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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** | | | |  |
| Supervised consumption in Community Pharmacy  Southampton City Council | | | |  |
| **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. Payments currently being made quarterly two months in arrears, the LPC would recommend payment monthly. | | | |  |
| **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 consumables.  Backfill provided for attendance at annual information meeting.  Cost of staff Hep B reimbursement with prior approval from commissioner. |  |
| Does the payment structure use a system that is suitable for all contractors and are the payment terms acceptable? | | | Yes.  Service uses PharmOutcomes to capture data and invoice.  Payment increased from previous contract.  Payments will be made quarterly two months in arrears. There is a two-month grace period in place for retrospective claims. |  |
| Where equipment is required who provides/calibrates/services this? If contractor, does remuneration sufficiently cover the cost of this? | | | No equipment required to deliver service. |  |
| Is remuneration fair? | | | Yes  Supervision fee and a quarterly retainer paid to cover any training and miscellaneous costs. |  |
|  | **Is/does the Service.....** | | |  |
| Sustainable? | | | Yes |  |
| Start/ end date | | | 1st April 2022 – 31st March 2023 |  |
| Clinically sound and in line with appropriate National or local guidance? | | | Yes  The service provides a need for people with dependant use of drugs, compliance with patients agreed care plans, reduce risk to local communities and provides regular contact with a HCP (with referral back to specialist treatment centres, HCPs or social care as appropriate). |  |
| Enhance patient care? | | | Yes |  |
| Have suitable monitoring arrangements and termination clauses? | | | Yes  PharmOutcomes data will also be monitored to inform service and budget planning. |  |
| Enhance relationships with other HCPs? | | | Yes, especially the drug treatment service key workers and prescribers. |  |
| Deliverable? | | | Yes  Commissioner looking for up to 20 pharmacies to deliver. |  |
| Attractive enough for contractors to consider it worthwhile? | | | Yes |  |
| Have performance criteria that supports a quality service? | | | Individual Service Providers will agree a maximum number of service users that can be accommodated at any one time (capacity). Any proposed changes to capacity must be made in writing (email) to commissioner with a minimum 2 weeks’ notice in line with a typical OST prescription duration.  Annual audit (content agreed with LPC) when required. |  |
|  | **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? | | | Yes – PharmOutcomes |  |
| Is the training required for the service reasonable? Consider accessibility to CPPE for non-pharmacist/technician staff. | | | Yes  DoC for Pharmacists and registered technicians  Attendance at annual update event – backfill paid |  |
| Does record keeping or sharing of information requirements meet current IG regulations. | | | Yes  Service uses PharmOutcomes |  |
|  | **Miscellaneous Information** | | |  |
| Any other information specific to this service. | | | Service previously rated Amber  Supervision payment increase 20%  Number of pharmacies increased from 13 to 20. |  |
| Suggested RAG Rating | | |  |  |