**Scoring Criteria for use by ICB Commissioning Teams (Total Points = 30, *27 point score for approval*)**

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| **Criteria** | **Description** | **Pts** | **Comments** |
| **Frequency of service at off-site provision to comply with PLPS regulations. (5 points)***(Notes: Refuse if not for occasional or one-off use)* | Application should be for **occasional use only** such that off-site service provision does not adversely affect pharmaceutical services provided by pharmacies within the locality.  |  |  |
| **Meets service specification inclusion criteria.****(5 points)***(Notes: Refuse if off-site provision does not apply to the service specification* | This must include confirmation that:The service is provided in the contractor’s listed pharmacy in full accordance with the latest service specification. The listed pharmacy premises must have a consultation room that meets the requirements in the service spec., including the GPhC Premises Standards during the time that service is offered. The off-site service must be provided in a confidential area where the patient can be quiet, seated and rest their arm on a table/bench of a suitable height.Service users must be aged 40 years old or over, without current diagnosis of hypertension. By exception, service users under the age of 40 who request the service because they have a recognised family history of hypertension can be included. Service users aged between 35 and 39 years old may be approached or request the service at the discretion of the pharmacy staff. |  |  |
| **Ambulatory blood pressure monitoring****(6 points)***(Refuse if unable to demonstrate 2 out of the 3 listed points)* | The pharmacy contractor:1. Has a track record of delivering ambulatory blood monitoring proportionate to the number of high clinic BP (both in their pharmacy and any previous off-site location, where relevant)
2. Must demonstrate that they have enough ABPMs for anticipated demand
3. Must demonstrate a practical and feasible plan for ABPM monitoring and follow up of identified cases, e.g. Very high clinic BP, low BP with symptoms, high ABPMS.
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| **Clinical Supervision****(4 points)***(Notes: Refuse if no pharmacist on site)* | Provision from premises other than the registered pharmacy premises must be under the supervision of a pharmacist who is available to provide clinical advice where required. This means a pharmacist must be physically present. |  |  |
| **Record keeping.****(3 points)***(Note: Refuse if no contemporaneous recording of the consultation)* | Arrangements for contemporaneous recording of the consultation outcomes and sharing of information between the pharmacy and the patient’s general practice must be in place. The pharmacy contractor must have appropriate measures for secure record keeping. A clinical record of the service provision must be made.The necessary records specified in the service specification required for reimbursement must be kept for a period of three years to demonstrate service delivery in accordance with the service specification, and to assist with post-payment assurance activities. These records must be provided by a contractor when requested by the NHSBSA Provider Assurance Team |  |  |
| **Risk Assessment****(3 points)** | Pharmacy contractor has undertaken a risk assessment to identify and minimise risks to patient safety and impact on wider pharmacy services, this includes measures to be taken where a very high blood pressure reading is obtained. |  |  |
| **Appropriate indemnity****(2 points)** | The pharmacy contractor must show appropriate indemnity to cover such services. For example, clinical negligence/ public liability |  |  |
| **Time for Approval****(2 points)** | Submission for approval is made at least four weeks before approval is needed. |  |  |
| **Additional Information** |  |  |  |

## For ICB commissioning Team use

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| Date received | Click or tap to enter a date. |
| Date additional information received from ICB Commissioning team (of proposed clinic location) (if required) | Click or tap to enter a date.  |
| Decision maker | Click or tap here to enter text. |
| Decision made | Choose an item. |
| Conditions of approval / alternatives agreed | Click or tap here to enter text. |
| Reason for decision | Click or tap here to enter text. |
| Date contractor informed | Click or tap to enter a date. |