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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 the 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** | | | |
| **Take Home Naloxone Kit, 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. The remuneration does not cover the training time required by the team to provide this service and the professional fee is set. We suggest a fee is proportionate for the time required to deliver this service. 2. Responsibility for reordering stock is with the pharmacy. Was the initial stock provided by Lloyds? Are the pharmacies reimbursed for re-ordered stock which then goes out of date? 3.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 |
| Does the payment structure use a system that is suitable for all contractors and are the payment terms acceptable? | | | Yes, PharmOutcomes.  Automated claims on 5th of month, payment within 30 days of PharmOutcomes invoice production |
| Where equipment is required who provides/calibrates/services this? If contractor, does remuneration sufficiently cover the cost of this? | | | No equipment required except use of PharmOutcomes to enter information |
| Is remuneration fair? | | | Nationally schemes vary between professional fee + annual retainer fee, both with additional cost price of drug.  Proposal here is LOW: fee and cost price of drug.  No remuneration for covering attendance at annual contractor meetings, although time required will be very brief |
|  | **Is/does the Service....** | | |
| Sustainable? | | | Yes |
| Clinically sound and in line with appropriate National or local guidance? | | | Yes, service is made available to Substance Misuse & Needle Exchange service users over 18 years of age, or to a family member of the service user with their consent  Service is provided by approved Naloxone administration trained staff (not necessarily the pharmacist) when assured of service user understanding of their training  Service increases service user awareness of availability of training and supply, provides training and supply, includes replacement of previously dispensed Naloxone and sign-post clients to support services where appropriate  Pharmacy must be aware of local child and vulnerable adult protection procedures |
| Enhance patient care? | | | Yes, provides additional care to identified service users that would benefit from this |
| Have suitable monitoring arrangements and termination clauses? | | | Termination clauses not specified  Pharmacy must notify Contract manager where changes to personnel results in the service becoming unavailable.  Where issues identified, Contract Manager will produce a written report containing action plan with the named pharmacist. Review will occur to ensure plans completed, or else possible withdrawal of service |
| Enhance relationships with other HCPs? | | | Yes, greater collaboration possible with Hampshire based healthcare professionals |
| Deliverable? | | | Yes |
| Attractive enough for contractors to consider it worthwhile? | | | Maybe, service can be delivered by the pharmacy team at a Level 3 PDTS site  Fee is low considering time required to provide the service, although pharmacist does not necessarily need to be involved in supply  No remuneration to cover for pharmacist attending contractor meetings |
| Have performance criteria that supports a quality service? | | | Service user must be over 18 years old  Service users knowledge & understanding of all aspects of the service must be confirmed  Pharmacy must provide verbal & written information relating to the service  Duty of contractor to ensure Staff & Locums have knowledge and trained to operate within local protocols  Contractor must have signed SOP procedures in place for this service and confirmation of this on PharmOutcomes. Pharmacists (including locums) and an adequate level of support staff must be aware of and follow the SOPs to ensure a safe & smooth service  Service must be provided from an approved MUR standard Consultation Room |
|  | **Service Delivery** | | |
| Are the performance measures reasonable and achievable? | | | N/A |
| Is the administration proportional to size or service and remuneration? | | | Yes, pharmacy must maintain appropriate records on PharmOutcomes to ensure on-going service deliver and audit.  Pharmacy will create a record on PMR of dispensing and label product appropriately |
| Are any reporting systems suitable to all contractors? | | | PharmOutcomes requires internet access  Use is essential to enter information |
| Is the training required for the service reasonable? Consider accessibility to CPPE for non-pharmacist/technician staff. | | | Completion of remote training pack sent directly to pharmacy (face to face training with the Contracts Manager can be arranged if necessary) and any training updates  Completion of CPPE learning pack ‘Safeguarding Children & Vulnerable Adults’ and associated e-assessment by pharmacist within 3 months of signing agreement. A signed DoC must be completed and stored at the pharmacy for both ‘Needle Exchange’ & ‘Supervised Consumption’ and confirmed on PharmOutcomes  Pharmacist requested to attend at least one contractor meeting per year  Duty of contractor to ensure Staff & Locums have knowledge & are trained, using regular pharmacists |
| Does record keeping or sharing of information requirements meet current IG regulations. | | | Yes, record made on PharmOutcomes |
|  | **Miscellaneous Information** | | |
| Any other information specific to this service. | | | Service is in addition to the requirements for Level 3 Needle exchange sites.  DBS check not required  Pharmacy responsibility to order replacement stock  Using irregular locums for a period of greater than a month needs notification to the Contract Manager |
| Suggested RAG Rating | | |  |