Community Pharmacy Enhanced Service

‘Just In Case 4 Core Drugs’ supply

Stock Holding of Palliative Care Medicines

<table>
<thead>
<tr>
<th>Parties to the Agreement</th>
<th>Provider:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NHS Blackpool</td>
</tr>
</tbody>
</table>

1. Service description

1.1 This service specification covers the requirements additional to those for dispensing.

1.2 The object of the service is to maintain a locally agreed stock of medicines (appendix 1 – ‘Just in Case 4 Core Drugs’ List) used in the treatment of palliative care patients at designated community pharmacies (appendix 6). This is intended as a ‘Just in Case 4 Core Drugs’ supply by community pharmacies against FP10 prescriptions issued. These palliative care medicines will be supplied in a secure bag for storage in the patient’s home in anticipation and in advance of the need to administer the medicine.

1.3 Patients residing in care home establishments can be supplied with palliative care medicines as a normal dispensed supply but cannot receive a Just in Case 4 Core Drugs’ supply via this service due to the Misuse of Drugs storage requirements in care home establishments.

2. Aims and intended service outcomes

2.1 To reduce the incidence of delayed access to Palliative Care medication by anticipating need.

2.2 To ensure the public has easy access to Palliative Care medicines during normal working hours.

2.3 To support patients, carers and clinicians by providing them with up to date information and advice and referral where appropriate.

3. Service outline

3.1 Community pharmacy responsibilities for the service:

3.1.1 Maintain a minimum stock level, as specified on Appendix 1 – ‘Just in Case 4 Core Drugs’ List. Each pharmacy must ensure enough stock is available for two ‘Just in Case 4 Core Drugs’ supplies at any one time. There will be allowances made for medicines issued and awaiting delivery from the wholesaler and where stock is unavailable due to manufacturing problems.

3.1.2 The pharmacy will produce a Standard Operating Procedure (SOP) for all staff and locums. This will include:
   - Details of wholesalers- delivery / order times and contacts details
   - Contact details of other pharmacies in the scheme
   - Contact details for the Specialist Palliative Care Team at the Hospice
3.1.3 The pharmacy contractor has a duty to ensure that all employed pharmacists and pharmacy staff participate in the provision of the service. Staff must have relevant knowledge and must be appropriately trained in the operation of the service. A CPPE Palliative Care course is available to support CPD.

3.1.4 The pharmacy contractor will dispense the medication in a bag, sealed with a tamper-evident seal in response to NHS prescription presented. Prescriptions may be highlighted as a ‘Just in Case 4 Core Drugs’ supply by the GP practice or the pharmacy will be notified by the community nurse. The pharmacist will ensure batch numbers and expiry dates are visible on each medicine container and ensure that patient information leaflets are included for each medicine. All medicines supplied must have a minimum of three months expiry date.

3.1.5 The ‘Just in Case 4 Core Drugs’ supply will be labelled externally at the pharmacy with:
- Patient’s name
- The date of supply
- Drug name and quantity supplied
- Batch numbers and expiry dates of the medicines contained within it

3.1.6 The pharmacy contractor will complete the Pharmacy Collection and Delivery Form for the ‘Just in Case 4 Core Drugs’ supply (appendix 2) and retain the form in the pharmacy.

3.1.7 Medicines will be checked regularly by the pharmacy to ensure sufficient stock is available and in date.

3.1.8 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.

3.1.9 A feedback form (appendix 3) is available for the pharmacy to report any operational issues with the service. Forms are to be sent to the Primary Care Team at the Trust. Any clinical issues are to be reported to the Medicines Management Team at the Trust.

3.1.10 The Pharmacy must report any incidents involving Controlled Drugs to the Accountable Officer at the Trust.

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

3.1.12 The pharmacist will be available to offer professional advice to patients and carers on the medicine dispensed and their use within palliative care.

3.1.15 The pharmacist must be able to demonstrate compliance with the NPSA Safer Practice Notice – Ensuring Safer Practice with high dose ampoules of morphine and diamorphine and Rapid Response Report Reducing Dosing Errors With Opioid Medicines. Future NPSA and MHRA alerts must also be complied with.

3.1.16 Payment for the service will be made according to section 5 – Remuneration

3.2 Termination of the Agreement

3.2.1 If, for whatever reason, the pharmacy ceases to provide the essential services under the pharmacy contractual framework then the pharmacy will become ineligible to provide this enhanced service.
3.2.2 If the service is not provided in accordance with this enhanced service specification than the Trust reserves the right to recover the appropriate payment and the pharmacy will become ineligible to provide this enhanced service.

3.2.3 The pharmacy may withdraw from this service at any time provided it gives notice in writing of at least 90 days of its intention to do so.

3.2.4 Where a pharmacy may withdraw from this service then the Trust reserves the right to reclaim any retention fee on a pro-rata basis.

3.3 Trust responsibilities for the service:

3.3.1 The service provision will be reviewed annually.

3.3.2 The Trust may carry out spot checks of stock and documentation when necessary and where it is convenient to the pharmacy.

3.3.3 The Trust will regularly review the drug list with the Specialist Palliative Care Nurse at the Hospice to ensure the list reflects the availability of new medicines and changes in guidelines and practice.

3.3.4 The Trust will provide an allocation of the tamper-evident bags initially. Further supplies can be obtained from The Primary Care Team.

3.3.5 The Specialist Palliative Care Nurse at the Hospice will provide advice and support to pharmacists as needed, to help meet the needs of palliative care patients and the requirement to demonstrate ongoing CPD.

3.3.6 The Specialist Palliative Care Nurse at the Hospice will provide adequate signposting for patients, carers and clinicians to improve awareness of specialist palliative care services and the availability of support and advice.

3.3.7 The Trust will disseminate information on the service to other pharmacy contractors and health care professionals in order that they can signpost patients to the service.

3.3.8 The Trust will provide a framework for the recording of relevant service information for the purpose of audit and claiming payment.

4. Quality Indicators

4.1 The pharmacy reviews its SOP ‘Stock Holding of Palliative Care Medicines’ on an annual basis or as required if any significant changes occur.

4.2 The pharmacy demonstrates that pharmacists and staff involved in the provision of this service have relevant knowledge and are appropriately trained in the operation of the service.

4.3 The pharmacy participates in any Trust organised audit of the service.

4.4 The pharmacy co-operates with any locally agreed Trust - led assessment of service user experience.

5. Remuneration

5.1 An initial set up fee of £220.00 will be payable for the year, at the commencement of the service and will be paid on submission of any invoice by the contractor to Lancashire and South Cumbria Agency (LaSCA) – refer to appendix 5.
5.2 An annual retention fee of £220.00 will be paid on submission of an invoice to the contractor – refer to appendix 4.

5.3 Payment will be made through PPA local arrangements.
### Appendix 1 – ‘Just in Case 4 Core Drugs’ List

<table>
<thead>
<tr>
<th>Drug</th>
<th>Pack size for each ‘Just in Case 4 Core Drugs’ supply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diamorphine 10mg injection</td>
<td>10</td>
</tr>
<tr>
<td>Levomepromazine 25mg/ml injection ampoules</td>
<td>5</td>
</tr>
<tr>
<td>Glycopyrronium bromide 200mcg/ml ampoules</td>
<td>10</td>
</tr>
<tr>
<td>Midazolam 5mg/ml injection 2ml ampoules</td>
<td>10</td>
</tr>
<tr>
<td>Water for Injection 10ml ampoules</td>
<td>10</td>
</tr>
</tbody>
</table>
## Appendix 2

**PHARMACY COLLECTION AND DELIVERY FORM FOR THE ‘JUST IN CASE 4 CORE DRUGS’ SUPPLY**
(To be retained in Pharmacy)

<table>
<thead>
<tr>
<th>Name of Patient</th>
<th>Address of Patient</th>
<th>Date of Collection</th>
<th>Name of Person Collecting Medicine</th>
<th>Signature of Person Collecting Medication</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Drug</th>
<th>Quantity Dispensed</th>
<th>Batch Number</th>
<th>Expiry Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diamorphine 10mg inj</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Levomepromazine 25mg/ml inj (1ml amps)</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Midazolam 5 mg/ml inj (2ml amps)</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Glycopyrronium bromide 200mcg/ml inj</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Water for injection 10ml</td>
<td>10</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Date Dispensed: .................................................................

Pharmacist Signature: .........................................................

Name of Pharmacist: ............................................................
Appendix 3

Feedback Form for Enhanced Service
‘Just in Case 4 Core Drugs’ supply
Stock Holding of Palliative Care Medicines

Pharmacy Name and Address

Description of the issue (Contained on a separate page if necessary)

Actions taken already to address/rectify the issue

Involvement of other Healthcare Professionals

Recommendations you would like to make regarding the service

Name of person completing this form……………………………………………………………………………….

Date …………………………………………………………………………

Return form to Primary Care, NHS Blackpool, Blackpool Stadium, Seasiders Way, Blackpool, Lancs, FY1 6JX
Appendix 4

Annual Retainer Fee Claim Form
Enhanced Service
‘Just in Case 4 Core Drugs’ supply

Stock Holding of Palliative Care Medicines

Pharmacy Name:……………………………………………………………………………………………………

Address:………………………………………………………………………………………………………………………………………………
…………………………………………………………………………………………………………………………
…………………………………………………………………………………………………………………………

I claim £220.00 for the provision of this Enhanced Service, for the 12 months ending:
Month …………………Year……………….

I have read the service specification for this service and agree to adhere to the terms and conditions therein.

Please tick  □  

Signature:  ………………………………………………………………………………………………………………………………………

Name and position of person completing this:
………………………………………………………………………………………………………………………………………………

Date…………………………
Appendix 5

List of Participating Pharmacies and Useful Contacts

Co-op Pharmacy
9-11 All Hallows Rd
Blackpool
FY2 0AS
Tel 01253 355699
Opening times Mon-Fri 8.30 – 5.30, Sat 9.00 - 5.00, Sun Closed

MedicX Pharmacy
Whitegate Primary Care Centre
Whitegate Drive
Blackpool
FY3 9ES
Tel 01253 807808
Opening times Mon-Sun 8.00am – 9.00pm

Cohens Pharmacy
Moor Park Health & Leisure Centre
Bristol Avenue
Blackpool
FY2 0JG
Tel 01253 354988
Opening times Mon-Sat 7.00am -10.00pm, Sun 7.00am – 8.00pm

Lytham Road Pharmacy
South Shore Primary Care Centre
Lytham Rd
Blackpool
FY4 1TJ
Tel 01253 403038
Opening times Mon-Fri 8.30am – 6.00pm, Sat Closed, Sun Closed

Trinity Hospice, Lower Moor Road, Bispham Tel 01253 358881

Trust Contacts:

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Medicines Management Team
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Tel: 01253 655230