

NHS HAMPSHIRE AND ISLE OF WIGHT

Name of the service:

Supply of Oral Antiviral Medication for Treatment of COVID-19 and Influenza

Community Pharmacy Enhanced Service Specification

Contents

Title	Page number
Background and Introduction	3
Aims and Intended Outcomes	4
Scope of Service	4
Service outline	5
Medicines Covered under the service	6
Applicable Service Standards	7
Quality requirements	7
Training requirements	7
Reporting requirements	8
Payment and claims	8
Termination of contract	9
Appendix A: Service claim form for Annual Retainer/ Delivery charges and out of stock claims	10
Appendix B: Service Claim form for COVID-19 antiviral (only to be used when the service commences)	11
Appendix C: CMDU COVID medicine pathway	12
Appendix D: CMDU service pathway	13

This document sets out the service specification to cover the provision of medication used for Supply of oral Antiviral medication for treatment of COVID-19 and management of Influenza by community pharmacy providers within NHS Hampshire and Isle of Wight ICB.

The service is commissioned under the Pharmaceutical Services (Advanced and Enhanced Services) Directions 2013 Part 4 Direction 14 (1) (L)

Service	Provision of antiviral medication used for treatment of COVID 19 and Influenza by community pharmacy providers within NHS Hampshire and Isle of Wight
Commissioner Lead	Neil Hardy, Chief Pharmacist NHS Hampshire and Isle of Wight
Contact details for commissioning	Hinal Patel, Community pharmacy Clinical Integration Lead NHS Hampshire and Isle of Wight
Period	25th September 2025 – 31st July 2027
Date of Review	Reviewed if any change in prescribing or guidelines or midpoint of the LCS as necessary

1. Background and Introduction

This locally commissioned service (LCS) specification for Supply of Oral Antiviral Medication for the Treatment of COVID-19 and Management of Influenza outlines the specialised service to be provided by contracted community pharmacies in Hampshire and Isle of Wight.

The purpose of this service is to ensure timely patient access to required therapies in-hours and out-of-hours (including evenings and weekends, dependent on opening hours of participating pharmacy): community pharmacies are required to stock and supply antivirals for the treatment of COVID-19 in non-hospitalised patients and management of community influenza cases. Since there is a requirement to start antiviral treatment promptly in both COVID-19 and influenza, the supply of antivirals for both indications are covered in this LCS.

This is to ensure patients receive their antiviral promptly to reduce disease severity/duration and to avoid hospital admission.

For treatment of COVID-19 in non-hospitalised 'highest risk' patients

Following publication of [NICE TA878](#) and [NICE TA1056](#), NHS England has set out requirements that local systems work with system partners to transition to routine access to COVID-19 treatments, in line with NICE recommendations.

For management (treatment or prophylaxis) of influenza

Usual supply route is via FP10 presented to the patient's nominated pharmacy. When the patient's nominated pharmacy is unable to supply in a timely manner, the patient may need to be directed to a pharmacy holding stock.

No part of this specification by commission, omission or implication defines or redefines essential or additional services. This service must be provided in a way that ensures it is equitable in respect of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.

2. Aims and Intended 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	
Domain 3	Helping people to recover from episodes of ill-health 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 improve patient access to antivirals when they are required by ensuring timely supply.
- To remove unwarranted variation to access and therefore outcomes across Hampshire and Isle of Wight.
- To gather intelligence, as part of the audit submission, about any issues related to access because of local routine supply processes.

3. Scope of Service

3.1 Aims and objectives of service

- To optimise the supply of oral antivirals, by providing safe and timely access to treatment when routine routes of supply may cause clinically unacceptable delay.
- To ensure patients are appropriately counselled on their antiviral treatment.
- To support people, carers, and clinicians through provision of up-to-date information and advice, and refer where appropriate.
- To reduce the risk of complications from COVID-19 and influenza.

3.2 Population covered and exclusions

This service specification is designed to meet the needs of the HIOW population. People who have received flu or COVID-19 vaccinations, are within the scope of this service. The service is available to all nursing and care homes residents across HIOW to access.

Patients/Patient representatives are required to:

- Present with a valid FP10 prescription (or via EPS – Electronic Prescription Service) for the oral antiviral medication issued for COVID-19 treatment
- Influenza management prescribed by any suitably qualified clinician

Please see appropriate Summary of Product Characteristics, NICE guidelines and BNF for further inclusion and exclusion prescribing criteria.

3.3 Community Pharmacy Contractors:

Essential criteria

The participating community pharmacies must be:

- Located within the NHS Hampshire and Isle of Wight geography.
- Meet the core contractual obligations required by NHS England.
- Operate a medicines delivery service for patients unable to collect medication*

- Contracted hours will be for a minimum of opening Monday to Saturday. Opening on a Sunday and/or extended hours is desirable.
- Able to access NHS e-mail during operating hours – contractual requirement.

*Patients must only be considered eligible for delivery if there are circumstances where collection of medication cannot be arranged and it is time critical for patients to start taking the medication. Delivery of the medication will be paid for.

4. Service Outline

To provide the service, the pharmacy must be able to meet the following requirements:

Stock requirements

- The pharmacy holds the specified medicines (as per section 5 of LCS), required to deliver this service, in stock and will dispense (and re-order) these in response to a suitable prescription presented.
- The pharmacy must keep a minimum stock level of the drugs described below in section 5. Full packs must be kept in stock.
- When drugs held in stock expire - stock must be replenished as soon as possible. A claim can be made by the pharmacy to NHS HIOW via claim form to cover the cost and replacement of these drugs. The first COVID stock of medicine will be reimbursed by the ICB at the start of the service. If the participating pharmacy does not use the reimbursed stock and if that expires – the pharmacy cannot claim again for the same stock (that was paid by the ICB originally).

Supply of antivirals

- Dispense prescriptions presented for the oral antiviral medication for COVID-19 treatment and/or Influenza management.
- For clinical queries, pharmacist to contact the prescriber as detailed on the prescription.
- If the pharmacy cannot dispense the prescription when presented, the patient must be signposted to an alternative community pharmacy that is able to fill the prescription. This must be done by telephoning another community pharmacy to ensure they have the medication in stock, it should not be assumed that because a community pharmacy is on the service list they can supply on every occasion.
- In the event of supply issues or long-term availability problems, the pharmacy will inform the Medicines Optimisation Team at NHS HIOW by email: hiow.community-pharmacy-integration@nhs.net

Patient counselling

- The pharmacy must ensure the patient receives appropriate counselling on the following:
 - Preventing the spread of infection.
 - Seeking medical help if symptoms worsen rapidly or significantly at any time.
 - Encouraging to send a representative to collect the medication from the pharmacy.
 - Ensure the patient's representative understands the instructions and is counselled in line with the summary of product characteristics and patient information leaflet for the medication.
 - Ensure the patient's representative can advise the patient how to take the medication. The route of administration is oral.

Collection and delivery of antivirals

- Patients are requested not to attend in person if they have recently tested positive for COVID-19. If a patient is unable to send a representative, they can attend in person, however they must not enter the pharmacy. It is recommended that a member of the pharmacy team take the medication outside to give to the patient.

- Where a patient is unable to send a representative to collect the medication/attend in person, the pharmacy should arrange a same day delivery. Any requests received within 3 hours of the closing of the pharmacy for that day can be delivered the following morning, or as early as possible.
- If a prescription is received requiring delivery or is an urgent prescription outside of the contractor's usual catchment area, a courier must be utilised, and prescriptions should not be declined.
- If a prescription is not collected within 24 hours, the pharmacy must notify the prescriber as detailed on the prescription as soon as possible.
- Pharmacy contractors may wish to consider adding signage to the pharmacy door reminding those with COVID-19 or influenza not to enter the pharmacy.

Operational requirements

The pharmacy:

- will have and maintain a standard operating procedure to meet the service requirements and reflect changes in practice or guidelines. This should have a regular review scheduled (every 24 months as a minimum).
- Must ensure that all members of staff are offered and can access the influenza vaccination.
- Must be available for communication via the telephone.
- Must ensure all staff within the pharmacy, including locums/weekend staff are aware of the service they are providing and able to deliver the service at all operational times of the pharmacy.

5. Medicines covered under the service

Each provider will be required to stock (as a minimum) the following items:

Table 1: Minimum pharmacy stock for antiviral used for treatment of COVID 19

Name of Medication	Minimum Pharmacy Stock Holding (no of packs)
Molnupiravir (Lagevrio®) 200mg capsules (40)	1
Nirmatrelvir/Ritonavir (Paxlovid®) 150mg/100mg tablets (30)	3

Initial stock of the above drugs listed in table 1 can be claimed by the pharmacy contractor at the start of the service by using the invoice form (Appendix B Page 11).

The current PIP Code for ordering Paxlovid from Alliance is 435-2712. For more information, Pfizer can be contacted directly on 0345 608 8866 or via email at customer.services@pfizer.com

Table 2: Minimum pharmacy stock of antivirals used in the management of influenza

Name of Medication	Minimum Pharmacy Stock Holding (no of packs)
Oseltamivir (Tamiflu®) 30mg capsules (10)	5
Oseltamivir (Tamiflu®) 45mg capsules (10)	5
Oseltamivir (Tamiflu®) 75mg capsules (10)	10
Oseltamivir (Tamiflu®) 6mg/ml oral suspension sugar free 65ml	1

6. Applicable Service Standards

The Provider is responsible for ensuring that,

- Premises used for the service provision are registered with General Pharmaceutical Society
- Training meets all relevant criteria set out in national and local guidance
- Serious Incidents within this service are reported to NHS Hampshire and Isle of Wight alongside the pharmacy contractor's routine reporting mechanism.
- Infection Control Guidance is adhered to
- Privacy and Dignity Guidance are adhered to
- Health and Safety standards are met
- Information Governance Standards are met
- Safeguarding Adults, Children and Looked After Children Guidance is adhered to including statutory training

6.1 Applicable national standards

- Community pharmacy contractual framework Community Pharmacy Contractual Framework: [Community Pharmacy Contractual Framework: 2024 to 2025 and 2025 to 2026 - GOV.UK](#)
- [TA878](#) – Casirivimab plus imdevimab, nirmatrelvir plus ritonavir, sotrovimab and tocilizumab for treating COVID-19
- [Influenza: treatment and prophylaxis using anti-viral agents - GOV.UK](#)
- [UKHSA Investigation and initial clinical management of possible human cases of avian influenza with potential to cause severe human disease](#)
- National Institute for Health and Care Excellence Influenza - seasonal | Health topics A to Z | CKS | NICE- [Influenza - seasonal | Health topics A to Z | CKS | NICE](#)

7. Quality Requirements

- Community pharmacy contractor providers of this service will comply with the General Pharmaceutical Council (GPhC) standards of conduct, ethics, and performance at all times.
- The pharmacy contractor must have a standard operating procedure (SOP) describing how the pharmacy contractor will deliver and meet all the requirements of this service.
- Serious incidents related to this service must be reported to the NHS Hampshire and Isle of Wight community-pharmacy-integration@nhs.net within 72 hours.
- If changes are made to the pharmacy contract, i.e., opening hours are amended, NHS Hampshire and Isle of Wight should be notified on community-pharmacy-integration@nhs.net. In this circumstance, the suitability of the pharmacy to continue offering the service may be reviewed.
- Clinical Governance arrangements for this service are as set out in Schedule 5 of the NHS Standard Contract. In addition, the provider is required to evidence an effective system of clinical governance and put in place appropriate and effective arrangements for quality assurance, continuous quality improvement and risk management.
- Community pharmacies are required by their regulator (the General Pharmaceutical Council) to adhere to professional standard 1.8 (safeguarding of children and vulnerable adults) for registered pharmacies, as stipulated within the Standards for Registered Pharmacies.

8. Training requirements

It is the provider's responsibility to ensure that all personnel involved in delivery of this LCS are familiar with the requirements and any relevant guidance. The pharmacy contractor must ensure that pharmacists and staff, including locums, involved in the provision of this service have the relevant knowledge and are trained as deemed appropriate by the contractor. This includes having an awareness of, and operating within, local and national guidelines and protocols. Training and accreditation may be achieved through:

- Self-directed learning, e.g., [NHS Learning Hub COVID-19 Antiviral Treatments](#)

9. Reporting Requirements

Adequate records must be maintained for pre and post payment verification to be undertaken by NHS Hampshire and Isle of Wight, should this be required.

Copies of the invoices of the purchase of COVID antiviral should be kept and presented as requested if necessary, during claiming process to NHS Hampshire and Isle of Wight.

10. Payment and Claims

10.1 Fees and Claiming

The service fees for providing this service are as per below:

- Annual retainer of £500 for pharmacies participating in the scheme will be paid mid-year automatically via payments set up by PharmOutcomes.
- Payment of the initial COVID antivirals (drugs as per Section 5 Table 1) at the start of the service with valid invoice from the contractor (Invoice template Appendix B only).
- Any Out-of-date Influenza antivirals (drugs as per Section 5 Table 2) can be claimed by the contractor anytime under the service.
- Delivery fee within usual delivery period/catchment area £12 per delivery drop.
- Delivery fee outside of usual delivery period/catchment area as per receipt supplied or £0.56 per mile.

Claim form templates are available in Appendix A and B.

Other considerations for claiming:

- Influenza antivirals supplied on an FP10 must be replenished by the pharmacy contractor; no reimbursement will be provided from NHS Hampshire and Isle of Wight for replenishing used stock.
- There is a standard payment rate for deliveries supplied within the pharmacy's usual delivery period and catchment area. Payments for deliveries outside of the pharmacies usual delivery period and area will be based on receipts for delivery charges incurred. There is a maximum limit of £500 per annum for these claims per pharmacy.
 - If a pharmacy is nearing the claim threshold contact should be made with NHS Hampshire and Isle of Wight to determine next steps.
- NHS Hampshire and Isle of Wight will reimburse date expired drugs stocked as a requirement of this specification at Drug Tariff price. It will require the community pharmacy to supply a copy of the invoice for the replacement stock & forward evidence of the expired medicines packaging (including the expiry date i.e. a photo).
- Original COVID antiviral stock paid by NHS Hampshire and Isle of Wight if goes Out of date, cannot be claimed again by the contractor.
- NHS Hampshire and Isle of Wight reserves the right to withhold payment until all invoices of drug; delivery receipts are duly received as per claim form.
- Claims/ invoices will be paid by NHS Hampshire and Isle of Wight within 30 days of receipt.

10.2 Late or inaccurate claims

If the contractor has missed claiming, they will have 90 working days from the date to make the claim. Reminder messages advising them to claim will be sent to the Pharmacy registered NHS email address.

11.Termination of contract

Unless otherwise notified, this Locally Commissioned Service terminates on 31st July 2027.

- If the pharmacy decides to withdraw from the service, they must provide 3 months' notice to the commissioner.
- If it is brought to the commissioner's attention that a Community Pharmacy is failing to hold complete list of Drugs as listed in Section 5 without a valid reason, then the Community Pharmacy may be asked to withdraw from the service.

Appendix A: Service claim form for Annual Retainer/ Delivery charges and out of stock claims

Appendix B: Service Claim form for COVID antiviral (only to be used when the service commences)

Appendix C: CMDU COVID medicine pathway

Appendix D: CMDU service pathway

Appendix A:

Service claim form for Annual Retainer/ Delivery charges and out of stock claims

All sections must be completed by the contractor when making the claim. Relevant invoices/receipts to be submitted for claiming. No Patient identifiable data should be included.

Name and Address of the pharmacy	
Name of contact person	
Position held at pharmacy	
Contact email	
Contact telephone	
Invoice date	

Quantity	Description (delete rows as necessary)	Unit Price (£)	Amount (£)
Insert quantity	Delivery charge within usual delivery area	£12 per delivery	
Insert quantity	Delivery charge outside area	As per receipt / £0.56 per mile	
Expired drug stock claim	Use drug tariff price Insert drug name, presentation and quantity		
		Total Due	

Name and Signature of the person submitting the claim:

All claim form to be submitted for attention of Hinal Patel on email: community-pharmacy-integration@nhs.net

Appendix B: Service Claim form for Initial COVID antiviral

To use this claim form at the start of the service for the stock as per Section 5 Table 1

All sections must be completed by the contractor when making the claim. Relevant invoices/receipts to be submitted for claiming.

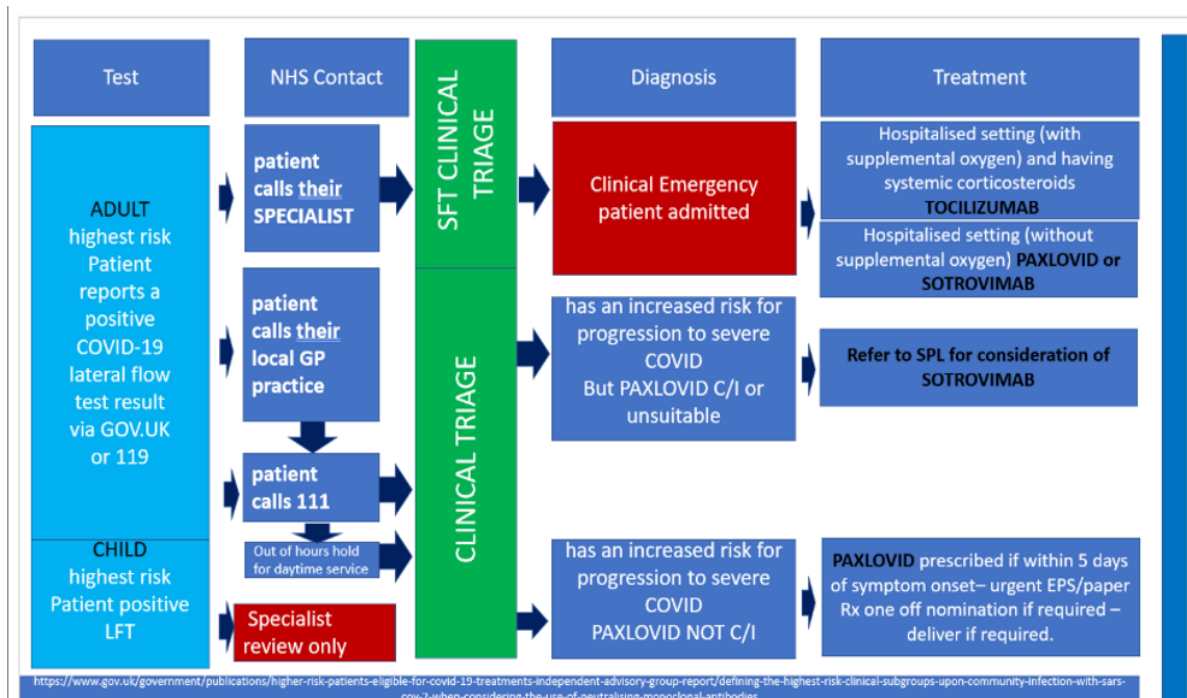
Name and Address of the pharmacy	
Name of contact person	
Position held at pharmacy	
Contact email	
Contact telephone	
Invoice date	

Quantity	Name of the medication	Unit Price (£)	Amount (£)
3	Nirmatrelvir/Ritonavir (Paxlovid®) 150mg/100mg tablets (30)		
1	Molnupiravir (Lagevrio®) 200mg capsules (40)		
		Total Due	

Name and Signature of the person submitting the claim:

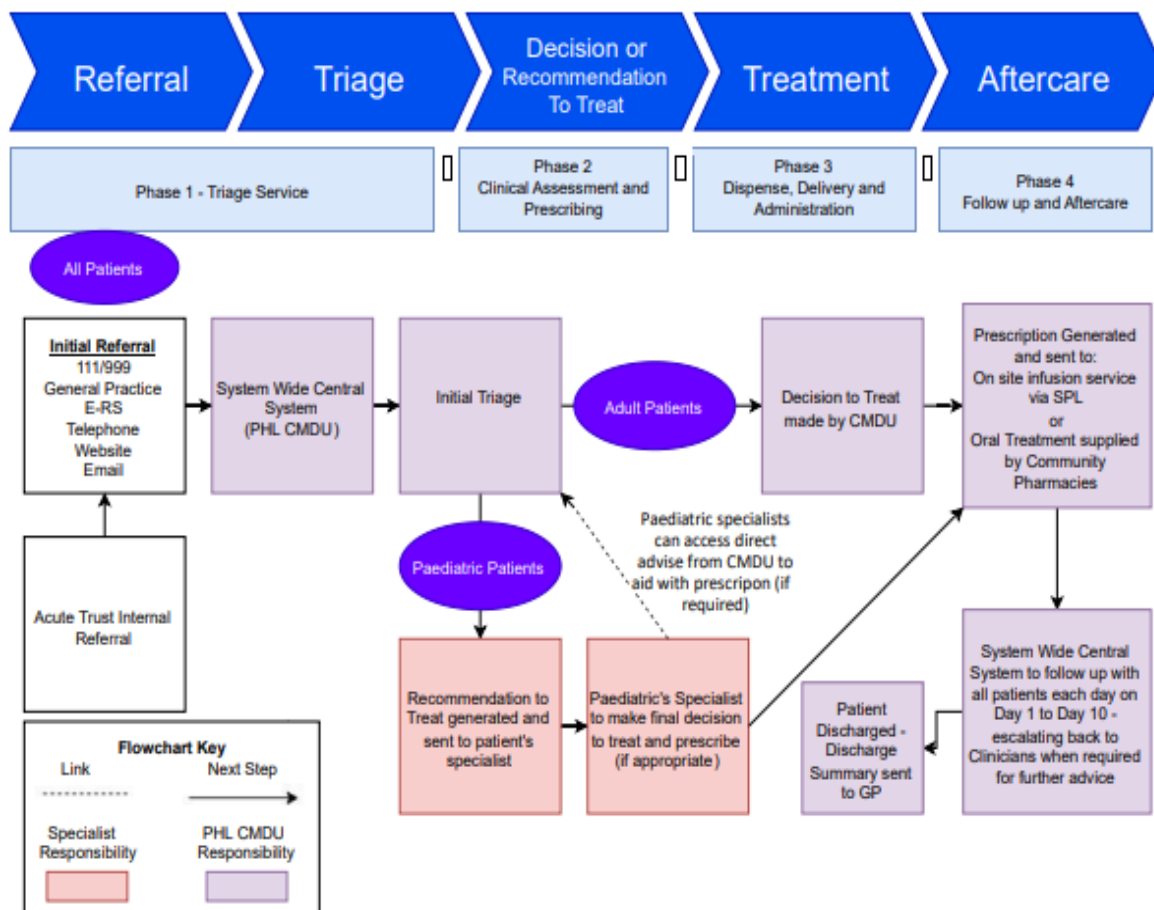
All claim form to be submitted for attention of Hinal Patel on email: community-pharmacy-integration@nhs.net

Appendix C: CMDU COVID Medicine pathway



Appendix D: CMDU Service Model

CMDU Service Model



<p>Phase 1 - Triage Service</p> <p>PHL CMDU (Central System) will provide a single point of access for referral into the service, with administrative review of referrals received from GPs, 111 and all other referral sources. The referrals will be reviewed the same day and uploaded onto the clinical system for a Phase 2 Clinical Assessment and Prescribing if meeting the National Institute for Care and Excellence guidelines for treatment of SARS-CoV-2</p>
<p>Phase 2 - Clinical Assessment</p> <p>A Medical or Non-Medical Prescriber will contact the patients uploaded onto the clinical system to determine whether a decision to treat should be made in favour or against as part of a virtual clinical assessment. Information reviewed as standard includes: hospital letters, blood tests, drug interactions and the referral details. Patients will be asked eligibility at the time of the call to aid the prescribers decision.</p> <p>For Paediatric Patients: A recommendation to treat letter will be generated following the virtual clinical assessment and the Paediatric patient directed back to their own specialist to make a final decision on whether the medications should be issued to the patient. PHL CMDU will provide full support to the patient's specialist to help with their decision. It will be the patient's specialist whom generates the prescription</p> <p>For Adult Patients: A decision to treat will be made and if in favour, a prescription will be generated and sent to a local community pharmacy to the patient or the On Site Infusion Service via Somerset Primary Link.</p>
<p>Phase 3 - Dispense, Delivery and Administration</p> <p>PHL CMDU will work with local NHS pharmacy providers to dispense and/or deliver oral tablets. Phase 3 IV intervention will be delivered by a local NHS Trust and referrals will be made to the On Site Infusion Service via Somerset Primary Link during Phase 2 works.</p>
<p>Phase 4 - Follow Up and Aftercare</p> <p>All patients (Paediatric and Adult) are followed up by the CMDU on a daily basis to ensure worsening and after effects of treatment are dealt with efficiently. On Day 1-4, a administrator will speak to the patients, escalating to the clinicians if deemed appropriate. On Day 5, clinicians will contact the patient to ensure welfare and effect of drug in line with requirements under the MHRA yellow card system. The routine is then repeated under Day 10 when the clinician will decide whether it is then appropriate for the patient to be discharged from CMDU's care.</p>