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| **Rationale of Checklist** | | | |
| This checklist will be completed by the CPSC sub-committee for every new or recommissioned service specification sent to CPSC for comment/consultation. The response summary is completed after consultation and agreement by the sub-committee.  The Checklist contains CPSC sub-committee’s comments/recommendations for any requested changes to the proposed/draft service specification in order to achieve / improve further the green rating. It will be sent to the service commissioner for consideration of amendments ideally prior to go-live of the service.  CPSC’s purpose is to work positively with commissioners to ensure high quality outcomes from the service, which are both professionally and commercially viable for contractor participation. | | | |
| **Response summary feedback from CPSC** | | | |
| **Supervised Consumption, IOW Public Health** | | | |
| CPSC has rated this service specification as Green based on the comments made below. Our recommended actions to further improve the service are:   1. It would be preferable for the Pharmacist to have a signed version of the CPPE DoC for Supervised Consumption at each pharmacy, confirming this on PharmOutcomes and ensuring this is updated every 3 years. 2. Consultation on any proposed assessment of the service would be good to ensure proportionate in time taken to complete/volume/complexity to service. | | | |
| **Time-line & Next Steps for CPSC** | | | |
| CPSC will publish this service participation rating to contractors.  Publication of this recommendation will be via individual email and posting on our website.  Commissioners are asked to please respond promptly with feedback / proposed changes so that they can be included within CPSC’s recommendation to its contractors. | | | |
| **Commissioners response to CPSC feedback** | | | |
| Please enter response here, returning promptly to [richard.buxton@cpsc.org.uk](mailto:richard.buxton@cpsc.org.uk) | | | |
| **Point Covered** | | | **Action or Notes** |
|  | | **CPSC Consultation** | |
| CPSC Consulted? | | | No |
| CPSC Consulted with sufficient time to comment? | | | No, however there were no major changes proposed to the previous service spec, so I believe the Public Health team assumed that the roll-over to this new service spec would be acceptable |
|  | | **Remuneration** | |
| Does remuneration include/cover set up costs, backfill, consumables etc..? | | | No set up, backfill or consumables costs involved  No off-site training required, all completed on-line  No requirement for DBS of staff involved |
| Does the payment structure use a system that is suitable for all contractors and are the payment terms acceptable? | | | Yes, PharmOutcomes  Automated claims sent monthly and paid monthly in arrears |
| Where equipment is required who provides/calibrates/services this? If contractor, does remuneration sufficiently cover the cost of this? | | | No equipment required  Use of PharmOutcomes to enter information |
| Is remuneration fair? | | | Yes  per recorded observation of Methadone solution  per recorded observation of Buprenorphine |
|  | **Is/does the Service.....** | | |
| Sustainable? | | | Yes |
| Clinically sound and in line with appropriate National or local guidance? | | | Yes  Optimise benefits Service Users obtain from prescribed medicines, adherence to prescriber’s intention, ensures taken by intended person, reduce risk of overdose, prevent diversion, provide greater support and improve communication with prescribers |
| Enhance patient care? | | | Yes |
| Have suitable monitoring arrangements and termination clauses? | | | 30-day notice if the pharmacy wishes to terminate.  IOW Public Health can terminate immediately where there are reasonable grounds |
| Enhance relationships with other HCPs? | | | Yes  Collaboration with primary care and specialist substance misuse service providers |
| Deliverable? | | | Yes |
| Attractive enough for contractors to consider it worthwhile? | | | Yes |
| Have performance criteria that supports a quality service? | | | Provision of a reliable, regular service from the pharmacy  4-way service agreement set-up agrees how the service operates  Pharmacy procedures in place for handling complaints and reporting these to the Contract Manager  Appropriate Health Promotion material available  Pharmacy will maintain appropriate records using PharmOutcomes.  All staff to operate to their company SOPs and locally agreed protocols and review SOPs annually  Evidence of CPD relevant to the service (copies of certificates to be provided to IOW Public Health)  Pharmacy procedures in place for handling complaints and reporting these to the Contract Manager  Co-operation with any review of service user experience |
|  | **Service Delivery** | | |
| Are the performance measures reasonable and achievable? | | | N/A |
| Is the administration proportional to size or service and remuneration? | | | Yes |
| Are any reporting systems suitable to all contractors? | | | PharmOutcomes requires internet access  Use essential to enter information |
| Is the training required for the service reasonable? Consider accessibility to CPPE for non-pharmacist/technician staff. | | | Expectation to attend an initial training event  Completion of CPPE learning packs & online assessment ‘Pharmaceutical aspects of Methadone prescribing’, ‘Drug Use and Misuse’ within 3 months of signing agreement  Training must be completed every 3 years  Pharmacist must send their completed certificates of completion to Public Health and update their training every 3 years  Pharmacists and other members of the pharmacy are expected to participate in relevant periodic updates, meetings and refresher training as and when required |
| Does record keeping or sharing of information requirements meet current IG regulations. | | | Yes  All records are kept securely on PharmOutcomes |
|  | **Miscellaneous Information** | | |
| Any other information specific to this service. | | |  |
| Suggested RAG Rating | | |  |