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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** |
| **TCAM, UHS NHS FT** |
| 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. Introduce a local payment rate equivalent to an MUR for provision of the service in situations where a CP has already hit the 400 maximum for the year.
2. Ensure the PharmOutcomes IT platform is stripped down to be just a Yes/No confirmation of actions taken that reflects no additional remuneration for this administration task.
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| **Time-line & Next Steps for the LPC** |
| The LPC will publish this service participation rating to contractors in **due course when you indicate the service is to go live.** 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  |
| **Point Covered** | **Action or Notes** |
|  | **LPC Consultation** |
| LPC Consulted?  | Yes |
| LPC Consulted with sufficient time to comment? | Yes |
|  | **Remuneration** |
| Does remuneration include/cover set up costs, backfill, consumables etc..? | No set-up, backfill or consumable costs 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. |
| Is remuneration fair? | Payment of MUR or NMS fee from NHS England in the usual way for services provided.No additional remuneration proposed for the minimal data input confirmation by CP. |
|  | **Is/does the Service.....** |
| Sustainable? | Yes |
| Clinically sound and in line with appropriate National or local guidance? | YesReduce the risk of medicines concordance issues and subsequent re-admittance into hospital |
| Enhance patient care? | Yes. Improved medicines concordance and patient health outcomes. |
| Have suitable monitoring arrangements and termination clauses? | N/A |
| Enhance relationships with other HCPs? | YesBuilds relationships between hospital pharmacists, MMTs, CPs & GPs due to increased collaborative working. |
| Deliverable? | Yes |
| Attractive enough for contractors to consider it worthwhile? | Yes.Useful additional service opportunity for MURs or NMS.No additional remuneration for minor administration task of confirmation of referral completion. |
| Have performance criteria that supports a quality service? | SOP to be developed.Dorset County Hospital can be used as a model – see below.Patient consent sought for information to be entered onto PharmOutcomes and patient to be referred.NMS eligible drug list consulted if this service considered for referral.JAC patient discharge letter attached to PharmOutcomes + reason for referral sent to nominated CP.CP can accept / reject referral. |
|  | **Service Delivery** |
| Are the performance measures reasonable and achievable? | N/A |
| Is the administration proportional to size or service and remuneration? | YesNo additional remuneration proposed for this minor administration task. |
| 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. | N/A  |
| Does record keeping or sharing of information requirements meet current IG regulations. | YesAll records are kept securely on PharmOutcomes. |
|  | **Miscellaneous Information** |
| Any other information specific to this service. | Still a problem for the high performing exemplar CPs that are maximising their 400 MURs before the year end. These are the most likely locations to actively participate in the service and hence the 400MUR cap will act as a ‘block’ to completion of the referral in the top service providing CP locations. This will be particularly prevalent during Q4 and lead to inconsistency & variation in referral completion. The framework needs to be designed to allow for commissioning of these additional MURs when necessary to ensure the service thrives and does not dip in Q4. |
| Suggested RAG Rating |  |