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

Please note that for this service will be commissioned for a limited number of patients initially **10 (TEN) patients per pharmacy**. Pharmacies that wish to provide this service to more patients will need to obtain written agreement from Samantha Travis, Clinical Leadership Adviser Samantha.travis@nhs.net prior to conducting any additional reviews.

1.1 Service level agreement

This agreement is between

**NHS England North Midlands** (the Commissioner)

Birch House, Southwell Rd West, Rainworth, Notts, NG210HJ

And the Provider: (**“the pharmacy”**)

Trading as:  
Address:

Contractor ODS code: F

Purpose

This SLA has been developed 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 those unable to attend the pharmacy for a review, who are taking six medicines or more, to run from 01 September 2016 – 31 March 2017.

Period

This agreement is for the period 01 September 2016 to 31 March 2017.

Termination

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

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

NHS England North Midlands will pay the following:
**£56 for each domiciliary MUR in addition to the MUR payment.**

MUR payments will be made according to the national service – currently **£28** per consultation and will be 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


Any approaches by the media for comments or interviews must be referred to NHS England North 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 intended to be used for patients in care home settings who are unable to self-administer their medicines

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 other outcomes/findings and scoring using the amended RIO system on PharmOutcomes
• 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

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 Named Pharmacists providing the service:

• Must be accredited to provide MURs
• NHS England, North Midlands permission to carry out domiciliary MURs as part of the project must be sought.
• Each pharmacy should submit a PREM2C form for this purpose - specifying “patients referred under the Derbyshire/Nottinghamshire Domiciliary MUR Project” as the category of patient, and “patients own homes” as the location.
• Current enhanced DBS check is required prior to commencement (dated within 2 years)

Pharmacy
Service level agreement signed by named pharmacist responsible for the service on behalf of the pharmacy and also signed by NHS England, North Midlands

Service users:

• Registered with a Derbyshire or Nottinghamshire GP
• Agrees to pharmacist visiting at home
• Taking 6 or more medicines for one or more long term condition

Please note that for this service will be commissioned for a limited number of patients initially 10 (TEN) patients per pharmacy. Pharmacies that wish to provide this service to more patients will need to obtain written agreement from Samantha Travis, Clinical Leadership Adviser Samantha.travis@nhs.net prior to conducting any additional reviews.
2.1 Identification of eligible people:

People should be living in their own homes (not a care home) and, save for exceptional circumstances, not receiving formal support with their medicines administration from a carer. 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, pharmacists and their staff, by carers or by secondary care professionals.

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.

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 carers 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.

Smart cards should be used as identification, along with a letter of authorisation to provide the service from the Area Team, which should be shown to the person before entering their home.

2.3 The MUR and additional assessment

The aims of the MUR are:

1. To establish the patient’s actual use, understanding and experience of taking drugs;
2. Identifying, discussing and assisting in the resolution of poor or ineffective use of drugs by the patient;
3. 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.
4. Any self-care / lifestyle advice should be noted also
5. If the patient was signposted or referred to any other local services we would like to collect this information

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.

The aims of the additional assessment are:
1. 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
2. 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
3. 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.
4. 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.

The 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 project in relation to patient outcomes. The amended RIO scoring should be completed on the additional assessment form 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 Audit of service

The pharmacy participates in any NHS England, North Midlands led audit of service and
agrees to provide a minimum of 3 brief patient experience stories, or descriptions of how patients have benefitted from their intervention during the duration of the service on request.

2.6 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.

2.7 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.

2.8 Payment

Pharmacies will be paid £56 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 service will be commissioned for a limited number of patients initially 10 patients per pharmacy. Pharmacies that wish to provide this service to more patients will need to obtain written agreement from Samantha Travis, Clinical Leadership Adviser, prior to conducting any additional reviews.*
### 2.9 Outcomes

<table>
<thead>
<tr>
<th>Aim of service</th>
<th>Measurement of outcome</th>
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<tbody>
<tr>
<td>To improve access to medicines by putting in place systems for the ordering / collection of prescriptions / delivery of medicines where needs are identified</td>
<td>Information entered onto PharmOutcomes about additional assessments carried out.</td>
</tr>
<tr>
<td>To improve person’s understanding of their medicines and why they are taking them</td>
<td>Data from anonymised MURs entered onto PharmOutcomes</td>
</tr>
<tr>
<td>To improve adherence to medication by putting in place systems to support adherence where needs are identified</td>
<td>Information entered onto PharmOutcomes about additional assessments carried out.</td>
</tr>
<tr>
<td>To use the expertise and knowledge of pharmacists on the use of medicines to reduce the incidence of adverse drug effects</td>
<td>Data from anonymised MURs entered onto PharmOutcomes</td>
</tr>
<tr>
<td>To reduce wastage of medicines</td>
<td>Information entered onto PharmOutcomes about amount and estimated cost of medicines waste avoided as a result of the intervention.</td>
</tr>
<tr>
<td>To reduce unnecessary prescriptions for sip feeds.</td>
<td>Information entered onto PharmOutcomes about patient’s ongoing need for sip feed, details of usage and when patient last assessed for need.</td>
</tr>
<tr>
<td>To dispose of unwanted medicines and reduce the risks associated with keeping out of date and medicines no longer prescribed</td>
<td>Information entered onto PharmOutcomes from disposal forms and RIO scoring</td>
</tr>
<tr>
<td>To produce measurable outcomes on the likely reductions in emergency admissions as a result of the interventions made</td>
<td>RIO scoring</td>
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<tr>
<td>To inform future developments in pharmaceutical services to the housebound population.</td>
<td>Evaluation of the project</td>
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The outcomes of this service to be evaluated April 2017
## Domiciliary MUR Pre-Flight checklist

### VISIT SCHEDULE

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

### PAPERWORK TO GO

- Consent forms
- Prepared MUR sheets with patient history on
- GP feedback forms
- Notepad

### FOR THE JOURNEY

- A to Z Map and Sat Nav (not everywhere on sat navs)
- Mobile Phone (and hands free kit)
- Money for parking charges
- “Pharmacist visiting” parking permit if appropriate

### EQUIPMENT TO TAKE WITH YOU

- Incheck device + tubes + clinical waste bag
- DOOP bucket
- Clipboard & Pen
- Wallets to store completed forms in (to maintain confidentiality)
- Confidential waste bag

### OTHER HANDY STUFF

- Healthy Lifestyle leaflets (diet, weight management, alcohol)
- How to use inhaler cards
- What is a hypo? – leaflet
- Pharmacy contact details for patient

Thanks to Gordon Heeley, Nottinghamshire LPC for sharing this useful aide memoire which you may find useful.
Community Pharmacy Domiciliary MUR Service
01 September 2016 – 31 March 2017
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, North Midlands

<table>
<thead>
<tr>
<th>Signature</th>
<th>/ 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Name]</td>
<td>[Job title]</td>
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</table>

Signed for and on behalf of:

<table>
<thead>
<tr>
<th>Company name</th>
<th>ODS code</th>
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<tbody>
<tr>
<td>Pharmacy name (if different)</td>
<td></td>
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<tr>
<td>Address</td>
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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.

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</table>

Please return completed sheet:
- By email to sianrowbotham@nhs.net or
- By post to Sian Rowbotham, Primary Care Contracting Team, Birch House, Ransomwood Business Park, Southwell Rd, Mansfield, Notts, NG21 0HJ or
- By fax to 01623 673010 marked for the attention of Sian Rowbotham