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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. | | | |  |
| **Service and Commissioner** | | | |  |
| Isle of Wight Council (Public Health)  Supply of Varenicline (Champix®) Tablets 500mcg and 1mg by registered community pharmacists for smoking cessation / management of nicotine withdrawal | | | |  |
| **Response summary feedback from CPSC** | | | |  |
|  | | | |  |
| CPSC has rated this service specification as Green based on the comments made below. Our recommended actions to further improve the service are:   1. Initial service payment should be increased to reflect the time taken by the pharmacist to provide the PGD consultation (and be consistent with other IOW PGDs). | | | |  |
| **Time-line & Next Steps for CPSC** | | | |  |
| CPSC will publish this service participation rating to contractors in **10 days’ time.**  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 [alison.freemantle@cpsc.org.uk](mailto:alison.freemantle@cpsc.org.uk) | | | |  |
| **Point Covered** | | | **Action or Notes** |  |
|  | | **CPSC Consultation** | |  |
| CPSC Consulted? | | | Yes |  |
| CPSC Consulted with sufficient time to comment? | | | Yes |  |
|  | | **Remuneration** | |  |
| Does remuneration include/cover set up costs, backfill, consumables etc..? | | | No set up costs.  Some initial training requirements (no backfill costs). |  |
| Does the payment structure use a system that is suitable for all contractors and are the payment terms acceptable? | | | Yes  PharmOutcomes used to process service data and invoicing.  Payment one month in arrears. |  |
| Where equipment is required who provides/calibrates/services this? If contractor, does remuneration sufficiently cover the cost of this? | | | No additional equipment required to deliver service |  |
| Is remuneration fair? | | | Average  Initial clinical consultation payment is not consistent with the time required to provide the service nor other IOW commissioned PGDs.  Repeat Dispensing fee + drug cost price (Drug Tariff price + VAT) for the 5 repeat supplies provided. |  |
|  | **Is/does the Service.....** | | |  |
| Sustainable? | | | Yes |  |
| Start/ end date | | | 1st July 2020 – 31st March 2022 |  |
| Clinically sound and in line with appropriate National or local guidance? | | | PGD, defined inclusion and exclusion criteria.  NICE Varenicline for smoking cessation: <https://www.nice.org.uk/guidance/ta123>  SPC: <https://www.medicines.org.uk/emc/product/7944> |  |
| Enhance patient care? | | | Yes, allow access to POM medicines without the need to visit the GP. Making the patient journey to quit smoking smoother. |  |
| Have suitable monitoring arrangements and termination clauses? | | | No additional monitoring requirements. Service record on PharmOutcomes. Monitoring information accessed from PharmOutcomes.  No termination clause. |  |
| Enhance relationships with other HCPs? | | | Yes, provides opportunity for greater collaboration and sharing of information between WBS and community pharmacy. |  |
| Deliverable? | | | Yes |  |
| Attractive enough for contractors to consider it worthwhile? | | | Yes |  |
| Have performance criteria that supports a quality service? | | | Yes  Locally agreed assessment of service user experience.  Pharmacy SOP reviewed annually.  Pharmacist to undertake CPD relevant to service. |  |
|  | **Service Delivery** | | |  |
| Are the performance measures reasonable and achievable? | | | Yes |  |
| Is the administration proportional to size or service and remuneration? | | | Yes |  |
| Are any reporting systems suitable to all contractors? | | | Service uses PharmOutcomes to record delivery.  PharmOutcomes will also collate for invoicing monthly. |  |
| Is the training required for the service reasonable? Consider accessibility to CPPE for non-pharmacist/technician staff. | | | Declaration of Competence (DoC) Stop Smoking  CPPE Safeguarding  CPPE Stop Smoking: Core & Foundation learning  No funding available for backfill to allow pharmacist to complete training. |  |
| Does record keeping or sharing of information requirements meet current IG regulations. | | | Service delivery recorded on PharmOutcomes. A copy is sent to patient’s GP directly via PharmOutcomes.  Record of dispensing recorded on patient’s PMR. |  |
|  | **Miscellaneous Information** | | |  |
| Any other information specific to this service. | | | Funding for the service the same as in the 2018 contract. |  |
| Suggested RAG Rating | | |  |  |