|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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** | | | |  |
| On Demand availability of Drugs for Palliative Care Primary Care Service  North Hampshire CCG | | | |  |
| **Response summary feedback from CPSC** | | | |  |
|  | | | |  |
| CPSC has rated this service specification as Amber based on the comments made below. Our recommended actions to further improve the service are:   1. Nothing in service specification relating to termination of service 2. Renumeration for pharmacies involved £200 p.a. The retainer will cover some of the cost of purchasing the medicines specified initially 3. Limited to a number of pharmacies (3), so not available to all contractors 4. Out of date meds can only be claimed for annually – I would recommend every 6 months 5. The specification refers to the recording of relevant service information for the purposes of audit and the claiming of payment, however this is not documented anywhere 6. If the formulary is reviewed and the medicines required change, medicines that are removed from formulary still need to be able to be claimed for should they go out of date 7. Claiming is paper based | | | |  |
| **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? | | | No |  |
| CPSC Consulted with sufficient time to comment? | | | N/A – completed retrospectively |  |
|  | | **Remuneration** | |  |
| Does remuneration include/cover set up costs, backfill, consumables etc..? | | | No additional set up costs other than initial purchasing of the products. Some are controlled drugs requiring safe storage, but this should not necessitate the need for a larger CD cupboard in pharmacy. |  |
| Does the payment structure use a system that is suitable for all contractors and are the payment terms acceptable? | | | Payment still paperbased. Payment within 2 months of receipt.  OOD drugs only claimed for annually. |  |
| Where equipment is required who provides/calibrates/services this? If contractor, does remuneration sufficiently cover the cost of this? | | | N/A |  |
| Is remuneration fair? | | | Yes |  |
|  | **Is/does the Service.....** | | |  |
| Sustainable? | | | Yes |  |
| Start/ end date | | | 31st March 2020 |  |
| Clinically sound and in line with appropriate National or local guidance? | | | Yes |  |
| Enhance patient care? | | | Yes, providing easy access to urgent medicines for customers at a very difficult time for them. |  |
| Have suitable monitoring arrangements and termination clauses? | | | Annual audit carried out by CCG.  No termination clauses in spec. |  |
| Enhance relationships with other HCPs? | | | Yes, for those pharmacies involved.  The palliative care drugs list and pharmacies involved 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. |  |
| Deliverable? | | | Yes |  |
| Attractive enough for contractors to consider it worthwhile? | | | Yes |  |
| Have performance criteria that supports a quality service? | | | Yes |  |
|  | **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? | | | Paper based |  |
| Is the training required for the service reasonable? Consider accessibility to CPPE for non-pharmacist/technician staff. | | | No training requirements |  |
| Does record keeping or sharing of information requirements meet current IG regulations. | | | Yes – no patient details need to be kept |  |
|  | **Miscellaneous Information** | | |  |
| Any other information specific to this service. | | | Only available to 3 pharmacies. |  |
| Suggested RAG Rating | | |  |  |