

NHS Community Pharmacy Contractual Framework

Enhanced Service – On Demand Availability of Specialist Drugs (Availability of Palliative Care or other Specialist Medicines)

1. Service description

- 1.1 This service is aimed at the supply of specialist medicines, the demand for which may be urgent and/or unpredictable, for example palliative care, tuberculosis and bacterial meningitis treatments.
- 1.2 The pharmacy contractor will stock a locally agreed range of specialist medicines and will make a commitment to ensure that users of this service have prompt access to these medicines at all times agreed with the PCO.
- 1.3 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.

2. Aims and intended service outcomes

- 2.1 To improve access for people to these specialist medicines when they are required by ensuring prompt access and continuity of supply.
- 2.2 To support people, carers and clinicians by providing them with up to date information and advice, and referral where appropriate.

3. Service outline

- 3.1 The pharmacy holds the specified list of medicines required to deliver this service and will dispense these in response to NHS prescriptions presented. The pharmacy may also hold specialist equipment, linked to the medicines on the list, for example syringe drivers and associated equipment.
- 3.2 The pharmacy contractor has a duty to 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.
- 3.3 The pharmacy should maintain appropriate records to ensure effective ongoing service delivery and audit.
- 3.4 The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service are aware of and operate within local protocols.
- 3.5 The PCO should ensure the availability of these medicines from easily accessible pharmacies during the out of hours (OOH) period. This may include setting up an on-call rota arrangement. Consideration should be given to:
 - frequency of call out in the OOH period;
 - the method of contacting a pharmacist who is providing the service, for example via a local OOH provider or the local NHS Direct site;
 - security procedures the pharmacist may use to ascertain that a call-out is genuine;
 - the way in which the prescription reaches the pharmacy;
 - the way in which the patient will obtain the medicine once dispensed; and
 - security procedures for the use of the pharmacy premises during the OOH period.
- 3.6 The pharmacy provides details of on-call contacts who will meet the commitment to have prompt access to the agreed list of medicines at all times agreed with the PCO.
- 3.7 The PCO will provide locally agreed induction training for participating pharmacies.
- 3.8 The PCO should arrange at least one contractor meeting per year to promote service development and update the knowledge of pharmacy staff.
- 3.9 The PCO will agree with local stakeholders the medicines formulary and stock levels required to deliver this service. The PCO will regularly review

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the formulary to ensure that the formulary reflects the availability of new medicines and changes in practice or guidelines.

- 3.10 The PCO will agree a system which deals with the financial implications of date expiry of the medicines in the formulary.
- 3.11 The PCO will need to provide a framework for the recording of relevant service information for the purposes of audit and the claiming of payment.
- 3.12 The PCO will need to provide details of relevant referral points which pharmacy staff can use to signpost service users who require further assistance.
- 3.13 The PCO 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. Suggested Quality Indicators

- 4.1 The pharmacy reviews its standard operating procedures and the referral pathways for the service on an annual basis.
- 4.2 The pharmacy can demonstrate that pharmacists and staff involved in the provision of the service have undertaken CPD relevant to this service.
- 4.3 The pharmacy participates in an annual PCO organised audit of service provision.
- 4.4 The pharmacy co-operates with any locally agreed PCO-led assessment of service user experience.

Background information – not part of the service specification

The NHS Security Management Service have provided guidance on lone working procedures – 'Not alone – a guide for the better protection of lone workers in the NHS'

[http://www.cfsms.nhs.uk/files/Not Alone- A Guide for the Better Protection of Lone Workers in the NHS.pdf](http://www.cfsms.nhs.uk/files/Not%20Alone-%20A%20Guide%20for%20the%20Better%20Protection%20of%20Lone%20Workers%20in%20the%20NHS.pdf)

DH guidance on OOH medicine supply:

Securing Proper Access to Medicines in the Out-of-Hours Period, DH, December 2004. <http://www.out-of-hours.info/index.php?pid=6>

CPPE training which may support this service:

Care of the terminally ill – communicating with patients open learning