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

Service Specification No.	CP-PALL
Service	Supply of Palliative Care Medicines through Community Pharmacy
Commissioner Lead	NHS Greater Manchester Integrated Care (Bury)
Period	1 April 2023 – 31 March 2024
Date of Review	February 2024

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aims and Service description, population coverage, criteria & links to other services

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record keeping, information collection, training & accreditation, adverse Incidents, governance & key performance indicators.

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1. Population Needs

1.1 National/local context and evidence base

The purpose of this Service is for community pharmacies to stock and supply an agreed list of specialist medicines for use in palliative care to allow for an increase in patient care in the community.

The purpose of this Locally Commissioned Service Specification is to:

- Support the delivery of End of Life care in the community.
- To avoid distress and additional pressure on out of hours or urgent NHS services arising due to lack of access to medication.
- Equip the commissioner (GMIC Bury), Providers and practitioners (community pharmacists) with the necessary knowledge, Service, and implementation details to safely deliver this Service.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

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	Х
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	

2.2 Local defined outcomes

Preventative Treatment, Reducing Complications

The access to a supply of palliative care medicines during usual opening hours of a pharmacy to allow for an increase in patient care out of hospital.

Reducing Health Inequalities

The scheme is available across Bury from community pharmacies registered on the scheme who commit to continue to provide the Service for the full period of the contract.

More Effective Care

The number and location of pharmacies that have agreed to maintain the specialised list allows for a reasonable and prompt access to pharmaceutical care.

True Partnerships, Professionals, Patients and the Public

The community pharmacist is expected to work closely and communicate electronically where required with Primary Care Networks, Acute trusts, the Bury Local Care Organisation, palliative care service providers and patients' GPs.

Keeping Viable

The Service is intended to contribute to a reduction in the waiting time for access to the specialist medicines and prevent a possible accident and emergency attendance or admission.

3. Scope

3.1 Aims and objectives of Service

The aim of the Service is to increase prompt access for patients who require specialist palliative care medicines and provide additional support to patients, carers and clinicians with advice and information.

3.2 Service description/care pathway

3.2.1 The Service will be commissioned by the GMIC (Bury) for 1 year to provide the following:

- Agreement to stock a specific list of palliative care medicines to ensure prompt access and continuity of supply.
- Support service users, carer and clinicians providing them with up to date information and advice.
- Signposting to other sources of support and advice including the voluntary sector, where appropriate.

3.2.2 The pharmacy is to hold a specified list of medicines required to deliver this Service. This list has been agreed by NHS palliative care service providers across Bury. The specialised list (Appendix 1) also includes the stock levels required in the pharmacy to deliver this Service. Stock levels and the specialist list will be regularly reviewed, subject to the availability of new medicines and changes in practice or guidelines, by the community pharmacist and the primary care pharmacy team in conjunction with the palliative care teams.

3.2.3 All prescriptions received for medicines listed in Appendix 1 will be prioritised for dispensing with the aim of ensuring they are ready for collection within one hour of receipt, where available and appropriate. Where this is not possible, the pharmacy will contact the prescriber to discuss alternative arrangements to ensure there are no delays in treatment.

3.2.4 Where a medicine is unable to be obtained to replace dispensed stock within 1 working day, a report should be completed via PharmOutcomes which will be automatically sent to <u>gmicb-bu.burymot@nhs.net</u>_as soon as the provider is aware the ordered stock will not be received.

3.2.5 Medicines will be checked regularly (at least weekly) 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.

3.3 Population covered

This Service is available from a selected group of registered community pharmacies on the pharmaceutical list of Greater Manchester Integrated Care who provide services to patients receiving palliative and end of life care.

3.4 Any acceptance and exclusion criteria and thresholds

Essential criteria

To be accepted onto the scheme pharmacies must be:

- Registered with the General Pharmaceutical Council.
- Meeting the core contractual obligations required by Greater Manchester Integrated Care.

Desirable criteria

In addition, the following are considered desirable:

- Pharmacies with extended opening hours.
- Pharmacies that are able to collect or receive prescriptions electronically and deliver medicines to patients' homes.
- Pharmacy staff to have completed or be willing to complete the CPPE palliative care open learning pack or CPD equivalent.

A patient, carer or representative may access the Service by presenting or electronically sending the prescription to the participating community pharmacy.

3.5 Interdependence with other services/providers

The list of community pharmacies contracted to offer this Service is to be made available to the following:

- GP Practices
- On-call out of hours service provider for GP Practices
- Community Palliative Care team including Macmillan Nurses and palliative care specialist doctors
- District Nursing staff
- Other community staff caring for palliative patients
- All other community pharmacies in the Primary Care Network and Bury footprint
- Accident and Emergency Departments of local NHS hospitals and community services including the Manchester Local Care Organisation
- NHS 111
- Commissioner medicines optimisation teams

4. Applicable Service Standards

4.1 Applicable national standards (e.g. NICE)

Usual standards apply

4.2 Applicable standards set out in Guidance and/or issued by a competent body (e.g. Royal Colleges)

Usual standards apply

4.3 Applicable local standards

4.3.1 Record Keeping

The community pharmacist is responsible for completing the normal legal records for the dispensing of prescription only medicines and controlled drugs.

4.3.2 Information Collection

Stock take information is required to be collected on a monthly basis and reported to the commissioner audit purposes. The community pharmacist must also monitor the stock levels of the specialised medicines and ensure that sufficient stock is maintained.

Full records are to be maintained in such a way that the data and details are readily accessible for inspection if required.

4.3.3 Training and Accreditation

No specialist training or accreditation is required over and above the normal requirements for a pharmacist providing dispensing services. However, it is desirable for the community pharmacist to complete the CPPE open learning pack to support this Service entitled 'Dealing with difficult discussions'.

<u>https://www.cppe.ac.uk/news/a?ID=306</u>Training schedules or relevant continuing professional development records should be made available to the commissioner on request.

The appropriate qualifications and registration with professional bodies for the Service provided must be maintained and copies should be provided to the commissioner if requested.

4.3.4 Adverse Incidents

Accredited pharmacists should record all adverse incidents via their internal incident reporting system, and to the commissioner medicines optimisation team gmicbbu.burymot@nhs.net

4.3.5 Governance

- The pharmacy contractor should ensure that only appropriately qualified staff, including locums, should provide the Service to the required professional and ethical standards of care and treatment as to the dispensing of medicines and giving advice to patients. The community pharmacist is responsible for maintaining adequate staffing levels to provide the Service and for maintaining their CPD (Continuing Professional Development).
- The pharmacy contractor must ensure that all staff, including locums, are aware of the Service and understand the requirements of this specification.
- The contractor will be compliant against all requirements in the relevant NHS data security and protection toolkit as per the provider's core contract with/Greater Manchester Integrated Care.
- The commissioner medicines optimisation team will undertake regular checks of stocks held by the contracted pharmacists via PharmOutcomes

4.3.6 Key Performance Indicators

The contractor will be performance managed against the following:

- The pharmacy is meeting their core contractual obligations with Greater Manchester Integrated Care/NHS England Area Team.
- Maintaining and supplying the agreed list of medicines at the required levels contained within the relevant formulary (appendix 1) at all times. Monthly stock reporting will be required to ensure delivery against this service specification.

5. Applicable quality requirements

5.1 Applicable quality requirements (See Schedule 4 Parts A-D)

The pharmacy contractor should ensure the following:

- All goods used in the performance of the agreement should be of a satisfactory quality and be fit for the purpose for which they are used;
- Standard operating procedures (SOP) should be reviewed by the pharmacy on annual basis and the pharmacy should ensure that all staff are following the most current, up to date SOP for the Service.
- The pharmacy has a complaints procedure for monitoring the services provided;
- The pharmacy will co-operate with any review of the client experience, not to be considered onerous.

6. Complaints

6.1 Complaints

Complaints will be looked at individually to understand the circumstances surrounding the complaint.

7. Financial Details

Payments are made to the pharmacy contractor, one month in arrears following submissions, as per the following schedule:

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

A retainer fee of \pounds 125 will be paid quarterly to every pharmacy that demonstrates, via reporting mechanisms on a monthly basis, that they have a full stock of required medication and where required the commissioner medicines optimisation team have undertaken a check of stocks held by the contracted pharmacists and found to in line with the service specification.

A re-imbursement by the commissioner for expired medicines using the appropriate claim form on PharmOutcomes including evidence of batch number and expiry dates.

Appendix I:

Palliative care stock lists held by Pharmacies stocking EOL provision for Bury April 2023- March 2024

Drug

Alfentanil injection 1 mg/2 ml Codeine Linctus 15mg/5ml Glycopyrronium 200mcg/1ml Glycopyrronium 600mcg/3ml Haloperidol tabs 0.5mg Haloperidol 1.5mg tablets Haloperidol injection 5mg/ml Hyoscine butylbromide injection 20mg/ml Levomepromazine injection 25 mg/1ml Lorazepam 1mg tablets Metoclopramide injection 10mg/2ml Midazolam injection 10 mg/2 ml Morphine solution 10mg/5ml Morphine MR tablets 5mg (MST) Morphine MR capsules 10mg (Zomorph) Morphine MR capsules 30mg (Zomorph) Morphine sulphate injection 10mg/ml Morphine sulphate injection 30mg/ml Oxycodone injection 10mg/1ml Oxycodone injection 20mg/2ml Water for Injection 10ml

Quantity

10 ampoules 200ml 10 ampoules 10 ampoules 2 x 28 2 x 28 10 ampoules 20 ampoules 20 ampoules 2 x 28 30 ampoules 30 ampoules 2 x 100ml 1 x 60 1 x 60 1 x 60 20 ampoules 20 ampoules 10 ampoules 10 ampoules

20 ampoules

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