



NHS Standard Contract 2017 and 2018/19 Particulars (Shorter Form)

May 2018 edition

**BaNES Community Pharmacy
Urgent/Emergency and Medicines
Optimisation 2018/19**

NHS Standard Contract
2017/18 and 2018/19
Particulars (Shorter Form)
May 2018 edition

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DATE OF CONTRACT	1st April 2018
SERVICE COMMENCEMENT DATE	1st April 2018
CONTRACT TERM	36 months commencing 1st April 2018 – 31st March 2021
COMMISSIONERS	Bath and North East Somerset Clinical Commissioning Group
CO-ORDINATING Commissioner	Bath and North East Somerset Clinical Commissioning Group
PROVIDER	

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CONTRACT

This Contract records the agreement between the Commissioners and the Provider and comprises

1. the **Particulars**;
2. the **Service Conditions (Shorter Form)**;
3. the **General Conditions (Shorter Form)**,

as completed and agreed by the Parties and as varied from time to time in accordance with GC13 (*Variations*).

IN WITNESS OF WHICH the Parties have signed this Contract on the date(s) shown below

Pharmacy to indicate which schemes they are participating in for the duration of the contract-

	Yes	No
Scheme 1 - Urgent Medication Supply Service	<input type="checkbox"/>	<input type="checkbox"/>
Scheme 2- Emergency Medication Supply Service	<input type="checkbox"/>	<input type="checkbox"/>
Scheme 3- Medicines Optimisation Scheme	<input type="checkbox"/>	<input type="checkbox"/>

SIGNED by
Sarah James

.....
Signature

Chief Financial Officer for and on behalf of
BaNES Clinical Commissioning Group.

Chief Financial Officer
.....

.....
Date

SIGNED by

.....
Signature

[INSERT AUTHORISED
SIGNATORY'S
NAME] for
and on behalf of
[INSERT Pharmacy NAME]

.....
Title

.....
Date

SERVICE COMMENCEMENT AND CONTRACT TERM	
Effective Date	1 st April 2018
Expected Service Commencement Date	1 st April 2018
Longstop Date	1st July 2018
Service Commencement Date	1 st April 2018
Contract Term	36 months commencing 1 st April 2018.
Option to extend Contract Term	No
Notice Period (for termination under GC17.2)	All 3 schemes:-28 days written notice but under exceptional circumstances, this contract can be immediately terminated by mutual consent between commissioner and the pharmacy provider. In addition for scheme 3 - The CCG reserves the right to decommission a Pharmacy provider if the number of interventions drops below 5 per week or the equivalent over a three month period.
SERVICES	
Service Categories	Indicate <u>all</u> that apply
Continuing Healthcare Services (CHC)	No
Community Services (CS)	Yes
Diagnostic, Screening and/or Pathology Services (D)	No
End of Life Care Services (ELC)	No
Mental Health and Learning Disability Services (MH)	No
Patient Transport Services (PT)	No
Service Requirements	
Essential Services (NHS Trusts only)	No
Is the Provider acting as a Data Processor in order to deliver the Services?	No
PAYMENT	
National Prices Apply to some or all Services (including where subject to Local Modification or Local Variation)	No
Local Prices Apply to some or all Services	YES
Expected Annual Contract Value Agreed	NO

GOVERNANCE AND REGULATORY	
Provider's Nominated Individual	[] Email: [] Tel: []
Provider's Information Governance Lead	[] Email: [] Tel: []
Provider's Data Protection Officer (if required by Data Protection Legislation)	[] Email: [] Tel: []
Provider's Caldicott Guardian	[] Email: [] Tel: []
Provider's Senior Information Risk Owner	[] Email: [] Tel: []
Provider's Accountable Emergency Officer	[] Email: [] Tel: []
Provider's Safeguarding Lead	[] Email: [] Tel: []
Provider's Child Sexual Abuse and Exploitation Lead	[] Email: [] Tel: []
Provider's Mental Capacity and Deprivation of Liberty Lead	[] Email: [] Tel: []
Provider's Freedom To Speak Up Guardian(s)	[] Email: [] Tel: []
CONTRACT MANAGEMENT	
Addresses for service of Notices	Commissioner: BaNES CCG Address: Kempthorne House Email: Joel.Hirst@nhs.net Provider: [] Address: [] Email: []
Commissioner Representative(s)	Joel Hirst Address: Kempthorne House, St Martins Hospital, Bath Email: Joel.Hirst@nhs.net Tel: 01225 831800
Provider Representative	[] Address: [] Email: [] Tel: []

SCHEDULE 1 – SERVICE COMMENCEMENT

AND CONTRACT TERM

A. Conditions Precedent

The Provider must provide the Commissioner with the following documents and complete the following actions:

1. Evidence of appropriate Indemnity Arrangements (Public Liability Insurance and Employers Liability Insurance).
2. Evidence of General Pharmaceutical Council (GPHC) registration of Provider Premises (available on line)

C. Extension of Contract Term

NOT USED

SCHEDULE 2 – THE SERVICES

A. Service Specifications

One of Three - Urgent Medication Supply Service

1. Aims and Intended Service Outcomes

- 1.1 It is recognised that not all pharmacies carry a full range of medicines as stock items. Therefore the aim of this service is to ensure prompt access and continuity of supply to the specified medicines.
- 1.2 To support people, carers and clinicians by providing them with up to date information and advice and referral where appropriate.
- 1.3 To reduce pressure on urgent care services by delegating emergency medication supplies to pharmacists where possible.
- 1.4 Support and maintain a network of 'urgent care' community pharmacists in NHS BaNES.
- 1.5 To reduce the quantity of medication waste.
- 1.6 Patients or their carers are encouraged to continue use of their usual community pharmacy to obtain prescriptions.

2. Context

- 2.1 This service is designed to improve access to a wide range of palliative care medicines and other urgent medicines during normal working hours in the community. Importantly, the service works to support appropriate **anticipatory prescribing for palliative care** e.g. the use of Just in Case (JIC) Boxes, and thus contribute to supporting the individual to remain at home.
- 2.2 It is also there to ensure that patients are able to access **Antivirals** in the early stages of the Flu season across Bath and North East Somerset.

3. Service Description

- 3.1 This service is aimed at the supply of specialist "urgent medicines", some of which may not be standard stock for community pharmacies, during normal working hours.
- 3.2 The pharmacy contractor will stock a locally agreed range of "urgent" medicines (see Schedule 2G.1 (Page 20) and will make a commitment to enable prompt access to these medicines during normal working hours.
- 3.3 The pharmacy will provide information and advice to the user, carer and clinician. They may also signpost to specialist centres e.g. local hospices, support groups or other health and social care professionals where appropriate.
- 3.4 The pharmacy will inform the CCG promptly if there are significant supply issues in obtaining any of the medicines on the urgent medicines list.

4. Scope of Service and outline

- 4.1 The pharmacy agrees to hold the specified list of urgent medicines (Schedule 2G.1 page 20) and will dispense these in response to receiving NHS prescription.
- 4.2 The service is only accessible through the five community pharmacies identified in the scheme (Schedule 2G.2 page 21) during normal working hours when the patient's usual community pharmacy cannot supply the medicines within the timescale required.
- 4.3 The pharmacy ensures that all items on the stock list are held and are in date - this will form part of the regular stock date checking process within pharmacy.
- 4.4 If a pharmacy contractor agrees to provide this service, they must ensure that all staff working in the pharmacy when GP practices are closed (evenings, weekends, and bank holidays) are aware that they will be participating, and how to participate.
- 4.5 The pharmacy contractor will provide NHS BaNES CCG with specific information on medicines that are on the palliative care list (Schedule 2G.1 page 20) and have been dispensed as per quality requirements and upon adhoc request.
- 4.6 The pharmacy contractor ensures that all staff are aware that this service is being provided in the pharmacy, this includes locums and relief staff. All staff should be aware of and operate within the service specification.
- 4.7 The Pharmacy must ensure that the dispensing pharmacist maintains their competency in the area of palliative care medicines – this may include utilising the appropriate CPPE resources. NHS BaNES CCG will expect to see evidence of this CPD.

5. Process for Access during normal business hours

- 5.1 GP, community pharmacy, nurse contacts a pharmacist from one of the five pharmacies to inform them they will be receiving a prescription for a medicine(s) from the urgent care list.
- 5.2 Where possible the carer will take the prescription to the pharmacy – a telephone order or faxed prescription is not acceptable for Controlled drugs.
- 5.3 Pharmacist will provide advice when appropriate.
- 5.4 Pharmacist will liaise with patients "regular" pharmacy to provide information on drugs supplied, on-going problems, advice given and likely future requirements where appropriate.

6. Process for Access to Medicines Out of Pharmacy Hours

- 6.1 The practitioner contacts the Out of Hours provider Medvivo on 111. There are specific menu instructions which can be found in Schedule 2G.3 (page 22).
(Please note this number is for clinicians use only)

7. Quality Indicators

- 7.1 The pharmacy contractor will provide NHS BaNES CCG with monthly-feedback on service provision or when requested.
- 7.2 The pharmacy reviews its standard operating procedures and the referral pathways for the service on an annual basis.
- 7.3 The pharmacy can prove that staff involved in the provision of this service has undertaken appropriate CPD.
- 7.4 The pharmacy participates in an annual service review if requested to do so by NHS BaNES CCG.
- 7.5 The pharmacy will submit the "Record of expired palliative care drugs claimed for on a 6 monthly basis via PharmOutcomes.

8. NHS BaNES CCG will:

- 8.1 Ensure all appropriate out of hours providers, nursing teams, secondary care colleagues, other community pharmacies, GP practices and providers are aware of the availability of this specialist service and how to access it.
- 8.2 Provide contact numbers and websites for useful resources and referral.
- 8.3 Ensure that local stakeholders are in agreement with the locally developed urgent medicines formulary and that they utilise it appropriately.
- 8.4. NHS BaNES CCG must be informed of any changes to the list of participating pharmacies e.g. altered hours of opening

9. Essential Services continuation plan

- 9.1 The pharmacy must remain compliant with all the essential services under the Community Pharmacy Contractual Framework as part of this agreement.

Scheme Two of Three - Emergency Medication Supply Service

1. Aims and Intended Service Outcomes

- 1.1 To improve access for patients to POMs when an emergency supply is required and their GP practice is closed, ensuring prompt access and continuity of supply.
- 1.2 To reduce pressure on urgent care services by delegating emergency medication supplies to pharmacists where possible thus reducing waiting times for other visits that specifically require a GP.

2. This service should benefit patients when:

- 2.1 The patient:-
 - a). meets all the legal criteria for an emergency supply
 - b). meets all the legal criteria for an emergency supply and is unwilling to pay for this supply, and intends to contact or who have already contacted NHS111.

3. Context

- 3.1 GP Out-of-Hours (OOH) services have historically and continue to experience very high levels of demand which lead to lengthy waits for GP consultations. It is estimated that 10-15% of OOH GP consultations are taken up dealing with requests for emergency supplies of repeat medication, because patients had not ordered sufficient supplies to cover the holiday period.
- 3.2 Despite NHS 111 call handlers suggesting that patients visit a community pharmacy to obtain an emergency supply of their medicine, most patients insist on a prescription from the OOH GP.
- 3.3 Anecdotally it seems that the fact that Emergency Supply of POMs is not an NHS service and that patients have to pay for their supply is a deterrent.

4. Scope of Service

- 4.1 This Service facilitates the appropriate emergency supply of medication by enabling the pharmacy contractor to charge BaNES CCG for the trade cost of the POM supplied, plus a consultation fee.
- 4.2 All legal and ethical decisions on the part of the pharmacist remain as outlined in current RPS and GPhC guidance, including current advice on quantity of medicine to be supplied (currently no more than 30 days unless in specific circumstances as set out in guidance).

Legislation can be found at:-

<http://www.legislation.gov.uk/ukxi/2012/1916/contents/made>

Note that only POMs may be supplied under this scheme. Other items such as appliances, borderline substances, and medicines classified as General Sales List (GSL) or Pharmacy-only (P) should be supplied privately.

- 4.3 If a pharmacy contractor agrees to provide this service, they must ensure that all staff working in the pharmacy when GP practices are closed (evenings, weekends, and bank holidays) are aware that they will be participating, and how to participate
- 4.4 This is an open access scheme and will be made available to all patients presenting for emergency supply at those pharmacies commissioned to provide this service by BaNES CCG as long as those patients:-
- a). Meet the requirements set out in Emergency Supply legislation e.g. a patient of a prescriber Registered within EEA or Swiss
 - b). Patients that present directly to the pharmacy should be offered a standard private emergency supply
 - c). If the patient presents directly to the pharmacy, and an emergency supply is lawful and clinically appropriate, but the patient is unable to pay a private charge pharmacy staff can offer an emergency supply as part of this service.

5. Contacting the service

- 5.1 Pharmacy staff may receive telephone calls from Patients, GP OOH staff or NHS 111 staff referring patients who are requesting an emergency supply; this call should be handled by the pharmacist who should either agree to accept the referral or explain to the caller why this is not lawful, or clinically appropriate (e.g. in the case of controlled drugs/patient from out of area)

6. Prescription Charges

- 6.1 Any patient that is not exempt from prescription charges must be charged for each medicine that is supplied in an emergency at the same rate as the NHS prescription charge (currently £8.80 per item).
- 6.2 Any patient that is exempt from NHS prescription charges must be asked for proof of their exemption, and sign the relevant form to state that they are exempt from charges. Proof of exemption is not mandatory, but it must be requested as would be business as usual processes within the pharmacy for NHS prescriptions.

7. Pharmacy records

- 7.1 Pharmacy staff will keep a record of all supplies in the POM register and Patient Medication Record as usual. They will additionally keep a record of the patient's declaration of exemption from prescription charges.

8. Essential Services Continuity Plan

- 8.1 The pharmacy must remain compliant with all the essential services under the Community Pharmacy Contractual Framework as part of this agreement.

Three of Three – Medicines Optimisation Scheme

1. Aims and Intended Service Outcomes

The 'Medicines Optimisation scheme' approach is to remunerate community pharmacists to identify medication waste and will deliver savings to the health community while supporting patients to take the medicines they require.

This will:

- 1.1 delivers savings to the CCG prescribing budget.
- 1.2 Reduce supply of medicines not required by patients.
- 1.3 Improve productivity of systems in both GP and Community Pharmacy.
- 1.4 Reduce medication waste

2. This service should benefit patients by:

- 2.1 Reducing risk and confusion of being supplied medicines not required.
- 2.2 Encouraging patients to take control of their health problems and move towards self-care (where appropriate).
- 2.3 Reduce the amount of unwanted medications around the home that pose a risk to the wider community.

3. Context and Description

- 3.1 A report from Avon Local Pharmaceutical Committee suggests that on an annual basis £450k of medication is wasted each year across Avon through over ordering of medication. This equates to about £100k pa for BaNES CCG. Other work from Wiltshire CCG suggests that as much as 6% of items ordered are "over ordered" which for BaNES CCG would equate to about £1.5 million for BaNES.
- 3.2 The CCG are exploring multiple methods of reducing the over ordering of medication by patients which is leading to this unnecessary waste.
- 3.3 Community Pharmacy is remunerated by the number of prescription items dispensed so currently the system creates a financial disincentive for Community Pharmacists to intervene to reduce the number of prescription items flowing through the system.
- 3.4 The scheme (based on last year's pilot scheme) remunerates Community Pharmacy for identifying this potential waste and reducing it through a "Medicines Optimisation scheme" support. The payment is for identifying and implementing deletion of unwanted items, reduction in quantities of medications required and other interventions to reduce the unnecessary medicines waste in the system.

4. Scope and exclusions

- 4.1 The 2018/19 scheme is open to all pharmacies in BaNES by application and joint agreement by the CCG and Avon LPC.

- 4.2 The total number of interventions (across all pharmacies) will be set annually by the CCG.
- 4.3 Patients registered with GP practices outside BaNES are excluded from the project.
- 4.4 Pharmacies need to engage in all mobilisation activities organised by the LPC.
- 4.5 All legal and ethical decisions on the part of the pharmacist remain as outlined in current RPS and GPhC guidance.

5. Intervention

- 5.1 Each intervention identified is defined as:-
“A medicine item on a patient repeat prescription which can be removed from the patients prescription altogether or the quantity of medicines can be reduced by a significant quantity.”
- 5.2 Each intervention needs to be “accepted and actioned” by the practice pharmacist or equivalent in the practice via PharmOutcomes.
- 5.3 Each intervention needs to be also endorsed as Medicines Optimisation on the FP10 prescription form (paper or electronic)
- 5.4 Pharmacy staff will keep a record of all interventions via Patient Medication Record as usual and the PharmOutcomes platform.
- 5.5 Pharmacy staff will submit a claim to BaNES CCG for reimbursement/remuneration for the service via PharmOutcomes.

6. Quality Indicators

- 6.1 The pharmacy reviews its standard operating procedures for emergency supply of medicines and signposting information on an annual basis.
Review the up to date guidance from RPS at
<https://www.rpharms.com/resources/quick-reference-guides/emergency-supply>
- 6.2 The pharmacy reviews and amends its standard operating procedures for processing repeat prescriptions
- 6.3 The pharmacy will work with and liaise with BaNES CCG and its agents to audit the service so that informed decisions can be made about how to improve it.
- 6.4 The pharmacy will complete all the relevant fields in PharmOutcomes to allow full audit of the service

7. Essential Services Continuity Plan

- 7.1 The pharmacy must remain compliant with all the essential services under the Community Pharmacy Contractual Framework as part of this agreement.
- 7.2 The CCG reserves the right to decommission a Pharmacy Contractor if the number of interventions drops below 5 per week or the equivalent over a three month period.

B. Indicative Activity Plan

Scheme Number	Scheme Name	Active Providers 2016/17	Number of provisional or personal interactions March 2017 – Feb 18	Number of provisions May 2017- April 18	Estimated provision 2018/19
Scheme 1	Urgent medication Supply				Below 10
Scheme 2	Emergency Medication Supply	35	1194		1224
Scheme 3	Medicines Optimisation	24		505	550 Capped at 2600 across all providers

All estimated provisions for 2018/19 will be revised for 2019/20 based on the previous year's data.

D. Essential Services (NHS Trusts only)

Not Applicable

G. Other Local Agreements, Policies and Procedures

1. Urgent Medicines stock list

Drugs to be held by all community pharmacies participating in this enhanced service

Drug	Strength & Form	Quantity
Buprenorphine (Butec [®])	10mcg patch	1 x 4
Cyclizine	50mg/ml injection	3 x 5
Cyclizine	50mg tabs	1 x 100
Dexamethasone sodium phosphate NEW 2018 DOSE CHANGE	3.3mg/ml injection	1 x 10
Diamorphine	5mg injection	1 x 5
Diamorphine	10mg injection	2 x 5
Diamorphine	30mg injection	2 x 5
Diazepam Rectal Tubes (stesolid)	10mg	1 x 5
Diclofenac sodium	100mg suppositories	1 x 10
Fentanyl TTS (Mezolar [®]) NEW 2018	12mcg/hour	1 x 5
Fentanyl TTS (Mezolar [®])	25mcg/hour	1 x 5
Fentanyl TTS (Mezolar [®])	50mcg/hour	1 x 5
Glycopyrronium	200 microgram/ml inj.	1 x 10
Haloperidol	5mg/1ml injection	1 x 5
Haloperidol NEW 2018 Lower Dose	500mcg capsules	1 x 30
Hyoscine Butylbromide (Buscopan)	20mg/ml injection	1 x 10
Konakion MM (vitamin K injection)	10mg/ml – 1ml ampoules see local formulary guidance. https://www.bcapformulary.nhs.uk	1 x 10
Konakion MM Paediatric (vit k inj)	10mg/ml – 0.2ml ampoules see local formulary guidance. https://www.bcapformulary.nhs.uk	1 x 10
Levomepromazine	25mg tablets	1 x 84
Levomepromazine NEW 2018	25mg/ ml injections	1 x 10
Metoclopramide	10mg/2ml	1 x 10
Midazolam	10mg/2ml injections	2 x 10
Morphine Sulphate	10mg/1ml injection ampoules	1 x 10
Morphine Sulphate (Zomorph)	10mg, 30mg and 100mg	1 x 60
Morphine Sulphate (Oramorph)	10mg/5ml	1 x 100
Morphine Sulphate concentrate (Oramorph)	20mg/ml liquid	1 x 120
Oxycodone HCl	10mg/ml 1ml	1 x 5
Oxycodone HCl	20mg/ 2ml	1 x 5
Sodium Chloride 0.9%	10ml injection	2 x 10
Sodium Chloride 0.9%	0.9% infusion 1L	1 x 10
Water for injections (Steriamps/miniplasco)	10ml injection	2 x 10
Oesltamivir (Tamiflu)	30mg, 45mg, 75mg and 6mg/1ml Suspension	2x10 for caps 1x65 for liq (from Oct to May)
Zanamivir (Relenza)	5mg/ blister	1 x 5 Disks (from Oct to May)

2. Urgent Medications Supply Scheme

Pharmacies participating in the scheme are:

Name and Address	Contact pharmacist	Contact phone no	Hours of opening:		
			Mon-Fri	Sat	Sun
Boots the Chemist City Centre 1 Newark Street, Southgate Bath BA1 1AT	Claire Hookway	01225 464402	8am-7pm (8am-8pm Thurs)	8am-7pm	11am-5pm
Clement Pharmacy 7 The Street, Radstock Bath BA3 3PL	Laura Carter	01761 434687	8.30am-6pm	8.30am- 1.30pm	CLOSED
Lloyds Pharmacy 54 High Street, Keynsham Bristol BS31 1DX	Manuel Portero- Martinez	0117 9863678	8.30 am- 6.00 pm	8.30 am – 5.30 pm	CLOSED
Sainsburys Pharmacy Green Park Station Green Park Road Bath BA1 2DR	Nicky Truss	01225 332046	8am-8pm	8am-8pm	11am-5pm
Midsomer Pharmacy (100hrs) 98 High Street Midsomer Norton Radstock BA3 2DE	Abdul Rahman	01761 568202	08:00 – 20:00 Mon - Wed 08:00 – 24:00 Thurs - Sunday		

Other Pharmacies not commissioned by BaNES CCG which may have stock (ring ahead to confirm):

Asda Bedminster East Street, Bedminster, Bristol, BS3 4JY 0117 300 4210	Open until 11pm (Mon-Fri), 10pm (Sat), 4pm (Sun)
Boots Longwell Green Unit D Gallagher SP, Longwell Green, Aldermoor Way, Bristol, Avon, BS30 7ES 0117 967 8963	Midnight (Mon-Sat), 4.30pm (Sun)
Boots Avonmead Bristol Avon Meads, St. Philips Causeway, Bristol, Avon, BS2 0SP 0117 972 8056	Midnight (Mon-Sat), 5pm (Sun)
Asda Whitchurch Oatlands Avenue, Bristol, BS14 0ST 01275 894610	11pm (Mon-Fri), 10pm (Sat), 4pm (Sun)

3. Out of Hours Contact



Your New Integrated Urgent Care Service

Important information for Healthcare Professionals:

From 1st May 2018, the way you contact the GP Out of Hours service is changing.

Instead of calling the existing HCP numbers in BaNES, Swindon and Wiltshire, you will need to call NHS111, then press 9 (or 8 in the case of O2, Orange and Three callers in BaNES) to continue.

You will hear "There may be a short pause while we connect you to your local NHS111 provider". DURING THIS MESSAGE, you need to press *, you will then be presented with the 'hidden' menu.

By pressing *7, you will be routed directly to the Medvivo Clinical Assessment Service / Clinical Hub.

Call 111 - press 9 then *7



J. Transfer of and Discharge from Care Policies

Not applicable

K. Safeguarding Policies and Mental Capacity Act Policies

The South West Safeguarding and Child Protection Procedures <http://www.proceduresonline.com/swcpp/banes/index.html/> must be followed when the concerns relate to a child and the Safeguarding. Guidance can also be found within the BaNES CCG policy:-

<http://www.bathandnortheastsomersetccg.nhs.uk/documents/policies-and-governance/safeguarding-children-young-people-policy>

BaNES Adult Safeguarding procedures and Guidance can be found here:-

<http://www.bathandnortheastsomersetccg.nhs.uk/members-documents/safeguarding/adult-safeguarding>

BaNES Multi agency Safeguarding Adult Procedures Policy should also be followed when the concern relates to and adult and safeguarding.

SCHEDULE 3 – PAYMENT

A. Local Prices

Scheme One of Three - Urgent Medication Supply Service

- The CCG will provide a one-off payment for a CD cupboard if it is required up to a maximum value of £250 when a new pharmacy joins the Urgent Medication scheme. The pharmacy should invoice the CCG through PharmOutcomes.
- The CCG offers a yearly standard payment of £250 to participating practices which should be invoiced to the CCG at the start of the financial year the pharmacy should invoice the CCG through PharmOutcomes.
- The pharmacy should submit the “First Payment” as soon as possible to ensure that all future payments are reimbursed promptly via PharmOutcomes.
- The CCG will ensure that participating community pharmacies are reimbursed for any stock held on the urgent medicines list that goes out of date because the usage in both palliative care and non-palliative care patients is so low. The pharmacy will submit the reimbursement claim for out of date palliative care drugs in the month that the stock goes out of date and the replacement is purchased via PharmOutcomes.
- Pharmacies unless otherwise stated must complete a PharmOutcomes Emergency Supply Service template for each supply. A monthly invoice will be generated automatically and sent to the relevant CCG each calendar month (in arrears), checked and then submitted for payment.
- Claims for payment should only be made via PharmOutcomes unless otherwise advised.

Scheme Two of Three - Emergency medicines Supply Service

- Pharmacy staff will submit a claim to BaNES CCG so that reimbursement of medication costs and remuneration for the service can be provided via PharmOutcomes.
- For patients that are normally exempt from prescription charges, BaNES CCG will reimburse the pharmacy at the trade price of the medicine (incl.VAT) PLUS a consultation fee of £10 per consultation with an additional £2 dispensing fee for each item over and above the first item.

- For patients who normally are not exempt from prescription charges, the pharmacist would normally make a private supply (not as part of this agreement) unless the patient is unable to pay, in which case pharmacy staff will take a fee equivalent to the NHS prescription charge (currently £8.80 per item) and BaNES CCG will reimburse the pharmacy at the trade price of the medicine (inc. VAT) plus a consultation fee of £10.

- Pharmacies unless otherwise stated must complete a PharmOutcomes Emergency Supply Service template for each supply. A monthly invoice will be generated automatically and sent to the relevant CCG each calendar month (in arrears), checked and then submitted for payment.
- Claims for payment should only be made via PharmOutcomes unless otherwise advised.

Scheme Three of Three – Medicines Optimisation Scheme

- BaNES CCG will reimburse the pharmacy as per tiered fee structure for interventions set out below up to a maximum number of interventions as per annual agreement.

Intervention	Fee	Per	Activity	Timescale of prescription issue	Other conditions
Level 1 - Full intervention	£30	Intervention	Medicines Item - recommended removed from repeat	in last 4 months	Normally would anticipate saving to >£30 per year
			Medicine Quantity Reduced to meet patient need and reduce	in last 4 months	Normally would anticipate saving to be >£30 per year
			Cost saving switch agreed with patient	in last 4 months	Menu of potential switches are agreed and documented with practice pharmacist Normally would anticipate saving to be >£30 per year
			Medicines Optimisation Intervention agreed as part of years work plan		Anticipate 2 or 3 focus areas per year
Level 2 - Housekeeping	£7.50	Patient	Review of scripts and historic items removed from repeats in agreement with patient	More than 4 months	Anticipate not more than 1 intervention per patient per year A limit of number per month to be agreed per week per practice

- Claims for payment should only be made via PharmOutcomes unless otherwise advised.

B. Local Variations

Not Applicable

C. Local Modifications

Not Applicable

F. Expected Annual Contract Values

Not Applicable

SCHEDULE 4 – QUALITY REQUIREMENTS

A. Operational Standards and National Quality Requirements

Scheme 1 – Urgent Medications, Scheme 2 Emergency Medications, Scheme 3 Medicines optimisation.

Ref	Operational Standards/National Quality Requirements	Threshold	Method of Measurement	Consequence of breach	Timing of application of consequence	Applicable Service Category
<i>E.B.4</i>	<i>Percentage of Service Users waiting 6 weeks or more from Referral for a diagnostic test*</i>	<i>Operating standard of no more than 1%</i>	<i>Review of Service Quality Performance Reports</i>	<i>Where the number of Service Users waiting for 6 weeks or more at the end of the month exceeds the tolerance permitted by the threshold, £200 in respect of each such Service User above that threshold</i>	<i>Monthly</i>	<i>CS D</i>
<i>E.B.S.3</i>	<i>Care Programme Approach (CPA): The percentage of Service Users under adult mental illness specialties on CPA who were followed up within 7 days of discharge from psychiatric in-patient care*</i>	<i>Operating standard of 95%</i>	<i>Review of Service Quality Performance Reports</i>	<i>Where the number of Service Users in the Quarter not followed up within 7 days exceeds the tolerance permitted by the threshold, £200 in respect of each such Service User above that threshold</i>	<i>Quarterly</i>	<i>MH</i>
	<i>Duty of candour</i>	<i>Each failure to notify the Relevant Person of a suspected or actual Notifiable Safety Incident in accordance with Regulation 20 of the 2014 Regulations</i>	<i>Review of Service Quality Performance Reports</i>	<i>Recovery of the cost of the episode of care, or £10,000 if the cost of the episode of care is unknown or indeterminate</i>	<i>Monthly</i>	<i>All</i>

Ref	Operational Standards/National Quality Requirements	Threshold	Method of Measurement	Consequence of breach	Timing of application of consequence	Applicable Service Category
	<i>Completion of a valid NHS Number field in mental health commissioning data sets submitted via SUS, as defined in Contract Technical Guidance</i>	99%	<i>Review of Service Quality Performance Reports</i>	<i>Where the number of breaches in the month exceeds the tolerance permitted by the threshold, £10 in respect of each excess breach above that threshold</i>	<i>Monthly</i>	<i>MH</i>
	<i>Completion of Mental Health Services Data Set ethnicity coding for all detained and informal Service Users, as defined in Contract Technical Guidance</i>	<i>Operating standard of 90%</i>	<i>Review of Service Quality Performance Reports</i>	<i>Where the number of breaches in the month exceeds the tolerance permitted by the threshold, £10 in respect of each excess breach above that threshold</i>	<i>Monthly</i>	<i>MH</i>
	<i>Completion of IAPT Minimum Data Set outcome data for all appropriate Service Users, as defined in Contract Technical Guidance</i>	<i>Operating standard of 90%</i>	<i>Review of Service Quality Performance Reports</i>	<i>Where the number of breaches in the month exceeds the tolerance permitted by the threshold, £10 in respect of each excess breach above that threshold</i>	<i>Monthly</i>	<i>MH</i>
E.H.4	<i>Early Intervention in Psychosis programmes: the percentage of Service Users experiencing a first episode of psychosis or ARMS (at risk mental state) who wait less than two weeks to start a NICE-recommended package of care*</i>	<i>For the period 1 April 2017 to 31 March 2018, operating standard of 50%. From 1 April 2018, operating standard of 53%</i>	<i>Review of Service Quality Performance Reports</i>	<i>Issue of Contract Performance Notice and subsequent process in accordance with GC9</i>	<i>Quarterly</i>	<i>MH</i>
E.H.1	<i>Improving Access to Psychological Therapies</i>	<i>Operating standard of 75%</i>	<i>Review of Service Quality</i>	<i>Issue of Contract Performance Notice and</i>	<i>Quarterly</i>	<i>MH</i>

Ref	Operational Standards/National Quality Requirements	Threshold	Method of Measurement	Consequence of breach	Timing of application of consequence	Applicable Service Category
	<i>(IAPT) programmes: the percentage of Service Users referred to an IAPT programme who wait six weeks or less from referral to entering a course of IAPT treatment*</i>		<i>Performance Reports</i>	<i>subsequent process in accordance with GC9</i>		
E.H.2	<i>Improving Access to Psychological Therapies (IAPT) programmes: the percentage of Service Users referred to an IAPT programme who wait 18 weeks or less from referral to entering a course of IAPT treatment*</i>	<i>Operating standard of 95%</i>	<i>Review of Service Quality Performance Reports</i>	<i>Issue of Contract Performance Notice and subsequent process in accordance with GC9</i>	<i>Quarterly</i>	<i>MH</i>

In respect of the Operational Standards and National Quality Requirements shown in ***bold italics*** the provisions of SC36.27A apply.

* as further described in *Joint Technical Definitions for Performance and Activity 2017/18-2018/19*, available at: <https://www.england.nhs.uk/wp-content/uploads/2015/12/joint-technical-definitions-performance-activity.pdf>

SCHEDULE 4 – QUALITY REQUIREMENTS
C Local Quality Requirements – Scheme 1 Urgent Medications

Quality Requirements	Threshold	Method of Measurement	Consequence of breach	Timing of application of consequence	Applicable Service Category
The pharmacy must review its standard operating procedures for the service on an annual basis to demonstrate availability of medications when they were requested.	100% compliance	Review of Service Quality Performance Reports	Investigation into identified delays and report to the CCG for further consideration and action.	Annual	CS / Urgent Medications
All staff involved in the provision of the service have undertaken appropriate CPD	100% compliance	Annual report	Position will be taken into consideration, in relation to professional requirements. Review on contract continuation viability	Annual	CS / Urgent Medications
Ensure that relevant recommendations from national reports published previously and within the contract year are acknowledged and acted upon	100% compliance	The Provider will review any National Guidance and provide any Action Plans arising from the review as requested by the Commissioner.	Position will be taken into consideration, in relation to professional requirements. Review on contract continuation viability	Annual	CS / Urgent Medications
Pharmacy participates in an annual service review if requested to do so by BaNES CCG.	100% compliance	Attendance at mutually agreed review when requested	Review of contract continuation	Annual	CS / Urgent Medications
The pharmacy will submit the 'record of expired palliative care drugs claimed for' on 6 monthly bases to the Medicines Team at BaNES CCG.	100% compliance	Delivery of 'record of expired Claimed list within 2 weeks of end of 6 month deadline.	Review of contract continuation	Within 4 weeks of end of 6 month deadline date.	CS / Urgent Medications
The pharmacy will complete all the relevant fields in PharmOutcomes to allow full audit of the service.	100% compliance	PharmOutcomes monthly data	Review of contract continuation	Within 4 weeks	CS / Urgent Medications
The CCG reserve the right to perform Quality Assurance Visits as required.	100% compliance	Commissioner(s) will carry out both scheduled visits by and also unannounced visits in response to emerging concerns or additional information.	Potential action plan for improvement and/ or Review of contract continuation.	As agreed and when required	CS / Urgent Medications
The pharmacy are required to comply with safety alerts and report any incidents via exception reporting go the CCG	100% compliance	Exception report to the CCG	Referral to NHS England	Immediate	CS / Urgent Medications

SCHEDULE 4 – QUALITY REQUIREMENTS

C. Local Quality Requirements – Scheme 2 (Emergency Medications)

Quality Requirement	Threshold	Method of Measurement	Consequence of breach	Timing of application of consequence	Applicable Service Category
The pharmacy reviews its standard operating procedures for emergency supply of medicines and signposting information on an annual basis. Review up to date guidance from:RPS at https://www.rpharms.com/resources/quick-reference-guides/emergency-supply	100% compliance	Annual review of Service Quality Performance Reports	Consideration of performance at contract review and consideration of contract continuation.	Annual	CS / Emergency Medications
Ensure that relevant recommendations from national reports published previously and within the contract year are acknowledged and acted upon	100% compliance	The Provider will review any National Guidance and provide any Action Plans arising from the review as requested by the Commissioner.	Position will be taken into consideration, in relation to professional requirements. Review on contract continuation viability	Annual	CS / Emergency Medications
Pharmacy participates in a service review at any time if requested to do so by BaNES CCG.	100% Compliance	Attendance at review when requested	Review of contract continuation	Immediate	CS / Emergency Medications
The pharmacy will complete all the relevant fields in PharmOutcomes to allow full audit of the service.	100% Compliance	PharmOutcomes weekly data	Review of contract continuation	As per contract termination stipulation	CS / Emergency Medications
The CCG reserve the right to perform Quality Assurance Visits as required.	100% compliance	Commissioner(s) will carry out both scheduled visits by and also unannounced visits in response to emerging concerns or additional information.	Potential action plan for improvement and/ or Review of contract continuation.	As agreed and when required	CS / Emergency Medications
The pharmacy are required to comply with safety alerts and report any incidents via exception reporting go the CCG	100% Compliance	Exception report to the CCG	Referral to NHS England	Immediate	CS / Emergency Medications

SCHEDULE 4 – QUALITY REQUIREMENTS**C. Local Quality Requirements – Scheme 3 (Medicines Optimisation)****Scheme 3 (Medicines Optimisation)**

Quality Requirement	Threshold	Method of Measurement	Consequence of breach	Timing of application of consequence	Applicable Service Category
The pharmacy reviews its standard operating procedures for the processing of repeat prescriptions annually.	100% compliance	Annual review of Service Quality Performance and dispensing Reports	Consideration of performance at annual review and consideration of contract continuation.	Annual	CS / Medicines Optimisation Scheme
Ensure that relevant recommendations from national reports published previously and within the contract year are acknowledged and acted upon	100% compliance	The Provider will review any National Guidance and provide any Action Plans arising from the review as requested by the Commissioner.	Position will be taken into consideration, in relation to professional requirements. Review on contract continuation viability	Annual	CS / Medicines Optimisation Scheme
Pharmacy participates in a service review at any time if requested to do so by BaNES CCG.	100%	Attendance at review when requested	Review of contract continuation	Immediate	CS / Medicines Optimisation Scheme
The pharmacy will work with and liaise with BaNES CCG and its agents to audit the service so that informed decisions can be made about how to improve it	100%	Ongoing and as requested	Review of contract continuation	As per contract termination stipulation	CS / Medicines Optimisation Scheme
The pharmacy will complete all the relevant fields in PharmOutcomes to allow full audit of the service.	100%	PharmOutcomes weekly data	Review of contract continuation	As per contract termination stipulation	CS / Medicines Optimisation Scheme
The pharmacy are required to comply with safety alerts and report any incidents via exception reporting go the CCG	100%	Exception report to the CCG	Referral to NHS England	Immediate	CS / Medicines Optimisation Scheme

SCHEDULE 4 – QUALITY REQUIREMENTS

C. Commissioning for Quality and Innovation (CQUIN)

CQUIN Table 1: CQUIN Indicators

Not Applicable to this contract, contract values inclusive of CQUIN
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SCHEDULE 6 – CONTRACT MANAGEMENT, REPORTING AND INFORMATION REQUIREMENTS

A. Reporting Requirements

	Reporting Period	Format of Report	Timing and Method for delivery of Report
National Requirements Reported Centrally			
1. As specified in the list of omnibus, secure electronic file transfer data collections and BAAS schedule of approved collections published on the NHS Digital website to be found at https://digital.nhs.uk/services/the-challenging-burden-service/central-register-of-collections where mandated for and as applicable to the Provider and the Services	As set out in relevant Guidance	As set out in relevant Guidance	As set out in relevant Guidance
National Requirements Reported Locally			
1. Activity and Finance report (as per PharmOutcomes)	Weekly	Format to be locally agreed	Weekly
2. Service Quality Performance Report, detailing performance against Operational Standards, National Quality Requirements, Local Quality Requirements, Never Events and the duty of candour, including, without limitation: <ol style="list-style-type: none"> a. details of any thresholds that have been breached and any Never Events and breaches in respect of the duty of candour that have occurred; b. details of all requirements satisfied; c. details of, and reasons for, any failure to meet requirements; d. the outcome of all Root Cause Analyses and audits performed in relation to the contract aspects. 	Monthly	Format to be locally agreed	Within 15 operational days of the end of the month to which it relates.
3. CQUIN Performance Report and details of progress towards satisfying any Quality Incentive Scheme Indicators, including details of all Quality Incentive Scheme Indicators satisfied or not satisfied	Not applicable	N/A	N/A
4. Complaints monitoring report, setting out numbers of complaints received and including analysis of key themes	Monthly	Word document	Monthly

	Reporting Period	Format of Report	Timing and Method for delivery of Report
in content of complaints			
5. Summary report of all incidents requiring reporting	Monthly as detailed in schedule 6D	As detailed by policies in 6D	
Local Requirements Reported Locally			
1 Audit data will be provided to the Commissioner	1 st April 2018 – 31 st March 2019 1 st April 2019 – 31 st March 2020 1 st April 2020 – 31 st March 2021	Via PharmOutcomes	Monthly throughout each reporting period
2. Yearly Activity and Finance report (as per PharmOutcomes)	Yearly	Format to be locally agreed	Annually

* In completing this section, the Parties should, where applicable, consider the change requirements for local commissioning patient-level data flows which will need to be implemented when the new national Data Services for Commissioners technical solution becomes operational. These change requirements will be published within the *Data Services for Commissioners Resources* webpage: <https://www.england.nhs.uk/ourwork/tsd/data-services/>

SCHEDULE 6 – CONTRACT MANAGEMENT, REPORTING AND INFORMATION REQUIREMENTS

C. Incidents Requiring Reporting Procedure

Procedure(s) for reporting, investigating, and implementing and sharing Lessons Learned from: (1) Serious Incidents (2) Notifiable Safety Incidents (3) Other Patient Safety Incidents

BaNES CCG Risk Management Strategy.

NHS Commissioning Board Serious Incident Framework (March 2015)
<https://improvement.nhs.uk/documents/920/serious-incident-framework.pdf>

Clinical Incident Reporting

- a). To ensure that the service being provided is meeting the needs of patients, pharmacies are encouraged to report any adverse incidents that occur to BaNES CCG. Contact Joel Hirst on 01225 831853.
- b). Any serious incidents will be reported to BaNES CCG Nursing and Quality Team within 24hrs of occurrence.
- c). Any incidents involving controlled drugs are legally required to be reported to the CD Accountable Officer in the NHS England responsible for Bath and North East Somerset - england.southwestcontrolleddrugs@nhs.net

Complaints Procedure

Any complaints (for any of the schemes within this contract) from patients should be dealt with via the pharmacy's own standard complaints procedure in the first instance. If the complaint is not resolved, the patient should direct their complaint to the PALS team at BaNES CCG, who can be contacted on 0300 013 4762.

Policies may be updated within the timeframe of the contract and providers will be consulted.

SCHEDULE 6 – CONTRACT MANAGEMENT, REPORTING AND INFORMATION REQUIREMENTS

F. Provider Data Processing Agreement

Not Applicable

SCHEDULE 7 – PENSIONS

Not Applicable

SCHEDULE 8 – TUPE

Not Applicable

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