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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** | | | |
| **Take Home Naloxone Kit, Portsmouth CC** | | | |
| CPSC has up graded the rating of this service specification to Green based on the comments made below being actioned. Our recommended actions to further improve the service were:   1. No review period for the SOP has been recommended? 2. Does Portsmouth CC intend to provide the promotional material, relevant written information and & leaflets required to provide the service? 3. Can you be specific in how extensive a review of client experience or ‘any’ audit will be? 4. There is a requirement of the pharmacist to have a DBS check, but what about the support staff who are potentially providing the training? 5. The remuneration does not cover the training time required by the team to provide this service and the professional fee is set at. We suggest either: a move to a fee is proportionate for the time required to deliver this service, or the introduction of a service annual retainer fee to cover training incurred costs per year. 6. Rather than attending training, is it possible to have distance learning which is easier for pharmacies to participate in? | | | |
| **Time-line & Next Steps for CPSC** | | | |
| CPSC will publish this service participation rating to contractors in **due course when PCC notify us that EOIs are required for consideration**.  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)   1. Review of SOP not required as pilot running for 22 months 2. Promotional & written material / leaflets will be provided 3. Audits removed – brief details only required in event of naloxone use 4. Reference to DBS removed 5. Remuneration increased. 6. Distance training is possible. | | | |
| **Point Covered** | | | **Action or Notes** |
|  | | **LPC Consultation** | |
| CPSC Consulted? | | | Yes |
| CPSC Consulted with sufficient time to comment? | | | Yes |
|  | | **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? | | | All recoding has now been amended to PharmOutcomes entry as per request. All references to the unfamiliar HALO system used for processing payments and entering data have been removed.  Automated claims, payment period being monthly. |
| 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 recording system to enter information. |
| Is remuneration fair? | | | Nationally schemes vary between professional fee + annual retainer fee, plus the additional cost price of drug.  Proposal here was LOW professional fee and cost price of drug. No remuneration for covering attendance at initial training, although this is anticipated to be only 5 – 10 minutes (?)  Level of information proposed for recording has now been reduced, training requirements simplified and professional fee increased. Naloxone will be ordered according to demand from the Recover Hub and supplied free of charge. |
|  | **Is/does the Service....** | | |
| Sustainable? | | | The pilot will run for a specified time (22months) or until the stock of kits are exhausted (400 units) |
| Clinically sound and in line with appropriate National or local guidance? | | | Yes, service is made available to Substance Misuse & Needle Exchange service users over 18 years of age, or to a family member of the service user with their consent.  Service is provided by approved Naloxone administration trained staff (not necessarily the pharmacist), however actual supply must be by pharmacist and only when assured of service user understanding of their training.  Service increases service user awareness of availability of training and supply, provides training and supply, includes replacement of previously dispensed Naloxone and sign-post clients to support services where appropriate.  Pharmacy must be aware of local child and vulnerable adult protection procedures. |
| Enhance patient care? | | | Yes, provides additional care to identified service users that would benefit from this. |
| Have suitable monitoring arrangements and termination clauses? | | | Pharmacy must notify Contract manager where changes to personnel results in the service becoming unavailable.  Where issues identified, Contract Manager will produce a written report containing action plan with the named pharmacist. Review will occur to ensure plans completed, or else possible withdrawal of service. |
| Enhance relationships with other HCPs? | | | Yes, greater collaboration possible with Portsmouth City based healthcare professionals. |
| Deliverable? | | | Yes |
| Attractive enough for contractors to consider it worthwhile? | | | Yes, service can be delivered by the pharmacy team. Fee is proportionate to the time required to provide the service (and re-issue) now that level of recording has been reduced.  Only requires direct pharmacist involvement in actual supply.  No remuneration to cover for training costs of pharmacist and representative, however training requirements are minimal. |
| Have performance criteria that supports a quality service? | | | Clients knowledge & understanding of all aspects of the service must be confirmed.  Pharmacy no longer need to provide verbal & written information relating to the service.  Duty of contractor to ensure Staff & Locums have knowledge and trained to operate within local protocols.  Contractor must have signed SOP procedures in place for this service and confirmation of this on PharmOutcomes. Pharmacists (including locums) and an adequate level of support staff must be aware of and follow the SOPs to ensure a safe & smooth service.  Service must be provided from an approved MUR standard Consultation Room. |
|  | **Service Delivery** | | |
| Are the performance measures reasonable and achievable? | | | Target of 20 Naloxone kits to be supplied per site, above which no further payment will be made before a discussion with Contract Manager has been removed. Limit is now 400 Naloxone kits to be supplied across the total number of sites. |
| Is the administration proportional to size or service and remuneration? | | | Yes, pharmacy must maintain appropriate records to ensure on-going service deliver and audit.  Records need to be entered onto PharmOutcomes.  Pharmacy no longer needs to create a record on PMR of dispensing and label product appropriately. |
| Are any reporting systems suitable to all contractors? | | | PharmOutcomes requires internet access.  Use is 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 ‘Substance Use & Misuse’ or ‘Naloxone course: SMMGP FreeLearn – Naloxone Saves Lives’ & useful to do ‘Safeguarding Children and Vulnerable Adults’ by pharmacist.  Pharmacist & representative required to achieve initial training and requirements have been reduced  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 (and anonymised, as with Needle exchange?) |
|  | **Miscellaneous Information** | | |
| Any other information specific to this service. | | | Service is in addition to the requirements for Level 3 Needle exchange sites.  DBS check is required – now removed  Pharmacy responsibility to obtain replacement stock from PCC  Using irregular locums for a period of greater than a month needs notification to the Contract Manager. |
| Suggested RAG Rating | | |  |