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| **Rationale of Checklist** | | | |
| This checklist will be completed by the LPC sub-committee for every new or recommissioned service specification sent to the LPC for comment/consultation. The response summary is completed after consultation and agreement by the sub-committee.  The Checklist contains the LPC 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.  The LPC’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 the LPC** | | | |
| **NUMSAS (Advanced Service), NHS England** | | | |
| The LPC has rated this service specification as Amber based on the comments made below. Our recommended actions to further improve the service are:   1. None, no response possible from national commissioners.   Issues with the service that do not satisfy the sub-committee and hence why they do not recommend participation:   1. Fees too low as workload is not adequately reflected. 2. No IT platform (IT possible solution TBC). 3. Only referral from NHS111 is allowed, however existing two locally commissioned services in Wessex (except IOW) & IOW have been agreed to continue for patients telephoning or presenting directly to pharmacy. 4. Pilot service only (Dec 2016 – Mar 2018). | | | |
| **Time-line & Next Steps for the LPC** | | | |
| 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 the LPC’s recommendation to its contractors.~~ | | | |
| **Commissioners response to LPC feedback** | | | |
| Please enter response here, returning promptly to [richard.buxton@hampshirelpc.org.uk](mailto:richard.buxton@hampshirelpc.org.uk)  N/A | | | |
| **Point Covered** | | | **Action or Notes** |
|  | | **LPC Consultation** | |
| LPC Consulted? | | | Yes |
| LPC Consulted with sufficient time to comment? | | | Yes  Phased pilot approach, with Wessex going live in Phase 4, March 2017 start. \**(schedule)*  Each pharmacy site required to [sign-up](http://www.nhsbsa.nhs.uk/PrescriptionServices/UMS.aspx) individually. |
|  | | **Remuneration** | |
| Does remuneration include/cover set up costs, backfill, consumables etc..? | | | No set up, backfill or consumables costs involved. |
| Does the payment structure use a system that is suitable for all contractors and are the payment terms acceptable? | | | Yes  Monthly paper claim via NHS BSA (separate envelope to other FP10 forms).  [Claim form](http://www.nhsbsa.nhs.uk/PrescriptionServices/Documents/PrescriptionServices/Urgent_Medicine_Supply_Advanced_Service_Claim_submission_form_(V1_0_).pdf) to be submitted along with completed FP10DT EPS dispensing tokens, not later than the 5th day of the month. |
| Where equipment is required who provides/calibrates/services this? If contractor, does remuneration sufficiently cover the cost of this? | | | Pharmacy must be EPS enabled.  Pharmacy required to have a shared NHSmail account to receive appropriate referrals from NHS111. |
| Is remuneration fair? | | | Yes  Remuneration is a little over complicated but not far off current rate of PURM service in Wessex (except IOW)  professional fee plus administration fee plus supply fee for first drug and 50p per additional item if more than one and then cost price of the drug (Drug Tariff price) +VAT.  Nb. The Professional and administration fees can be claimed for each referral received, regardless of whether a supply is made to the patient or not.  \*\**(PSNC comments)* |
|  | **Is/does the Service.....** | | |
| Sustainable? | | | Don’t know as service is only a pilot.  However, the locally commissioned current urgent supply services in Wessex (except IOW) & IOW have been agreed to continue. |
| Clinically sound and in line with appropriate National or local guidance? | | | No issues, as current emergency supply legislation still applies.  Declaration of consent to receive the service is obtained by NHS111. |
| Enhance patient care? | | | Yes  Speeds up provision of POM medication in emergency in an equitable way irrespective of the patient’s ability to pay.  Reduces demand on rest of the urgent care system. |
| Have suitable monitoring arrangements and termination clauses? | | | One months’ notice if the pharmacy wishes to terminate must be given to NHS England via completion of an electronic form on the NHS BSA website. |
| Enhance relationships with other HCPs? | | | Yes  Reduces burden of unnecessary onward referral.  Allows endorsement of eRD suitability to patients. |
| Deliverable? | | | Yes |
| Attractive enough for contractors to consider it worthwhile? | | | Yes  Provides solution to unnecessary onward referral of patients to Urgent or Emergency care services currently dependent on their exemption status.  Unfortunately, the service can only be used by patients that are  referred from NHS111, and hence the accessibility is not as good as the current Wessex PURM or IOW Urgent Supply locally commissioned services. These two local services have now been agreed to continue for patients either telephoning of presenting directly at the pharmacy rather than referred from NHS111. |
| Have performance criteria that supports a quality service? | | | Pathway guidelines for conducting the service, however it is up to the pharmacist’s individual discretion whether to agree to the supply or not.  Information on permissible items, length of treatment to supply, exceptions, records required and labelling requirements (Annexe A)  Contractor must have SOP procedures in place for this service and review them every year. (Annexe C has details for inclusion)  Pharmacy must report any referral process or operational issues to the local NHS111 health professionals line. Similarly, any patient safety incidents should be reported in line with the clinical governance approved particulars for pharmacies.  Pharmacy must participate in any local audit of integrated urgent care service provision organised by NHS111 of the local urgent care commissioner. |
|  | **Service Delivery** | | |
| Are the performance measures reasonable and achievable? | | | N/A |
| Is the administration proportional to size or service and remuneration? | | | No  NHS111 request the patient to telephone the pharmacy within 30 minutes to assess the need of the patient prior to going to the pharmacy for possible supply or advice.  Lack of digital IT platform is a hindrance and makes the service cumbersome to use (IT possible solution TBC). |
| Are any reporting systems suitable to all contractors? | | | Yes  Although each pharmacy must have a shared NHSmail account (IT possible solution TBC).  Pharmacies are requested to regularly check the NHSmail account during OOHs periods during their opening hours (IT possible solution TBC).  Pharmacies are to report non-supply using agreed ‘No supply codes’ (Annexe E) |
| Is the training required for the service reasonable? Consider accessibility to CPPE for non-pharmacist/technician staff. | | | No off-site training required.  Training is minimal and can be self-taught.  RPS guidance on emergency supply and CPPE ‘Urgent care: a focus for pharmacy’ are recommended  Pharmacist must demonstrate CPD relevant to the service. |
| Does record keeping or sharing of information requirements meet current IG regulations. | | | Yes  Record made in POM Register (legal record), PMR record, Blank FP10DT EPS dispensing token, GP notification form (Annexe B), Patient questionnaire (Annexe D).  GP form is required to be posted or sent by NHSmail. PDF or word copy of form is available on PSNC website (IT possible solution TBC).  Patient questionnaire can be sent directly using IT platform or later from paper onto the IT functional system. PDF copy available on PSNC website. |
|  | **Miscellaneous Information** | | |
| Any other information specific to this service. | | | Provision to supply patient’s representative when appropriate.  Patient declaration will be required on the reverse of the FP10DT EPS dispensing token to claim any exemptions from NHS prescription charges, otherwise a charge must be taken per item. Evidence of exemption should be supplied.  Service is available throughout the pharmacy’s core & supplementary hours each week.  Pharmacies are requested to regularly check the NHSmail account during OOHs periods during opening hours. (IT possible solution TBC)  Must contact NHS111 provider via the emergency NHS111 DoS 0300 number as soon as possible if the service is not available and also notify NHS England South (Wessex) team.  The service must not be promoted actively to the public. |
| Suggested RAG Rating | | |  |

\* **Rollout**

The NUMSAS pilot is being commissioned as a fully integrated service and it therefore requires a number of key elements to be in place before it can go live.

To support the efficient roll-out of the service, particularly putting in place mechanisms for referral from NHS 111 to community pharmacy, a phased introduction will take place from December 2016 to March 2017, with the pilot running until March 2018:

**Phase 1** – December 2016

– Brighton and Hove CCG; Guildford and Waverley CCG; Blackpool CCG and Fylde and Wyre CCG; Nottingham City CCG; Cambridgeshire and Peterborough CCG

**Phase 2** – January 2017

– East of England; North East; North West

**Phase 3** – February 2017

– South East Coast; West Midlands; East Midlands; South West

**Phase 4** – March 2017

– London; Yorkshire and Humber; South Central; ~~Isle of Wight~~ Wessex

\*\* **Funding**

PSNC has undertaken an initial assessment of the costs of providing the service and we will undertake a more detailed analysis now the final service specification has been published. At PSNC’s January meeting, the Committee considered the costs of providing the service and they expressed concern that contractors would find that the likely costs of provision of the service would exceed the fees that NHS England will pay for its provision.

As with any new service, PSNC recommends that contractors consider the likely costs they will incur in setting up and providing the service and compare this with the likely income that will be available from the service as part of a careful assessment of whether it is sensible for them to seek to provide the service.

The volume of referrals from NHS 111 to contractors is likely to be relatively low, based on information provided by NHS England; the maximum number of all such potential referrals is in the region of 200,000 per annum, and based on the experience of similar locally commissioned services, it is unlikely that it will be possible to transfer all of these patient requests to community pharmacy, at least to begin with. Clearly the likely volume of transactions per pharmacy will also need to be a factor that is considered when contractors make a decision on whether they wish to seek to provide the service.