

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	On Demand availability of Drugs for Palliative Care Primary Care Service
Commissioner Lead	Neil Hardy
Provider Lead	
Period	
Date of Review	

1. Population Needs

1.1 General Overview

The End of Life Care Programme emphasizes that 'the care of all dying patients must improve to the best level in all healthcare settings'. In relation to medicines, there are a number of issues that require consideration to facilitate symptom control in those patients who choose to live and die in the place of their choice and to reduce inappropriate admissions in the last weeks of their life. These include:

- Anticipatory prescribing - ability to access commonly used drugs in palliative care via Community Pharmacy

1.2 National/local context and evidence base

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	
Domain 2	Enhancing quality of life for people with long-term conditions	
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 improve access for people to these specialist medicines when they are required by ensuring prompt access and continuity of supply.
- To support people, carers and clinicians by providing them with up to date information and advice, and referral where appropriate.

3. Scope

3.1 Aims and objectives of service

Service Aim

This service is aimed at the supply of specialist medicines for palliative care, the demand for which may be urgent and/or unpredictable.

The pharmacy contractor will stock a locally agreed range of specialist medicines and will make a commitment to ensure that users of this service have prompt access to these medicines at all times agreed with West Hampshire CCG.

The pharmacy will provide information and advice to the user, carer and clinician, in line with locally agreed palliative care guidelines. They may also refer to specialist centre's support groups or other health and social care professionals where appropriate.

This will aim to provide an equitable service to all patients in all settings and to reduce the need for out of hours drugs, with the ultimate aim of providing the best level of End of Life care.

The service involves two elements which will provide comprehensive availability of palliative care drugs across NHS West Hampshire: These are described below with a brief summary of each service area:

3.2 Service Description

On Demand Availability of Palliative Care Drugs through Community Pharmacies

- An Enhanced Service for Community Pharmacy based on the national template service specification for 'On Demand Availability of Palliative Care Drugs.
- pharmacies across NHS West Hampshire CCG, with extended opening hours and good accessibility / parking

Service outline:

- a. The pharmacy holds the specified list of medicines required to deliver this service and will dispense these in response to NHS prescriptions presented. The pharmacist should be prepared to telephone suppliers to confirm delivery of stock if necessary (or delegate this task appropriately). The pharmacist must keep patients or their representatives fully informed regarding supplies of medicines (or delegate this task appropriately).
- b. If a participating Community Pharmacist is not able to fill the prescription in the time available then he/she needs to find another Community Pharmacy who is able to fill the prescription. This should be done by telephoning another Community Pharmacy, it should not be assumed that just because a Community Pharmacy is on the palliative care list they can supply on every occasion.
- c. The pharmacist should co-ordinate with the prescriber to plan in advance for increased medication demand, particularly weekends and public holidays, when this is appropriate
- d. The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service.

- e. The pharmacy should maintain appropriate records to ensure effective ongoing service delivery and audit.
- f. The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service are aware of and operate within local protocols. This includes all locum pharmacists.
- g. The pharmacy provides details of on-call contacts who will meet the commitment to have prompt access to the agreed list of medicines at all times agreed with the CCG.
- h. In the event of long-term availability problems, the pharmacy should liaise with their local palliative care team to arrange for suitable alternatives to be kept in stock.
- i. The CCG will provide locally agreed induction training for participating pharmacies.
- j. The CCG should arrange at least one contractor meeting per year to promote service development and update the knowledge of pharmacy staff.
- k. The CCG will agree with local stakeholders the medicines formulary and stock levels required to deliver this service. The CCG will regularly review the formulary to ensure that the formulary reflects the availability of new medicines and changes in practice or guidelines.
- l. The CCG will reimburse participating pharmacies to compensate for date expired medicines in the formulary. Pharmacists are requested to submit a list of expired stock annually.
- m. The CCG will provide a framework for the recording of relevant service information for the purposes of audit and the claiming of payment.
- n. The CCG & Local Pharmacy Committee will disseminate information on the service to other pharmacy contractors and health care professionals in order that they can signpost patients to the service.

Planning and Communication

It is recommended that wherever possible, when a palliative care patient is being cared for in the community setting, early warning to Community Pharmacies from the Palliative Care Consultant, GP, District Nurse or Palliative Care Nurse about the type and volume of drugs the patient is using would enable all Community Pharmacies to be prepared for any prescriptions.

For those Pharmacies involved in this service, it is vital for them to keep aware of any changes in prescribing patterns to allow them to monitor and get feedback on the service they are providing.

Drugs Available

The Community Pharmacies will guarantee to stock an agreed formulary of the commonly prescribed drugs. These drugs have been agreed by the service providers and are considered to cover the majority of “urgent” requests. These drugs do not cover all eventualities but it is important to note that most Community Pharmacies can usually order supplies of a prescribed drug for the same day delivery if ordered before 11.30 am and for the following morning if ordered before 5.00pm. (Monday to Friday)

The palliative care drugs list will be circulated to all primary care prescribers, including the out of hours services, District Nurses, Palliative Care Nurses, Community Pharmacies, Hospital Pharmacists and Palliative Care Consultants so that all the appropriate health care professionals are aware of what is reasonable to expect to be available both in and out of hours.

Access to the Service

Details of the Pharmacies will be circulated to all community based Palliative Care Nurses and District Nurses and to other Community Pharmacies. During working hours, it is anticipated that in the first instance, prescriptions should be presented at any local community pharmacy, and the “palliative care” Pharmacies used mainly in an emergency situation, where the drugs cannot be obtained by the local Community Pharmacy within an appropriate timescale.

3.3 Interdependence with other services/providers

The Provider shall ensure that effective and clear communication is maintained with Patients and GP surgeries

3.4 Eligibility

- Patients registered with a GP within the NHS West Hampshire CCG area
- Pharmacies within the NHS West Hampshire CCG area

3.5 Exclusions

Patients who are not registered with a GP within the NHS West Hampshire CCG area

3.6 Population covered

This service should be provided within the existing skillset of the community pharmacy to meet the needs of NHS West Hampshire CCG population, improve health and wellbeing, reduce health inequalities and support the provision of care closer to home.

4. Applicable Services Standards

4.1 Applicable national standards (e.g. NICE)

4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)

4.3 Applicable local standards

5. Applicable quality requirements and CQUIN goals

5.1 Applicable quality requirements (See Schedule 4 Parts A-D)

5.2 Applicable CQUIN goals (See Schedule 4 Part E)

Not applicable

6. Location of Provider Premises

The Provider's Premises are located at:

Insert pharmacy name/address