

<b>Service Specification No.</b>	<b>No 4</b>
<b>Service</b>	<b>Local Pharmacy Service: Service contract for Supply of Palliative Care Medicines from a Community Pharmacy</b>
<b>Commissioner Lead</b>	<b>Andrew Abbot Director of Primary Care</b>
<b>Provider Lead</b>	
<b>Period</b>	<b>1st July 2015-30<sup>th</sup> June 2019</b>
<b>Date of Review</b>	<b>31st March 2019</b>

## 1. Population Needs

### 1.1 National/local context and evidence base

All pharmacies holding an NHS contract are expected to provide the Essential Services listed in the contract. In addition to this, a pharmacy may be asked by Kernow Clinical Commissioning Group to provide Local Accredited Services that the CCG deem to be necessary or desirable for the patients accessing services in a specific locality. NHS Cornwall and the Isles of Scilly wish to offer a service from community pharmacies enabling them to meet the need for supply of Palliative Care Medicines that may not otherwise be routinely stocked by community pharmacies. This provision of a limited list of palliative care medicines should be available whenever the community pharmacy is open. Where the pharmacy is open for extended hours, over the weekend or for rota duties the medicines should be available for dispensing.

No part of this specification by commission, omission or implication defines or redefines essential or enhanced services.

## 2. Outcomes

### 2.1 NHS Outcomes Framework Domains & Indicators

<b>Domain 1</b>	Preventing People from dying prematurely □ Potential Years of Life Lost from causes amenable to healthcare □ Reducing premature mortality from the major causes of death □ Reducing premature death in people with serious mental illness □ Reducing deaths in babies and young children □ Reducing premature death in people with a learning disability	
<b>Domain 2</b>	Enhancing quality of life for people with long-term conditions □ Health related quality of life for people with long term conditions □ Ensuring people feel supported to manage their condition □ Improving functional ability in people with long-term conditions □ Reducing time spent in hospital by people with long term conditions □ Enhancing quality of life for people with mental illness □ Enhancing quality of life for people with dementia	
<b>Domain 3</b>	Helping people to recover from episodes of ill health or following injury □ Emergency admissions for acute conditions that should not usually require hospital admission □ Emergency readmissions within 30 days of discharge from hospital □ Improving outcomes from planned treatments □ Preventing lower respiratory tract	

		infections in children from becoming serious <input type="checkbox"/> Improving recovery from injuries and trauma <input type="checkbox"/> Improving recovery from stroke <input type="checkbox"/> Improving recovery from fragility fractures <input type="checkbox"/> Helping older people recover their independence after illness or injury		
	<b>Domain 4</b>	Ensuring people have a positive experience of care <input type="checkbox"/> Patient Experience of Primary Care (GP services/GP Out of Hours/NHS Dental Services) <input type="checkbox"/> Patient Experience of Hospital Care <input type="checkbox"/> Friends and Family Test <input type="checkbox"/> Improving people's experience of out-patient care <input type="checkbox"/> Improving hospitals' responsiveness to personal needs <input type="checkbox"/> Improving access to primary care services <input type="checkbox"/> Improving women and families experience of maternity services <input type="checkbox"/> Improving the experience of care of people at the end of their lives <input type="checkbox"/> Improving experience of healthcare for people with mental illness <input type="checkbox"/> Improving children and young people's experience of healthcare <input type="checkbox"/> Improving people's experience of integrated care		
	<b>Domain 5</b>	Treating and caring for people in safe environment and protecting them from avoidable harm <input type="checkbox"/> Patient Safety Incidents Reported (safety incidents involving severe harm or death/hospital deaths attributable to problems in care) <input type="checkbox"/> Reducing the incidence of avoidable harm <input type="checkbox"/> Improving the safety of maternity services <input type="checkbox"/> Delivering safe care to children in acute settings		

## 2.2 Local defined outcomes

### 3. Scope

#### 3.1 Aims and objectives of service

The aims of this service are to:

- Improve the access for patients/carers/nurses by fulfilling their need in a prompt manner with a reduction in the number of approaches they need to make in order to obtain their required Palliative Care medication.
- Ensure carers/relatives do not have to undergo long, time consuming journeys to obtain medication when the comfort of the patient and the time the carer/relative has with them is paramount.

#### Training

There are no specific educational requirements for pharmacists to be able to offer this service. However, it goes without saying, that in order to dispense any medicines pharmacists must be competent and knowledgeable about the medicines prescribed. To this end ensuring that pharmacists keep up to date with current issues relating to palliative care would be assumed and it may be pertinent to have this as a topic for CPD.

#### 3.2 Service description/care pathway

- The service must be provided when the pharmacy is open, including any weekends, Bank Holidays or Rotas. In exceptional circumstances we recognise that it may be that

the pharmacy has already used the listed stock. In this instance the pharmacist must be able to sign post to the nearest provider having ensured that this pharmacy has the listed stock.

- Pharmacies will offer a user-friendly, non-judgmental, client-centred and confidential service.
- The Pharmacy contractor has a duty to ensure that pharmacists and staff working in the pharmacy are aware of the service and of where the listed drugs are stored. They also need to be aware of the necessity of prompt re-ordering of the listed stock.
- If the Prescription received in the pharmacy is either illegibly written, does not comply with the CD regulations or is for items outside the remit of this service then it would be appropriate for the pharmacist to contact the prescriber to obtain clarification and to have the prescription amended if necessary.
- If the prescriber cannot be contacted or, having been contacted, the pharmacist is still not professionally satisfied, then seek advice from the 24 hour specialist palliative care advice line – telephone number 01736 757707 or Contact Mount Edgcumbe Hospice – telephone number 01726 65711.
- The service is available to any person who presents in the pharmacy with a legally written prescription.
- Over busy holiday periods the pharmacy may be asked to increase the level of stock that they regularly hold. This decision will be made in liaison with other EOLC agencies and pharmacies will be informed of these decisions by e-mail.
- Notification by e-mail prior to the increase in stock level will contain all the relevant stock level details and pertinent dates.
- Any claims for re-imburement of out of date drugs held for this service should be made through Pharm Outcomes with the relevant invoice within a 1 month period.
- The pharmacy will review its standard operating procedures and referral pathways for the service on an annual basis and these will be available for inspection during the annual pharmacy contract visit.
- Pharmacists should ensure that relevant CPD entries are retained by them and any of their staff who undergo further training.
- The Prescribing Department is in regular contact with the other agencies involved in EOL care and will act upon any relevant issues reported to them either by these agencies or by patients/carers/relatives. All complaints concerning the service will be investigated and monitored.
- The listed palliative care drugs should be obtained from legitimate pharmaceutical wholesalers and the quality of the stock must be assured as with any dispensed medicinal item. All dispensed items to be taken from dispensary stock.
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### **3.3 Population covered**

#### **Cornwall and Isles of Scilly**

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

Kernow Clinical Commissioning Group, as commissioners of this service, reserve the right to inspect the premises from which this service operates along with the right to review the service at any time. The service provider should also forward any complaints received appertaining to the service accompanied by copies of any correspondence that outline incidents to the Medicines optimisation team within 30 days of receiving the complaint. In addition there is a national requirement to report any significant events within 24 hours and this will be to the Medicines optimisation team at NHS Kernow. Please be aware of the possible necessity to complete a RIDDOR form for Health and Safety in relevant situations.

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

### **3.6 Days/hours of operation**

Where it comes to light that the service is not being offered in a consistent manner then payments to that pharmacy for this service may be ceased.

The pharmacy will be monitored on

- Offering the Palliative Care Service when the pharmacy is open except for exceptional circumstances.
- Having a knowledgeable pharmacist on duty.
- Using the latest version of the list of palliative care drugs to be stocked.

### 3.7 Referral criteria and sources and outline of referral processes

### 3.8 Discharge processes

### 3.9 Response time and prioritisation

### 3.10 Other items to be added

NHS Kernow CCG will re-imburse the pharmacy the cost of replacing any of the listed stock items which go out of date. Please ensure that stock is rotated appropriately so that this occurrence is rare. Relevant invoices should be submitted through Pharm Outcomes with an explanation – stock held for Palliative Care Service, whenever appropriate.

All interactions to be uploaded on to Pharm outcomes within the month of activity unless there are exceptional circumstances notified to the commissioner, as late uploads may result in non-payment.

## 4. Applicable Service Standards

### 4.1 Applicable national standards (eg NICE)

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

### 4.3 Applicable local standards

## 5. Applicable quality requirements and CQUIN goals

### 5.1 Applicable quality requirements (See Schedule 4 Parts A-D) or Schedule 6 of APMS

<i>Performance Indicator</i>	<i>Indicator</i>	<i>Threshold</i>	<i>Method of Measurement</i>	<i>Consequence of Breach</i>

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

## 6. Location of Provider Premises

The Provider's Premises are located at:

**7. Individual Service User Placement**

Version: 1.1

Agreed by Commissioner and date: Georgina Praed 26/10/15

Agreed by Provider and date: