

<b>Service</b>	<b>Supply of on demand palliative care and other specialised medication for West Leicestershire Clinical Commissioning Group</b>
<b>Commissioner Lead</b>	<b>Named contact to be confirmed</b>
<b>Provider Lead</b>	
<b>Period</b>	1 <sup>st</sup> April 2014 – 31 <sup>st</sup> March 2016
<b>Date of Review</b>	January – February 2015

## 1. Population Needs

### 1.1 National/local context and evidence base

- 1.1.1 Service users with a terminal illness often towards the end of life can experience new or worsening symptoms or require parenteral administration via a syringe driver.
- 1.1.2 Service users may be prescribed different type or strengthen of medication which they need to access urgently. If service users or their carers find they have a delay in accessing this medication it can cause distress.
- 1.1.3 It is recognised that the supply of palliative care drugs from community pharmacy and the nature and demand for palliative care drugs means that they are not always readily available from community pharmacies especially those which are rarely used in other circumstances and that access and continuity of supply for these types of drugs needs to improve.
- 1.1.4 This supports with reducing pressure on Secondary Care Providers, if service users can access required palliative care medication in a timely manner then this could mean that they can stay at home rather than being admitted into hospital for symptom management.

## 2. Outcomes

### 2.1 NHS Outcomes Framework domains & indicators

- 2.1.1 The provider shall be expected to provide a service which will support the commissioner with the delivery of key objectives from the following NHS Outcomes Framework domains and indicators in table 1:-

Table 1	
Domain 4	Ensuring people have a positive experience of care

### 2.2 Local defined outcomes

- 2.2.1 The provider shall be expected to provide a service which will support the commissioner with the delivery of key objectives which includes:-
  - Reduce inappropriate emergency admissions at secondary care including emergency departments
  - Reduce the number of contacts with the out of hours service
  - Providing and supporting care closer to home including enabling service users the ability to die in their usual place of residence
  - Improving access to important palliative care and specialist medication in a timely manner which supports service users, carers, and community nurses including Macmillan nurses,

- Primary Medical Care Providers and Leicestershire and Rutland Hospice (LOROS).
- Better value for money.

2.2.2 The local quality requirements in relation to this service which the provider will be measured against as per table 2 are:-

Table 2		
No	Measure Requirements	Measure Report Delivery
PC1	Number and type of items dispensed and when dispensed (in or out of hours)	Local audit
PC2	Number of dispensing incidents relating to the medications listed in section 3.2.1	Local audit
PC3	Number of prescriptions and items which have had to be referred to another provider to dispense	Local audit

### 3. Scope

#### 3.1 Aims and objectives of service

3.1.1 The aim of the service is to provide service users with prompt access to a range of palliative care and specialist medications when they are required, the demand for these specialist medicines maybe urgent and / or unpredictable.

3.1.2 The objectives of this service are to:-

- Provide a service which is available closer to home
- To improve access and choice for service users
- Service users are treated with dignity and respect
- Prevent unnecessary and inappropriate emergency admissions which has an emphasis on providing better value for money
- Improve health and wellbeing and care outcomes for service users
- Support the service user's end of life pathway and the option to die in their usual place of residence.

#### 3.2 Service description/care pathway

#### Dispensing Requirements

3.2.1 The provider must stock a range of palliative care and other specialist medication which includes in table 3 the following:-

Table 3		
Type	Medication	Minimum Quantity
Injectable	Cyclizine 50mg in 1ml	2 x 5 ampoules
	Dexamethasone 3.3mg in 1 ml	1 x 10 ampoules
	Diamorphine 10mg	2 x 5 ampoules
	Diamorphine 30mg	2 x 5 ampoules
	Glycopyrrolate/Glycopyrronium 600mcg in 3ml	1 x 3 ampoules
	Haloperidol 5mg in 1ml	2 x 5 ampoules
	Hyoscine butylbromide 20mg in 1ml	1 x 10 ampoules
	Levomepromazine 25mg in 1ml	1 x 10 ampoules
	Metoclopramide 10mg in 2ml	1 x 10 ampoules
	Midazolam 10mg in 2ml	1 x 10 ampoules
	Morphine sulphate 10mg in 1ml	1 x 10 ampoules
	Morphine sulphate 30mg in 1ml	1 x 10 ampoules
	Oxycodone 10mg in 1ml (2ml ampoules)	1 x 10 ampoules

	Water for injection 10ml	2 x 10 ampoules
Oral	Cyclizine 50mg	1 x 100 tablets
	Dexamethasone 2mg	1 x 50 tablets
	Haloperidol 1.5mg	1 x 28 tablets
	Haloperidol 5mg	1 x 28 tablets
	Metoclopramide 10mg	1 x 28 tablets
	Morphine sulphate 10mg in 5ml	2 x 100ml oral solution
	Morphine sulphate modified-release 30mg	1 x 60 tablets or capsules
	Oxycontin 20mg tablets	1 x 56 tablets
	Oxycontin 5mg capsules	1 x 56 capsules
Specialist Drugs	Teicoplanin injection	6 x 400mg vials with diluent
	Sodium Chloride 0.9% for injection	10 x 10ml ampoules vials
	Sodium Chloride 0.9% for infusion	3 x 500ml

3.2.2 When presented with an NHS prescription for medication listed in section 3.2.1, the provider is required to dispense this medication for the service user within 1 hour by an accredited pharmacist (qualified pharmacist including locums). If appropriate the pharmacist could arrange for the medication to be delivered to the patients home.

3.2.3 The accredited pharmacist at point of dispensing this medication is expected to undertake an accuracy check, consider interactions and contraindications.

3.2.4 If the provider is not able to dispense the required medication on the same day, the provider must make arrangements on behalf of the service user or carer for another provider locally to dispense the required medication (e.g. telephone another local pharmacy on the list of providers that has been provided by the commissioner to check they have the required medications, help to get the prescription sourced). This should be recorded as an internal incident so the provider can learn from this.

#### **Stock Management (for all medications listed in section 3.2.1)**

3.2.5 The provider must ensure that the medications are held as part of their normal pharmacy stock.

3.2.6 The provider must ensure when medications are dispensed that the stock is replenished at the earliest opportunity – should be placed on the next order.

3.2.7 If at the point of ordering medications, the provider has difficulty in purchasing the necessary medications and they are unable to obtain the required stock within 4 weeks, they should notify the commissioner with details of the problem and the time that it will take to resolve this supply problem.

3.2.8 The provider must ensure that any stock received / stored is date rotated and included in the pharmacy stock control process.

3.2.9 Any medication which are controlled drugs should be stored in a locked cabinet in accordance with the Misuse of Drugs Regulations 2001.

3.2.10 Any medications which go out of date should be disposed of appropriately and safely in accordance with the standard operating procedure (SOP) for disposal and controlled drugs, using the appropriate destruction kits and waste containers as required. For controlled drugs supervised destruction should be undertaken as per your SOP.

#### **Service User Education**

3.2.11 The provider should ensure that all service users (and / or their carer's and support staff where appropriate) receive relevant information and advice on the medication dispensed from an appropriately accredited and trained pharmacist.

3.2.12 The appropriately accredited and trained pharmacist should also sign post service users (and / or their carer's and support staff where appropriate) to specialist centres, support groups or other health and social care professional if appropriate.

### **Recording of Information**

3.2.13 The provider is required to have systems in place to collect and record accurate and timely information which includes:-

- Maintain a register of all service users managed through the service at all times including the service user's name, identification number and other relevant information to the service (this can be maintained or taken from the PMR)
- Maintain a record of medication stock listed in section 3.2.1, dispensed and destroyed
- Maintain a record of all palliative care prescriptions for medications listed in section 3.2.1 where the provider has been unable to dispense and had to refer to another provider locally and the learning from this.

3.2.14 By ensuring accurate recording of activity, the provider will be able to audit this service and are encouraged to do this as good practice.

### **3.3 Population covered**

This service will be accessible and provided to all service users who present to the provider with a NHS prescription for the medication listed in section 3.2.1.

### **3.4 Any acceptance and exclusion criteria**

#### **Exclusion Criteria**

3.4.1 The provider will not include as part of this service or be reimbursed for medication which they stock and dispense which is not listed in section 3.2.1

### **3.5 Interdependence with other services/providers**

3.5.1 It is important that the provider can work on an integrated basis with a range of services / providers which includes:-

- Primary Medical Care Providers
- Community Pharmacies
- Secondary Care Providers
- Community Hospital Providers
- Community Nursing Services including district nurses and Macmillian nurses
- LOROS
- Palliative care specialist teams
- Carer Services
- Nursing and Residential Homes
- Single Point of Access
- Out of Hours Service
- UCC
- 111.

## **4. Applicable Service Standards**

### **4.1 Applicable national standards (e.g. NICE)**

4.1.1 The provider shall meet the following national standards:-

- Must hold a pharmacy contract with NHS England
- Be registered with Care Quality Commission (CQC) regulatory standards (if required) , if the provider is not registered with CQC they must demonstrate why registration is not required
- Must be registered with a professional body
- Will be expected to deal with any complaints received from service users about the service provided in line with the NHS Complaints Regulations 2009. The provider will report the complaint and the response to NHS England. They can be contacted on 0116 295 7011 or email [england.contactus@nhs.net](mailto:england.contactus@nhs.net)
- Is expected to have a robust incident reporting and investigation procedure in place for all clinical and non-clinical incidents and will give notification, in line with the current policy for reporting and handling of serious incidents within 24 hours of the information becoming known to them, to Leicester, Leicestershire & Rutland Patient Safety Team. They can be contacted on 0116 295 7538 or email [lcrsi@nhs.net](mailto:lcrsi@nhs.net)
- Adherence to the NHS Commissioning Board Serious Incident Framework (March 2013)
- Service user data is kept confidential, with adherence to the Caldicott principles and Data Protection Act (1998)
- Have regard to the principles in the Code of Practice on Confidentiality and Disclosure of Information – see the attached link <https://www.gov.uk/government/publications/confidentiality-nhs-code-of-practice>
- Has completed the NHS Information Governance Toolkit and can demonstrate their compliance
- Must comply with relevant health and safety regulations that apply to all NHS providers
- Waste management and storage procedures are in place to ensure safe disposal of all medication waste
- Must continually review and be aware of relevant new and emerging guidance including National Institute of Excellence (NICE) and recommendations appropriate to the service
- Be aware of relevant formulary and stock list recommendations and guidance which is appropriate to this service.

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

- 4.2.1 The provider must ensure that pharmacists, pharmacy technicians and pharmacy premises are registered with the General Pharmaceutical Council (GPhC) and that they comply and adhere to any standards.

#### **4.3 Applicable local standards**

- 4.3.1 The provider must ensure that the service is properly led and supervised both clinically and managerially.

- 4.3.2 The provider must ensure that they have the accredited pharmacist and staff involved in the provision of the service meet the following local standards:-

- Have a regular appraisal where competencies are reviewed and maintain professional development
- Up-to date certifications of competency must be maintained and may be requested for review by the commissioner
- Staff have relevant knowledge and are appropriately trained to ensure safe and competent delivery of this service specification and receive the refreshing of skills as appropriate
- Pharmacist and staff have received regular resuscitation training as appropriate
- Pharmacist and staff providing the service have access to safeguarding (including adults and children) level 1 and 2 training which is undertaken every 3 years if appropriate
- Pharmacist and staff are compliant with SOP and local protocols relevant to the delivery of this service (these guidelines should be in line with best practice, reviewed on a regular

basis, updated to reflect national and local guidance, for those SOP created centrally by a corporate organisation these should be updated to reflect local processes)

- The provider has up-to date professional indemnity in place and adheres to the quality standards and guidelines of their professional body.

4.3.3 The provider shall ensure that the accredited pharmacy and staff involved in the provision of this service adhere to the following SOP:-

- Stock control procedures including stock rotation
- Dispensing processes
- Disposal of out of date stock
- Waste management and storage
- Controlled Drugs.

4.3.4 The provider shall ensure that they adhere to the following policy and procedures which are reviewed on a regular basis and in line with national and local guidance:-

- Chaperoning guidelines
- Safeguarding (including adults and children) procedures and guidelines
- Mental Health Act
- Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DOLS)
- Consent procedures
- Significant event auditing
- Code of Practice on Confidentiality and Disclosure of Information principles
- Research Alliance approval for research activity
- Remote working
- Risk management.

4.3.5 It is the responsibility of the provider to ensure that the premises they are using for the provision of this service are suitable for delivery of this service with consultation rooms which are safe and clean.

4.3.6 It is the responsibility of the provider to ensure they have the appropriate equipment to deliver this service which is maintained, calibrated, portable appliance testing (PAT) tested and replaced as appropriate.

4.3.7 It is the responsibility of the provider to have a suitably sized lockable controlled cabinet which can accommodate the stock required to deliver this service.

4.3.8 It is the responsibility of the provider to ensure they have available the necessary medication stock as listed in section 3.2.1 which is stored in accordance with manufacturer's instructions. For any items that need to be stored in a refrigerator they should have a thermometer, readings should be taken and recorded on all working days.

4.3.9 The provider shall have robust arrangements in place for emergency preparedness and resilience and which ensures the resilience of the service being delivered.

4.3.10 The provider must notify the commissioner if they are unable to provide this service at any point during the contract time period to the expected quality, service user safety and clinical governance arrangements with the proposed actions and timescales for rectification.

## 5. Applicable quality requirements and CQUIN goals

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

5.1.1 The provider must comply with all quality standards relevant to this service as per the quality

schedule.

5.1.2 The provider shall ensure the service meets the required levels of safety, quality and effectiveness, whilst promoting innovative practice that leads to improved quality, safety and outcomes (which is in addition to those elements detailed in section 4 Application Service Standards) which includes:-

- Service user experience
- Equality, Diversity and Human Rights
- NICE guidance as necessary
- Health and Social Care Act 2008: the code of practice on the prevention and control of infections and related guidance
- Duty of Candour.

5.1.3 The provider shall have suitable arrangements in place for quality assurance and clinical audit of the service they are providing.

5.1.4 The provider shall be required to meet with the commissioner to discuss any concerns raised or identified about the delivery of this service. The provider will be required to agree an action plan to resolve these issues and timescales for rectification. If these issues cannot be resolved the commissioner reserves the right to terminate the contract.

5.1.5 The provider may also be asked to provide additional information which may be required by Department of Health, NHS England or WL CCG. Please note this information may be used to inform commissioning decisions of WL CCG.

## 5.2 Applicable CQUIN goals (See Schedule 4 Part E)

N/A

## 6. Location of Provider Premises

The service will be delivered from the premises that are “fit for purpose” which are detailed within their primary care contract with NHS England.

## 7. Individual Service User Placement

N/A

## SCHEDULE 3 – PAYMENTS

### Schedule 3 – Payments

#### Pricing and Payment

3.1 The provider shall be paid an annual signing up fee and shall be reimbursed for any date expired medications from the list in section 3.2.1, provided stock rotation procedures have been followed at the rates shown in table 4 below:-

Table 4	
Description of Item	Cost per Case
Annual Signing Up Fee	£100 per community pharmacy
Reimbursement for date-expired medication from the list (section 3.2.1)	At Cost Price (drug tariff price)

3.2 The payments will be a two stage payment process as described below:-

- Stage 1 Annual Sign Up – this payment will be paid at the start of the community based

service

- Stage 2 Reimbursement – these will be reimbursed on a quarterly basis following the completion of a claim form by the provider.

3.3 The provider will need to submit an invoice and monitoring information to the commissioner electronically by email to [claims.westleicesterccg@nhs.net](mailto:claims.westleicesterccg@nhs.net) by the 11<sup>th</sup> day of each quarter as specified below in table 5:-

<b>Table 5</b>		
<b>Quarter</b>	<b>Period Covered</b>	<b>Submission Date for Invoices</b>
1	1 <sup>st</sup> April – 30 <sup>th</sup> June	11 <sup>th</sup> July
2	1 <sup>st</sup> July – 30 <sup>th</sup> September	11 <sup>th</sup> October
3	1 <sup>st</sup> October – 31 <sup>st</sup> December	11 <sup>th</sup> January
4	1 <sup>st</sup> January – 31 <sup>st</sup> March	11 <sup>th</sup> April

3.4 If the provider fails to submit an invoice by the 11<sup>th</sup> day of each quarter, this will result in the payment to the provider being delayed and may not be paid until the next quarter.

3.6 The commissioner shall cross reference invoices with the monitoring information prior to being approved for payment and will aim to pay the providers (within 20 days) at the end of the month in which the submission occurred.

3.7 The provider could be subject to a Post Payment Verification (PPV) check which will be undertaken by an external independent internal audit specialist provider.