Community Pharmacy Specialist Medicines (Palliative Care) Service

Service Level Agreement

Community Pharmacy Local Enhanced Service under The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

#### Document changes

Highlight major changes to this document in this table.

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| **Version** | **Date** | **Change** | **Name** |
| V0.1 | 10.03.25 | Added Service Spec | Helen Wilkinson |
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**This agreement is between**

**Bath & North East Somerset, Swindon and Wiltshire Integrated Care Board** (the commissioner)

Jenner House Avon Way Langley Park Chippenham SN15 1GG

**and the Provider** (the pharmacy contractor)

Trading name and address of the pharmacy contractor:

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Pharmacy contractor ODS code:

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**Service Specification**

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| **Service** | Specialist Medicines Service (Palliative Care Medicines) |
| **Commissioner Lead** | Helen Wilkinson, Community Pharmacy Integration Lead, Bath and North East Somerset, Swindon and Wiltshire ICB  |
| **Provider Lead** | Community Pharmacy |
| **Period** | 1 April 2025 – 31 March 2028 |
| **Date of Review** | 31st March 202631st March 2027The service specification, including financial remuneration, will be reviewed annually. Reviews will also take place at the time of any national Community Pharmacy Contractual Framework announcements. |

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| **1. Population Needs** |
| * 1. **National/local context and evidence base**

Prescribers periodically need to obtain medicines urgently. Such medicines may not be routinely stocked by community pharmacies, and the delays to treatment caused as a result may cause harm to patients or necessitate avoidable admission to hospital. Such delays can be avoided by ensuring that a number of pharmacies that have good access for patients hold a stock of key medicinesThis agreement set outs the framework for the stockholding of drugs which may be required infrequently but urgently during normal hours from a community pharmacy. |
| **2. Outcomes** |
| **2.1 NHS Outcomes Framework Domains & Indicators**

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| Domain 1 | Preventing people from dying prematurely |  |
| Domain 2 | Enhancing quality of life for people with long-term conditions |  |
| 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 |

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| **3. Scope** |
| **3.1 Context**This service is designed to improve access to a wide range of palliative care medicines and other urgent medicines 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. It is also there to ensure that patients can access antivirals for Flu and Covid (on FP10).* 1. **Aims and Intended Service Outcomes**

It is recognised that pharmacies only hold as stock items those medicines which are routinely prescribed and required for dispensing promptly. Therefore, the aim of this service is to ensure prompt access and continuity of supply to specified medicines.To support people, carers and clinicians by providing them with up-to-date information and advice and referral where appropriate.To reduce pressure on urgent care services by delegating medication supplies to pharmacists where possible.Support and maintain a network of ‘urgent care’ community pharmacists in BSW ICB localities.To reduce the quantity of medication waste.Patients or their carers are encouraged to continue use of their usual community pharmacy to obtain prescriptions.* 1. **Service Description**

This service is aimed at the supply of specialist “urgent medicines”, some of which may not be standard stock for community pharmaciesThe pharmacy contractor will stock a locally agreed range and minimum stock level of “urgent” medicines, set out in Appendix 1, and will make a commitment to enable prompt access to these medicines during normal working hours.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.The pharmacy will inform the ICB promptly if there are significant supply issues in obtaining any of the medicines on the urgent medicines list.* 1. **Scope and outline of service**

The pharmacy agrees to hold the specified list of urgent medicines (Appendix 1) and will dispense these in response to receiving NHS prescription. 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 the pharmacy.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 how to participate and operate within the service specification.Please ensure your pharmacy team are aware of the Medvivo Health Care Professional line number in the event that you require support.The pharmacy is required to ensure that stock levels are reported via Pharmoutcomes as required by the ICB. At times of healthcare system pressures or National Emergency this reporting frequency may be increased.The Commissioner will regularly review the formulary to ensure that it reflects the availability of new medicines and changes in practice or guidelines. The Contractor will ensure that they hold in stock any new additions to the medicine’s formulary within two weeks of notification by the Commissioner. * 1. **Process for access**

Medications will be dispensed against an FP10. Where possible the prescriber will electronically send the prescription to the pharmacy – a telephone order or faxed prescription is not acceptable for Controlled Drugs.The Contractor must promptly re-order any medicines from the formulary which are dispensed and must promptly inform the Commissioner if there are significant supply issues which affect any of the relevant medicines.The pharmacy will ensure that there is priority access for carers and community staff to collect urgent medications. The Contractor must ensure that this service is available at all times within their contracted opening hours (both core and supplementary opening hours), and on any bank or public holidays when the pharmacy is open.If the Contractor is unable to fulfil a prescription, it must: * Make contact with other pharmacies which provide this enhanced service to identify one which is open and has the required medicine in stock
* alternatively, make contact with a pharmacy that delivers the national PQS palliative care medicines service to identify if they have the medicine in stock (if it is on the more limited list held as part of this service). Details of participating pharmacies can be found through NHS Service Finder <https://digital.nhs.uk/services/nhs-service-finder>
* Direct the patient, carer or clinician to the nearest such pharmacy
* Notify the commissioner within 7 days bswicb.prescribing@nhs.net
	1. **BSW will:**

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.Ensure that local stakeholders agree with the locally developed urgent medicines formulary and that they utilise it appropriately.Commit to a review of the list of medications in Appendix 1 during the contract period, to ensure that it is rationalized as best possible, with appropriate quantities.* 1. **Essential Service Continuation Plan**

The Contractor must satisfactorily comply with its obligations under Schedule 4 to the Pharmaceutical Services Regulations (terms of service of NHS pharmacists) in respect of the provision of essential services and an acceptable system of clinical governance. The Contractor will ensure that pharmacists and staff involved in the provision of the service have undertaken appropriate continuing professional development relevant to this service. |
| **4. Applicable Service Standards** |
| **4.1 Monitoring Arrangements****4.1.1** BSW ICB will periodically monitor the stock levels held by pharmacies. **4.1.2** BSW ICB will also monitor any claims for date expired stock.  |
| **5. Applicable quality requirements**  |
| * 1. **Quality Indicators**

The pharmacy reviews its standard operating procedures and the referral pathways for the service on at least a biennial basis.The Contractor will be willing to participate in periodic audit of service provision and usage organised by the Commissioner. The Contractor will be willing to participate in any locally agreed Commissioner-led assessment of service user experienceThe pharmacy will submit the “Record of expired list drugs claimed for” at such time as they expire and are replaced via PharmOutcomes.**5.2 Clinical incident reporting**Contractors must feedback any adverse incidents that occur to the commissioner via bswicb.prescribing@nhs.net Any serious incidents will be dealt with in accordance with the relevant provider/commissioner policies. In the event of a clinical incident/adverse event, the patient’s GP should be informed. All incidents involving Controlled Drugs must be reported online at www.cdreporting.co.uk If you need advice the Controlled Drugs team can be contacted via england.southwestcontrolleddrugs@nhs.netPlease raise any concerns relating to the service with the Community Pharmacy Clinical Lead for BSW **5.3 Complaints procedure**Any complaints 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 BSW ICB, who can be contacted by the following means: Email: scwcsu.palscomplaints@nhs.net or by phone 0300 561 0250 |
| **6. Notice Period** |
| **6.1 Notice periods & termination** If a Contractor ceases trading or chooses to discontinue their involvement in this service they must provide the Commissioner with two months’ notice in writing. The Commissioner will recover an appropriate proportion of the retainer payment from the Contractor and will not reimburse the Contractor for medicines purchased to participate in this service. The Commissioner may decide to decommission this service, in which case it must give the Contractor three months’ notice in writing. In the event of suspected fraud by the Contractor (whether connected to this service or otherwise), the Commissioner may suspend this agreement pending the outcome of appropriate investigations. |
| **7. Payment Schedule** |
| A £850 per annum retainer fee will be paid to the pharmacy contractor participating within the scheme.There will be a pro rata payment (£71 per month) for pharmacies that join the service part way through the financial yearThe retainer fee will be returned to BSW ICB should a contractor withdraw from the service during the year. The amount returned will be calculated based on a pro rata basis (£71 per month).The retainer fee can be claimed on submission of a Claim Form on PharmOutcomes For any date expired stock the pharmacist will submit a Claim Form on PharmOutcomes giving details of the items expired.If the service is decommissioned by the Commissioner, or if medicines are removed from the formulary by the Commissioner, then the Contractor may arrange for destruction of any relevant stock that they are holding that they believe will be surplus to requirements three months after the date the service is decommissioned or the medicines are removed from the formulary. Reimbursement can be claimed for those medicines, provided that the Contractor provides the wholesaler invoice for the stock, clearly stating the date that the Contractor ordered/obtained the stock. If the invoice for the stock is not provided the Contractor will be reimbursed 50% of the current drug price |
| **8. Disputes** |
| The Commissioner may terminate this agreement with immediate effect, and consequently recover an appropriate proportion of the retainer payment from the Contractor, if the Commissioner: * is satisfied that the Contractor has repeatedly failed to meet the requirements of this agreement, or is satisfied that it is in the interests of patient safety to do so, or
* is on notice that the Contractor is not, or no longer, satisfactorily complying with its obligations under Schedule 4 to the Pharmaceutical Services Regulations (terms of service of NHS pharmacists) in respect of the provision of essential services and an acceptable system of clinical governance.
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