

NHS HAMPSHIRE AND ISLE OF WIGHT
On demand availability of drugs for Palliative Care
Community Pharmacy Enhanced Service Specification

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This document sets out the service specification to cover the provision of medication used for: On Demand Availability of Drugs for Palliative Care service within community pharmacies across Hampshire and Isle of Wight Integrated Care Board (ICB).

Service	Community Pharmacy: Locally Commissioned Service for On Demand availability of Drugs for Palliative Care
Commissioner Lead	Neil Hardy, Associate Director, Medicines Optimisation, Hampshire, and Isle of Wight Integrated Care Board
Period	1st November 2023- 30th September 2026
Date of Review	March 2025 (review of drug list after first 12 months of service commencement)

1. Background

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 several 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.

This Locally Commissioned Service (LCS) specification for *On Demand availability of drugs for Palliative Care from Community Pharmacy* outlines the more specialized services to be provided. No part of this specification by commission, omission or implication defines or redefines essential or additional services. This service must be provided in a way that ensures it is equitable in respect of race, creed, culture, diversity, disability, sex, and age.

2. Aims and Intended 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	X
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 Aim of the service

- To improve access for people to emergency palliative care medication when they are required by ensuring prompt access and continuity of supply.
- To provide the best level of End of Life (EoL) care and reducing inappropriate hospital admissions in the last weeks of life

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

3. Scope of Service

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

The pharmacy contractor will stock a locally agreed range of medicines listed (in Appendix A) and will make a commitment to ensure that the users of this service have prompt access to these medicines during the pharmacy's regular core and supplementary opening hours.

It is anticipated that in the first instance, prescriptions should be presented at the patient's local community pharmacy. To improve access to these drugs, NHS HIOW ICB has decided to utilize the commissioned pharmacies to hold a list of drugs (see appendix A). Most pharmacies can provide controlled drugs or fulfil an FP10/ EPS Rx 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. It is expected that pharmacies contracted to work under the 'Service Specification for the Community Pharmacy Locally Commissioned Service for on demand availability of drugs for Palliative Care' will be used in an emergency.

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 aim of providing the best level of End-of-Life care.

Planning and Communication

For those Pharmacies 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. Any changes to prescribing and subsequent removal of product off the list will be communicated by the ICB and the product removed paid for by the ICB.

Drugs Available and Access to the Service

The Community Pharmacies will guarantee to stock an agreed formulary of the commonly prescribed drugs (Appendix A). These drugs have been agreed by the service providers and are considered to cover most "urgent" requests. The commissioner recognizes 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 A to provide on-demand access without undue stockpiling and resultant ullage from out-of-date stock. These drugs do not cover all eventualities, but it is important to note that 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 visible to the clinicians to use and not available in public domain. This list will be reviewed annually to ensure it reflects local needs. Any drugs added or removed from the drug list will be reimbursed by the ICB.

It is important that all Community pharmacy providing the service have a list of pharmacies to be able to signpost to another pharmacy if needed. During working hours, it is anticipated that in the first instance, prescriptions should be presented at any local community pharmacy, and the "palliative care" Pharmacies used mainly in an emergency, where the drugs cannot be obtained by the local Community Pharmacy within an appropriate timescale.

4. Service Outline

- Pharmacy Contractors who have signed up to provide the service are agreeing to provide this service to all patients and carers who present with an NHS prescription for end-of-life medication.
- Pharmacy Contractors providing this service are agreeing to hold the specified list of medicines (appendix A) and the required quantity as per the specification. They will dispense these drugs in response to the NHS prescriptions presented. Any dispensed drugs as part of the service are reimbursed by submission of prescription to NHS BSA as per business-as-usual process.
- Participating pharmacy 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.
- If a participating Community Pharmacist is not able to fill the prescription in the time available, then they should direct to a palliative care Community Pharmacy who is able to fill the prescription. This should be done by telephoning the Community Pharmacy, it should not be assumed that just because a Community Pharmacy is on the palliative care list they can supply on every occasion.
- The pharmacy contractor 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.
- The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service are aware of service requirements. This includes all locum staff.
- In the event of long-term availability problems, the local palliative care team should liaise with the pharmacies to arrange for a suitable alternative to be kept in stock.
- The commissioner will reimburse participating pharmacies to compensate for date expired medicines in the formulary. Pharmacists are requested to submit a list of expired stock annually. Claiming for service participation fees and acknowledgement from community pharmacy around stock availability for the service to be completed every quarter. Any claiming and submission to be made via Pharma outcomes (refer to Appendix B)
- The commissioner will provide a framework for the recording of relevant service information for the purposes of service evaluation, drug wastage and the claiming of payment.

Interdependence with other services/providers

The Provider shall ensure that effective and clear communication is maintained with Patients, GP surgeries and any other service locally involved.

Eligibility

Pharmacies with longer opening hours, weekend opening, sufficient storage facilities and access facilities.

5. Service Standards

The Provider is responsible for ensuring that,

- **Premises** – the service is provided in a suitable setting
- **Essential services of the NHS Community Pharmacy Contractual Framework**- comply fully with all the requirements
- **Training** meets all relevant criteria set out in national and local guidance
- **Serious Incidents** within this service are reported to NHS Hampshire and Isle of Wight

- **Infection Control Guidance** is adhered to
- **Privacy and Dignity Guidance** are adhered to
- **Health and Safety standards** are met
- **Information Governance Standards** are met
- **Safeguarding Adults, Children and Looked After Children** Guidance is adhered to including statutory training
- **Chaperoning, privacy, and dignity guidance** is in place

6. Applicable National Standards

NICE Guidance on End-of-Life Care is also useful to refer to:

[End of life care](#) | [Search results](#) | [NICE](#)

7. Quality Requirements

- Community Pharmacy contractor providers of this service will comply with the General Pharmaceutical Council standards of conduct, ethics, and performance always.
- The provider is required to evidence an effective system of clinical governance and put in place appropriate and effective arrangements for quality assurance, continuous quality improvement and risk management.
- The Pharmacy Contractor must have a standard operating procedure (SOP) describing how the Pharmacy Contractor will deliver and meet all the requirements of this service and which must be made available to commissioner on request.
- In the event of an untoward incident the contractor must report patient safety incident to the NHS as specified in the Terms of Service as part of their clinical governance provision. Any reporting of incident should be completed within 72 hours and learning points to be shared with the team to avoid any further instances. Common queries can be acted upon and learnt lessons anonymously shared.
- If changes are made to the pharmacy contract of the pharmacy, i.e., opening hours are reduced, commissioner will need to be notified, so coverage can be reviewed.
- Pharmacy staff should provide eligible patients other complementary pharmacy contract essential services such as signposting if appropriate.

8. Training requirements

It is the Pharmacy Contractor's responsibility to ensure that all staff involved in the delivery of this LCS are familiar with the requirements and any relevant guidance. Professionals delivering any part of this LCS must be suitably trained. This can be achieved through:

- Self-directed learning
- In house learning events

The Pharmacy Contractor must read the 'Specification for the Community Pharmacy Locally Commissioned Service for On Demand availability of Palliative Care drugs. The pharmacy contractor has a duty to ensure that pharmacists and staff (including locums) involved in the provision of the service are aware of and operate within the Service Specification for the Community Pharmacy LCS and have relevant knowledge and are appropriately trained in the operation of the service. We would recommend all pharmacists (including locums) working within a pharmacy who are signed up to this Locally Commissioned Service to undertake the CPPE Distance Learning pack on Fundamentals of Palliative Care ([Fundamentals of palliative care : CPPE](#)) .

9. Reporting Requirements

The pharmacy contractor is responsible for maintain the minimum stock levels to provide the service (see Appendix A) and is expected to check the stock levels every quarter to ensure effective service delivery. Complete the Stock Check Declaration form when submitting claim for invoice for payment to NHS Hampshire and Isle of Wight via Pharma outcomes.

Community Pharmacy requirements – summary

- Comply with service standards.
- Hold the specified list of drugs in the respective quantities. If drugs are dispensed, to reorder them to ensure Appendix A drug list is in stock at all possible times.
- Ensure appropriate training and awareness of pharmacy staff and pharmacists to deliver the service.
- Have a Standard Operating Procedure (SOP).
- Report significant events to the commissioner.
- Ensure claiming data is accurate.

10. Payment and Claims

10.1 Fees and Claiming

- The annual payment is **£750 per annum**.
- Each Community Pharmacy contracted to provide this service will receive payment for service provision **quarterly of £187.50** from NHS Hampshire and Isle of Wight.
- Any stock that goes out of date as part of the service, can be claimed by the participating pharmacies when making their quarterly claim. The claims should only be submitted once the drugs have passed their expiry date.

10.2 Late or inaccurate claims

If the contractor has missed quarterly claiming, they will have 30 working days from the date to make the claim. Reminder message advising them to claim will appear on their Pharmoutcomes.

11. Termination of contract

Unless otherwise notified, this Locally commissioned Service terminates on 30th September 2026.

- If the pharmacy decides to withdraw from the service, they must provide 3 months' notice to the commissioner.
- If it is brought to the commissioner's attention that a Community Pharmacy is failing to hold a complete list of formulary items, without a valid reason, then the Community Pharmacy may be asked to withdraw from the service.

Appendix A: Drug list

On Demand Availability of Palliative Care Drugs from Community Pharmacy

	Drug name and Form	Strength	Quantity
1	Alfentanil injection	5mg in 1ml	1x10
2	Clonidine injection	150mcg /1ml	1x5
3	Cyclizine Injection	50mg in 1ml	1x5
4	Dexamethasone injection	3.3mg in 1ml	2x10
5	Diamorphine powder for solution injection ampoules	30mg	1x5
6	Fentanyl Ampoules	100mcg/2ml	1x10
7	Furosemide injection	20mg in 2ml	1x10
8	Haloperidol injection	5mg in 1ml	1x10
9	Hyoscine Butyl bromide injection	20mg in 1ml	2x10
10	Ketamine injection	200mg /20ml	1 vial
11	Levomepromazine injection	25mg in 1ml	1x10
12	Levetiracetam injection	500mg /5ml	1x10
13	Methadone ampoules for injection	10mg in ml	1x10
14	Metoclopramide injection	10mg in 2ml	1x10
15	Midazolam injection	10mg in 2ml	2x10
16	Morphine sulphate injection	10mg in 1ml 30mg in 1ml	1x10 1x10
17	Ondansetron Ampoules for injection	4mg/2ml	1x10
18	Oxycodone injection	10mg in 1ml	2x5
19	Parecoxib solution for injection	40mg powder	1x5
20	Phenobarbital solution for injection ampoules	200mg in 1 ml	1x10
21	Sodium Chloride injection 0.9%	10ml	2x10
22	Sodium Valproate powder injection vials	400mg	1x5
23	Tranexamic acid solution for injection ampoules	500mg in 5ml	1x10
24	Water for injection	10ml	2x10

Appendix B: Service Template on PharmOutcomes

To be used for quarterly stock check, claiming of expired drug list and service fees.

On demand availability of Palliative Care drugs (Preview) [Deprecated]

Date of Claim

I confirm that my pharmacy has a robust Standard Operating Procedure in place to provide Palliative Care Drugs in Community Pharmacies service

- Yes
 No

I confirm that I have the relevant training (as specified in the current contract) to provide Palliative Care Drugs in Community Pharmacies Service

- Yes
 No

Stock Check

I confirm that I have conducted a quarterly stock check of all the items on the current Community Pharmacy Palliative Care List and the following are in stock

(Please confirm you hold the complete minimum stock levels and ensure you review your stock in compliance with the Service Specification)

In stock medication

- Alfentanil injection 5mg in 1ml - 1x10
- Catapres injection 150mcg/1ml - 1 x 5
- Cyclizine Injection 50mg in 1ml - 1x5
- Dexamethasone injection 3.3mg in 1ml - 2x10
- Diamorphine powder for solution injection ampoules 30mg - 1x5
- Fentanyl Ampoules 100mcg/2ml - 1x10
- Furosemide injection 20mg in 2ml - 1x10
- Haloperidol injection 5mg in 1ml - 1x10
- Hyoscine Butyl bromide injection 20mg in 1ml - 2x10
- Ketamine injection 200mg /20ml - 1 vial
- Levomepromazine injection 25mg in 1ml - 1x10
- Levetiracetam injection 500mg /5ml - 1x10
- Methadone ampoules for injection 10mg in ml - 1x10
- Metoclopramide injection 10mg in 2ml - 1x10
- Midazolam injection 10mg in 2ml - 2x10
- Morphine sulphate injection 10mg in 1ml - 1x10
- Morphine sulphate injection 30mg in 1ml - 1x10
- Ondansetron Ampoules for injection 4mg/2ml - 1x10
- Oxycodone injection 10mg in 1ml - 2x5

If you haven't ticked any of the medicines from the drug list above, please let us know the reasons:

Reasons why:

Expired Medication

I confirm that I have conducted a quarterly date check of all the items on the current Community Pharmacy Palliative Care List and

- All items are in date
 I have found items that went out of date. I have ordered replacements. I wish to claim the OOD fee for the following items:

Medicine List 1

Quantity

Expiry Date 1
Enter as dd-mmm-yyyy (eg 23-Feb-1989)

Batch Number 1

Medicine List 2

Quantity

Expiry Date 2
Enter as dd-mmm-yyyy (eg 23-Feb-1989)

Batch Number 2

Medicine List 3

Quantity

Expiry Date 3
Enter as dd-mmm-yyyy (eg 23-Feb-1989)

Batch Number 3

Medicine List 4

Quantity

Expiry Date 4
Enter as dd-mmm-yyyy (eg 23-Feb-1989)

Batch Number 4

Quarterly Claims

Claim Quarterly Retainer
 Yes

Declaration I confirm that the information provided on this form is complete and correct.

Pharmacist

GPhC Registration

Test Values

Appendix C: Declaration and service sign up to be completed via [the MS form link here](#)

Service sign up and declaration for On demand availability for Palliative Care drugs

* Required

1. I confirm that I have read and understood the service level agreement for the service *

yes

no

2. I confirm to agree with the requirement of the service and confirm my pharmacy participation for the service *

yes

no

3. Pharmacy name *

Enter your answer

4. ODS code *

Enter your answer

5. Pharmacy address *

Enter your answer

6. Name of person completing the form *

Enter your answer

7. Designation of person completing the form *

Enter your answer

Submit