

## Portsmouth City CCG

Service Specification No.	
Service	Concordance Support - Community Pharmacy Local Service Level 3
Commissioner Lead	Pharmaceutical Adviser - Robert Brownsmith
Provider Lead	Community Pharmacy professionally supported by the Local Pharmaceutical Committee
Period	April 2019 – March 2021
Date of Review	March 2021

### 1. Population Needs

#### 1.1 National context and evidence base

The treatment of most long term conditions includes medication, but up to 50% of medications are not taken as the prescriber intended. The reasons for noncompliance are multifactorial and include both intended non-compliance as well as unintended non-compliance.

This country's ageing population is now receiving about 50 per cent more prescriptions items per head for the prevention and treatment of conditions such as heart disease, stroke, diabetes, COPD and asthma than was so in the early 1990s . Yet problems with taking medicines are exacerbated in the elderly. Polypharmacy is a particular issue, where eight out of ten people over the age of 75 years are prescribed at least one medicine, and three out of ten people are taking four or more medicines; it is not unusual for some elderly people, with multiple chronic conditions, to be prescribed 10 or more medicines. Not only the quantity of medications can cause problems but also the physical effects of ageing, such as arthritis and failing eyesight and memory, can also cause significant issues in taking medication effectively.

Good compliance with medicine can prevent disease progression and some foreseeable traumatic medical episodes requiring hospital admission. Examples include heart attack, stroke, exacerbations of COPD, asthma and some hyperglycaemic episodes. Numerous studies have been cited about the related costs associated with poor compliance. Increases in both finance related to greater health treatment costs and reduction in quality of life both can be attributed to poor compliance and the associated unplanned treatment of exacerbations and critical events. (York Study 2010 - Estimating the Cost of Waste Medicines in the National Health Service Chapter 5 The Economic Impact of Poor Compliance)

#### 1.2 Use of Assistive Technology

There is increasing interest in finding more efficient ways to provide care services through the use of automated, internet and telephone technologies. This can provide more independence for vulnerable people and reassurance for their carers, relatives and health care supporters that planned treatments are being successfully monitored and delivered.

The Government has stated that a range of telehealth and telecare services would be extended over five years (2012–2017) to reach three million people.

Supporting and monitoring medicine taking is a prime area for developing technologies. There are a range of portable medicine devices being developed that utilise both timers and/or messaging technologies.

However these technologies are more expensive to set up and maintain; they are more complex to assemble and label; requiring more patient support, to use them correctly. Their complexity is also associated with a higher level of risk of problems if the device goes wrong e.g. batteries run down or timer set incorrectly.

The use of this technology requires expertise to identify the correct device and it must be recognised that as the patient's condition changes the device may not remain the ideal solution.

These devices due to their cost and complexity are infrequently used and require specific expertise and training to be maintained and to understand the potential risks if something goes wrong.

### 1.3 Local Population and use of Assistive Technology

A pilot run on behalf of Portsmouth City Council tested a variety of devices to support medicine taking, with a carefully selected group of patients. The pilot demonstrated significant cost savings associated with reduced need of carer services and NHS contact time as well improvements in an individual's dignity and independence.

Within Portsmouth the use of devices such as PivoteIII® has increased the independence of several people, permitting them to live at home with limited support in managing their medicines. For example in one scenario this has enabled a family member to return to work, as they can be assured, that at lunchtime their partner has taken critically important diabetic medication. In another scenario a blind person living on their own has been able to manage their own medicines without relying on the help of their neighbour, improving their independence. The pilot demonstrated that 22 people continued using these devices for at least 6 months and savings of £29,000 were estimated to have accrued over 12 month period.

Following the successful pilot both Portsmouth City Council and NHS Portsmouth CCG have committed to developing and expanding the range of services available through Telehealth over the next few years. This has included funding for up to 52 patients using digital technology devices to support medicine taking.

For the above reasons this part of the Concordance service will be limited to two or three pharmacies in each geographical area of the city, (North, Central and South Portsmouth). This will enable the Medicines Advice at Home team to work with a small number of pharmacists and technicians to provide the support required. It will also enable each pharmacy to support several people (about 6-12 people) and gain familiarity with these devices.

It is recognised that these devices are most likely to be used where the individual has complex needs but is not being supported by remunerated carers. The contractor must be prepared for staff to make home visits and fulfill national and local guidance for Disclosing and Barring checks and lone working.

Currently there are 20 patients already using these devices and the total number is not expected to exceed 52 patients.

This small group of pharmacies, by demonstrating their commitment to support medicine compliance care and support for vulnerable people, will also be the first point of contact in developing a formalised home visiting service by community pharmacy staff. This in turn may become a future commissioned service to support medicine compliance.

## 2. Outcomes

## 2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	X
Domain 2	Enhancing quality of life for people with long term conditions	X
Domain 3	Helping people to recover from episodes of illhealth or following injury	X
Domain 4	Ensuring people have a positive experience of care	X
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	X

## 2.2 Local defined outcomes

To give appropriate support as designated by NHS Solent Medicines Advice at Home Service, which complies with national and local guidance.

### 3. Scope

#### 3.1 Aims and objectives of service

3.1.1 To support independent living through use of digital technology

3.1.2 To help people manage their medicines safely and appropriately.

3.1.3 To reduce wastage of medicines.

3.1.4 To improve patient compliance with therapy by:

- improving the patient's understanding of their medicines;
- where possible, simplifying the medicines regimen and ordering process where appropriate;
- identifying practical problems in taking their medicines and where
- appropriate providing compliance aids; and
- providing advice and support to the patient and/or carer, including referral to other health and social care professionals where appropriate.

3.1.5 To negate the need for 'seven day' prescriptions and to encourage appropriate treatment periods.

3.1.6 To work closely with the Medicines Advice at Home team to trial new style monitored dosage and other medication devices which incorporate newer technologies. Examples will be timed monitored dosage systems (mds) such as PivoteIII® and text messaging services linked to mds.

#### 3.2 Service description/care pathway

3.2.1 The pharmacy will help support independent living of patients referred by the Medicines Advice at HomeTeam.

3.2.2 Patients will be eligible for support from this service through referral from the Medicines Advice at HomeTeam

3.2.3 The pharmacy may support the patient with advice, education, and agreed compliance aids including Monitored Dosage Systems as specified by the Medicines Advice at Hometeam.

3.2.4 The payment for the service will be remunerated at staged levels to reflect the costs associated with supplying different compliance aids and the need for on-going support.

3.2.5 The service described in this part of the service specification is Concordance Support Level 3 - Assistive Technology medication device

Contractors should also make reference to the specification of levels 1&2 of the service where applicable.

3.2.6 Monitored Dosage System

a) The preferred monitored dosage system and other equipment to be used will be supplied by and its use designated by the Medicines Advice at Home team

b) Funding for professional support will apply for all devices regardless of prescription prescribing period. But the prescriber will be advised to write prescriptions for 28 day periods.

3.2.7 Provision of separate current list of medication supplied within the device. This should be provided on a monthly basis or when any medication dosage is changed. This will facilitate other health professionals who become involved in the patients care e.g. hospital, clinic or emergency pharmacy visit. A medicines administration chart would be ideal for this purpose

3.2.8 Contractors should ensure that their delivery drivers are only responsible for delivering or collecting any device and will not be involved in setting up the device within the home. However we value the role that delivery drivers can give in feeding back to pharmacy staff if they feel there are concerns arising around a patients medicines. Particularly those patients who live on their own with little social contact.

3.2.9 The Contractor will ensure that the patient or carer, as far as possible fully understands and are comfortable with their medication regimen and device. This should include:

- How and when the device will be made available
- How to use the device
- Contact details for the pharmacy for any issues or problems
- Disposal of used/ unwanted MDS systems which still contain medication
- Return of unneeded devices
- Particular attention must be given for those medicines not included in the MDS such as eye drops, inhalers and 'when required' medication. The patient and/or their carer must understand how to manage these medicines and how they will be re-ordered and supplied.
- Provide a compliance chart that lists all medicines taken when requested

3.2.10 The Contractor will discuss, as appropriate, any difficulties experienced with the medication regimen with the patients GP and/or the Medicines Advice at Home Team. Examples of this include:  
- when MDS is being returned with significant medication untaken, concerns raised by delivery staff.

3.2.11 After the initial 3 months the contractor will be expected to undertake a medicines use review (MUR) for each patient who is able to attend the pharmacy and is in receipt of this service. (Fees for MUR service are claimed through the national contractual framework mechanism.)

3.2.12 The contractor is advised to deliver a MUR service to housebound patients. In these circumstances the contractor must follow NHS England guidance.

(The link to the national policies that cover MURs can be found at:

<https://www.england.nhs.uk/commissioning/primary-care/pharmacy/>

For MURs in people's homes, the pharmacist needs to have a Disclosure and Barring Service certificate and submit a Prem 2 for each patient and on each occasion.

<http://psnc.org.uk/services-commissioning/advancedservices/murs/conducting-murs-off-the-pharmacy-premises/>)

Again fees for MURs are claimed through the national contract, there are no additional local fees for this level service, please refer to The Drug Tariff part VIc.

3.2.13 The contractor will ensure that suitable Disclosing and Barring checks

<https://www.gov.uk/disclosure-barring-service-check> have been carried out on staff and a 'Lone Worker Policy' is in place when it is necessary to enter a patient's home.

3.2.14 The contractor will regularly make contact (e.g. telephone) with the patient to ensure that the compliance support is still suitable. In many situations this may be monthly when checking the need to re-order medicines. For those patients who look after their own prescription re-ordering, then contact should be made at intervals deemed professionally necessary and should not be less than every 3 months.

3.2.15 If a Contractor is unable to provide the appropriate necessary support identified then they must inform the Medicines Advice at Home team.

3.2.16 Pharmacists may need to share relevant information with other health care professionals and agencies, in line with locally determined confidentiality arrangements; this may require consent of the patient to share the information.

3.2.17 The Contractor will make necessary referrals to other health and social Care professionals as appropriate.

3.2.18 The CCG will provide an annual fee for engagement and training of staff, to develop necessary SOPs e.g. for filling devices and lone working arrangements and to engage with the Medicines Advice at Hometeam.

3.2.19 The CCG will fund a maximum of 4 disclosing barring fees in this 18 month period to cover both pharmacist and technician.

3.2.20 The CCG will fund provision of Pivotell® on a monthly basis.

3.2.21 The CCG will fund provision and supervision of other digital technology devices as the situation arises. Fees will be mutually agreed between CCG, LPC and contractors.

3.2.22 The CCG will fund home visits that have been requested and authorised by the Medicines Advice at Home team. This may be to reset timer devices, explain technology to carers.

3.2.23 The CCG may organise a day time training workshop for developing this service and will fund attendance to cover backfill arrangements

### 3.3 Population covered

This is a service for patients registered with NHS Portsmouth CCG member General Practices. The service is for vulnerable patients, of any age, who have been identified as needing additional assistance in managing their medicines. The referral will be made by the Medicines Advice at Home Service

3.4 Any acceptance and exclusion criteria and thresholds There are no additional acceptance or exclusion criteria

3.5 Interdependence with other services/providers

3.5.1 The service supports the work of the Medicines Advice at Home team. Referrals will be directed by that team.

3.5.2 This client group would also be a target group of patients to benefit from the national Medicine Use Review Service and /or New Medicine Service.

4. Applicable Service Standards

4.1 Applicable national standards (e.g. NICE) NHS Contractual Framework for Community Pharmacies Essential Services (particular reference to Dispensing, Delivery of Medicines, Equality assessment and Clinical Governance standards

4.2 Applicable standards set out in Guidance and/or issued by a competent body (e.g. Royal Colleges) The contractor must follow guidance and national standards;- Medicines, Ethics and Practice- the professional guide for pharmacists (Royal Pharmaceutical Society ( updated annually)) Improving Patient Outcomes – the better use of multi-compartment compliance aids (Royal Pharmaceutical Society July 2013)

5.1 The pharmacy reviews its standard operating procedures and the referral pathways for the service on an annual basis.

5.2 The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service are aware of and are appropriately trained in the operation of the service.

5.3 The pharmacy can demonstrate that pharmacists and staff involved in the provision of the service have undertaken CPD relevant to this service. A recommendation is to complete the CPPE pack – Patient Centered Care.

5.4 The pharmacy participates in an annual PCO organized audit of service provision. Audit design will be following consultation with CPSC.

5.5 The pharmacy co-operates with any locally agreed PCO-led assessment of service user experience.

5.6 The pharmacy should maintain appropriate records to ensure effective ongoing service delivery and audit.

5.7 The contractor will ensure that suitable Disclosing and Barring Service checks have been carried out on staff and a 'Lone Worker Policy' is in place when it is necessary to visit a patient at home.

5.8 If a contractor is unable to provide the appropriate necessary support identified then they must refer back to Medicines Advice at Home.

5.9 Pharmacists may need to share relevant information with other health care professionals and agencies, in line with locally determined confidentiality arrangements, including, where appropriate, the need for the permission of the client to share the information.

5.10 The contractor will submit data, in a timely manner. This will be done via PharmOutcomes®.

## 6. Location of Provider Premises

The Provider's Premises are located at any Community Pharmacy within the city. This contract is on offer to a six - nine pharmacies within the city boundaries. This will be based on:

- Geographical and demographic need.
- Previous level of support of the concordance service
- Adequacy of premises to store and fill these devices
- Assurance of consistency of adequately trained staff that fulfill the service description
- Ability and willingness to support home visits will also be considered

## 7. Individual Service User Placement Proposed Fees

1. Fee for engagement and training of staff, to develop necessary SOPs e.g. for filling devices and lone working arrangements and to engage with the Medicines Advice at Hometeam. £

2. Funding of up to four Disclosing and Barring Fees during this contracting period. Check required is for DBS Enhanced and with check lists @ £ each. Please see requirements

<https://www.gov.uk/disclosure-barring-service-check/overview>

<https://www.cpsc.org.uk/professionals/other-pharmacy-resources/disclosure-andbarring-service-checks-dbs>

3. Fund professional pharmacy support to supply Pivotell® on a calendar monthly basis.

- One x Pivotell supply per 4 week period £
- Two x Pivotell supply per 4 week period £
- Four x Pivotell supply per 4 week period £

4. Fund professional community pharmacy support and supply of other digital technology. Fees to be mutually agreed between CCG, LPC and contractors as these devices are identified.

5. The CCG will fund home visits that have been requested and authorised by the Medicines Advice at Home team. This may include a visit to carry out a medicines use review or a 6 monthly routine visit to check all is well with patient.

- Pharmacist @ £ per hour
- Technician @£ per hour

Minimum payment will be for one hour of activity.

6. The CCG may organise day time training workshop for developing this service and will fund attendance to cover backfill arrangements

- Pharmacist at £ for half day and £ per full day
- Technician at £ for half day and £ per full day