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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. | | | |
| **Response summary feedback from CPSC** | | | |
| |  | | --- | |  |   **Concordance; Level 3, Portsmouth CCG** | | | |
| CPSC has rated this service specification as Red/Amber 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 details on time scales required to achieve for home visit attendance. 4. 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 to CPSC feedback** | | | |
| Please enter response here, returning promptly to [richard.buxton@cpsc.org.uk](mailto:richard.buxton@cpsc.org.uk)  Previous comments below still stand.  Fees will remain static across all levels of the service; Device filling aids have been supplied to Pharmacies that requested them.  Happy to consult with CPSC when designing audit or evaluation of the service and will adjust wording of specification to indicate this.  Timescales for visit dictated by professional discretion. Current contractors will be aware how urgent a response should be depending on information supplied by the patient about what type of problem they want solved. MAH team available as per point 3 below. (MAH = ICP)  Method of recording onward referral at professional discretion of the pharmacist and likely dependant on where referred.  CCG previously commented at last time of commissioning that:   1. Short form NHS Contract will be used. 2. Equipment will be provided, owned and maintained by ICPT. The exception is that we will ask pharmacies to replace batteries in Pivotell every 6 months. 3. Time frame will be mutually agreed with pharmacy and ICPT- the fall back being if the pharmacy can’t cope with a home visit then ICPT will pick this up. 4. Patient consent for service will be captured by ICPT and retained for their records in line with Solent IG policy. 5. Referrals to other health care professionals would have to be made by phone / nhs.net or secure fax. This can be kept under review and dealt with at contractors meeting. I am assuming that most professional discussion would be with ICPT and team members are very willing to come out to participating pharmacies and provide support and advice. 6. Additionally, since consulting further with contractors we will advise pharmacies to provide a printed MAR chart each month. Patient will be trained to take this into hospital, weekend pharmacy etc to provide complete list of their current medication when required by health professional. 7. Clarify that delivery drivers are only required to deliver/collect devices and are not to be involved in setting up devices, setting timers, changing batteries etc. 8. I appreciate LPC and contractor’s tolerance and willingness to engage in this relatively small service that will only support 55 patients. The specification is not firmly detailed as we expect the service to evolve ad we all learn together on how to provide this innovative service. | | | |
| **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..? | | | Initial fee to cover contract workload, engagement and training of staff.  Monthly fees proposed to cover operational workload.  Ad hoc authorised home visit fees proposed.  Backfill fees available for training.  DBS costs covered for up to 4 staff over duration of service.  Cost of equipment & consumables is the responsibility of the CCG.  MUR completion expected within first 3 months (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, on a calendar monthly payment basis.  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? | | | Contractor supports with advice, education and compliance aid (necessary equipment, which the CCG provides).  MAH service team calibrates & services the equipment (pharmacies to change batteries every 6 months)  Use of PharmOutcomes to enter information. |
| Is remuneration fair? | | | - Start-up fee:  This allows for assessment, time taken to agree SOP’s and participation liability/legality.  - Monthly fee (for 1, 2 or 4 devices in use):  Pharmacies need to evaluate increase in time required versus the Level 2 service. Current uplift proposed is 66%  - Home visit fees:  Yes, (pharmacist / technician) per requested and MAH service authorised visits only. Visits a minimum of 1 hour, probably twice a year on average.  - Backfill fees:  Yes, daytime training workshops half a day (pharmacist / technician)  - DBS fees covered (max 4 staff):  Yes  - MUR’s completed on site:  Yes, via NHS England Advanced Service process as usual and performed during coordinated CCG remunerated Home visit  Apply to NHS England -South (Wessex) on PREM 2 |
|  | **Is/does the Service.....** | | |
| Sustainable? | | | Yes, for pharmacies currently 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 MAH service only. They are of any age, requiring additional assistance and registered at a Portsmouth CCG CP practice.  \*\* see notes below under Miscellaneous information.  - Service standards (only general, not Pivotell specific): 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; for the small number of pharmacies required to participate. Dependent on individual contractors assessing the individual risks associated with provision of this service prior to participation. |
| Attractive enough for contractors to consider it worthwhile? | | | Yes; although need to be clear on time required to develop robust & acceptable SOP’s and be comfortable with liability / legality issues regarding the service.  \*\* see notes below under Miscellaneous information.  (Nb: GPhC has made no comment & RPS does not support)  Also, be clear on additional operational time required each month to dispense medication into the Pivotell device compared to a usual MDS blister. |
| 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).  Contact MAH service if ever unable to provide appropriate necessary support identified.  Time frame required in which required to make an authorised required home visit not specified, however backstop position is the MAH service will make a visit if the pharmacy notifies the MAH service that they are unable to do this. |
| 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. | | | \*\* Please refer to comments made in detailed evaluation of Pivotell conducted previously by Manchester LPC (click link below) - this lists issues that contractors should be aware of before deciding whether to participate the service.  Note this is based on the West Midlands model and not the Portsmouth model being proposed, therefore some points may not be relevant; having been already addressed by the Portsmouth CCG.  <https://www.cpsc.org.uk/application/files/9215/5350/6460/Automated_Pill_Dispenser_guidance.pdf> |
| Suggested RAG Rating | | | |  | | --- | |  | |