@cpgmhealthcare.co.uk](mailto:enquiries@cpgmhealthcare.co.uk).
- 3.2.8. A list of phone numbers for this locality has been inserted at Appendix 3.
- 3.2.9. Where a medicine is unavailable, for whatever reason, the pharmacy will endeavour to identify an alternative point of supply for the patient or their representative. The pharmacist should be prepared to telephone suppliers to confirm delivery of stock if necessary (or delegate this task appropriately). The pharmacist must keep patients, or their representatives fully informed regarding supplies of medicines (or delegate this task appropriately).
- 3.2.10. If the participating pharmacist is not able to dispense the prescription in the time available, then he/she needs to find another community pharmacy who is able to dispense the prescription. This should be done by telephoning another community pharmacy, it should not be assumed that just because a community pharmacy is on the palliative care list they can supply on every occasion.

- 3.2.11. Providers are required to submit a weekly stock return on a Thursday by 6pm on PharmOutcomes from Thursday 21st May up to and including Thursday 30th July only.
- 3.2.12. To identify and manage shortfalls in the service a significant event reporting form should be completed via PharmOutcomes.
- 3.2.13. Stock will be reordered promptly when it has been supplied against a prescription.
- 3.2.14. Medicines will be checked regularly to ensure sufficient stock is available and in date. A monthly report will be submitted via PharmOutcomes to confirm that a stock check has been completed.
- 3.2.15. In the event of long-term availability problems, the pharmacy will report this to the commissioner via PharmOutcomes; the commissioner is responsible for updating the local palliative care team to arrange for suitable alternatives and communicating any updates to the stock list to the providers.
- 3.2.16. Pharmacists will be available to offer professional advice to patients and carers on the medicines dispensed and their use within palliative care. They may also refer to specialist centres, support groups or other health and social care professionals where appropriate.
- 3.2.17. The pharmacy must be able to demonstrate compliance with the NHS England Central Alerting System, including alerts and recalls.
- 3.2.18. The pharmacist must be able to demonstrate ongoing relevant CPD and may wish to undertake an update in palliative care through private study and attendance at relevant teaching sessions.
- 3.2.19. All incidents involving controlled drugs should be reported to NHS England via [www.cdreporting.co.uk](http://www.cdreporting.co.uk).
- 3.2.20. Any changes in pharmacy owner will be communicated to the commissioner lead.
- 3.2.21. The pharmacy opening hours must be adequate in order to support provision of this service.
- 3.2.22. Changes in opening hours must be communicated to the commissioner lead and to CHL by emailing [enquiries@cpqmhealthcare.co.uk](mailto:enquiries@cpqmhealthcare.co.uk) who have been commissioned to manage the service on behalf of HMR CCG, as this may result in a review of service provision.
- 3.2.23. If, for whatever reason, the provider ceases to provide the essential services under the pharmacy contractual framework then the provider will become ineligible to provide this locally commissioned service.

### **3.3. Population covered**

- 3.3.1. Pharmacies commissioned to hold antiviral and palliative care stock under this specification must dispense all prescriptions under their core NHS contract.

### **3.4. Interdependencies with other services/providers**

- 3.4.1. The provider will hold contact details of other local pharmacies providing the service, in order to identify an alternative point of supply where stock is not available.

3.4.2. The commissioner will work closely with other community pharmacies, all GP practices, GMHSCP, Out of Hours providers and palliative care specialists as appropriate.

### **3.5. Commissioner responsibilities**

3.5.1. The commissioner, or a representative of CHL who have been commissioned to performance manage this service, may carry out spot checks of stock and documentation when necessary.

3.5.2. The commissioner will provide adequate signposting for patients, carers and clinicians to improve awareness of specialist palliative care services and the availability of support and advice.

3.5.3. The commissioner will promote the service to prescribers and other health and social care services across HMR.

3.5.4. The commissioner will circulate details of the commissioned pharmacies to all community based Palliative Care Nurses and District Nurses and to other community pharmacies.

3.5.5. The commissioner will circulate the palliative care drugs list to all primary care prescribers, including the out of hours services, BARDOC, District Nurses, Palliative Care Nurses, community pharmacies, relevant Pennine Acute employed staff so that all the appropriate health care professionals are aware of what is reasonable to expect to be available both in and out of hours.

3.5.6. The commissioner will provide locally agreed induction /education training around EOL care for participating pharmacy training for participating pharmacies

3.5.7. The commissioner has agreed with medical specialists that they will regularly review the formulary to ensure that the formulary reflects the availability of new palliative care regimes and changes to practice and/or guidelines. Medicines and changes in practice or guidelines. Annual reviews of the formulary to be undertaken.

3.5.8. The commissioner will provide a framework for the recording of relevant service information for the purposes of audit and the claiming of payment via PharmOutcomes.

3.5.9. The commissioner will reimburse participating pharmacies to compensate for date expired medicines in the formulary. All such claims should be made via PharmOutcomes and provider will be reimbursed on a quarterly basis.

3.5.10. The commissioner & Local Pharmaceutical Committee (LPC) will disseminate information on this service to other pharmacy contractors and health care professionals in order that they can signpost the patients to providers of the service if medication cannot be supplied.

### **3.6. Quality Indicators**

3.6.1. The provider should review its SOP for this service on an annual basis and ensure all staff, including locums are aware of the SOP.

3.6.2. The provider can demonstrate that pharmacists and staff involved in the provision of this service have undertaken relevant CPD, appropriate to palliative care.

3.6.3. The provider completes a monthly stock return via PharmOutcomes.

3.6.4. The pharmacy should maintain appropriate records to ensure effective ongoing service delivery and audit.

3.6.5. The commissioner has a duty to provide value for money and may carry out regular reviews of the service that will include random audits of compliance.

3.6.6. The commissioner expects that this service will be available for 80% of the contracted hours of opening of the provider.

### **3.7. Planning and Communication**

It is recommended that wherever possible, when a palliative care patient is being cared for in the community setting, early warning to community pharmacies from the Palliative Care Consultant, GP, District Nurse or Palliative Care Nurse about the type and volume of drugs the patient is using would enable all community pharmacies to be prepared for any prescriptions.

For those pharmacies currently involved in this palliative care service, it is vital for them to keep aware of any changes in prescribing patterns to allow them to monitor and get feedback on the service they are providing.

### **3.7 Remuneration**

## **4. Monitoring and Payment**

### **4.1. Monitoring**

4.1.1. All payments and service monitoring will be conducted via the PharmOutcomes system, including:

- 4.1.1.1. Sign up to the service (for pharmacies approved to provide by the commissioner)
- 4.1.1.2. Service payments (annual retainer fee)
- 4.1.1.3. Reporting of significant events relating to service provision
- 4.1.1.4. Reporting and reimbursement of expired stock
- 4.1.1.5. Reporting of unavailable items due to manufacturing issues

4.1.2. The commissioner has commissioned CPGM Healthcare (CHL) to ensure that pharmacists are fully compliant with the requirements of provision of this service.

4.1.3. Community pharmacies providing this service must grant access to representatives of CHL who are acting as performance management officers on behalf of the commissioner.

### **4.2. Payment**

4.2.1. An initial payment of £650 will be made to community pharmacies providing the service.

4.2.2. An annual retainer of £500 will be paid in quarterly instalments made dependent upon the submission of a monthly stock report by the pharmacy to the commissioner via PharmOutcomes.

4.2.3. Reimbursement will also be made for expired stock where reported on PharmOutcomes or where an item is removed from the formulary during the course of the contract if the item is date expired. Reimbursement for date expired medicines will commence in the second year of the specification, from 1<sup>st</sup> April 2021.

4.2.4. Payment for medication dispensed will be made through normal NHS Prescription Services arrangements.

## **5. Applicable Service Standards**

### **5.1. Training and Staffing requirements**

Pharmacists providing the service should initially undertake local bespoke training and annual refresher training or nationally recognised training module(s) on Palliative Care drugs and service specifications requirements prior to commencement of service. The CPPE Palliative Gateway page for resources is recommended by the commissioner for both pharmacists and support staff. Evidence of completion must be presented to the commissioner or CHL upon request.

The pharmacy contractor has a duty to ensure that any pharmacists and staff involved in the provision of the service have completed any necessary relevant training and education and are appropriately trained in the operation of the service.

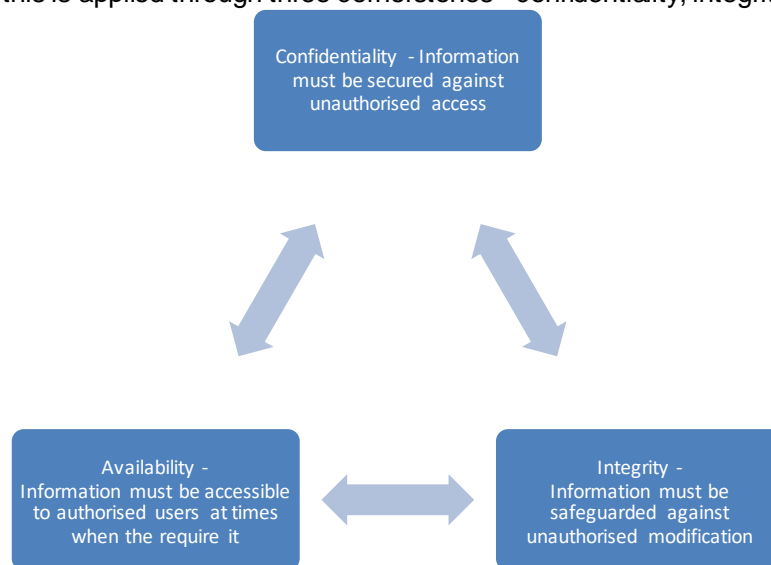
The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service are aware of and operate within local protocols. This includes all locum pharmacists.

## 5.2. Information Governance

There is a clear recognition of the importance of information in the delivery of a health care system and a commitment to ensure all services comply with all relevant information law, and meet the highest standard in terms of the collation, use, sharing, storing and destruction (collectively known as processing) of all information, but in particularly business confidential and personal confidential data.

The principles of information governance and information security require that all reasonable care is taken to prevent inappropriate access, modification or manipulation of data from taking place. In the case of the NHS, the most sensitive of data is patient record information.

In practice, this is applied through three cornerstones - confidentiality, integrity and availability:



Information Governance is there to ensure these principles are upheld by setting clear guidelines (policy) for all NHS users.

It is expected that service providers should be:

- Providing appropriate tools to employees to enable them to best support the patient, ensuring physical resources including ICT is appropriately protected, secure and fit for purpose
- Ensuring all employees are adequately trained and kept informed in IG related matters, commensurate to their role and function
- Ensuring all services comply with all relevant information law and the required IG standards, including successful completion of the IG Toolkit on an annual basis
- Ensuring that they take IG seriously and effectively embed IG principles and processes throughout the service and the organisation.

The provider is required to have in place:

- An organisational structure that provides leadership for all professions and disciplines involved in delivery of the services
- Clear organisational and integrated governance (including clinical governance) systems and structures with clear lines of accountability and responsibilities for all functions
- A professional head of service/clinically accountable director with responsibility for operational and clinical governance within the service including clinical management and quality assurance
- A robust system in place to deal with Serious Untoward Incidents [SUIs], near misses, adverse incidents, complaints and concerns
- Arrangements to ensure that they are fully compliant with the most recent IG guidance
- Standard operating procedures for handling patient confidential information securely must be in operation.

In addition, service providers should:

- Ensure that all NHS patient information and data gathered in the course of delivering the service is only used in pursuance of delivering the NHS services and is not held or used for any other purpose
- Understand that all patient records (in any format) gathered in the course of delivering the service remain the property of the NHS and should be surrendered to the commissioner at any time on request, and in any case at the end of the contract.

### **5.3. Safeguarding**

The service will adhere to national and local procedures and guidance to safeguard children and young people and vulnerable adults.

The various local Safeguarding Boards websites have published policy and practice guidance in relation to safeguarding children and vulnerable adults. Providers should ensure adherence to these policies and guidelines.

Providers will ensure that they have in place their own up to date safeguarding policies and procedures and that these are clearly understood and adhered to by all staff. In addition Providers must be able to demonstrate that their safeguarding training meets the requirements of agreed local standards.

### **5.4. Marketing and Promotion of Services**

Providers marketing and promoting their NHS services should adhere to the 'Code of Practice For The Promotion of NHS-Funded Services'.

The provider will:

- Undertake appropriate communication activity and marketing campaigns in order to promote the NHS funded service. This will include producing marketing materials, information and literature relating to the service. Both the Commissioner and the Provider have the right to approve content of such materials. Materials may include posters, information sheets or electronic media on accessing the service
- Comply with NHS branding guidelines when producing communication, marketing and patient promotion literature
- Any communication, marketing and promotional activity must be separate from other non-NHS funded services marketing and promotion activities
- Not pro-actively promote non-NHS-funded services, activities or products which could be considered to be an alternative option to NHS provision to NHS patients using the service
- Not market NHS products and services as inferior to other products or services they or any organisation in which they have an interest provide
- Offer patients an opportunity to opt into receiving marketing information, and not make future contact without the patient's explicit opt-in consent.



- Provider are expected to behave in a generally accepted way, appropriate to delivering NHS services when advertising their services and cooperate with CCGs if this needs investigating.

### 5.5. Complaints and incident reporting

The provider must:

- Have formal complaints policies and procedures through which patients can raise issues with the service
- Respond to complaints in line with the NHS complaints procedure
- Provide to Commissioners a summary of all complaints, responses, lessons learned and actions taken on a monthly basis
- Have a process in place for SUIs, near misses and adverse incidents
- Have a formal policy / procedure through which all adverse incidents are appropriately reported and investigated using root cause analysis.

### 6. Applicable quality requirements and CQUIN goals

N/A

### 7. Premises

The provider's Premises are located at:

ODS Code	Pharmacy Name:	Pharmacy Address:	Post Code:	Locality
FCY85	Rowlands pharmacy	3a lakeland court	M24 5QJ	Middleton
FPH97	Internet Pharmacy ltd	118-120 Bury New Road, Heywood	OL10 4RG	Heywood
FVG90	4Court Pharmacy	Heybrook Service Station, Haliar Road, Rochdale	OL16 2LU	Rochdale
FRR86	Hopwood Pharmacy	50 Manchester Road, Heywood	OL10 2AH	Heywood
FKM70	Oldham Road Pharmacy	497 OLDHAM ROAD, ROCHDALE	OL16 4TF	Rochdale
FRT78	Tesco pharmacy	Barton Road, Middleton	M24 1HB	Middleton

This service will be offered and delivered from a range of locations across HMR to provide fair access to patients, including those reliant on public transport.

CCGs have a statutory responsibility for commissioning services that meet the needs of their populations. If a provider wishes to withdraw or add to these sites, approval from the Co-ordinating commissioner must be sought. If a provider wishes to open a new location, they should inform the contract manager within the lead CCG, in writing, on a quarterly basis, this will enable the

commissioner to ensure the appropriate checks are undertaken before approving the new location. Providers are required to secure CQC registration of all locations as part of the regulatory regime.

## Appendix 1 – Palliative Care Stock List

Each pharmacy is always required to hold the following items in stock:

Medicine	Strength	Quantity
Midazolam	10mg/2ml	10 ampoules
Glycopyrronium	600mcg/3ml	10 ampoules
Levomepromazine	25mg/1ml	10 ampoules
Morphine sulphate	5,10mg & 30mg	10 ampoules of each strength
Oxycodone	10mg/1ml & 50mg/1ml	10 ampoules of each
Water for injection	2ml and 5ml	10 ampoules of each

## Appendix 2 – Covid-19 Stock List

Each pharmacy is always required to hold the following items in stock during the Covid pandemic:

Medicine	Strength	Quantity
Haloperidol tablets	0.5mg	3 x 28
Haloperidol tablets	1.5mg	2 x 28
Haloperidol tablets	5mg	2 x 28
Lorazepam tablets	0.5mg	3 x 28
Codeine linctus	15mg/5ml	3 x 300ml
Oramorph liquid	10mg/5ml	3 x 300ml

## Appendix 3 – Palliative Care Phone rapid access numbers

ODS Code:	Pharmacy Name:	Pharmacy Address:	Post Code:	Pharmacy Contact Number:	COVID RAPID ACCESS PHONE NUMBER	HMR localit
FCY85	Rowlands pharmacy	3a lakeland court	M24 5QJ	01616435454	07783309896	Middleton
FPH97	Internet Pharmacy Ltd	118-120 Bury New Road, Heywood	OL10 4RG	01706 627003	07783373201	Heywood
FVG90	4Court Pharmacy	Heybrook Service Station, Haliar Road, Rochdale	OL16 2LU	01706646262	07783309949	Rochdale
FRR86	Hopwood Pharmacy (Internet Pharmacy Ltd)	50 Manchester Road, Heywood	OL10 2AH	01706623929	07783373496	Heywood
FKM70	OLDHAM ROAD PHARMACY	497 OLDHAM ROAD, ROCHDALE	OL16 4TF	01706645986	07783309938	Rochdale
FRT78	TESCO MIDDLETON PHARMACY	TESCO INSTORE PAHRMACY, BARTON ROAD, MIDDLETON, M24 1HB	M24 1HB	01616028967	07783373285	Middleton