|  |  |  |  |
| --- | --- | --- | --- |
| **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** | | | |
| **Concordance; Level 1 & 2, Portsmouth CCG** | | | |
| CPSC has rated this service specification as Green based on the comments made below. Our recommended actions to further improve the service are:   1. Adoption of the new NHS Short Form contract would be beneficial to contractors. 2. Consultation on any proposed CCG audit or assessment of service would be good to ensure proportionate in time taken to complete/volume/complexity to service. 3. Further clarification on referral pathway and mechanism, patient consent and records. | | | |
| **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 CPSC feedback** | | | |
| Please enter response here, returning promptly to [richard.buxton@cpsc.org.uk](mailto:richard.buxton@cpsc.org.uk)  Short form contract will be used.  CPSC will be consulted regarding Assessment Audit.  Onward referral at the professional discretion of contractor pharmacist: Method of referral and records made assumed to be dependent on to whom or where referred. | | | |
| **Point Covered** | | | **Action or Notes** |
|  | | **LPC Consultation** | |
| CPSC Consulted? | | | Yes |
| CPSC consulted with sufficient time to comment? | | | Yes |
|  | | **Remuneration** | |
| Does remuneration include/cover set up costs, backfill, consumables etc..? | | | Monthly fees proposed to cover operational workload & sundries.  MUR completion expected within first 3 months for patients capable of visiting the pharmacy (NHS England). |
| Does the payment structure use a system that is suitable for all contractors and are the payment terms acceptable? | | | Yes, PharmOutcomes.  Automated claims, payment period is quarterly.  MUR payment (NHS England) via NHS BSA end of month process. |
| Where equipment is required who provides/calibrates/services this? If contractor, does remuneration sufficiently cover the cost of this? | | | No equipment provided.  Contractor supports with advice, education and compliance aid - recommended to use Nomad system (Clear or Duo) and sundries.  Use of PharmOutcomes to enter information. |
| Is remuneration fair? | | | Level 1  Monthly fee:  Yes  Level 2  Monthly fee:  Yes, for a 28-day prescription  *(clarification that MDS dispensed against 7 days prescriptions do not attract any fee)* |
|  | **Is/does the Service.....** | | |
| Sustainable? | | | Yes, for pharmacies currently involved or with a desire to be involved with provision of concordance type services. |
| Clinically sound and in line with appropriate National or local guidance? | | | No specific inclusion and exclusion criteria.  Service is available to referred vulnerable patients from the ‘Medicines at Home’ (MAH) service only. They are of any age, requiring additional assistance and registered at a Portsmouth CCG CP practice.  Service standards (general): NICE, NHS Contractual Framework for Essential Services & Advanced Services, RPS |
| Enhance patient care? | | | Yes |
| Have suitable monitoring arrangements and termination clauses? | | | No details provided.  Assume a standard NHS contract will cover this service, but would be better if the new Short Form could be adopted. |
| Enhance relationships with other HCPs? | | | Yes, enhances CP relationship with Social Services and the MAH service |
| Deliverable? | | | Yes |
| Attractive enough for contractors to consider it worthwhile? | | | Yes |
| Have performance criteria that supports a quality service? | | | Contractor must have SOP procedures & Referral pathways in place for this service and review annually.  Pharmacy team awareness and training on service and CPD.  Pharmacy must participate in any CCG led audit or assessment of the service. Consultation with CPSC on this would be good.  Pharmacy must maintain records on service delivery & audit using PharmOutcomes.  Pharmacy to ensure DBS checks and Lone worker policy in place for relevant staff. |
|  | **Service Delivery** | | |
| Are the performance measures reasonable and achievable? | | | Yes  Regular face to face contact or if necessary a telephone call (ideally monthly, minimum 3 monthly to check device still appropriate for patient).  The contractor will support mid-cycle changes to medication in order to keep patient’s medication up to date.  Contractor will notify MAH service promptly of requests from secondary care to continue Nomads started in hospital, where previously not using them.  Contact MAH service if ever unable to provide appropriate necessary support identified. |
| Is the administration proportional to size or service and remuneration? | | | Yes. |
| Are any reporting systems suitable to all contractors? | | | PharmOutcomes requires internet access.  Use essential to enter information. |
| Is the training required for the service reasonable? Consider accessibility to CPPE for non-pharmacist/technician staff. | | | Completion of CPPE learning pack ‘Patient Centred Care’ recommended.  Ongoing CPD. |
| Does record keeping or sharing of information requirements meet current IG regulations. | | | Yes. Record made on PharmOutcomes in timely manner to support monitoring and payment claims.  Necessary referral to other Healthcare professionals will be sent as appropriately, where patient consent has been obtained.  (recorded where and how?) |
|  | **Miscellaneous Information** | | |
| Any other information specific to this service. | | | Contract is on offer to any community pharmacy whose premises are within the city boundaries. |
| Suggested RAG Rating | | |  |