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| **Rationale of Checklist** | | | |
| This checklist will be completed by the LPC sub-committee for every new or recommissioned service specification sent to the LPC for comment/consultation. The response summary is completed after consultation and agreement by the sub-committee.  The Checklist contains the LPC 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.  The LPC’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 the LPC** | | | |
| **PURM v2, NHS England - South (Wessex)** | | | |
| The LPC has rated this service specification as Green based on the comments made below. Our recommended actions to further improve the service are:   1. None, no response requested from commissioners. | | | |
| **Time-line & Next Steps for the LPC** | | | |
| The LPC will publish this service participation rating to contractors **when the service amendment commencement date has been confirmed by NHS England South (Wessex)**.  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 the LPC’s recommendation to its contractors. | | | |
| **Commissioners response to LPC feedback** | | | |
| Please enter response here, returning promptly to [richard.buxton@hampshirelpc.org.uk](mailto:richard.buxton@hampshirelpc.org.uk) | | | |
| **Point Covered** | | | **Action or Notes** |
|  | | **LPC Consultation** | |
| LPC Consulted? | | | Yes |
| LPC 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? | | | Yes, PharmOutcomes.  Automated claims, payment one month in arrears. |
| 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 PharmOutcomes to enter information, check patients previous use of PURM and receive payment. |
| Is remuneration fair? | | | Yes. Remuneration is comparable with other localities.  Professional fee plus fee per additional item if more than one and then cost price of the drug (Drug Tariff price) |
|  | **Is/does the Service.....** | | |
| Sustainable? | | | Yes |
| Clinically sound and in line with appropriate National or local guidance? | | | No issues, as current emergency supply legislation still applies.  Consultation record & declaration of consent of patient is required and must be signed and kept for 2 years on the premises. |
| Enhance patient care? | | | Yes, speeds up provision of POM medication in emergency. |
| Have suitable monitoring arrangements and termination clauses? | | | One months’ notice if the pharmacy wishes to terminate.  NHS England –South (Wessex) can terminate immediately where there are reasonable grounds. |
| Enhance relationships with other HCPs? | | | Yes, reduces burden of unnecessary onward referral. |
| Deliverable? | | | Yes |
| Attractive enough for contractors to consider it worthwhile? | | | Yes – very useful addition, and provides solution to unnecessary onward referral of patients to Urgent or Emergency care services currently dependent on their exemption status. |
| Have performance criteria that supports a quality service? | | | Pathway guidelines for conducting the service, however it is up to the pharmacist’s individual discretion whether to agree to the supply or not.  Appendix information on permissible items, length of treatment to supply, exceptions and patient education examples.  Contractor must have SOP procedures in place for this service and review them every 2 years.  Pharmacy must participate in any NHS England – South (Wessex) or CCG led audit or assessment of the service. |
|  | **Service Delivery** | | |
| Are the performance measures reasonable and achievable? | | | N/A |
| 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 and have visibility of previous PURM supplies to that patient regardless of locality of pharmacy. |
| Is the training required for the service reasonable? Consider accessibility to CPPE for non-pharmacist/technician staff. | | | No off-site training required.  Training is minimal and can be self-taught – basic PharmOutcomes access & data entry required.  Pharmacist must demonstrate CPD relevant to the service. |
| Does record keeping or sharing of information requirements meet current IG regulations. | | | Yes. Record made in POM Register (legal record), PMR record and on PharmOutcomes.  Record will be sent to patients GP directly via PharmOutcomes or will be posted by the pharmacy where the GP has no NHS mail address. Declaration will be kept for two years in lockable storage. |
|  | **Miscellaneous Information** | | |
| Any other information specific to this service. | | | Provision for use also in declared Emergency situations.  Provision to supply patient’s representative in Pandemic situations.  A prescription charge should be collected from the patient unless the patient is exempt. Evidence of exemption should be supplied and declared.  Service is available from 18.00 on Friday and all day on Saturdays, Sundays & Bank Holidays (including from 18.00 the previous day if that is a normal day).  The pharmacy must ensure the service is available at all times the pharmacy is open and inform NHS England – South (Wessex) if they are not able to offer it.  The service is not to be provided when the patient has initially contacted NHS111 and been referred to the pharmacy. In this situation, the NUMSAS service must be provided as per the details in the national advanced service specification. |
| Suggested RAG Rating | | |  |