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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 the 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** | | | |
| **BBV Testing Service, Lloyds PDTS (Hampshire)** | | | |
| CPSC has rated this service specification as Red based on the comments made below. Our recommended actions to further improve the service are:   1. No backfill payment for the pharmacist’s attendance of the initial training event required prior to providing the service 2. No backfill payment for the representative to attend an annual training event 3. Improved remuneration from previous. This rate undervalues the service provided by community pharmacies and the health & social benefits that the service creates. The rate is consistent with stage 1 of other similarly commissioned services, but does not cover stage 2 & stage 3 of the service which should be remunerated at a further fee   The service was initially remunerated in 2014 with a professional fee. This was then reduced without any consultation with CPSC in 2017 to the previous  The fee details on this Service Spec are missing and needs confirmation and addition in section 14.1 to inform providers on remuneration payment structure   1. No remuneration for Hep B vaccination of pharmacist that is recommended 2. Clarification of monitoring arrangements and termination clauses 3. Consultation on any proposed audit or review of service would be good to ensure proportionate in time taken to complete/volume/complexity to service | | | |
| **Time-line & Next Steps for CPSC** | | | |
| The LPC 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, however the service spec was provided when requested by CPSC |
| CPSC Consulted with sufficient time to comment? | | | No |
|  | | **Remuneration** | |
| Does remuneration include/cover set up costs, backfill, consumables etc..? | | | No set up costs or consumable costs involved  Backfill costs for training are not covered |
| 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 |
| Where equipment is required who provides/calibrates/services this? If contractor, does remuneration sufficiently cover the cost of this? | | | Equipment required is provided  Sufficient level of privacy and safety for service users and other members of the public  Use of PharmOutcomes to enter information  Consumables provided as described above |
| Is remuneration fair? | | | Rate is below that of some other local commissioners for the overall service  Professional fee is consistent with stage 1 of the service (pre-test discussion, consent, testing and recording)  No fee for stage 2 (notification of results)  No fee for stage 3 (delivery of results at a follow-up meeting) |
|  | **Is/does the Service.....** | | |
| Sustainable? | | | Yes |
| Clinically sound and in line with appropriate National or local guidance? | | | Yes  Deliver targeted testing of Hep B & Hep C in pharmacies to previously undiagnosed clients and refer to specialist services, enabling decreased onward transmission in the community & improved health outcomes for positively diagnosed service users  Advice 3-month window period to re-test if recent exposure |
| Enhance patient care? | | | Yes  Major benefit in identifying undiagnosed blood borne viruses and treating them quickly where positive results are found |
| Have suitable monitoring arrangements and termination clauses? | | | Not specified |
| Enhance relationships with other HCPs? | | | Yes  Good locally with specialist services. Good nationally as showcasing what CP is capable of |
| Deliverable? | | | Yes |
| Attractive enough for contractors to consider it worthwhile? | | | Remuneration is very low for provision of the overall service |
| Have performance criteria that supports a quality service? | | | Service is only available to pharmacies already providing Lloyds PDTS Needle Exchange & Supervised Consumption services  Service to be available preferably during all opening hours  Pharmacy will maintain appropriate records using PharmOutcomes.  All staff to operate to their Company SOPs and locally agreed protocols and pharmacist to have a DBS check  Needle Stick injury SOP to be in place to reduce risk of needle stick injury  Pharmacy procedures in place for handling complaints and reporting these to the Contract Manager  Co-operation with any review of the client experience.  Participation in any audit of the service and delivers any resulting actions within the agreed timescales.  Audit may involve use of Mystery Shoppers |
|  | **Service Delivery** | | |
| Are the performance measures reasonable and achievable? | | | N/A |
| Is the administration proportional to size or service and remuneration? | | | No  Remuneration reflects pre-test discussion, consent, testing and recording  Additional payment for notification and delivering of results at a follow-up appointment and recording is not fairly remunerated. |
| 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. | | | Completion of CPPE learning packs & online assessments ‘Needle Exchange’, ‘Substance Use and Misuse’ and ‘Safeguarding Children & Vulnerable Adults’ within 3 months of signing agreement. Training must be completed every 3 years  Pharmacist must have a signed version of the DoC for Needle Exchange & Supervised Administration Programmes, confirming this on PharmOutcomes and must review them every 3 years  Accredited pharmacist should attend initial training and accreditation at a Lloyds organised evening before commencing the service  A representative of the pharmacy maybe required to attend an annual training event |
| Does record keeping or sharing of information requirements meet current IG regulations. | | | Yes  Records are kept securely on PharmOutcomes, paper copies of client records and / or results should be securely stored and kept for 8 years  Consent should be obtained & recorded for sharing relevant information with other HCPs & agencies |
|  | **Miscellaneous Information** | | |
| Any other information specific to this service. | | | It is the responsibility of the pharmacy to order BBV kits; which will be delivered directly to them and other consumables necessary for the service |
| Suggested RAG Rating | | |  |