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| **Rationale of Checklist** | | | |  |
| This checklist will be completed by the CPHIOW sub-committee for every new or recommissioned service specification sent to CPHIOW for comment/consultation. The response summary is completed after consultation and agreement by the sub-committee.  The Checklist contains the CPHIOW 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.  CPHIOW’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** | | | |  |
| **Provision of Supervised Consumption of oral substitute therapy**  **Southampton City Council** | | | |  |
| **Response summary feedback from CPHIOW** | | | |  |
|  | | | |  |
| CPHIOW has rated this service specification as AMBER based on the comments made below. Our recommended actions to further improve the service are:   1. Only 6% uplift on supervision fee, not of retainer | | | |  |
| **Time-line & Next Steps for CPHIOW** | | | |  |
| CPHIOW 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 CPHIOW’s recommendation to its contractors. | | | |  |
| **Commissioners response to CPHIOW feedback** | | | |  |
| Please enter response here, returning promptly to [alison.freemantle@CPSC.org.uk](mailto:alison.freemantle@CPSC.org.uk) | | | |  |
| **Point Covered** | | | **Action or Notes** |  |
|  | | **CPHIOW Consultation** | |  |
| CPHIOW Consulted? | | | Yes |  |
| CPHIOW Consulted with sufficient time to comment? | | | Yes |  |
|  | | **Remuneration** | |  |
| Does remuneration include/cover set up costs, backfill, consumables etc..? | | | Annual retainer paid to cover all nominal set up costs.  A backfill fee is available for one staff member attending the annual meeting. |  |
| Does the payment structure use a system that is suitable for all contractors and are the payment terms acceptable? | | | Yes, PharmOutcomes.  Payment monthly. |  |
| Where equipment is required who provides/calibrates/services this? If contractor, does remuneration sufficiently cover the cost of this? | | | No additional equipment required for the service. |  |
| Is remuneration fair? | | | Maybe  Increase of 6% (10p increase) per supervision  Same fee as previous - annual retainer |  |
|  | **Is/does the Service.....** | | |  |
| Sustainable? | | | Maybe |  |
| Start/ end date | | | One year 1/4/25 – 31/3/26 |  |
| 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  Notice period 1 month |  |
| Enhance relationships with other HCPs? | | | Yes  Especially the drug treatment service key workers and prescribers. |  |
| Equality, diversity, and inclusion considered? | | | Service available to patients seen by drug treatment service and where the service has decided supervision is required. |  |
| Deliverable? | | | Yes  The council are looking for up to 21 Community Pharmacies to participate. |  |
| Delivery impact on staff (High/ Medium/Low) | | | Medium |  |
| Attractive enough for contractors to consider it worthwhile? | | | Maybe |  |
| 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. | | | Mandatory - CPPE Declaration of Competence including distance learning ‘Substance Use & Misuse’  Recommended - Annual refresher training |  |
| Does record keeping or sharing of information requirements meet current IG regulations. | | | Yes  PharmOutcomes for recording supervisions. |  |
|  | **Miscellaneous Information** | | |  |
| Any other information specific to this service. | | |  |  |
| Suggested RAG Rating | | |  |  |