

## **SCHEDULE 2 – THE SERVICES**

### **A. Service Specifications**

#### **NHS Community Pharmacy Contractual Framework**

#### **Locally commissioned service – On Demand Availability of Specialist Drugs (Availability of Palliative Care or other Specialist Medicines)**

**This is a Prime Contractor model Contract, whereby Essex Pharmacists LLP ('The Provider' ) are responsible overall for the Contractual obligations and the identified Sub-Contractors are delivering the service. All Sub-Contractors are under the same terms and conditions as the Prime Contractor.**

#### **Overview**

##### **National/local context and evidence base**

The NHS End of Life Care Programme emphasises that “the care of all dying patients must improve to the level of the best” in all healthcare settings. In relation to medicines, there are a number of issues that require consideration to facilitate symptom control in those patients who choose to live and die in the place of their choice, and to reduce inappropriate admissions in the last weeks of their life.

The demand for specialist drugs, including palliative care drugs, can be urgent and/or unpredictable. Although all pharmacies can be expected to meet the needs of their population with regard to routine supply of palliative care drugs, in some cases treatment needs to be accessed quickly and from a wider range of drugs than may be routinely stocked. A number of the drugs used in palliative care are rarely used in other circumstances and are therefore often not immediately available in community pharmacies. Specialist drugs other than for palliative care may be included in the list of drugs to be held.

#### **1. Aims**

##### **1.1.**

This service is aimed at the supply, from stock held, of specialist medicines, the demand for which may be urgent and/or unpredictable, from accessible locations across Mid Essex e.g. for patients receiving palliative care who are near the end of life.

Aims are to:

- 1.1.1 support people, carers and clinicians by providing them with up to date information and advice, and referral where appropriate.
- 1.1.2 improve access for people to specialist medicines when they are required by patients, ensuring prompt access reducing distress and avoiding unnecessary hospital admissions.

#### **2. Service Description**

- 2.1 The patient's usual community pharmacy should continue to be the first port of call and will remain the usual supplier for non-urgent prescriptions and ongoing patient management. There is likely to be an established relationship between the usual pharmacy, the patient and family members/carers, and it is important to retain this where possible. Any pharmacy can usually order supplies of a prescribed drug to be available for the same day delivery, if ordered before 11.30am, and for the following morning if ordered before 5pm (Monday to Friday).

**2.2** The Provider will ensure that selected community pharmacies (criteria as below) hold in stock a locally agreed range of specialist medicines and will make a commitment to always have these available to ensure that users of this service have prompt access to these medicines. If there are national or local stock shortages, medicines recalls or any other issues affecting the availability of any of the medicines the Provider must let the Commissioner know at the earliest opportunity.

**2.3** The Commissioner will make payment to the Provider for provision of this service. Payments to participating pharmacies will cover costs of obtaining stock at the commencement of the service and costs of any medicines added to the formulary, or replacement of medicines which pass their expiry date.

**2.3.** Pharmacists will provide information and advice to the user, carer and clinician. They may also refer to specialist centres, support groups or other health and social care professionals where appropriate.

### **3. Service Outline**

**3.1** The Provider shall ensure that people requiring listed specialist drugs e.g. palliative care medicines are able to access such drugs in a short timeframe from selected and named community pharmacies during their usual/commissioned opening hours.

**3.2** The Provider will make arrangements for this service to be provided 365 days of the year- including Christmas Day, Easter Sunday and all other bank holidays.

**3.3** Pharmacies should be selected on the basis that they are usually open for extended hours and include evenings, weekends and Bank Holidays, and be geographically located so as to be easily accessible to people living within the boundaries of Mid-Essex CCG. People should be able to access these pharmacies by car within a maximum travelling time of 30mins with parking available within the immediate vicinity. The pharmacies will be usually accessible by public transport- recognising that services may be restricted at weekends and on bank holidays.

**3.4** The names of the selected community pharmacies to be notified to the Commissioner at the commencement of the contract and when any changes occur- e.g usual pharmacy is closed on Christmas Day and alternative pharmacy will be open.

**3.5** The selected pharmacies will hold a stock of an agreed formulary of drugs (Appendix 1). The commissioner will agree with local stakeholders the medicines formulary and stock levels required to deliver this service. The commissioner will regularly review the formulary to ensure that the formulary reflects the availability of new medicines and changes in practice or guidelines.

**3.6** The selected pharmacies will hold in stock the specified list of medicines required to deliver this service and will dispense these in response to NHS prescriptions presented. Note that pharmacists must be in possession of the original prescription for a Controlled Drug before the dispensed controlled drug can be supplied to the patient- however the prescription can be faxed in advance so that the pharmacist can prepare the medication.

**3.7** Anyone collecting a prescription for a Controlled Drug, whether a health professional or the patient or their carer should take some form of identification with them – the pharmacist is required to ask for ID and record whether they have seen it.

**3.8** The formulary and list of pharmacies will be circulated by the commissioner to primary care prescribers including the out of hours service, district nurses, Macmillan nurses, community pharmacists, hospital pharmacists and palliative care consultants so that all the appropriate

health professionals are aware of what is reasonable to expect to be available.

- 3.9** Prescribers should avoid ordering excess quantities so that supplies remain available for as many patients as possible. It is unlikely that a supply for more than three days will be required before normal supplies can be obtained from the patient's usual pharmacy.
- 3.10** If the pharmacist cannot fill the prescription within a timeframe that meets the patient's needs they should telephone another pharmacy to confirm that stock is available before sending the patient or their representative there.
- 3.11** The palliative care teams are encouraged to include communication with the local community pharmacist as an important step when planning the medication needs of their patients. All community pharmacists should be aware of the details of the palliative care pharmacies, the list of drugs they routinely keep and the out of hours' arrangements.
- 3.12** The Provider should ensure that regular stock checks are carried out (including expiry date checks) and reimburse participating pharmacies for any replacement due to date expiry.
- 3.13** The Provider must ensure that pharmacists and staff involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service. Staff should be aware of and operate within local protocols.
- 3.14** The Provider should maintain appropriate records to ensure effective ongoing service delivery and audit.
- 3.15** The provider will review the pharmacy provision annually to ensure that it reflects current local needs.
- 3.16** The Provider must provide annual assurance to the commissioner that each pharmacy providing the services meets the required standards of provision. If it is brought to the attention of the Commissioner that a participating pharmacy has failed to have the complete list of medicines available, the Provider shall investigate and provide a report to the commissioner within 28 days of notification, and include an action plan where appropriate.
- 3.17** The commissioner will provide details of relevant referral points which pharmacy staff can use to signpost service users who require further assistance.
- 3.18** The commissioner will disseminate information on the service to other pharmacy contractors and health care professionals in order that they can signpost patients to the service.

#### **4. Quality Indicators**

- 4.1** The Provider develops Standard Operating Procedures for the service and will review these and the referral pathways for the service on an annual basis.
- 4.2** The Provider can demonstrate that pharmacists and staff involved in the provision of the service have undertaken CPD relevant to this service, for example the CPPE open learning package 'Palliative Care'.
- 4.3** The Provider completes an audit of service provision and returns this to the Commissioner every quarter.

**Appendix 1 – Formulary and audit for stock levels**

Pharmacy: \_\_\_\_\_

Date: \_\_\_\_\_

Main Pharmacist: \_\_\_\_\_

Contact number: \_\_\_\_\_

Drugs to be held by participating pharmacies	Minimum Stock	In stock		Quantity reordered initial supply	Quarterly audit reordered as out of date
		Y	N		
Alfentanil amps 0.5mg/ml	5 amps (10ml amp)				
Benzylpenicillin 600mg	2 amps				
Clonazepam 0.5mg tablets	1 x 100				
Cyclizine amps 50mg	15 amps				
Dexamethasone injection 3.3mg/ml	5 amps				
Dexamethasone 2mg tablets	1 x 50				
Diamorphine amps 5mg	5 amps				
Diamorphine amps 10mg	10 amps				
Diamorphine amps 30mg	5 amps				
Diamorphine amps 100mg	5 amps				
Diazepam rectal tubes 5mg	5 tubes				
Diclofenac 25mg/ml (3ml amp)	5 amps				
Domperidone suppositories 30mg	10 supps				
Fentanyl 12mcg/hr patches	5 patches				
Fentanyl 25mcg/hr patches	5 patches				
Fentanyl 50mcg/hr patches	5 patches				
Haloperidol 5mg/1ml	5 amps				
Hyoscine butylbromide 20mg in 1ml	10 amps				
Hyoscine hydrobromide 400mcg amps	10 amps				
Levomepromazine amps 25mg	10 amps				
Metoclopramide amps 10mg	10 amps				
Midazolam 10mg/2ml	10 amps				
Morphine sulphate amps 10mg	10 amps				
Morphine sulphate amps 20mg	5 amps				
Morphine sulphate amps 30mg	5 amps				
Oxycodone injection 20mg in 2ml	5 amps				
Oxycodone injection 50mg in 1ml	5 amps				
Phytomenadione (Konakion MM Paediatric 10mg in 1ml, 0.2ml amp (for oral use in managing high INR)	5 amps				
Rifampicin syrup 100mg in 5ml	2 x 120ml				
Rifampicin capsules 300mg	20 capsules				
Water for injection 10ml (can be supplied and claimed as a diluent even if not prescribed)	10 amps				



