

Service Specifications

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| Service Specification No. | |
| Service | Community Pharmacy Care Home Service |
| Commissioner Lead | Medicines Optimisation team, NHS Cambridgeshire and Peterborough CCG |
| Provider Lead | |
| Period | September 2020 to March 2021 |
| Date of Review | January 2021 |

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| 1. Population Needs | | |
| 1.1 National/local context and evidence base | | |
| <p>The Right Medicines: Improving Care in Care Homes RPS Feb 2016 states evidence from many and various schemes shows that including a pharmacist in the team that is responsible for the care of residents reduces medication waste and emergency admission to hospital and most importantly improves quality of life for residents.</p> <p>NICE Managing Medicines in Care homes SC1 was published in March 2014. The purpose of this guideline is to provide recommendations for good practice on the systems and processes for managing medicines in care homes. This guideline is written for both health and social care staff with over 100 recommendations. There are 2 specific recommendations for the supplying pharmacy but many recommendations for pharmacists depending on their role within the care home.</p> <p>The Framework for Enhanced Health in Care Homes published in 2020, moves away from traditional reactive models of care delivery towards proactive care that is centred on the needs of individual residents, their families and care home staff. Such care can only be achieved through a whole-system, collaborative approach.</p> <p>The community pharmacy locally commissioned service can be utilised to support implementation of the recommendations within these papers and facilitate the use of a measuring tool to monitor local activity to address the NICE quality standard.</p> | | |
| 2. Outcomes | | |
| 2.1 <u>NHS Outcomes Framework Domains & Indicators</u> | | |
| Domain 1 | Preventing people from dying prematurely | |
| Domain 2 | Enhancing quality of life for people with long-term conditions | X |
| Domain 3 | Helping people to recover from episodes of ill-health or following injury | |
| Domain 4 | Ensuring people have a positive experience of care | X |
| Domain 5 | Treating and caring for people in safe environment and protecting them from avoidable harm | X |
| 2.2 Local defined outcomes | | |

Support the care home in achieving the standards for medicines management required by the CQC.

Reduce the annual avoidable medication waste generated by the care home.

Complement and support delivery of the GP Care Home Locally Commissioned Service (LCS) and DES

Produce evidence of improvements in care home medicines management as a result of community pharmacy intervention.

3. Scope

3.1 Aims and objectives of service

The dispensing pharmacy will provide advice and support to the residents and staff within the care home to ensure the proper and effective ordering of drugs and appliances, their safe storage, supply and administration, disposal and proper record keeping.

Proposed patient benefit:

- Improved clinical outcome through better treatment compliance.
- Effective use of medicines.
- Improved safety through reduction of risks.

Proposed Care home benefit:

- Guidance on best practice and measures to be considered, supporting the care home with compliance for safe care and local or CQC inspections.
- Introduction of a more systematic and streamlined medication ordering and administration process.
- Ad hoc education and training for staff managing medicines.
- Assistance and advice in communications with prescribers and dispensing pharmacists.

3.2 Service description/care pathway

The pharmacy will arrange a meeting (virtual) with the care home to be carried out by 30th September 2020. Once the date is arranged the pharmacy will email NHS Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) Medicines Optimisation Team via CAPCCG.prescribingpartnership@nhs.net for approval to proceed with the meeting.

NHS Cambridgeshire and Peterborough CCG will confirm approval to proceed with the care home visit within 2 working days (Monday – Friday) of receipt of the email.

The pharmacist or pharmacy technician will meet virtually with the care home no later than 30th September 2020 to carry out the assessment using the care home Support Tool (Appendix 1) with the relevant care home staff member. Resulting actions for the care home will be documented onto the Support Tool and provided to the care home within 10 working days of the meeting. This document should be shared with the CCG Medicines Optimisation Team via PharmOutcomes, or via CAPCCG.prescribingpartnership@nhs.net. (This document may be shared with the Care Home's Locally Commissioned Service (LCS), GP Clinical Lead, and other NHS Care Home Support Staff.)

The service is likely to involve advising the care home in:

- Medication management procedures.
- Availability of current best practice guidance relating to medicines storage and ordering.
- Ideas for staff training – including signposting to relevant training.
- Communications required with the prescriber.
- Communications required with the dispenser.

The dispensing pharmacy/pharmacist will contact the care home to arrange their virtual meeting. It is recommended that the care home will be advised to prepare for the meeting by gathering together the following evidence for 'discussion' on the day:

- Procedures and protocols around medicines management.
- Example completed MAR charts.
- Example completed care plans.
- Staff training records (in relation to medicines management).

This service does not require any resident level personal information to be shared between the service provider and the care home.

The pharmacist/pharmacy technician is advised to send a copy (electronically) of the Support Tool to the care home prior to the meeting, in order for them to be appraised of the areas covered within the meeting.

The pharmacist or pharmacy technician will meet virtually with the care home by no later than 30th September 2020 for the first meeting. The meeting will take place with the care home representative responsible for medicines management. The assessment process will be carried out with the Support Tool being completed. This will involve discussing evidence outlined in the Support Tool and may include a virtual "visit" of relevant areas of the care home premises, observation of equipment and facilities as specified in the Support Tool, if available technology can support such "visit".

All electronic communications should be shared via NHS mail platform only, unless explicit consent has been agreed with Cambridgeshire and Peterborough CCG Information Governance Team.

Should exceptional circumstances arise where the approved meeting is unable to be undertaken, the provider should inform NHS Cambridgeshire and Peterborough CCG within 7 days of the meeting being cancelled. This is to ensure that alternative arrangements, where applicable, can be put into place.

The Support Tool may identify issues of such concern that immediate action is recommended to the care home and/or notification to other agencies may be required e.g. to the Controlled Drugs Accountable Officer. Immediate necessary action will be guided by prompts in the Support Tool.

Additional follow up actions for the care home will be supported by NHS Cambridgeshire and Peterborough CCG. The pharmacist/pharmacy technician delivering this service is not expected to implement this. On receipt of the Support Tool data, NHS Cambridgeshire and Peterborough CCG will audit the responses and will contact the care home directly if further support is needed informing the pharmacy of relevant actions.

The care home will be supplied with the Support Tool including any recommended actions which the care home is advised to implement in order to improve its medicines management and comply with CQC standards.

The pharmacist/pharmacy technician will provide advice and support to the nominated care home staff member about the implementation of actions identified from the Support Tool.

The nature of advice and support to the care home will vary according to the type and scale of issues identified. The pharmacist may be required to:

- advise on training requirements for relevant members of care home staff.
- advise on improvements to procedures
- suggest questions and requirements to be asked of the prescriber or dispensing pharmacy.
- signpost to other professionals or agencies for support, etc.

A follow up virtual meeting will take place 5 months later, no later than 28th February 2021 for the 2nd virtual meeting. The purpose of this meeting is to review progress on the actions suggested from the previous visit. Further advice and support as outlined above will be provided, as necessary.

Following the second meeting, the Support Tool will be updated and shared with both the care home and Cambridgeshire and Peterborough CCG Medicines Optimisation Team via PharmOutcomes or CAPCCG.prescribingpartnership@nhs.net indicating whether or not the care home has completed the actions recommended after the first meeting.

It is expected that each meeting including any subsequent follow up actions and preparation may take up to 2 hours.

The provider will offer a user-friendly, non-judgmental, client-centred, and confidential service

3.3 Population covered

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

3.4 Any acceptance and exclusion criteria and thresholds

No exceptions, all care homes within Cambridgeshire and Peterborough are covered by this specification

3.5 Interdependence with other services/providers

The provider is expected to liaise with the following as required:

- Resident's prescriber
- Medicines Optimisation Care Home (MOCH) Pharmacists (NHS Cambridgeshire and Peterborough CCG)
- Care home Quality Team (NHS Cambridgeshire and Peterborough CCG)
- Safeguarding

4. Applicable Service Standards

4.1 Applicable national standards (e.g. 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.

Providers of this service should be able to provide evidence of data protection registration and certificate of completion of Information Governance toolkit.

4.2 Applicable local standards

The provider 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.

The pharmacist who will oversee this service must have undertaken appropriate training to meet CPD requirements related to provision of medicines optimisation services to care homes. They must ensure all staff (i.e. pharmacy technician(s)) operating the service are fully aware of the service specification, routes for escalation, and are monitored in delivery.

The pharmacist or pharmacy technician must be appraised of the relevant national guidance referred to in 1.1.

The pharmacist will be familiar with NHS Cambridgeshire and Peterborough CCG stance on current care home guidance

<https://www.cambridgeshireandpeterboroughccg.nhs.uk/health-professionals/prescribing-information/care-home-resources/>

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:

A first virtual meeting fee of £100 will be paid when the Support Tool is updated and shared with the care home and Cambridgeshire and Peterborough CCG Medicines Optimisation Team via PharmOutcomes or CAPCCG.prescribingpartnership@nhs.net

A second virtual meeting fee of £80 will be paid when the Support Tool is updated and shared with the care home and Cambridgeshire and Peterborough CCG Medicines Optimisation Team via PharmOutcomes or CAPCCG.prescribingpartnership@nhs.net

Payments will be made using PharmOutcomes where available or via invoice validation.

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

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 Medicines Optimisation in Care Homes course or equivalent:

<https://www.cppe.ac.uk/gateway/carehome>

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| <p>The pharmacy reviews its standard operating procedures and pathways for the service at least annually.</p> <p>The pharmacy can demonstrate that pharmacists involved in the provision of the service have undertaken continuing professional development (CPD) relevant to this service.</p> <p>The pharmacy uses the contract nhs.net email address for communication other than through PharmOutcomes.</p> <p>The pharmacy co-operates with any CCG led assessment of service user experience.</p> <p>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</p> <p>5.2 Applicable CQUIN goals</p> <p>None</p> |
| <p>6. Location of Provider Premises</p> <p>The Provider's Premises are located at:</p> |
| <p>7. Individual Service User Placement</p> |

Appendix 1

CPCCG Support Tool

Appendix 2

Action Plan Letter