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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, Lloyds PDTS (Hampshire)** | | | |
| CPSC has rated this service specification as Amber based on the comments made below. Our recommended actions to further improve the service are:   1. No backfill payment for attendance of the annual training event or contractor meetings 2. Improved remuneration from current (All drugs). This rate undervalues the service provided by community pharmacies and the health & social benefits that the service creates. The rate is lower than some other commissioners for Methadone and very much lower for Buprenorphine & Naltrexone. 3. Clarification of monitoring arrangements and termination clauses 4. 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** | | | |
| 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, 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, backfill or consumables costs involved  No off-site training required, all completed on-line  Annual training event and contractor meetings – no backfill provided  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 |
| 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? | | | Rate is below that of some other local commissioners  per transaction regardless of whether Methadone, Buprenorphine or Naltrexone  No remuneration for attending annual training event or contractor meetings held during the year |
|  | **Is/does the Service.....** | | |
| Sustainable? | | | Yes |
| Clinically sound and in line with appropriate National or local guidance? | | | Yes  Support consumption of prescribed medicines, ensure compliance with treatment plan, reducing the risk of local communities and provide service users with regular contact with HCP |
| Enhance patient care? | | | Yes |
| Have suitable monitoring arrangements and termination clauses? | | | Not specified |
| 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? | | | Maybe, remuneration is low for Methadone and very low for Buprenorphine & Naltrexone |
| Have performance criteria that supports a quality service? | | | Service to be available during all opening hours from a designated consultation area in the pharmacy  Pharmacy will maintain appropriate records using PharmOutcomes  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  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? | | | 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. | | | Completion of CPPE learning packs & online assessment ‘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 Supervised Administration, confirm this on PharmOutcomes and must review this every 3 years  A representative from the pharmacy requested to attend an annual training event and attendance to a minimum of one contractor meeting per year to update knowledge of the pharmacist |
| 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 | | |  |