

North Hampshire CCG

SCHEDULE 2 – THE SERVICES

A. Service Specifications

Mandatory headings 1 – 4: Mandatory but detail for local determination and agreement

Optional headings 5-7: Optional to use, detail for local determination and agreement.

All subheadings for local determination and agreement

Service	On Demand availability of Drugs for Palliative Care Primary Care Service
Commissioner Lead	Sharon Martin (Associate Director of Primary Care)
Provider Lead	
Period	1st April 2019 – 31st March 2020
Date of Review	October 2019

1. Population Needs

1.1 General Overview

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 a number of 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.

2. 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	
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

3. Scope

3.1 Aims and objectives of service

Service Aim

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

The pharmacy contractor will stock a locally agreed range of specialist medicines and will make a commitment to ensure that users of this service have prompt access to these medicines at all times agreed with North Hampshire CCG.

The pharmacy will provide information and advice to the user, carer and clinician, in line with locally agreed palliative care guidelines. They may also refer to specialist centres, support groups or other health and social care professionals where appropriate.

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

The service will provide comprehensive availability of palliative care drugs across North Hampshire via

- An Enhanced Service for Community Pharmacy based on the national template service specification for 'On Demand Availability of Palliative Care Drugs.
- Three pharmacies across North Hampshire based in Basingstoke and Hook, with extended opening hours and good accessibility / parking

Supply of emergency specialist drugs

In rare circumstances more specialist palliative care drugs or parenteral anti-biotic might be required urgently to control complex symptoms in palliative care patients (e.g. with severe renal impairment, intractable neuropathic pain, gastric outflow obstruction). Rapid access to these drugs in the community is essential to ensure patients' comfort and avoid hospice or acute hospital admission for terminal care.

To improve access to these drugs, North Hampshire CCG has decided to have THREE designated pharmacies in North Hampshire which will hold a list of drugs (see appendix 2). The majority of pharmacies can provide controlled drugs or fulfil a FP10 request within the day, however where urgent access is required to specialist supplies, designated pharmacies containing the stock will be signposted to via specialist teams or other community pharmacies.

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.

Drugs Available

The Community Pharmacies will guarantee to stock an agreed formulary of the commonly prescribed drugs (Appendix 2). These drugs have been agreed by the service providers and are considered to cover the majority of "urgent" requests. 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 reviewed annually to ensure it reflects local needs.

Access to the Service

Details of the Pharmacies will be circulated to all community based Palliative Care Nurses and District Nurses and to other Community Pharmacies. 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 situation, where the drugs cannot be obtained by the local Community Pharmacy within an appropriate timescale.

It is imperative that when it is not possible to access palliative care drugs from a Community Pharmacy within their extended hours, nurses and doctors must contact Hantsdoc on 01962 898141 (18.30hrs to 08.00hrs).

Service outline

- a. The pharmacy holds the specified list of medicines required to deliver this service and will dispense these in response to NHS prescriptions presented. The pharmacist 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 (or delegate this task appropriately).
- b. If a participating Community Pharmacist is not able to fill the prescription in the time available then he/she needs to find another Community Pharmacy who is able to fill the prescription. This should be done by telephoning another 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.
- c. The pharmacist should co-ordinate with the prescriber to plan in advance for increased medication demand, particularly weekends and public holidays, when this is appropriate
- d. 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.
- e. The pharmacy should maintain appropriate records to ensure effective ongoing service delivery and audit.
- f. The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service are aware of and operate within local protocols. This includes all locum pharmacists.
- g. The pharmacy provides details of on-call contacts who will meet the commitment to have prompt access to the agreed list of medicines at all times agreed with the CCG.
- h. In the event of long-term availability problems, the pharmacy should liaise with their local palliative care team to arrange for suitable alternatives to be kept in stock.
- i. The CCG will agree with local stakeholders the medicines formulary and stock levels required to deliver this service. The CCG will regularly review the formulary to ensure that the formulary reflects the availability of new medicines and changes in practice or guidelines.

j. If it is brought to the CCG'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 scheme.

k. The CCG will reimburse participating pharmacies to compensate for date expired medicines in the formulary. Pharmacists are requested to submit a list of expired stock annually. An annual participation fee will be agreed annually (Appendix 5)

l. The CCG will provide a framework for the recording of relevant service information for the purposes of audit and the claiming of payment.

m. The CCG & Local Pharmacy Committee will disseminate information on the service to other pharmacy contractors and health care professionals in order that they can signpost patients to the service.

3.2 Interdependence with other services/providers

The Provider shall ensure that effective and clear communication is maintained with Patients and GP surgeries

3.3 Eligibility

100 hr pharmacy, sufficient storage facilities and parking facilities.

3.4 Population covered and geographical boundaries

This service is accessible to patients registered to a GP practice within North Hampshire.

This service should be commissioned from community pharmacy providers, where the service can be provided within the existing skillset of the community pharmacy to meet the needs of the population, improve health and wellbeing, reduce health inequalities and support the provision of care closer to home. Therefore there are no procurement considerations for this option.

4. Applicable Service Standards

4.1 Applicable National Standards (e.g. NICE)

Not applicable.

4.2 Applicable Standards Set Out in Guidance and/or Issued by a Competent Body (e.g. Royal Colleges)

Not applicable.

4.3 Applicable local Standards

Not applicable.

5. Applicable quality requirements

The service will be evaluated by periodic audit, run by the CCG.

5.1 Applicable CQUIN goals (See Schedule 4 Part E)

5.2 Prices and Costs

Cost – Annual participation honorarium of £ and payment for expired Controlled Drugs

Payment: via SBS to community pharmacy. Claims to be processed within two months of submission by Medicines Management

5.3 Applicable quality requirements (The table below forms part of Schedule 4 of the NHS Standard Contract)

The service will be evaluated by periodic audit, run by the CCG.

6. Location of Provider Premises

The Provider's premises are located at:

Assura Pharmacy (Cohens)
4 Dickson House
Crown Heights
Basingstoke
Hampshire
RG21 7AH

Rooksdown Pharmacy
Park Prewett Road
Basingstoke
Hampshire
RG24 8GU

Whitewater Pharmacy
Reading Road
Hook
Hampshire
RG27 9ED

7. Individual Service user Placement

Not Applicable

Appendix 1

Community Pharmacy Palliative care Medicines List – March 2019

Medicine	Strength	Quantity
Alfentanil injection*	5mg in 1ml	3 x 10
Clonazepam tablets	500microgram	1 x 100
Cyclizine injection	50mg in 1ml	4 x 5 x 1ml
Dexamethasone injection	3.3mg in 1ml	2 x 10 x 1ml (store in the fridge)
Haloperidol injection	5mg in 1ml	2 x 5 x 1ml
Hyoscine butylbromide injection	20mg in 1ml	1 x 10 x 1ml
Levetiracetam Solution for Infusion	100mg/1ml	1 x 10
Levomepromazine injection	25mg in 1ml	1 x 10 x 1ml
Lorazepam tablets (for sublingual use)	1mg and 2.5mg	1 x 28 1 x 28
Metoclopramide injection	10mg in 2ml	1 pack x 2ml (10 or 12 amps dependent on manufacturer)
Metoclopramide tablets	10mg	1 x 28
Midazolam injection	10mg in 2ml	2 x 10 x 2ml
Morphine sulphate solution	10mg in 5ml	2 x 100ml + 1 x 500ml
Morphine Sulphate Concentrated Oral Solution	100mg/5ml	1 x 120ml
Morphine sulfate injection	10mg in 1ml 30mg in 1ml	1 x 10 x 1ml; 10mg 2 x 5 x 1ml; 30mg
Oxycodone injection	20mg in 2ml 10mg/1ml	2 x 5 x 2ml
Phenobarbital Injection	200mg/ml	1 x 10
Sodium Valproate Injection	100mg/ml	1 x 5

***Not generally required. This item to be held in stock by:**

Cohens Pharmacy 4 Dickson House, Alencon Link, Basingstoke Town Centre, RG21 7AH

Whitewater Pharmacy, Reading Road, Hook, Hampshire, RG27 9ED

Boots, Bosmere Medical Centre, Solent Road, Havant PO9 1DQ

Lloyds pharmacy, 2 Commercial Road, ASDA Precinct, Totton SO40 3BY

Milford Pharmacy, War Memorial Hospital, Sea Road, Milford-on-Sea, Lymington SO41 0PG

