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| **Rationale of Checklist** |
| This checklist will be completed by the LPC sub-committee for every new or recommissioned service specification sent to the LPC for comment/consultation. The response summary is completed after consultation and agreement by the sub-committee.The Checklist contains the LPC 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.The LPC’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 the LPC** |
| **Inclusion Referral scheme, Lloyds PDTS** |
| The LPC has rated this service specification as Green based on the comments made below. Our recommended actions to further improve the service are:1. Biennial review of the SOP is the standard period more usually adopted.
2. Is the consent oral & recorded on PharmOutcomes or paper based?
3. What are the locally determined confidentiality arrangements?
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| **Time-line & Next Steps for the LPC** |
| The LPC will publish this service participation rating to contractors in **10 days’ time (2nd September)**. 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 the LPC’s recommendation to its contractors. |
| **Commissioners response to LPC feedback** |
| Please enter response here, returning promptly to richard.buxton@hampshirelpc.org.uk  |
| **Point Covered** | **Action or Notes** |
|  | **LPC Consultation** |
| LPC Consulted?  | Yes, however this was as an afterthought rather than proactively. |
| LPC Consulted with sufficient time to comment? | No, the communication has already been emailed to pharmacies which included a contract variation which was tailored to each location/ multiple as required. |
|  | **Remuneration** |
| Does remuneration include/cover set up costs, backfill, consumables etc..? | No set up, backfill or consumables costs involved. |
| Does the payment structure use a system that is suitable for all contractors and are the payment terms acceptable? | Yes, PharmOutcomes.Automated claims, payment within 30 days of PharmOutcomes invoice production. |
| Where equipment is required who provides/calibrates/services this? If contractor, does remuneration sufficiently cover the cost of this? | No equipment required except use of PharmOutcomes to enter information. |
| Is remuneration fair? | Yes, consultation fee. |
|  | **Is/does the Service.....** |
| Sustainable? | Yes |
| Clinically sound and in line with appropriate National or local guidance? | N/A |
| Enhance patient care? | Yes, provides referral to patients that would benefit from this. |
| Have suitable monitoring arrangements and termination clauses? | Yes, this is a contract variation, hence original unaffected clauses still apply. |
| Enhance relationships with other HCPs? | Yes, greater collaboration possible with Inclusion Recover Hampshire. |
| Deliverable? | Yes |
| Attractive enough for contractors to consider it worthwhile? | Yes, service can be delivered by any trained person in the team (not necessarily the pharmacist) |
| Have performance criteria that supports a quality service? | Consent must be obtained from the client for referral.Contractor must have SOP procedures in place for this service and review annually. Pharmacists and staff must be aware of and follow the SOPs.Pharmacy must ensure availability of written information & leaflets relevant as made available by Lloyds Pharmacy. |
|  | **Service Delivery** |
| Are the performance measures reasonable and achievable? | N/A |
| Is the administration proportional to size or service and remuneration? | Yes. Currently this is so, however vigilance required here regarding commissioners requirements in the future to develop this further. |
| Are any reporting systems suitable to all contractors? | PharmOutcomes requires internet access.Use is essential to enter information and to check for messages on a regular basis (at least weekly) |
| Is the training required for the service reasonable? Consider accessibility to CPPE for non-pharmacist/technician staff. | Completion of CPPE learning pack ‘Substance Use & Misuse’ & ‘Safeguarding Children and Vulnerable Adults’ by pharmacist and recommended for registered pharmacy technicians.Duty of contractor to ensure Staff & Locums have knowledge & are trained, using regular pharmacists. |
| Does record keeping or sharing of information requirements meet current IG regulations. | Yes, record made on PharmOutcomes following consent of patient.Record will be sent to Inclusion Recover Hampshire via PharmOutcomes. Information required will be developed to reflect commissioners’ future requirements.Sharing of information with other HC professionals in line with local confidentiality arrangements. |
|  | **Miscellaneous Information** |
| Any other information specific to this service. | Service is already part of the requirements for Level 2 & 3 Needle exchange sites, however minimally used to date due to paper based system on Inclusion Recover Hampshire forms.Using irregular locums for a period of greater than a month needs notification to the Contract Manager. |
| Suggested RAG Rating |  |