

SCHEDULE 2 – THE SERVICES

A. Service Specifications

Mandatory headings 1 – 4. Mandatory but detail for local determination and agreement

Optional headings 5-7. Optional to use, detail for local determination and agreement.

All subheadings for local determination and agreement

Service Specification No.	
Service	Concordance Support levels 1 & 2 – Community Pharmacy local service
Commissioner Lead	Pharmaceutical Adviser - Janet Bowhill
Provider Lead	Community Pharmacy professionally supported by the Local Pharmaceutical Committee (Paul Bennett)
Period	1 st October 2016- 31 st March 2018
Date of Review	March 2018

1. Population Needs
<p>1.1 National context and evidence base</p> <p>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 non-compliance are multifactorial and include both intended non-compliance as well as unintended non-compliance.</p> <p>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 an 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.</p> <p>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)</p>

Concerns about a person being able to take their prescribed medicine may also cause a delay in discharge from hospital stay until suitable arrangements are made.

Local context and evidence base

Portsmouth there are 13551 people over the age of 75 living in Portsmouth (census 2011). There are an estimated 4900 people, in this age band, on 4 medicines or more. Latest statistics show there are 2142 Portsmouth residents will have some form of dementia. 55% (1178) will be mild, 32% (685) will be moderate, and 13% (279) will be severe. There will be 1669 will be living in the community. (Portsmouth JSNA)
It is estimated that approximately 800 people in the city receive various levels of social care to support their independence at home.

In 2008 Portsmouth tPCT set up an Intermediate Care Pharmacy service to support medicine taking for the most vulnerable people. Due to organisational changes this service is now hosted by NHS Solent. Though there are no age constraints on patients referred to this service, more than 90% of referrals are for the very elderly.

This pharmacy team has a spectrum of support for any individual with problems taking their medicines. This ranges from medication review, synchronizing medicines, auditing medicines taken with GP held records, compliance cards, tick charts and one off aids. However regular ongoing support from local community pharmacy, (which is not within their regular NHS terms of service) has often been identified as the best option for many scenarios. This support may include Medicine Administration Record (MAR) Chart or monitored dosage system with additional monitoring for individual patients.

This associated community pharmacy commissioned service has been developed to support the work of the Intermediate Care Pharmacy team to provide the best support for individual patients in taking their medication. The service will remunerate ongoing supply of medication recording charts and monitored dosage systems from pharmacies, against 28 day prescribing period, for those patients who have been appropriately assessed as in need of this level of support.

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 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 give appropriate support as designated by NHS Solent Intermediate Care Pharmacy Service, that complies with national and local guidance.

3. Scope

3.1 Aims and objectives of service

3.1.1 To support independent living.

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.

3.2 Service description/care pathway

3.2.1 The pharmacy will help support independent living of patients referred by the Intermediate Care Pharmacist service.

3.2.2 Patients will be eligible for support from this service through referral from the Intermediate Care Pharmacist.

3.2.3 The pharmacy may support the patient with advice, education, and agreed compliance aids including Monitored Dosage Systems as specified by the Intermediate Care Pharmacy team.

3.2.5 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 ongoing support.

3.2.6 The service offers 3 levels of support:

Level 1 –Medication administration record charts

3.2.6.1 Medication administration record charts will be a printed record describing the complete list of prescribed medication taken/used by the patient and will include sufficient instructions to enable the carer to support medicine taking at the right dose and at the right time.

Level 2 - Monitored Dosage System.

3.2.6.2 Monitored Dosage System

a) The preferred monitored dosage system to be used is Nomad® Clear and/or Nomad® Duo . This system must be used where ever possible to support consistency with secondary care and the training of carers in mds use.

b)If a requirement for a compliance aid is identified then this will be provided with training for the patient and/or carer if appropriate.

c) Prescriptions supplied with a treatment period of 28 days will be funded to support the delivery of this service

d) Prescriptions written for 7 day treatment periods will not attract additional funding.

Level 3 - Assistive Technology medication device - See separate service specification for full specification . However there will be some contractors who have historically been supporting patients on devices such as Pivotel®, who will not be providing the full level 3 service. They may continue to support these customers and receive remuneration for this service.

3.2.7 The Contractor will ensure that the patient or carer, understand and are comfortable with their medication regimen. Including:-

- How and when the device will be made available
- How to use the device
- Contact details (with a named lead) for the pharmacy for any issues, notification or problems
- Disposal of used/ unwanted MDS systems which still contain medication.
- 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.

3.2.8 The Contractor will discuss, as appropriate, any difficulties experienced with the medication regimen with the patients GP and/or the Intermediate Care Pharmacy service. Examples of this include;- when MDS is being returned with significant medication untaken, or when concerns are raised by delivery staff of the wellbeing of the patient.

3.2.9 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 receiving medication in line with one of the national target groups for MURs. (Fees for MUR service are claimed through the national contractual framework mechanism and are not part of this specification.)

3.2.10 The contractor may choose 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 is as follows:

<http://www.england.nhs.uk/pharm-adv-serv/>

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/advanced-services/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.

3.2.11 The contractor will regularly make contact (e.g. by telephone or face to face) with the patient and/or carer 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.

3.2.12 If a Contractor is unable to provide the appropriate necessary support identified then they must inform the Intermediate Care Pharmacist team.

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

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

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, which outside the requirements of the NHS contractual framework. The referral will be made by the Intermediate Care Pharmacy 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 Intermediate Care Pharmacy team. Referrals will be directed by that team.

3.5.2. This client group would also represent a target group of patients to benefit from the national Medicine Use Review Service and /or New Medicine Service., if they fulfill national criteria

4. Applicable Service Standards

4.1 Applicable national standards (eg 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 (eg Royal Colleges)

The contractor should 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. Applicable quality requirements and CQUIN goals

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.

5.4 The pharmacy participates in an annual CCG organised audit of service provision if requested.

5.5 The pharmacy co-operates with any locally agreed CCG 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 The contractor will submit data, in a timely manner via PharmOutcomes to support monitoring of the service and payment claims.

6. Location of Provider Premises

The Provider's Premises are located at any Community Pharmacy within the city.

This contract is on offer to any pharmacy within the city boundaries.

Remuneration will depend on the pharmacy having patients who require this service.

7. Individual Service User Placement

7.1 Payments

7.1.1 Payments will be made quarterly in July, October, January and April following each complete financial quarter

7.1.2 Payments will be based on invoices generated by PharmOutcomes based on the data entered by each provider.

7.1.3 The current fees are;-

£3 each calendar month for supply of authorised Medication Administration Chart

£15 each calendar month for supply of monitored dosage unit provided against 28 day prescription (please note that monitored dosage systems dispensed against 7 day prescriptions do not attract any fee)

7.2 Confidentiality

7.2.1. The Pharmacist(s) and their staff must not disclose to any person other than a person authorised by the CCG, any information acquired by them in connection with the agreement or the provision of the service(s).

In particular this concerns;-

7.2.2. Any approaches by the media for comments or interviews may not be answered without permission of the CCG.

7.2.3 Any approaches by media outlets to discuss the service must be directed to the CCG communications team.