



*East and North Hertfordshire
Clinical Commissioning Group*

LOCAL ENHANCED SERVICE

Immediate access to emergency drugs

Commissioner: NHS East and North Hertfordshire Clinical
Commissioning Group (CCG)

Provider: East and North Hertfordshire Community
Pharmacies

This agreement is to cover the period from October 2015

<u>Name of Pharmacy</u>	
<u>Pharmacy Address</u>	
<u>Pharmacy F Code</u> (PPA code)	
<u>Contact Name</u>	
<u>Contact Number</u>	
<u>Email address</u>	
<u>Pharmacist confirmation</u> <u>Signature</u>	Sign: Print: Date:

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1. Introduction

- 1.1 SLA is for the immediate access to specialist drugs that would not ordinarily be kept in stock but may be required in emergency situations. This includes palliative care and bacterial meningitis prophylaxis.
- 1.2 Based on drug costs, expected usage and expiry dates, an initial payment of £300 per pharmacy followed by a £100 annual retainer has been agreed.
- 1.3 Eleven pharmacy contractors distributed across East and North Hertfordshire have been selected based on expressions of interest and access.

2. Duration of the Agreement

- 2.1 This agreement will run from October 2015 and will be reviewed periodically.
- 2.2 At least 3 months' notice must be given by either party to terminate or change this SLA. However, if there is evidence of consistent failure to maintain minimum stock levels we understand that the CCG reserves the right to terminate our participation in the scheme immediately.
- 2.3 CCG may review the drugs list and add additional items by providing one months' notice.

3. Service Description

- 3.1 This service is aimed at the supply of specialist medicines, the demand for which may be urgent and/or unpredictable, for example palliative care and tuberculosis treatments.
- 3.2 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 the CCG.
- 3.3 The pharmacy will provide information and advice to the user, carer and clinician. They may also refer to specialist centres, support groups or other health and social care professionals where appropriate.

4. Aims and intended service outcomes

- 4.1 To improve access for people to these specialist medicines when they are required by ensuring prompt access and continuity of supply.
- 4.2 To support user, carers and clinicians by providing them with up to date information and advice, and referral where appropriate.

5. Service outline

- 5.1 The pharmacy holds the specified list of medicines required to deliver this service and will dispense these in response to NHS prescriptions presented. The pharmacy may also hold specialist equipment, linked to the medicines on the list, for example syringe drivers and associated equipment.
- 5.2 The pharmacy contractor has a duty to ensure pharmacists and staff (including locums) involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service.
- 5.3 The pharmacy should maintain appropriate records to ensure effective ongoing service delivery and audit. CCG will provide locally agreed induction training for participating pharmacies.
- 5.4 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.
- 5.5 The pharmacy must demonstrate how they will fulfil accessibility requirements and inform the CCG. This may include the pharmacy setting

- up an on-call rota arrangement if not covered by standard opening hours. Extensions in availability will be investigated following initial evaluation.
- 5.6 The pharmacy must be able to provide an immediate response when requested, to outbreaks and emergency situations.
 - 5.7 The CCG will agree with local stakeholders the medicines formulary and stock levels required to deliver this service. An appropriate CCG employee will be entitled to check the stock is available.
 - 5.8 The CCG will regularly review the formulary to ensure that the formulary reflects the availability of new medicines and changes in practice or guidelines. Ideas for developing this are welcomed from pharmacists.
 - 5.9 The pharmacy will maintain at least the minimum stock levels as indicated in the current list which must be readily available. Medicines will be rotated with the pharmacy stock to prevent drugs going out of date.
 - 5.10 The CCG will need to provide details of relevant referral points which pharmacy staff can use to signpost service users who require further assistance.
 - 5.11 The CCG will disseminate information on the service to other pharmacy contractors and health care professionals in order that they can signpost clients to the service.
 - 5.12 The CCG will make available to the pharmacy a list of all participating pharmacies when the SLA is signed.
 - 5.13 The pharmacy must complete a quarterly date checking pro-forma, exception report and participate in a CCG organised audit of service provision if required and have these available on request.
 - 5.14 The prescriber is responsible for contacting the pharmacy to make arrangements for out of hours dispensing if required.

6. Suggested Quality Indicators

- 6.1 The pharmacy reviews its standard operating procedures and the referral pathways for the service on an annual basis.
- 6.2 The pharmacy can demonstrate that pharmacists and staff involved in the provision of the service have undertaken CPD relevant to this service.
- 6.3 The pharmacy participates in an annual CCG organised audit of service provision.
- 6.4 The pharmacy co-operates with any locally agreed CCG-led assessment of service user experience.

7. Termination of Agreement

Should either party wish to terminate the agreement, three months' notice will be given in writing.

8. Health and Safety

The pharmacy will be responsible for the provision and maintenance of a safe and suitable environment for clients and will comply with all relevant legislation and have regard to all relevant guidance issued by the CCG, NHS England or the Secretary of State.

9. Training and Development

It is the responsibility of the provider of the service to ensure that pharmacists, locums and staff must be adequately trained regarding operation of the scheme.

10. Confidentiality

All parties agree that access to records and documents containing information relating to individual clients treated under the terms of this SLA will be restricted to authorised personnel and that information will not be disclosed to a third party. The parties will comply with the Data

Protection Act, Caldicott and other legislation covering access to confidential client information.

11. Indemnity

This agreement does not abrogate the pharmacy or pharmacist from any of their professional duties or obligations and the CCG cannot be held liable for any action or inaction by a pharmacy or pharmacist under the auspices of this agreement that may lead to client harm.

12. Complaints

The pharmacy will effectively manage any complaints or incidents, keeping a record for audit purposes.

13. Incidents and Near Misses

Incidents and near misses must be reported to the NHS England Hertfordshire and South Midlands team (england.pharmacy-athsm@nhs.net) and the National Patient Safety Agency, to inform both national and local learning and feedback. (<https://www.eforms.npsa.nhs.uk/staffreport/>)

Appendix 1

Drugs to be included

1. Ciprofloxacin Suspension 250mg/5ml (2x100mls)
2. Palliative Care Scheme

The aim of the scheme is to enable palliative care patients to get quicker access to palliative care and end of life care drugs. Delays in receiving palliative care have been identified as a gap in service in the Pharmaceutical Needs Assessment.

- a) An agreed list of palliative care drugs and suggested quantities is to be stocked by the community pharmacies listed.
- b) All Hertfordshire community pharmacists must be the first point of call to access palliative care drugs during normal opening hours.
- c) Herts Urgent Care procedure must be put into operation if during Out Of Hours, there are no pharmacies open which are part of the scheme.
- d) Service users must be aware of how the Herts Urgent Care scheme operates and must make it clear when making the call that palliative care drugs are required.

Cyclizine injection 50mg/1ml – Minimum quantity 10 ampoules
Dexamethasone injection 3.3mg/1ml – Minimum quantity 5 ampoules
Diazepam rectal tubes 5mg/2.5ml – Minimum quantity 5 tubes
Diclofenac injection 75mg/3ml – Minimum quantity 10 ampoules
Diclofenac suppositories 100mg – Minimum quantity 10 suppositories
Glycopyrronium injection 200mcg/1ml – Minimum quantity 10 ampoules
Haloperidol injection 5mg/1ml - Minimum quantity 5 ampoules
Hyoscine Butylbromide (Buscopan) injection 20mg/1ml - Minimum quantity 20 ampoules
Levomepromazine Injection 25mg/1ml - Minimum quantity 10 ampoules
Lorazepam (GENUS brand)* tablets 1mg - Minimum quantity 28 tablets
Metoclopramide tablets 10mg - Minimum quantity 28 tablets
Metoclopramide injection 10mg/2ml - Minimum quantity 20 ampoules
Morphine Sulphate (Oramorph) Solution 10mg/5ml - Minimum quantity 4 x 100mls
Water for injection 10ml - Minimum quantity 4 x 10
Sodium chloride 0.9% solution for Injection - Minimum quantity 4 x 10ml
**Genus brand to be specified as known to dissolve sublingually*

Controlled Drugs

Diamorphine injection 10mg/1ml - Minimum quantity 20 ampoules
Diamorphine injection 30mg/1ml - Minimum quantity 20 ampoules
Midazolam injection 10mg/2ml - Minimum quantity 10 ampoules
Morphine Sulphate concentrated solution 100mg/5ml - Minimum quantity 2 x 30mls
Oxycodone (OxyNorm) capsules 5mg - Minimum quantity 56 capsules
Oxycodone injection 10mg/1ml - Minimum quantity 5 ampoules

3. Other emergency situations
Other drugs may be added to cover other emergency situations.

Appendix 2 (on following page)

Payment will not be made on claims older than six months.

EAST AND NORTH HERTS CCG INVOICE

[Your Company Name]

INVOICE

"[Your Address]"

INVOICE No [100]

"[Your Town, County Postal Code]"

DATE:

Phone: "[0xxxx xxxxxx]" Fax: "[0xxxx xxxxxx]"

VAT Registration No. xxxxxx

Billing Address:

NHS East & North Hertfordshire CCG
06K Payables
 Phoenix House
 Topcliffe Lane
 Wakefield
 West Yorkshire
 WF3 1WE

Delivery Address:

Contact Name
 Department
 Address line 1
 Address Line 2
 Address Line 3
 Address Line 4
 Post code

Comments or special instructions:

ACCOUNT NUMBER	P.O. NUMBER	REQUISITIONER	DELIVERY NOTE	TERMS
	06KJWILLIAMS			

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
	293171 52161002		
Bank Details: Sort Code (XX-XX-XX) Account Number (XXXXXXXXXX) Please make cheques payable to (XXXXXXXXXXXXXXXXXX) Remittance Address(XXXXXXXXXXXXXXXXXX)		SUBTOTAL DISCOUNT AMOUNT SHIPPING/HANDLING VAT TOTAL DUE	

Supplier Comments or Instructions: (XXXXXXXXXXXXXXXXXXXXXX)

No personally identifiable data is to be put on an invoice. This includes any patient names and addresses. Use the patients NHS number where appropriate.

POM's (Non CD's)

Drug	Form	Strength	QTY	Date	Date	Date	Date	Date	Date
Cirpofloxacin	Suspension	250mg/5ml	2 X 100mls						
Cyclizine	Injection	50mg/1ml	2 x 5						
Dexamethasone	Injection	3.3mg/1ml	1 x 5						
Diazepam	Rectal Tubes	5mg/2.5ml	1 x 5						
Diclofenac	Injection	75mg/3ml	1 x 10						
Diclofenac	Suppositories	100mg	1 x 10						
Glycopyrronium	Injection	200mcg/1ml	2 X 5						
Haloperidol	Injection	5mg/1ml	1 x 5						
Hyoscine Butylbromide (Buscopan)	Injection	20mg/1ml	2 X 10						
Levomepromazine	Injection	25mg/1ml	1 x 10						
Lorazepam (GENUS brand)*	Tablets	1mg	1 x 28						
Metoclopramide	Tablets	10mg	1 x 28						
Metoclopramide	Injection	10mg/2ml	2 x 10						
Morphine Sulphate (Oramorph)	Solution	10mg/5ml	4 x 100mls						
Water for injection	Injection	10ml	4 x 10						
Sodium chloride solution	Injection	0.90%	4 x 10ml						
Signature of person undertaking stock check and date									

CDs

Drug	Form	Strength	QTY	Date	Date	Date	Date	Date	Date
Diamorphine	Injection	10mg/1ml	4 x 5						
Diamorphine	Injection	30mg/1ml	4 x 5						
Midazolam	Injection	10mg/2ml	2 x 5						
Morphine Sulphate	Concentrated Solution	100mg/5ml	2 x 30mls						
Oxycodone (OxyNorm)	Capsules	5mg	1 x 56						
Oxycodone	Injection	10mg/1ml	1 x 5						
Signature of person undertaking stock check and date									

**Please use this form quarterly to check that medicines are in stock and in date.
Any missing items should be reordered immediately.
OUT OF DATE STOCK MUST BE REPLACED.**

Appendix 4

Exception reporting form

To be faxed and made to the attention to the **Pharmacy and Medicines Optimisation Team** as required and a copy to be kept in the pharmacy to be inspected on pharmacy contract and related visits.

Pharmacy Name	
Pharmacy Address	
Date	
Prescriber Details	
Medicines requested and not dispensed	
Details of why prescriptions could not be dispensed	
Other Comments	
(1) e.g. out of stock, another prescription for same product also dispensed today, incorrect handwriting requirements, product selection, insufficient stock	
(2) e.g. telephone another pharmacy, contacted prescriber	