|  |
| --- |
| **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** |
| **Supervised Consumption, Southampton CC** |
| CPSC has rated this service specification as Amber based on the comments made below. Our recommended actions to further improve the service are:   1. Remuneration improved from initial per supervision. 2. Payments are made quarterly within one or two months of submitting claim. It would be preferable to have a quicker payment period, as payments could be up to 5 months after providing service which is not good for pharmacy’s cash flow. 3. We question whether limiting 13 sites for provision of the service satisfies the needs of the city from an access point of view. Is this convenient enough for clients to engage? 4. Review of the SOP and referral pathways annually. In community pharmacy it is more usual to review SOPs every 2 years 5. Consultation on any proposed audit of service would be good to ensure proportionate in time taken to complete/volume/complexity to service |
| **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)  Thank you for your feedback, which we have considered carefully. This is the list of your concerns (*black italics*) followed by our response (blue).  Charlotte Matthews, Public Health Consultant 28/05/19.   1. *Improved remuneration from current (All drugs). This rate undervalues the service provided by community pharmacies and the health & social benefits that the service creates. The rate is lower than all other commissioners for Methadone and very much lower for Buprenorphine & Naltrexone.*   Response:  We value this service. We can increase to per supervision. We are looking to be fair, while working with a finite budget, fixed across our substance misuse work.   1. *Payments are made quarterly within one or two months of submitting claim. It would be preferable to have a quicker payment period, as payments could be up to 5 months after providing service which is not good for pharmacy’s cash flow.*   Response:  Unfortunately we do not have the infrastructure to offer payment more frequently or faster. The retainer is a little to help towards cash flow. We aim to pay invoices within 28 days of receipt.   1. *We question whether limiting 13 sites for provision of the service satisfies the needs of the city from an access point of view. Is this convenient enough for clients to engage?*   Response:  We do not have any indication that 13 sites is insufficient. This is just over ¼ of local pharmacies in the city. We have a finite budget for our service provision and cannot offer a service with a retainer to more sites.   1. *Review of the SOP and referral pathways annually. In community pharmacy it is more usual to review SOPs every 2 years*   Response:  We will keep to an annual review, but don’t anticipate making changes unless of material significance.   1. *Consultation on any proposed audit of service would be good to ensure proportionate in time taken to complete/volume/complexity to service*   Response:  We’re happy to do this. Is this consultation with the CPSC and/or participating pharmacies? |

|  |  |  |  |
| --- | --- | --- | --- |
| **Point Covered** | | | **Action or Notes** |
|  | | **CPSC 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  No off-site training required, all completed on-line  Compulsory annual workshop – quarterly retention fee provided to cover costs  Recommended for DBS of pharmacist involved |
| 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, but paid up to 2 months in arrears |
| Where equipment is required who provides/calibrates/services this? If contractor, does remuneration sufficiently cover the cost of this? | | | No equipment required  Use of PharmOutcomes to enter information |
| Is remuneration fair? | | | per transaction regardless of whether Methadone, Buprenorphine or Naltrexone  Provision of Hep C vaccination for pharmacists from New Road for ‘new to service’ pharmacies only at: [publichealth@southampton.gov.uk](mailto:publichealth@southampton.gov.uk)’  Quarterly retention fee does cover costs of attending compulsory annual workshop held during the year |
|  | **Is/does the Service.....** | | |
| Sustainable? | | | Yes |
| Clinically sound and in line with appropriate National or local guidance? | | | Yes  Provide a coordinated community response to the needs of people with dependant use of drugs, compliance with patients agreed care plans, reduce risk to local communities and provide regular contact with HCPs (with referral back to specialist treatment centres, HCPs or social care as appropriate) |
| Enhance patient care? | | | Yes |
| Have suitable monitoring arrangements and termination clauses? | | | Three months’ notice if the pharmacy wishes to terminate.  SCC can terminate immediately where there are reasonable grounds. |
| Enhance relationships with other HCPs? | | | Yes  Collaboration with primary care and specialist substance misuse service providers |
| Deliverable? | | | Yes, although financially borderline for some pharmacies.  Service limited to only 13 selected pharmacies within the City.  2 of 13 pharmacies selected are requested to provide a 7-day service. |
| Attractive enough for contractors to consider it worthwhile? | | | Yes, remuneration is low for Buprenorphine & Naltrexone |
| Have performance criteria that supports a quality service? | | | Service to be available preferably during all opening hours (6 days per week). 2 pharmacies are requested to provide a 7 day a week service).  Contractor must notify commissioner if no accredited pharmacist in place for longer than 4 weeks period.  Contractor must have appropriate health promotion material.  Contractor must have SOP procedures & referral pathways in place for this service and review every year.  Pharmacy team awareness and training on service and CPD.  Pharmacy will maintain appropriate records using PharmOutcomes.  Pharmacy must participate in any audit of the service. |
|  | **Service Delivery** | | |
| Are the performance measures reasonable and achievable? | | | Records should be accurately and timely reported for all patients on PharmOutcomes and to comply with CD regulations. Records will be kept of all non-collections of medication. |
| Is the administration proportional to size or service and remuneration? | | | Yes |
| Are any reporting systems suitable to all contractors? | | | PharmOutcomes requires internet access  Use essential to enter information  All CD incidents & concerns to be reported to NHS England via website [www.cdreporting.co.uk](http://www.cdreporting.co.uk) |
| Is the training required for the service reasonable? Consider accessibility to CPPE for non-pharmacist/technician staff. | | | Completion of CPPE learning packs & online assessment ‘Substance Use and Misuse’ and ‘Safeguarding Children & Vulnerable Adults’ within 3 months of signing agreement.  Pharmacist must have a signed version of the DoC for Supervised Administration, confirm this on PharmOutcomes.  All staff involved in provision of the service must attend one multidisciplinary evening event per year |
| Does record keeping or sharing of information requirements meet current IG regulations. | | | Yes  All records are kept securely on PharmOutcomes |
|  | **Miscellaneous Information** | | |
| Any other information specific to this service. | | |  |
| Suggested RAG Rating | | |  |