
Locally Commissioned Service - Brighton and Hove CCG, East Sussex CCG and West Sussex CCG

Service Title

Community Pharmacy: Emergency Palliative Care Drugs

Introduction

All contractors are expected to provide essential and those additional services they are contracted to provide to all their patients. The specification of this service is designed to cover the enhanced aspects of pharmaceutical care of the patient, which may be in addition to and beyond the scope of essential services. No part of the specification by commission, omission or implication defines or redefines essential or additional services.

Background

This service is aimed at the supply of Emergency Palliative Care medicines, the demand for which may be urgent and/or unpredictable.

The pharmacy contractor will stock a locally agreed range of Emergency Palliative Care medicines and will make a commitment to ensure that users of this service have prompt access to these medicines during the pharmacy's regular core and supplementary hours.

The pharmacy 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.

Service Outline

Aims and intended service outcomes

To improve access for people to Emergency Palliative Care medicines when they are required by ensuring prompt access and continuity of supply during the hours the Pharmacy is open.

To support people, carers and clinicians by providing them with up to date information and advice, and refer where appropriate.

All community pharmacists hold a range of palliative care drugs. It is anticipated that in the first instance, prescriptions should be presented at the patient's local community pharmacy. It is expected that pharmacies contracted to work under the 'Service Specification for the Community Pharmacy Locally Commissioned Service for Emergency Palliative Care' will be used in an emergency situation.

The service is to be provided by registered pharmacists and supporting staff from registered pharmacy premises with an NHS dispensing contract.

Eligibility

The service is to be provided to the general population and healthcare professionals.

Entry Point

Patient's own General Practitioner, family, Nurse, other providers working within healthcare or out of hours provider. Identification of person presenting with a prescription should be requested prior to dispensing.

Premises and facilities

The CCG's main requirement is that the provision of the services is evenly distributed across the geographical area with a good access for service user and extended opening where possible

Times the Service to be provided

The service providers will be expected to provide this service during all contracted and supplementary opening hours and on Bank/Public Holidays when the pharmacy is open.

Drugs List

The pharmacy holds the specified list of medicines in the respective quantities (Appendix 1) to deliver this service and will dispense these in response to NHS prescriptions presented from an authorised prescriber with supply of an NHS prescription within an appropriate timescale (except Schedule 2 Controlled Drugs where the original prescription must be presented).

The specified list of drugs is considered to cover the majority of “urgent” requests. These drugs do not cover all eventualities but it is important to note that any community pharmacy can order supplies of a prescribed drug for the same day delivery if ordered before 11.30 and for the following morning if ordered before 5.00pm (Monday to Friday).

If a participating community pharmacist is unable to fill the full prescription then he/she should find another Community Pharmacy who is able to fill the prescription in full. This should be done by telephoning another Community Pharmacy to ascertain whether they can undertake this prior to receiving the prescription.

The community pharmacist should notify the prescriber in the first instance, then the CCG Quality Team of short term supply problems of any of the drugs on the list.

The CCG will agree with local stakeholders the medicines list and stock levels required to deliver this service and circulate to all the appropriate health care professionals. The CCG will regularly review this list to ensure that it reflects the availability of new medicines and changes in practice or guidelines.

The community pharmacist will be expected to check stock levels at least once a month to ensure effective ongoing service delivery. The ‘Monthly Stock Check Form’ (Appendix 2) should be used for this purpose and kept for service review and audit purposes.

The CCG will reimburse participating pharmacies to compensate for date expiry of the medicines requested to be kept in stock. The CCG requires the pharmacy to forward the end of the expired medicines packaging (the end that includes the expiry date) along with a copy of the invoice for the replacement stock to your local Medicines Management Team.

If it is brought to the CCGs attention that a Community Pharmacy is failing to hold a complete list of formulary items without a valid reason, then the Community Pharmacy may be asked to withdraw from the scheme.

Signposting

The pharmacy will hold details of other pharmacies participating in this scheme locally.

The CCG will provide details of relevant referral points which pharmacy staff can use to signpost service users who require further assistance.

The CCG will disseminate information on the service to other pharmacy contractors and health care professionals (hospices, Virtual Wards, MacMillan nurses, GPs, Urgent Treatment centres and Out Of Hours Medical Service) in order that they can signpost patients to the service.

Clinical Governance

In the event of an untoward incident the CCG recommends the ‘Incident Monitoring Form’ (Appendix 3) should be completed and sent within 72 hours to your CCG Quality Team for further discussion, learning points and shared problem solving. Common queries can be acted upon and learnt lessons anonymously shared. The contents of the Incident Monitoring Forms are strictly private and confidential and the individuals completing the form may remain anonymous.

The Pharmacy Contractor (or on behalf of the Pharmacy Contractor) must inform the CCG using the ‘Change of Pharmacist-In-Charge Notification form (Appendix 4) of any change in the status of the named Pharmacist-in-Charge (i.e. change of named Pharmacist-in-Charge, absence for a significant period of time, or where the named Pharmacist-in-charge permanently leaves without replacement). In the latter two scenarios, provision of the service may be suspended.

The ‘Monthly Stock Check Form’ should ideally be placed on the front of the Controlled Drugs cupboard to remind all staff (including locums) of the inclusion in this Service and of the monthly stock check requirement.

Contractors providing this service will also be expected to ensure that they have adequate insurance/indemnity in place for premises and personnel
Pharmacy staff should provide eligible patients other complementary pharmacy contract essential services such as signposting and health promotion as appropriate.

NICE Guidance on End of Life Care is also useful to refer to (<https://www.nice.org.uk/search?q=End+of+life+care>)

Accreditation and Qualifications

The Pharmacy Contractor (or on behalf of the Pharmacy Contractor if they are to be responsible for ensuring the delivery of the service) must read and sign the 'Specification for the Community Pharmacy Locally Commissioned Service for Emergency Palliative Care Drugs'. Keep a copy of the signed agreement once authorised by the CCG and have this available as evidence of inclusion on the scheme.

The pharmacy contractor has a duty to ensure that pharmacists (including locums) and staff involved in the provision of the service are aware of and operate within the Service Specification for the Community Pharmacy Locally Commissioned Service for Emergency Palliative Care and have relevant knowledge and are appropriately trained in the operation of the service. We would recommend all pharmacists (including locums) working within a pharmacy who are signed up to this Locally Commissioned Service to undertake the CPPE Distance Learning pack on Palliative Care

Pricing

Annual payment is £300

The CCG will contact pharmacies signed up to this Locally Commissioned Service to offer inclusion in this service on an annual basis prior to payment being made.

The CCG will reimburse participating pharmacies for date expiry of the medicines requested to be kept in stock. The CCG requires the pharmacy to forward the end of the expired medicines packaging (the end that includes the expiry date) along with a copy of the invoice for the replacement stock to your local Medicines Management Team.

Annual payment will be made on receipt of a completed Expression of Interest Form (Appendix 5) and reimbursement for expired stock should be made using the claim form (Appendix 6). It is recommended that contractors should ensure claims are made frequently (i.e. at least twice a year, where appropriate).

As an interim measure during the COVID-19 pandemic, contractors can also claim for delivery of dispensed medication where required as laid out in Appendix 7.

Performance Monitoring and Key Performance Indicators (KPIs)

The pharmacy may be asked to participate in a multidisciplinary audit of the service for review, quality and training purposes.

The pharmacy should review its standard operating procedures and the referral pathways of the service on an annual basis.

The CCG reserves the right to ask a member of the CCG Quality Team or partner team to assess quality of service provision

The local CCG and other interested parties may wish to visit the pharmacy to view the scheme in operation; this may be undertaken during the Contact Monitoring visit. Arrangements to do so will be made in advance and in accordance with the usual monitoring arrangements.

Breach and Termination

As per headings under General Conditions section of contract

Review

Annually

Date Published	Date	Reviewer/s
Date Reviewed		
1 st Review due		
1 st Review completed		

Appendix 1 – Emergency Palliative Care Drugs Stock list

Appendix 2 – Monthly Stock Check Form

Appendix 3 – Incident Monitoring Form

Appendix 4 – Change of Pharmacist-In-Charge Notification

Appendix 5 – Annual expression of interest Form

Appendix 6 – Expired Stock Claim Form

Appendix 7 – Delivery Criteria and Claim Form

Appendix 1 – Emergency Palliative Care Drugs LCS Stock list

In order that staff working in the community can always have access to essential Palliative Care drugs the following list of items should be stocked in their respective minimum stock quantities:

Stock List	Minimum quantity to be kept
Cyclizine 50mg/ml injection	5x1ml amps
Dexamethasone 3.3mg/ml injection	5x1ml amps
Diclofenac 75mg/3ml injection	10x3ml amps
Diamorphine 10mg injection	10 amps
Diamorphine 30mg injection	10 amps
Glycopyrronium 600mcg/3ml injection	9x3ml amps (or 1 box of 10amps)
Haloperidol 5mg/ml injection	5x1ml amps
Hyoscine butylbromide 20mg/ml injection	10x1ml amps
Hyoscine hydrobromide 600mcg in 1ml injection	10x1ml amps
Levomepromazine 25mcg/ml injection	10x1ml amps
Metoclopramide 10mg/2ml injection	10x2ml amps
Midazolam 10mg/2ml injection	10x2ml amps
Morphine sulphate 10mg/ml injection	10x1ml amps
Morphine sulphate 30mg/ml injection	20x1ml amps
Morphine sulphate 10mg/5ml oral solution	4x100ml bottle
Oxycodone 10mg/ml injection	10x1ml amps
Sodium chloride 0.9% solution for injection	10x10ml amps
Water for injection	20x10ml amps

Appendix 2 – Monthly Stock Check Form

FOR IN-HOUSE USE ONLY

Stock List	Minimum quantity to be kept	Month/Yr	Month/Yr	Month/Yr	Month/Yr	Month/Yr	Month/Yr
Cyclizine 50mg/ml injection	5x1ml amps						
Dexamethasone 3.3mg/ml injection	5x1ml amps						
Diclofenac 75mg/3ml injection	10x3ml amps						
Diamorphine 10mg injection	10 amps						
Diamorphine 30mg injection	10 amps						
Glycopyrronium 600mcg/3ml injection	9x3ml amps (or 1 box of 10amps)						
Haloperidol 5mg/ml injection	5x1ml amps						
Hyoscine butylbromide 20mg/ml injection	10x1ml amps						
Hyoscine hydrobromide 600mcg in 1ml injection	10x1ml amps						
Levomepromazine 25mcg/ml injection	10x1ml amps						
Metoclopramide 10mg/2ml injection	10x2ml amps						
Midazolam 10mg/2ml injection	10x2ml amps						
Morphine sulphate 10mg/ml injection	10x1ml amps						
Morphine sulphate 30mg/ml injection	20x1ml amps						
Morphine sulphate 10mg/5ml oral solution	4x100ml bootle						
Oxycodone 10mg/ml injection	10x1ml amps						
Sodium chloride 0.9% solution for injection	10x10ml amps						
Water for injection	20x10ml amps						

Please use this form at least once a month to check that items are in stock and in date. Any missing items will have been dispensed and should be ordered immediately.

Appendix 3 – Incident Monitoring Form

Please note, this is a generic form designed for a variety of incidents and it may not always exactly fit the incident you wish to describe. If this is the case, please complete the sections where you can and include a separate sheet detailing the incident.

FORM completed by*:

* This is optional, but would be useful in order to follow-up for more details / feedback

Name of Pharmacy*:

Date:

NATURE OF THE INCIDENT:

Continue on extra sheet if required...

WHO WAS INVOLVED e.g. client and pharmacist (can be anonymous)

DETAILS OF INCIDENT:

Please return to the CCG Quality Team

NHS West Sussex Clinical
Commissioning Group,
Wicker House,
High Street,
Worthing
BN11 1DJ

NHS Brighton and Hove
Clinical Commissioning
Group,
Hove Town Hall,
Norton Road,
Hove,
BN3 4AH

NHS East Sussex Clinical
Commissioning Group,
36-38 Friars Walk,
Lewes,
BN7 2PB

Appendix 4 – Change of Pharmacist-In-Charge Notification

Name of Pharmacist-In-Charge that is leaving or has left:

.....

Date Leaving:

.....

Name of Pharmacy:

.....

Address of Pharmacy:

.....

Signed by Pharmacist-In-Charge:

Date:

.....

Will there be a new Pharmacist-In-Charge who is willing to take responsibility for this Enhanced Service?

YES / NO

Name of new Pharmacist-In-Charge:

.....

Date of when new Pharmacist-In-Charge is due to start:

.....

Please return to the CCG Medicines Management Team

NHS West Sussex Clinical
Commissioning Group,
Wicker House,
High Street,
Worthing
BN11 1DJ

NHS Brighton and Hove
Clinical Commissioning
Group,
Hove Town Hall,
Norton Road,
Hove,
BN3 4AH

NHS East Sussex Clinical
Commissioning Group,
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BN7 2PB

Appendix 5 – Emergency Palliative Care Drugs LCS Annual expression of interest Form

Please complete this form to express an interest in continuing to provide this service

Name of Pharmacy:
Address:
Postcode:

Annual Payment covering period of to	£300
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Printed name of Contractor OR on behalf of the Contractor (Pharmacist in charge):

.....

Signature: **Date:**

Please return to the CCG Medicines Management Team

NHS West Sussex Clinical
Commissioning Group,
Wicker House,
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NHS Brighton and Hove
Clinical Commissioning
Group,
Hove Town Hall,
Norton Road,
Hove,
BN3 4AH

NHS East Sussex Clinical
Commissioning Group,
36-38 Friars Walk,
Lewes,
BN7 2PB

Appendix 6 – Emergency Palliative Care Drugs LCS Expired Stock Claim Form

Please complete this form to claim reimbursement for expired stock held in provisojn of the LCS

Name of Pharmacy:
Address:
Postcode:

Drug	Quantity of expired stock	Cost claimed
Cyclizine 50mg/ml injection		
Dexamethasone 3.3mg/ml injection		
Diclofenac 75mg/3ml injection		
Diamorphine 10mg injection		
Diamorphine 30mg injection		
Glycopyrronium 600mcg/3ml injection		
Haloperidol 5mg/ml injection		
Hyoscine butylbromide 20mg/ml injection		
Hyoscine hydrobromide 600mcg in 1ml injection		
Levomepromazine 25mcg/ml injection		
Metoclopramide 10mg/2ml injection		
Midazolam 10mg/2ml injection		
Morphine sulphate 10mg/ml injection		
Morphine sulphate 30mg/ml injection		
Morphine sulphate 10mg/5ml oral solution		
Oxycodone 10mg/ml injection		
Sodium chloride 0.9% solution for injection		
Water for injection		
	TOTAL CLAIMED for expired stock	£

Please ensure you include the end of the expired medicines packaging (the end that includes the expiry date) along with a copy of the invoice for the replacement stock when submitting your claim\

Please return to the CCG Medicines Management Team

NHS West Sussex Clinical
Commissioning Group, Wicker
House,
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Lewes,
BN7 2PB

Appendix 7 – Delivery Criteria and Claim Form

Community Pharmacies should use the delivery service below in terms of the COVID-19 response for the Locally Commissioned Palliative Care Service. This arrangement will be reviewed by 30th June 2020.

The Palliative Care Delivery Service should be used as a back-stop by community pharmacies to ensure that the patient receives their medicines as a priority and is used when all the options below have been exhausted :

1. Have no family, friends, or volunteers who can collect on their behalf
2. Where no volunteer is available to come and collect on behalf of the patient
3. Where applicable, no palliative care support worker, care/nursing home staff, carer available to collect on behalf of their patient

Where a patient does not fit into an extremely vulnerable (shielded) group where the pharmacies qualify for conditions under the National Pandemic Delivery Service, the local Palliative Care Delivery Service can be claimed by the contractor for the delivery of EOLC prescriptions to recognise the additional priority status that these deliveries will require.

Please use the claim form (overleaf) to record the delivery numbers and reason for providing a deliver (options 1-3 above) to the patient/carer. Community Pharmacy will be **reimbursed £10 per delivery** for every qualifying patient under this scenario.

There will be situation where pharmacies won't have drivers or resources available to make the delivery of this time critical medicines where the Responsible Pharmacist(RP) can make the decision to deliver items by taxi and must only be used when all the above options have been explored in and full and considered unsuitable.

- If the decision has been made to be delivered by taxi then the patient consent must be obtained to deliver via this method.
- The RP should consider the suitability of the individual driver, in context of his/her behaviour, communication skills and level of engagement with the importance of the task on arrival at the pharmacy.
- The pharmacy should record the RP reasons for choosing this method of delivery and confirm the safe receipt of medicines to the patient
- The pahrmcy must have suitable SOP for using alternative delivery methods

The Pharmacy will be reimbursed £10 for facilitating the delivery via this method plus any additional costs incurred above £10 by presenting the invoice/receipt with their claim submissions.
The pharmacies are advised to claim for deliveries monthly.

Emergency Palliative Care Medicines Delivery Claim Form

Name of Pharmacy:
Address:
Postcode:

Please provide details of deliveries made including the reason for the delivery using the options below:

1. Option 1 Have no family, friends, or volunteers who can collect on their behalf
2. Where no volunteer is available to come and collect on behalf of the patient
3. Where applicable, no palliative care support worker, care/nursing home staff, carer available to collect on behalf of their patient

Delivery number	Delivery date/time	Reason (option 1,2 or 3)	Cost claimed*
TOTAL CLAIMED			£

*Please attached copy of invoices/receipts where additional costs above £10 are being claimed

Please return to the CCG Medicines Management Team

NHS West Sussex Clinical
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