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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 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** | | | |
| **Blood Pressure & Pulse Screening Service, Frimley Health ICS** | | | |
| CPSC has rated this service specification as Green based on the comments made below. Our recommended actions to further improve the service are:   1. WatchBP Home A with AF detection device will need calibrating at 2 years old should the service be extended into a third year. This cost should be reimbursed by the commissioner 2. Service is limited to 14 tests per month. If ambition of 5,000 tests to be performed then suggest pharmacies should be allowed to do more than 12 x 14 = 168 tests per year each 3. Details of the Patient Experience Survey / questionnaire needs negotiating. This should not be too onerous either time ways or with respect to administration of its collation and record keeping | | | |
| **Time-line & Next Steps for CPSC** | | | |
| CPSC will publish this service participation rating to contractors  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) | | | |
| **Point Covered** | | | **Action or Notes** |
|  | | **CPSC Consultation** | |
| CPSC Consulted? | | | Yes |
| CPSC Consulted with sufficient time to comment? | | | No  Notification of service post-launch, as consultation happened across the border with Community Pharmacy Thames Valley & Community Pharmacy Surrey Sussex. The reason for this is the much larger number of pharmacies involved than in the top corner of NE Hampshire & Farnham CCG area.  Discussion was however instigated by Frimley Health ICS team and contract details provided |
|  | | **Remuneration** | |
| Does remuneration include/cover set up costs, backfill, consumables etc..? | | | No set up costs, backfill or consumables required |
| Does the payment structure use a system that is suitable for all contractors and are the payment terms acceptable? | | | Yes, PharmOutcomes  Automated claims sent quarterly |
| Where equipment is required who provides/calibrates/services this? If contractor, does remuneration sufficiently cover the cost of this? | | | WatchBP Home A with Atrial Fibrillation detection device is supplied to the pharmacy (as approved by NICE)  The provider is expected to maintain the equipment and calibrate every two years. Device is under warranty for 2 years.  - as this service is 2 years this will not incur further cost, however if extended a cost will be incurred by the pharmacy |
| Is remuneration fair? | | | Yes  Per person for the health check based on accurate completion of PharmOutcomes  A further fee will be paid for appropriate referrals to the GP which result in a diagnosis of AF or hypertension |
|  | **Is/does the Service.....** | | |
| Sustainable? | | | Yes, contract proposed for 2 years (2019 - 2021), with option to extend for 1 year, subject to additional funding |
| Clinically sound and in line with appropriate National or local guidance? | | | Yes  Increase awareness of hypertension within specified geographic areas, proactively identify people with high BP or AF to prevent possible cardiovascular disease events, further risks and premature death and raise awareness of the importance of lifestyle choice  Person providing service should either be qualified or working towards MECC accreditation (as described in NICE guidance) |
| Enhance patient care? | | | Yes  Areas chosen have high levels of deprivation and high risk of cardiovascular mortality  Ambition is to test 5,000 people over two years to identify 1,000 people with high BP or AF  Offers another choice of location for people to be tested  Opportunity to provide brief advice and signpost people to other local services (lifestyle adjustments) |
| Have suitable monitoring arrangements and termination clauses? | | | Yes  3 months’ notice specified |
| Enhance relationships with other HCPs? | | | Yes  Identified high risk patients are proactively referred to their GP for further diagnosis and possible treatment  Urgent referral when necessary when very high BP identified |
| Deliverable? | | | Yes  Not necessarily the pharmacist delivering the service |
| Attractive enough for contractors to consider it worthwhile? | | | Yes |
| Have performance criteria that supports a quality service? | | | Patients selected must be age 40 and over with no previous cardiovascular history or medicines and live locally  Obtain consent, explain the service, provide advice on self-care, promote the service and display leaflets |
|  | **Service Delivery** | | |
| Are the performance measures reasonable and achievable? | | | Yes  A maximum number of 14 tests per month will be undertaken by the provider. Pharmacies wishing to do more than 14 must consult with the commissioner  Performance will be reviewed by the commissioner |
| Is the administration proportional to size or service and remuneration? | | | Yes  Patient information is recorded on PharmOutcomes and securely sent to persons GP  Quarterly anonymised data returns will be provided by the provider, this should be automated by PharmOutcomes  A Patient Experience Survey is described as being a questionnaire that the person completes at the end of the service |
| Are any reporting systems suitable to all contractors? | | | PharmOutcomes requires internet access  Use essential to enter information |
| Is the training required for the service reasonable? Consider accessibility to CPPE for non-pharmacist/technician staff. | | | Person providing the service should have MECC accreditation or be working towards its completion  Training can be done remotely by the pharmacy team |
| Does record keeping or sharing of information requirements meet current IG regulations. | | | Yes  All records are kept securely on PharmOutcomes  Patient Experience Survey questionnaire? |
|  | **Miscellaneous Information** | | |
| Any other information specific to this service. | | |  |
| Suggested RAG Rating | | |  |