**Template service specification for a COPD Rescue Pack Supply Service from community pharmacies**

[Originally published July 2017]

**1. This agreement is between:**

**[xxx] Clinical Commissioning Group** (the Commissioner)

[Address]

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

**Trading as:**

Address:

Contractor ODS code: F

**2. Purpose**

A patient who experiences an acute exacerbation of chronic obstructive pulmonary disease (COPD), who does not require hospital admission should be prescribed oral corticosteroids and oral antibiotics (if the patient presents with purulent sputum).[[1]](#footnote-1) These medicines should be started straight away when the exacerbation presents; however, there can be a delay in patients being prescribed these medicines if they are unable to get an appointment with their GP or COPD nurse or are unable to attend the GP practice during their normal opening hours. Delayed treatment can mean a patient’s exacerbation can worsen, potentially resulting in the patient being hospitalised.

GPs can prescribe patients both a corticosteroid and an antibiotic in advance of an exacerbation for a patient to keep at home as a ‘COPD rescue pack’. The patient can then take the medicines when they start to experience an exacerbation of COPD preventing the patient experiencing a delay in obtaining the medicines they need. However, this still requires a patient to make an appointment with a GP each time they need a COPD pack, which may not be convenient for the patient and potentially could mean the patient does not keep a COPD rescue pack at home.

The purpose of the COPD Rescue Pack Supply Service is to ensure that patients can access a supply of a COPD rescue pack from a community pharmacy without an appointment and without the need to visit their GP. The patient will then have a COPD rescue pack at home prior to an exacerbation of their COPD and treatment can be initiated immediately reducing the likelihood of the patient needing to be admitted to hospital.

The aims of this service are:

1. to sustain and improve the uptake of COPD rescue packs by building the capacity of community pharmacies as an alternative to general practice;
2. to provide more opportunities and improve convenience for eligible patients to access COPD rescue packs; and
3. to relieve pressure on general practitioner appointments and potentially urgent and emergency care services at times of high demand.

The medicines included in the COPD rescue pack can be supplied under [names of patient group directions being used] Patient Group Direction.

**3. Period**

This agreement is for the period [start date] to [end date].

**4. Termination**

One months’ notice of termination must be given if [xxx] Clinical Commissioning Group or the pharmacy wishes to terminate the agreement before the given end date.

[xxx] CCG 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.

**5. Obligations**

The pharmacy will provide the service in accordance with the specification (Schedule 1).

[xxx] Clinical Commissioning Group will manage the service in accordance with the specification (Schedule 1).

**6. Payments**

[xxx] CCG will pay the following:

A professional fee of **£[xx]** will be paid for each COPD rescue pack supplied to the patient.

The cost of the medicine supplied (based on Drug Tariff prices) plus VAT will be reimbursed by the commissioner.

A prescription charge should be collected unless the patient is exempt in accordance with the NHS charges for Drugs and Appliances Regulations. Any prescription charges collected from patients will be deducted from the sum payable to the pharmacy.

**Option a – Web-based system**

The pharmacy will enter the service delivery information onto a web-based system and invoices will be generated automatically.

**Option b - Paper based**

The pharmacy will submit monthly claims to [xxx] CCG by email/fax/post [select option(s)] using the agreed claim form, by the [xx] of the following month. Late claims more than [xx] months in arrears will not be considered for payment.

Payments will be entered on to the NHS BSA Local Payments Application and will appear on pharmacy contractors’ monthly statement from the NHS BSA. [amend to reflect local approach to payment and include timescale for payment].

**7. Standards**

The service will be provided in accordance with the standards detailed in the specification (Schedule 1).

**8. 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 [xxx] CCG.

**9. 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 [xxx] CCG.

**Schedule 1**

**Service specification – COPD Rescue Pack Supply Service**

1. **Service description**

A patient who experiences an acute exacerbation of chronic obstructive pulmonary disease (COPD), who does not require hospital admission should be prescribed oral corticosteroids and oral antibiotics (if the patient presents with purulent sputum).[[2]](#footnote-2) These medicines should be started straight away when the exacerbation presents; however, there can be a delay in patients being prescribed these medicines if they are unable to get an appointment with their GP or COPD nurse or are unable to attend the GP practice during their normal opening hours. Delayed treatment can mean a patient’s exacerbation can worsen, potentially resulting in the patient being hospitalised.

GPs can prescribe patients both a corticosteroid and an antibiotic in advance of an exacerbation for a patient to keep at home as a ‘COPD rescue pack’. The patient can then take the medicines when they start to experience an exacerbation of COPD preventing the patient experiencing a delay in obtaining the medicines they need. However, this still requires a patient to make an appointment with a GP or COPD nurse each time they need a COPD pack, which may not be convenient for the patient and potentially could mean the patient does not keep a COPD rescue pack at home.

The purpose of the COPD Rescue Pack Supply Service is to ensure that patients can access a supply of a COPD rescue pack from a community pharmacy without an appointment and without the need to visit their GP or COPD nurse. The patient will then have a COPD rescue pack at home prior to an exacerbation of their COPD and treatment can be initiated immediately reducing the likelihood of the patient needing to be admitted to hospital.

This service will operate as a locally commissioned service.

1. **Aims and intended service outcomes**
	1. The aims of this service are:
2. to sustain and improve the uptake of COPD rescue packs by building the capacity of community pharmacies as an alternative to general practice;
3. to provide more opportunities and improve convenience for eligible patients to access COPD rescue packs; and
4. to relieve pressure on urgent and emergency care services and general practitioner appointments at times of high demand.
5. **Service outline**
	1. The pharmacy contractor is required to offer eligible patients the opportunity to receive a COPD rescue pack at the pharmacy. The medicines in the COPD rescue pack can be supplied by an appropriately trained pharmacist under the authority of [insert name of PGD].
	2. The service is effective from [xxx] and runs to [xxx].
	3. Patients eligible for this service are stated in the [name of PGDs], which are the PGDs to be used for this service.
	4. The pharmacy contractor must have a standard operating procedure (SOP) in place for this service.
	5. Each patient being supplied with a COPD rescue pack should be given a copy of the manufacturer’s patient information leaflet with each medicine supplied and a COPD rescue pack patient information leaflet. Patients should be reminded to keep these information leaflets with the COPD rescue pack until the medicines are needed.
	6. The COPD rescue pack medicines should be bagged separately to other medicines the patient is to receive. The bag should also be labelled as ‘COPD rescue pack’.
	7. Each patient will be required to complete a consent form before being supplied with a COPD rescue pack. The consent covers the information flows necessary for the appropriate recording of the supply in the patient’s GP practice record. It also covers the sharing of information with [xxx] CCG for the purpose of administration and evaluation of the service.
	8. The pharmacy contractor must maintain appropriate records to ensure effective ongoing service delivery and post payment verification. Section 6 details the required records that must be kept as part of provision of the service.
	9. The pharmacy contractor must ensure that a notification of the supply of a COPD rescue pack is sent to the patient’s GP practice on the same day the COPD rescue pack is provided or on the following working day. This can be undertaken via post, hand delivery, fax, secure email or secure electronic data interchange. Where the notification to the GP practice is undertaken via hardcopy/fax the GP Practice Notification Form should be used.
	10. The information sent to the GP practice should include the following details as a minimum:
* the patient’s name, address, date of birth and NHS number
* the date of the supply of the COPD rescue pack
	1. The pharmacy has a system to check the person’s eligibility for receipt of the service and will collect NHS prescription charges where appropriate.
1. **Training and premises requirements**
	1. In order to provide the service, pharmacies must have a consultation room. The consultation room, which will be used to undertake discussions with the patient, must comply with the minimum requirements set out below:
* the consultation room must be clearly designated as an area for confidential consultations;
* it must be distinct from the general public areas of the pharmacy premises; and
* it must be a room where both the person receiving services and the pharmacist providing those services are able to sit down together and talk at normal speaking volumes without being overheard by any other person (including pharmacy staff), other than a person whose presence the patient requests or consents to (such as a carer or chaperone).
	1. The pharmacy contractor has a duty to ensure that pharmacists involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service. Pharmacists should demonstrate to the pharmacy contractor that they have the necessary knowledge and skills to provide the service by [completing/attending (complete as appropriate)].
1. **Service availability**
	1. The pharmacy contractor should seek to ensure that the service is available throughout the pharmacy’s opening hours.[[3]](#footnote-3)
	2. The pharmacy contractor must ensure the service is accessible, appropriate and sensitive to the needs of all service users. No eligible patient shall be excluded or experience particular difficulty in accessing and effectively using this service due to their race, gender, disability, sexual orientation, religion or belief, gender reassignment, marriage or civil partnership status, pregnancy or maternity, or age.
2. **Data collection and reporting requirements**
	1. Pharmacy contractors should use the COPD Rescue Pack Supply Service Consent Form to collect the information required for this locally commissioned service.
	2. The information contained in the COPD Rescue Pack Supply Service Consent Form may be shared on request with [xxx] CCG for the purpose of post payment verification.
3. **Quality standards**
	1. The pharmacy reviews its SOPs and the referral pathways for the service on an [annual] basis.
	2. The pharmacy can demonstrate that pharmacists involved in the provision of the service have undertaken continuing professional development (CPD) relevant to this service.
	3. The pharmacy co-operates with any [xxx] CCG-led assessment of service user experience.
4. **Payment arrangements**
	1. Prior to provision of the service, the pharmacy contractor must ensure that both their premises and all pharmacists providing the COPD Rescue Pack Supply Service meet the requirements outlined in this service specification. They must also notify [xxx] CCG that they intend to provide the service via the Pharmacy Contractor Sign Up and Assurance Sheet.
	2. The pharmacy contractor must complete the COPD Rescue Pack Supply Service Claim Form and submit this to xxx CCG by the [xx] of each month to claim payment for this service. The service claim form is available via xxx. OR

The pharmacy contractor must use the web-based system for the recording of relevant service information for the purposes of audit and to claim payment for this service.

* 1. [If using a web-based system this is not relevant and can be deleted] Payment claims for those COPD rescue packs supplied during [xxx], which is the last month the service is commissioned for, must be submitted by [xxx]. Late claims will not be processed or paid.
	2. Payment will be [£xx] for each COPD rescue pack supplied to the patient.
	3. The cost of the medicine supplied (based on Drug Tariff prices) plus VAT will also be reimbursed by the commissioner.
	4. An NHS prescription charge should be collected unless the patient is exempt in accordance with the NHS charges for Drugs and Appliances Regulations. Any prescription charges collected from patients will be deducted from the sum payable to the pharmacy.
	5. Payments will be entered on to the NHS BSA Local Payments Application and will appear on pharmacy contractors’ monthly statement from the NHS BSA. [amend to reflect local approach to payment and include timescale for payment].

Annex A

1. [NICE CKS Chronic obstructive pulmonary disease (Revised 2015)](http://cks.nice.org.uk/chronic-obstructive-pulmonary-disease#!scenario:1) [↑](#footnote-ref-1)
2. [NICE CKS Chronic obstructive pulmonary disease (Revised 2015)](http://cks.nice.org.uk/chronic-obstructive-pulmonary-disease#!scenario:1) [↑](#footnote-ref-2)
3. The pharmacy contractor should ensure that locums or relief pharmacists are adequately trained, to ensure continuity of service provision across the opening hours of the pharmacy. [↑](#footnote-ref-3)