

## A. Service Specifications

*This is a non-mandatory model template for local population. Commissioners may retain the structure below, or may determine their own in accordance with the NHS Standard Contract Technical Guidance.*

|                                  |  |
|----------------------------------|--|
| <b>Service Specification No.</b> |  |
| <b>Service</b>                   | Community Pharmacy Palliative Care Drugs Emergency Stock             |
| <b>Commissioner Lead</b>         | Medicines Optimisation team, NHS Cambridgeshire and Peterborough CCG |
| <b>Provider Lead</b>             |  |
| <b>Period</b>                    | June 2019 to March 2022  |
| <b>Date of Review</b>            | December 2021  |

|  |   |          |
|--|---|----------|
| <b>1. Population Needs</b>   |   |          |
| <b>1.1 National/local context and evidence base</b>  |   |          |
| <p>The demand for palliative care drugs can be urgent and/or unpredictable.</p> <p>Patients with a terminal illness often experience new or worsening symptoms and often need access to a different medication or an increased strength of medication promptly to manage these changing symptoms.</p> <p>Although all pharmacies can be expected to meet the needs of their population regarding 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</p> <p>Delays in accessing medicines can cause distress to both patients and their carers and increase the workload of nurses tasked with patient care.</p> |   |          |
| <b>2. Outcomes</b>   |   |          |
| <b>2.1 <u>NHS Outcomes Framework Domains &amp; Indicators</u></b>  |   |          |
| <b>Domain 1</b>  | <b>Preventing people from dying prematurely</b>   |          |
| <b>Domain 2</b>  | <b>Enhancing quality of life for people with long-term conditions</b>                             | <b>X</b> |
| <b>Domain 3</b>  | <b>Helping people to recover from episodes of ill-health or following injury</b>                  |          |
| <b>Domain 4</b>  | <b>Ensuring people have a positive experience of care</b>   | <b>X</b> |
| <b>Domain 5</b>  | <b>Treating and caring for people in safe environment and protecting them from avoidable harm</b> |          |
| <b>2.2 Local defined outcomes</b>  |   |          |

To provide easy access for people to these specialist medicines when they are required by ensuring prompt access and continuity of supply from a network of community pharmacies spread geographically across Cambridgeshire and Peterborough.

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

### **3. Scope**

#### **3.1 Aims and objectives of service**

This service is aimed at the supply of specialist medicines, the demand for which may be urgent and/or unpredictable, for palliative care treatments against an FP10.

The pharmacy contractor will stock a locally agreed range of specialist medicines and will make a commitment to ensure that users of this service always have prompt access to these medicines.

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.

#### **3.2 Service description/care pathway**

The pharmacy holds the specified list of medicines required to deliver this service and will dispense these in response to FP10. The list also includes procyclidine injection for treatment of acute dystonic reaction to levomepromazine.

The identified range and quantity of medicines are in addition to any demand requirement arising from the pharmacy's routine dispensing service.

The pharmacy contractor has a duty to ensure that all pharmacists, including locums and relief, and staff involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service.

In circumstances where the pharmacy is unable to supply the item(s) on demand, they will direct/signpost the patient, carer or health professional to the nearest pharmacy provider of the palliative care drugs stockist scheme, checking first that they have the supply in stock.

The pharmacy contractor shall ensure that pharmacists and staff involved in the provision of the service are aware of and operate within local procedures and guidelines. The pharmacy contractor shall also ensure that documentation relating to the service, local procedures and guidelines issued by the commissioner are easily accessible in the pharmacy.

The pharmacy should maintain appropriate records to ensure effective ongoing service delivery and provide a suitable audit trail.

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.

The pharmacy should report immediately if there is difficulty in obtaining any of the drugs on the list.

CCG will arrange one contractor meeting per year to promote service development and update the knowledge of pharmacy staff.

CCG will agree with local stakeholders the medicines formulary and stock levels required to deliver this service. CCG will regularly review the formulary to ensure that the formulary reflects the availability of new medicines and changes in practice or guidelines.

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

CCG will disseminate information on the service to other pharmacy contractors and health care professionals in order that they can signpost to the service.

### **3.3 Population covered**

This service is available to all patients registered with a GP in Cambridgeshire and Peterborough.

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

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

This service will work closely with other community pharmacies, all GP practice, out of hours providers and palliative care team in Cambridgeshire and Peterborough.

## **4. Applicable Service Standards**

### **4.1 Applicable national standards (eg NICE)**

Both parties shall adhere to the requirements of the General Data Protection Regulations, Data Protection Act 2018 and the Freedom of Information Act 2000. Any approaches by the media for comments or interviews must be referred to CCG.

The shall provide evidence of data protection registration and certificate of completion of Information Governance toolkit.

### **4.2 Applicable local standards**

In order to participate as an NHS Community Pharmacy Palliative Care Drugs stockist each pharmacy must as a *minimum* be

- Open within the community Monday to Friday, 9am to 6pm.
- Have car parking available or nearby to ensure that health professionals have easy access
- Have enough and appropriate storage space for drugs requiring safe custody

The pharmacy shall maintain adequate insurance for public liability and professional indemnity against any claims which may arise out of the terms and conditions of this agreement. Any litigation resulting from an accident or negligence on behalf of the pharmacy is the responsibility of the pharmacy who will meet the costs and any claims for compensation, at no cost to CCG.

Claiming payment

The pharmacy contractor will be paid according to the following schedule:

An initial set up fee of £50 will be paid with the first quarterly payment in year 1.

An annual retainer fee of £200.00 which will be paid in quarterly installments.

Reimbursement at cost price (based on dm+d + VAT) for drugs included in the agreed Palliative Care Stock List which have become time expired provided normal stock rotation procedures have been followed within the pharmacy and broken bulk has not been claimed [Drug Tariff Part II clause 11](#).

Claims for the annual retainer and time expired stock are made using PharmOutcomes.

Payments will be made using PharmOutcomes.

Either party shall give one months' notice, in writing, of termination of the agreement before the given end date.

The CCG may suspend or terminate this agreement forthwith if there are reasonable grounds for concern including, but not limited to, malpractice, negligence or fraud on the part of the pharmacy.

## **5. Applicable quality requirements and CQUIN goals**

### **5.1 Applicable Quality Requirements (See Schedule 4A-C)**

The pharmacy contractor has a duty to ensure that pharmacists involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service as identified in the CPPE Introduction to Palliative Care course <https://www.cppe.ac.uk/gateway/palliative>

The pharmacy reviews its standard operating procedures and pathways for the service on an annual basis.

The pharmacy can demonstrate that pharmacists involved in the provision of the service have undertaken continuing professional development (CPD) relevant to this service.

The pharmacy uses the contract nhs.net email address for communication other than through PharmOutcomes

The pharmacy participates in any CCG led audit of service provision. This will include monthly activity reporting via PharmOutcomes to ensure service outcomes are met across Cambridgeshire and Peterborough.

The pharmacy co-operates with any CCG led assessment of service user experience.

The pharmacy shall report any incidents or errors relating to the service to the CCG. CD errors should be reported to the NHS England CDAO [www.cdreporting.co.uk](http://www.cdreporting.co.uk)

### **5.2 Applicable CQUIN goals (See Schedule 4D)**

None

|   |
|---|
| <b>6. Location of Provider Premises</b>     |
| The Provider's Premises are located at:     |
| <b>7. Individual Service User Placement</b> |
|   |

## Appendix 1

List of drugs to be kept by the Palliative Care Stockist Scheme Pharmacy

|   |  |
|---|--|
| Cyclizine injection 50mg/ml   | 6 x 5 x 1ml amps                       |
| Dexamethasone injection 3.3mg/ml (Hameln/Hospira)   | 2 x 10 x 1ml amps                      |
| Dexamethasone tablets 2mg   | 50 tablets                             |
| Diazepam rectal tubes 10mg  | 1 x 5 x 10mg tubes                     |
| Diclofenac Suppository 100mg  | 1 x 10 x 100mg                         |
| Glycopyrronium bromide 200 micrograms in 1ml injection OR<br>Glycopyrronium bromide 200 micrograms in 1ml injection | 2 x 10 x 1ml amps<br>2 x 10 x 3ml amps |
| Haloperidol Injection 5mg in 1ml  | 2 x 10 x 1ml amps                      |
| Hyoscine butylbromide injection 20mg in 1ml (Buscopan)  | 3 x 10 x 1ml amps                      |
| Levomepromazine injection 25mg in 1ml   | 3 x 10 x 1ml amps                      |
| Lorazepam 1mg tablets suitable for sublingual administration (off label)<br>(Genus)                                 | 3 x 28 tablets                         |
| Metoclopramide injection 10mg in 2ml  | 3 x 10 x 2ml amps                      |
| Midazolam injection 10mg in 2ml   | 3 x 10 x 2ml amps                      |
| Morphine sulphate oral solution 10mg in 5ml   | 2 x 300ml bottle                       |
| Morphine sulphate oral solution 10mg in 5ml   | 2 x 100ml bottle                       |
| Morphine sulphate 10mg/1ml solution for injection   | 3 x 10 x 1ml amps                      |
| Morphine sulphate 15mg/1ml solution for injection   | 2 x 10 x 1ml amps                      |
| Morphine sulphate 30mg/1ml solution for injection   | 1 x 10 x 1ml amps                      |
| Oxycodone Injection 10mg/1ml  | 2 x 5 x 1ml amps                       |
| Oxycodone injection 20mg/2ml  | 2 x 5 x 2ml amps                       |
| Oxycodone liquid 5mg in 5ml (Shortec)   | 1 x 250 ml bottle                      |
| Procyclidine Hydrochloride 5mg/ml, Solution for Injection   | 5 x 2ml ampoule                        |
| Sodium Chloride 0.9% injection  | 10 x 10ml amps                         |
| Water for injection   | 30 x 10ml amps                         |