

## A. Service Specifications

<b>Service Specification No.</b>	10R-202022
<b>Service</b>	On Demand availability of Drugs for Palliative Care Primary Care Service
<b>Commissioner Lead</b>	Pharmaceutical Adviser - Robert Brownsmith
<b>Period</b>	Contract Period – April 2020 to March 2021
<b>Date of Review</b>	October –December 2020

### 1. Population Needs

#### 1.1 General Overview

The End of Life Care Programme emphasises that 'the care of all dying patients must improve to the best level in all healthcare settings'. In relation to medicines, there are a number of issues that require consideration to facilitate symptom control in those patients who choose to live and die in the place of their choice and to reduce inappropriate admissions in the last weeks of their life. These include:

- Out of Hours (OOH) access to medical help and drugs
- Anticipatory prescribing - ability to access commonly used drugs in palliative care via Community Pharmacy

Delivering the Out-of-Hours Review - Securing Proper Access to Medicines in the Out-of-Hours Period also highlighted special problems relating to palliative care.

### 2. Outcomes

#### 2.1 NHS Outcomes Framework Domains & Indicators

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	X
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

#### 2.2 Local defined outcomes

- To improve access for people to these specialist medicines when they are required

by ensuring prompt access and continuity of supply.

- To support people, carers and clinicians by providing them with up to date information and advice, and referral where appropriate.

### 3. Scope

#### 3.1 Aims and objectives of service

##### Service Aim

This service is aimed at the supply of specialist medicines for palliative care, the demand for which may be urgent and/or unpredictable.

The provider will stock a locally agreed\* range of specialist medicines and will make a commitment to ensure that users of this service have prompt access to these medicines at all times. \*Agreed with the commissioner.

The provider will provide information and advice to the patient, their carer(s) and clinician(s,) in line with locally agreed palliative care guidelines. The provider may also refer to specialist centres, support groups or other health and social care professionals where appropriate.

This will aim to provide an equitable service to all patients in all settings and to reduce the need for out-of-hours drugs, with the ultimate aim of providing the best level of End of Life care.

The service will provide comprehensive availability of palliative care drugs in Portsmouth via

- An Enhanced Service for Community Pharmacy based on the national template Service specification for 'On Demand Availability of Palliative Care Drugs.
- **Three pharmacies, one each in the South, Central and North areas of Portsmouth, with extended opening hours and good accessibility.**

##### Supply of emergency specialist drugs

In rare circumstances more specialist palliative care drugs or parenteral antibiotic might be required urgently to control complex symptoms in palliative care patients (e.g. with severe renal impairment, intractable neuropathic pain, gastric outflow obstruction). Rapid access to these drugs in the community is essential to ensure patients' comfort and avoid hospice or acute hospital admission for terminal care.

**To improve access to these drugs, NHS Portsmouth CCG has decided to utilise the THREE designated pharmacies to hold a list of drugs (see appendix 1 part 2). The majority of pharmacies can provide controlled drugs or fulfil an FP10 request within the day however where urgent access is required to specialist supplies, the designated pharmacies containing the stock will be signposted-to via specialist teams or community pharmacies.**

### **Planning and Communication**

For those providers involved in this service, it is vital for them to keep aware of any changes in prescribing patterns to allow them to monitor and get feedback on the service they are providing.

### **Drugs Available**

The provider will *guarantee* to stock an agreed formulary of the commonly prescribed drugs (Appendix 1). These drugs have been agreed by the palliative care specialist service providers and are considered to cover the majority of “urgent” requests. The commissioner recognises that managing stock levels to meet demand is a routine activity for community pharmacy. It is expected that the provider will manage their stockholding of the drugs in Appendix 1 to provide on-demand access without undue stockpiling and resultant ullage from out of date stock. The Appendix 1 drugs do not cover all eventualities but it is important to note that in normal times most community pharmacies can usually order supplies of a prescribed drug for the same day delivery if ordered before 11.30 am and for the following morning if ordered before 5.00pm. (Monday to Friday)

The palliative care drugs list will be circulated to all primary care prescribers, including the out of hours services, District Nurses, Palliative Care Nurses, Community Pharmacies, Hospital Pharmacists and Palliative Care Consultants so that all the appropriate health care professionals are aware of what is reasonable to expect to be available both in and out of hours. This list will be reviewed annually to ensure it reflects local needs. Further information is available at: <https://www.futureplanning.org.uk/>

### **Access to the Service**

Details of the provider will be circulated to all community based Palliative Care Nurses and District Nurses and to other Community Pharmacies. During working hours, it is anticipated that in the first instance, prescriptions should be presented at any local community pharmacy, and the “palliative care” Pharmacy providers used mainly in an emergency situation, where the drugs cannot be obtained by a local Community Pharmacy within an appropriate timescale.

### **Service outline**

- a. The provider holds the specified list of medicines required to deliver this service and will dispense these in response to NHS prescriptions presented. The pharmacist should be prepared to telephone suppliers to confirm delivery of stock if necessary (or delegate this task appropriately). The pharmacist must keep patients or their representatives fully informed regarding supplies of medicines (or delegate this task appropriately).
- b. On prior arrangement by NHS credentialed staff with the provider, priority service should be offered to people presenting to collect palliative prescriptions.
- c. In the unforeseen event a provider is not able to fill the prescriptions in the time available then they need to find another Community Pharmacy who is able to fill the prescription. This should be done by telephoning another Community Pharmacy. It should not be assumed that because a Community Pharmacy is on the palliative care service provider list that they can supply on every occasion.
- d. The provider’s pharmacist should co-ordinate with the prescriber to plan in advance for increased medication demand, particularly weekends and public holidays, when this is appropriate

- e. The provider has a duty to ensure that pharmacists and staff involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service.
- f. The provider should maintain appropriate records to ensure effective ongoing service delivery and audit.
- g. The provider has a duty to ensure that pharmacists and staff involved in the provision of the service are aware of and operate within local protocols. This includes all locum pharmacists.
- h. The provider provides details of on-call contacts who will meet the commitment to have prompt access to the agreed list of medicines at all times agreed with the CCG.
- i. In the event of long-term availability problems, the provider should liaise with the commissioner to arrange for suitable alternatives to be kept in stock.
- j. The commissioner, with local stakeholders, will agree the medicines formulary and stock levels required to deliver this service. The commissioner will regularly review the formulary to ensure that the formulary reflects the availability of new medicines and changes in practice or guidelines.
- k. If it is brought to the commissioner's attention that a provider is failing to hold a complete list of formulary items, without a valid reason, then the provider may be asked to withdraw from the scheme.
- l. The commissioner will reimburse providers to compensate for date expired medicines in the formulary up to double the minimum quantity specified in appendix 1. Providers are requested to submit a list of expired stock annually. An annual participation fee will be agreed annually (Appendix 2)
- m. The commissioner will provide a framework for the recording of relevant service information for the purposes of audit and the claiming of payment.
- n. The commissioner & Local Pharmaceutical Committee will disseminate information on the service to other pharmacy contractors and health care professionals in order that they can signpost patients to the service.

### **3.3 Interdependence with other services/providers**

- The Provider shall ensure that effective and clear communication is maintained with Patients and GP surgeries.

### **3.4 Eligibility**

- Extended-hours pharmacy, sufficient storage facilities and parking facilities.
- Patients with a valid NHS prescription for medicines on the approved formulary list.

### **3.5 Exclusion**

- There are no exclusions to patients meeting the above criteria.

### **3.6 Population covered/geographical boundaries**

This service is accessible to patients registered to a GP practice within NHS Portsmouth CCG.

This service should be commissioned from community pharmacy providers, where the service can be provided within the existing skillset of the community pharmacy to meet the needs of the population, improve health and wellbeing, reduce health inequalities and support the provision of care closer to home. Therefore there are no procurement considerations for this option.

<b>4. Applicable Service Standards</b>				
<b>4.1 Applicable national standards (e.g. NICE)</b>				
<b>4.2 Applicable standards set out in Guidance and/or issued by a competent body (e.g. Royal Colleges)</b>				
<b>4.3 Applicable local standards</b>				
<b>5. Applicable quality requirements and CQUIN goals</b>				
<b>5.1 Applicable quality requirements (The table below forms part of Schedule 4 of the NHS Standard Contract)</b>				
Quality Indicator	Indicator	Threshold	Method of measurement	Frequency of monitoring
<b>Complaints</b> Strengthen where appropriate complaints process to include: <ul style="list-style-type: none"> <li>• Acknowledgement letter within 3 working days</li> <li>• Final response within 25 working days</li> </ul>	Complaints records	100%	Audit	Quarterly
<b>Incidents</b> The provider will notify the CCG of the number of incidents, organisational learning and direct action taken in response to any incidents.	By exception	100%	Report	Monthly (by exception)
<b>Reporting of process</b> As specified in service outline	By audit	100%	Audit	Yearly

## 5.2 Applicable CQUIN goals (See Schedule 4 Part E)

Not applicable

## 6. Location of Provider Premises

The Provider's Premises are located at:

## 7. Prices and costs

### Payments

Automatic payment adjusted to reflect claims made on claim form in appendix 2, authorised by the commissioner and payment made via SBS to provider account.

Payment Schedules:

### Cost

- A one-off payment of £ to facilitate scheme start up.
- Annual participation honorarium: £ twice a year thereafter, paid at end of financial quarter 2 & 4.
- Cost and payment for expired Drugs detailed in appendix 2

**Appendix 1: Palliative Care Emergency Drug List\***

Alfentanil injection	5mg in 1ml	1 x 10
Buprenorphine transdermal 7 day patch	10microgram per hour	1 x 4
Buprenorphine transdermal 7 day patch	15Microgram per hour	1 x 4
Cyclizine injection	50mg in 1ml	1 x 5
Dexamethasone injection	3.8mg in 1ml	1 x 10 (Fridge line)
Glycopyrronium bromide injection	200microgram in 1ml	1 x 10
Glycopyrronium bromide injection	600microgram in 3ml	1 x 10
Haloperidol injection	5mg in 1ml	1 x 5
Hyoscine BUTYLbromide injection	20mg in 1ml	1 x 10
Levomepromazine tablets	25mg	1 x 84
Levomepromazine injection	25mg in 1ml	1 x 10
Lorazepam tablets (Genus livery preferred)	1mg	1 x 28
Metoclopramide injection	10mg in 2ml	1 op
Midazolam oromucosal solution PFS (Buccolam®)	10mg in 2ml	1 x 4
Midazolam injection	10mg in 2ml	1 x 10
Morphine sulfate tablets.	10mg	1 x 56
Morphine sulfate SR capsules (Zomorph®)	10mg	1 x 60
Morphine sulfate SR capsules (Zomorph®)	30mg	1 x 60
Morphine sulfate oral solution	10mg in 5ml	1 x 100ml
Morphine sulfate injection	10mg in 1ml	1 x 10
Morphine sulfate injection	30mg in 1ml	1 x 10
Oxycodone injection	20mg in 2ml	1 x 5
Oxycodone liquid	5ml in 5ml	1 x 250ml
Oxycodone liquid	10mg in 1ml	1 x 120ml
Sodium chloride injection 10ml	0.9%	1 x 10
Tranexamic acid tablets	500mg	1 x 60
Water for injection 10ml		1 x 10

*\*In the event of long-term availability problems, the pharmacy should liaise with their local palliative care team to arrange for suitable alternatives to be kept in stock.*

**Appendix 1 Part 2: Emergency Specialist Drug List#**

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*#defined by the CCG based on need.*

**Appendix 2**

**Claim Form for Expired Stock**

<p style="text-align: center;">Please complete for expired stock and include with 6-monthly invoice returned to:  <a href="mailto:pccg.medsman@nhs.net">pccg.medsman@nhs.net</a></p>	<p>Pharmacy address or stamp</p>
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Drug	Quantity	Cost + Vat
	<b>TOTAL</b>	



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