

Service Level Agreement for a Local Service Pilot for the Provision of Domiciliary Medicine Use Reviews

*Please note that this service is commissioned for a limited number of patients - initially **10 (TEN) patients per pharmacy**.*

1.1 Service level agreement

This agreement is between

NHS England (Central Midlands) (the Commissioner)

And the Provider: (“the pharmacy”)

Purpose

This SLA has been developed as a service for the provision of Medicine Use Reviews in the home setting rather than in the pharmacy for long term conditions patients who are housebound and unable to attend the pharmacy for a review; to run for three months from April to June 2016.

Period

This agreement is for the period 1st April 2016 to 30th June 2016.

Termination

One months’ notice of termination must be given if the pharmacy wishes to terminate the agreement before the given end date.

NHS England Central Midlands may suspend or terminate this agreement forthwith if there are reasonable grounds for concern including, but not limited to, malpractice, negligence or fraud on the part of the pharmacy.

Obligations

The pharmacy will provide the service in accordance with the specification below.

NHS England Central Midlands will manage the service in accordance with the specification.

Payment

NHS England Central Midlands will pay the following:

£56 for each domiciliary MUR in addition to the MUR payment up to a maximum of 10.

MUR payments will be made according to the national service – currently **£28** per consultation, claimed for through PPD.

Payments will be entered on to the NHS BSA Local Payments Application and will appear on pharmacy contractors' monthly statement from the NHS BSA.

Standards

The service will be provided in accordance with the standards detailed in the specification below.

Confidentiality

Both parties shall adhere to the requirements of the Data Protection Act 1988 and the Freedom of Information Act 2000.

Any approaches by the media for comments or interviews must be referred to NHS England (Central Midlands).

Indemnity

The pharmacy shall maintain adequate insurance for public liability and professional indemnity against any claims which may arise out of the terms and conditions of this agreement.

Any litigation resulting from an accident or negligence on behalf of the pharmacy is the responsibility of the pharmacy who will meet the costs and any claims for compensation, at no cost to NHS England.

1.2 Service specification

1.2.1 Aims

- To improve the patients understanding of their medicines and why they are taking them
- To improve adherence to medication by putting in place systems to support adherence where needs are identified
- To improve access to medicines by putting in place systems for the ordering / collection of prescriptions / delivery of medicines where needs are identified
- To use the expertise and knowledge of pharmacists on the use of medicines to reduce the incidence of adverse drug effects
- To reduce wastage of medicines
- To dispose of medicines no longer required
- To look at sip feed ordering and usage and check the patient has an ongoing need
- To produce measurable outcomes on the likely reductions in emergency admissions as a result of the interventions made
- To identify issues associated with high risk medicines
- To inform future developments in pharmaceutical services to the housebound population.
- The service is NOT intended to be a means simply to transfer patients onto Monitored Dosage Systems, unless deemed necessary following a separate DDA assessment

- The service is NOT to be used for patients in care home settings

1.3 Service elements

- Identification of eligible people
- Arrangement of home visit
- Provision of the MUR and at person's home
- Recording of MUR and additional assessment and scoring using amended RIO system
- SIP feeds – ensure a recent assessment for ongoing need has been performed. Where patients are eating normally suggest sip feed discontinuation.
- Waste avoidance- ensure patient only orders what is needed on each repeat prescription
- Disposal of unwanted medicines
- Record any RIO score and other outcomes /findings on PharmOutcomes system

It is vital that any actions you take to improve patient adherence are recorded on the PharmOutcomes system to inform future commissioning decisions regarding this service.

1.4 Eligibility

All Pharmacists providing the service must:

- Be accredited to provide MURs
- Obtain NHSE permission to carry out domiciliary MURs as part of the project. Each pharmacy should submit a Prem2C form for this purpose - specifying "patients referred under the Leicestershire/Lincolnshire Domiciliary MUR Pilot" as the category of patient, and "patients own homes" as the location prior to commencing the service
- Have a current DBS check, i.e. one that has been completed in last three months (or where pharmacist has ongoing cover), prior to commencement. NHS England will not separately fund DBS checks for pharmacists providing this service
- Have a chaperone policy – pharmacist/patient to arrange chaperones where required, arrangements will need to be communicated and arranged prior to visit.

All Pharmacies providing the service must:

- Have a service level agreement signed by named pharmacist responsible for the service on behalf of the pharmacy and also signed by NHS England.

Service users must:

- Be registered with a Leicestershire or Lincolnshire GP
- Agree to pharmacist visiting at home
- Be taking four or more medicines for one or more long term condition.

2.1 Identification of eligible people:

People should be living in their own homes (not a care home) and should not be

receiving formal support with their medicines administration from an employed care worker. Patients receiving support from family members will be eligible for the service.

Where people are known to be in receipt of support from a domiciliary care agency, the pharmacist should ascertain that this does not include medication administration for some or all of their medication.

People should be unable to attend the pharmacy for an MUR.

Patients can self-refer, be identified as suitable by GPs or other health or social care workers, pharmacists and their staff, by family members or associates or referred by secondary care.

2.2 Arrangement of home visit

The person's GP should be contacted first to confirm that there are no known risks to the pharmacist visiting this person at home. Chaperone arrangements should be agreed prior to the visit.

Contact should be made with the person, either by telephone or letter and the medicines use review explained and offered to the person at their home. Relatives or representatives can be present if requested by the person.

A suitable time should be arranged for the pharmacist to visit the person at home for the MUR and additional assessment.

Other members of the pharmacy should be informed of the time, location and expected duration of the MUR. A mobile phone should be carried by the pharmacist when visiting the person's home. Pharmacist should consider if there is a requirement for them to take a suitable chaperone, and if so, this must be agreed with the patient prior to the visit.

Smart cards should be used as identification, which should be shown to the person before entering their home. The person maintains the right to refuse entry.

2.3 The MUR and additional assessment

The aims of the MUR are:

- To establish the patient's actual use, understanding and experience of taking drugs;
- Identifying, discussing and assisting in the resolution of poor or ineffective use of drugs by the patient;
- Identifying side effects and drug interactions that may affect patient's compliance with the instructions given by a health care professional for the taking of drugs; and improving the clinical and cost effectiveness of drugs prescribed to patients thereby reducing the wastage of such drugs.
- Any self-care / lifestyle advice should be noted also
- If the patient was signposted or referred to any other local services we would like to collect this information under "other" on PharmOutcomes.

Please note that the MUR service is intended only to look at the use of medicines

and clinical interventions are not expected. However, the pharmacist will be expected to indicate where they have recommended a particular medication is stopped / removed from repeat, where it is identified that there is a build-up of unused / waste medicines.

We would also like to capture any other outcomes or positive patient stories which may result from your visit – results of inhaler technique checks etc / was a recommendation for a formulation change acted upon, for example. Please record on PharmOutcomes.

The aims of the additional assessment are:

- To identify any issues the patient has in accessing their medicines – ordering and collecting prescriptions and collecting medicines, and to put in place support to address these
- To identify any physical issues that the patient may have that impact on their ability to take their medicines, and how to minimise these by changing either formulation, packaging or labelling, or provision of an aid such as an eye drop dispenser or spacer
- To assess any compliance aids currently used by the patient to help them to remember to take their medicines and to identify and provide any support to assist with this, such as reminder charts, medicine administration records.
- To determine if the patient is eating normally or has had a recent assessment for ongoing need of sip feeds.

Any proposed changes to medication as a result of the MUR or additional assessment should be discussed and agreed with the person's GP. On implementation of any changes to medication, the pharmacist should ensure that sufficient communication is supplied to the person and also any relatives or carers.

2.4 Documentation of MUR and additional assessment and scoring using amended RIO scoring system

The standard MUR documentation should be completed and payments for the standard MUR fee claimed for in the normal way (FP34). In addition, the pharmacist should conduct the additional assessment on PharmOutcomes covering access issues; physical issues compliance aids and sip feeds.

This service project uses a scoring system based on RIO which classifies the intervention according to the likely effect the intervention has on preventing a hospital admission.

RIO 1 = no likelihood of emergency hospital admission prevented

RIO 2 = possible prevention of emergency hospital admission

RIO 3 = likely to prevent an emergency hospital admission

This will enable a quantitative evaluation of this pilot in relation to patient outcomes. The amended RIO scoring should be completed on the additional assessment form on PharmOutcomes, **and also added to the MUR form** where interventions have been made of RIO 2 or RIO 3.

An anonymised summary of each MUR and additional assessment, both with RIO scoring completed, will need to be entered onto PharmOutcomes, this information will be used to assess the success of the project and will trigger payment of the domiciliary fee to the pharmacy.

2.5 Waste avoidance

An element of this enhanced service will be directed at reducing unnecessary waste. This may be due to medicines being ordered which are no longer required. Alternatively medicines may be ordered in excessive quantities or more frequently than is required and before previous supplies have been used.

Pharmacies providing this enhanced service will be expected to participate in reducing medicines waste. The pharmacist should ask to see all supplies of medication and proactively question any apparent over-ordering of medicines e.g. inhalers ordered monthly, excess quantities of external preparations, dressings, when required medicines and sip feeds.

The number of waste avoidance interventions which are attributable to this domiciliary MUR service should be recorded on PharmOutcomes along with a brief description of the intervention so that cost savings may be calculated. This will help inform future decisions on the viability of the service going forward.

2.6 Disposal of unwanted medicines

The pharmacist should offer to dispose of any unwanted medicines. Any medicines taken for disposal should be entered onto the disposal of medication form and the person asked to sign this before the medicines are removed. The information should be added to PharmOutcomes after returning to the pharmacy so that cost savings may be calculated. This will help inform future decisions on the viability of the service going forward. Pharmacists are reminded to carry appropriate disposal equipment with them when carrying out the MUR.

2.7 Payment

Pharmacies will be paid £56 (+ current MUR fee) for each domiciliary MUR conducted according to the service specification. In order to claim this payment, full details of the anonymised MUR form, additional assessments, sip feeds, waste issues and any medicines disposed of should be entered onto PharmOutcomes. The invoice is generated by the PharmOutcomes system. This payment is in addition to the normal payments for MURs which should be claimed for in the normal way.

*Please note that for this pilot stage the service will be commissioned for a limited number of patients initially **10 patients per pharmacy**.*

2.8 Outcomes

Aim of service	Measurement of outcome
To improve access to medicines by putting in place systems for the ordering/collection of prescriptions/delivery of medicines where needs are identified	Information entered onto PharmOutcomes about additional assessments carried out.
To improve person's understanding of their medicines and why they are taking them	Data from anonymised MURs entered onto PharmOutcomes
To improve adherence to medication by putting in place systems to support adherence where needs are identified	Information entered onto PharmOutcomes about additional assessments carried out.
To use the expertise and knowledge of pharmacists on the use of medicines to reduce the incidence of adverse drug effects	Data from anonymised MURs entered onto PharmOutcomes
To reduce wastage of medicines	Information entered onto PharmOutcomes about amount and estimated cost of medicines waste avoided as a result of the intervention.
To reduce unnecessary Prescriptions for sip feeds.	Information entered onto PharmOutcomes about patient's ongoing need for sip feed, details of usage and when patient last assessed for need.
To dispose of unwanted medicines and reduce the risks associated with keeping out of date and medicines no longer prescribed	Information entered onto PharmOutcomes from disposal forms and RIO scoring
To produce measurable outcomes on the likely reductions in emergency admissions as a result of the interventions made	RIO scoring
To inform future developments in Pharmaceutical services to the housebound population.	Evaluation of the project

Appendix 1:

Domiciliary MUR Pre-Flight checklist

VISIT SCHEDULE



<input type="checkbox"/>	Confirm appointments made – alterations noted
<input type="checkbox"/>	Leave copy of visit schedule for pharmacy team
<input type="checkbox"/>	Take visit schedule - make sure you have all postcodes & phone
<input type="checkbox"/>	Check have ID: NHS Smart card/ personal company name badge
<input type="checkbox"/>	

PAPERWORK TO GO



<input type="checkbox"/>	Consent forms
<input type="checkbox"/>	Prepared MUR sheets with patient history on
<input type="checkbox"/>	GP feedback forms
<input type="checkbox"/>	Notepad
<input type="checkbox"/>	

FOR THE JOURNEY



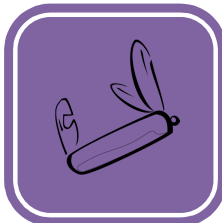
<input type="checkbox"/>	A to Z Map and Sat Nav (not everywhere on sat navs)
<input type="checkbox"/>	Mobile Phone (and hands free kit)
<input type="checkbox"/>	Money for parking charges
<input type="checkbox"/>	“Pharmacist visiting” parking permit if appropriate
<input type="checkbox"/>	

EQUIPMENT TO TAKE WITH YOU



<input type="checkbox"/>	Incheck device + tubes + clinical waste bag
<input type="checkbox"/>	Clipboard & Pen
<input type="checkbox"/>	Wallets to store completed forms in (to maintain confidentiality)
<input type="checkbox"/>	Confidential waste bag

OTHER HANDY STUFF



<input type="checkbox"/>	Healthy Lifestyle leaflets (diet, weight management, alcohol)
<input type="checkbox"/>	How to use inhaler cards
<input type="checkbox"/>	What is a hypo? – leaflet
<input type="checkbox"/>	Pharmacy contact details for patient
<input type="checkbox"/>	

Thanks to NHS North Midlands for sharing this useful aide memoire which you may find useful

APPENDIX 2: Community Pharmacy Domiciliary MUR Service 1st April to 30th June 2016

Pharmacy Contractor Sign Up and Assurance sheet

Pharmacy contractors are advised that incomplete submissions will be returned or may be rejected.

Signed for and on behalf of NHS England, Central Midlands

Signature:	/ / 2016
Name:	Job title:

Signed for and on behalf of:

Company name		ODS code	F
Pharmacy Name and Address or Pharmacy Stamp			
Post Code			
<p>I confirm that I have received the request from NHS England and the accompanying service specification for the provision of domiciliary medicines use reviews (MUR) by community pharmacy. I agree to provide the service in a manner compliant with the requirements of the service specification.</p>			
Signature:	/ /2016		
Name:	Job title:		

Please return completed sheet to england.llrprimarycare@nhs.net by 25th March 2016