GIG CYMRU NHS WALES | Bwrdd Iechyd Cwm Taf Health Board

Community Pharmacy Access to Palliative Drugs Service

Agreed Palliative Care Drug List

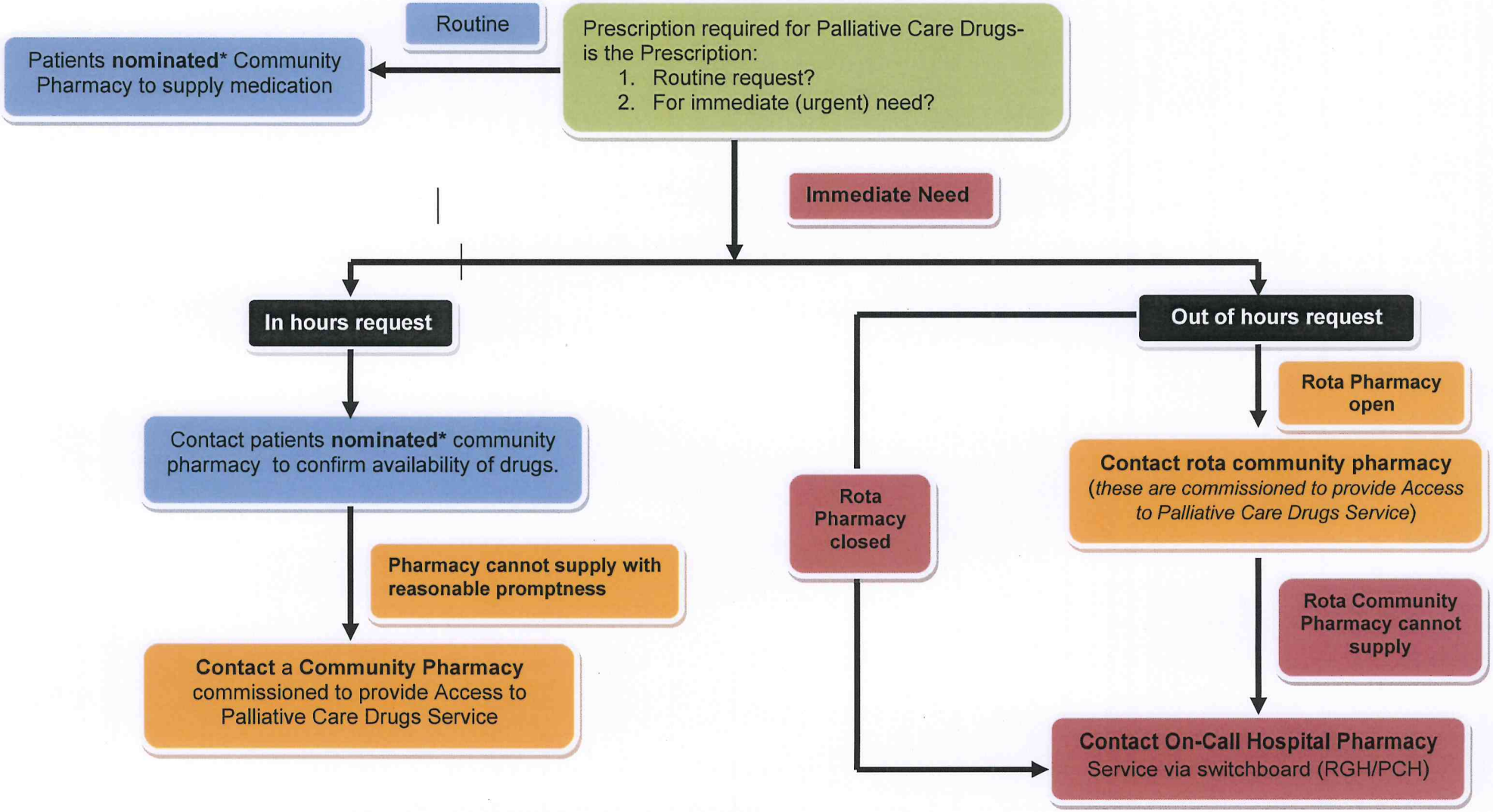
Version 1 - December 2012

Drug	Strength	Stock Level
Cyclizine injection	50 mg/1 ml	15 amps
Dexamethasone injection	4mg / 1ml	20 vials
Diamorphine injection	10mg	10 amps
Diamorphine injection	30mg	15 amps
Haloperidol injection	5 mg/1 ml	5 amps
Hyoscine Hydrobromide injection	400 mcg/ml	10 amps
Levomepromazine injection	25 mg/1 ml	10 amps
Metoclopramide	10 mg/2 ml	10 amps
Midazolam injection	10 mg/2 ml	10 amps
Morphine Oral Solution	10mg/5ml	300ml
Oxycodone injection	10mg/1ml	10 amps
Oxycodone injection	50mg/1ml	5 amps
Oxycodone capsules	5mg	56
Oxycodone capsules	10mg	56
Oxycodone Oral solution	5mg/5ml	250ml
Water for Injections 10ml		10

Access to Palliative Care Drugs Care Pathway

Version 1 – December 2012

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Cwm Taf University Health Board



Details of local pharmacies (including opening hours and services commissioned) can be found at http://www.nhsdirect.wales.nhs.uk/localservices/searchlocalservices.aspx?s=Pharmacyhttp

***Patients nominated pharmacy is the pharmacy the patient normally uses to obtain repeat prescriptions**

Access to Palliative Care Drugs Service

Locality	Address	Telephone	Opening Hours
Cynon	A&JM Sheppard Ltd 22-25 Whitcombe St **Aberdare**	01685 872078	Mon-Fri 9am – 7pm Sat 9am – 5.30pm Sun 10.30am – 1pm
Merthyr Tydfil	Boots UK Ltd Unit 6 Cyfarthfa Retail Park **Merthyr Tydfil**	01685 385281	Mon – Fri 9am – 8pm* Sat 9am – 7pm* Sun 10.30am – 4.30pm (closed 1pm-1.30pm)
	Dowlais Pharmacy 82-83 Victoria St **Dowlais**	01685 350350	Mon-Wed & Fri 9am – 7pm* Thurs 9am – 5pm* Sat 9am – 12pm Sun 11.30am -12.30pm & 6pm – 7pm
Rhondda	A&JM Sheppard Ltd 1-2 Porth St **Porth**	01443 687068	Mon-Wed & Fri 9am – 7pm Thurs 9am – 5pm Sat 9am – 12.30pm Sun 11.30am -12.30pm
Taff	Tesco Pharmacy Gellihirion Ind Est Upper Boat **Pontypridd**	01443 625447	Mon – Sat 8am – 8pm Sun 10am – 4pm
	Tesco Pharmacy Newpark Shopping Centre Talbot Green **Llantrisant**	01443 625247	Mon – Sat 8am – 8pm Sun 10am – 4pm
	Treforest Pharmacy 62 Park St **Treforest**	01443 403102	Mon-Fri 9am-5.30pm Saturday 9am – 1pm
	Tynant Pharmacy 12 Commercial St **Tynant, Beddau**	01443 202353	Mon-Fri 9am-6pm* Saturday 9am – 1pm

* closed for lunch 1pm-2pm

SERVICE SPECIFICATION

Version 1 -2012

Cwm Taf Health Board	**And**	

1. Name of Scheme: Access to Palliative Care Drugs (In Hours) Service

Location of Scheme: Community pharmacies within Cwm Taf HB locality

Brief Outline: This service specification outlines a service that ensures prompt and effective access to a range of palliative care medicines within normal working hours with minimal inconvenience to patients and professionals, by identifying key pharmacies that have agreed to hold a specific stock list of palliative care medicines. Commissioned pharmacies will be reimbursed for medicines that go out of date.

2. Name of Person Responsible (commissioner)
Cwm Taf Health Board
Address: Ynysmeurig House
Navigation Park
Abercynon
CF45 4SN

Tel No: 01443 744800

Name of Person Responsible (provider)

Address:

Tel No:

3. Service Description

- This service is aimed at the supply of specialist palliative care medicines within normal pharmacy opening hours (including Rota hours where commissioned), the demand for which may be urgent and/or unpredictable.
- The pharmacy contractor will stock an agreed range of specialist medicines as listed in Appendix A and will make a commitment to ensure that users of this service have prompt access to these medicines during usual opening times.
- The pharmacy will provide information and advice to the user, carer and clinician.

4. What are the specific objectives of the Services?

- To improve access for people to specialist medicines from an agreed list during usual opening hours by ensuring prompt access and continuity of supply.
- To support people, carers and clinicians by providing them with information and advice regarding these medicines including safe storage, use and disposal.

5. Provider Responsibilities

General Requirements

- The contractor shall ensure that pharmacists providing the service have indemnity insurance covering the provision of the service.
- The contractor shall ensure that, prior to entering into any agreement to provide the service; they are satisfactorily complying with his or her obligation under Schedule 2 to the Pharmaceutical Services Regulations to provide pharmaceutical essential services and have a system of clinical governance that is acceptable.
- The contractor shall have awareness of, and ensure the service is provided in accordance with any relevant standards.
- The contractor shall ensure that all standards required by the General Pharmaceutical Council, so far as they relate to pharmacy owners and superintendent pharmacists, are met.
- The contractor must nominate a named pharmacist accountable for the management of the service.
- The 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.
- The contractor has a duty to ensure that pharmacists and staff involved in the provision of the service are aware of and act in accordance with local protocols and local and national guidance.
- The contractor shall participate in any reasonable publicity of the availability of the service required by the Local Health Board and shall not publicise the availability of the service other than with the agreement of the Local Health Board.
- On any occasion where the service cannot be provided e.g. no pharmacist is available due to lack of locum cover, then every effort should be made to ensure alternative arrangements are in place. These should be communicated to patients and the LHB as appropriate.

Service Requirements

- The pharmacy holds the minimum specified quantity of each of the agreed list of Palliative Care medicines (Appendix 1) required by the service specification and will dispense these in response to NHS prescriptions presented.
- .All medicines will have an expiry date of a minimum of 1 year from the start of the service at set-up, where available from wholesalers.
- The pharmacy will regularly review their stocks of the specified drugs and their stock levels to ensure they meet the requirements on the enhanced service. Dispensed stock should be replaced as soon as practically possible.
- The pharmacy should undertake quarterly stock checks and maintain appropriate records of this review using (PCM-1) to ensure effective ongoing service delivery and audit.
- The pharmacy should inform the LHB of any long term stock availability issues regarding palliative care medicines.

Patient access to service

- Patients and their carers will continue to use their usual community pharmacy to obtain regular prescriptions, including palliative care drugs if these are available and medications are not needed urgently. Therefore it is important that anticipatory prescribing is usual practice.
- The community pharmacy participating in the scheme will be accessed during normal working hours (as set out on HN1) or during provision of Rota services when a patient's usual community pharmacy cannot supply the palliative care drug(s) within the necessary timescale or when not all items on the prescription are available from the pharmacy, or when end of life medications are needed urgently.
- Under these circumstances a GP, district nurse or community pharmacist may contact one of the participating pharmacists to inform them that they will be receiving a prescription for a drug(s) from the agreed list of palliative care medicines (Appendix 1).
- A telephoned or faxed prescription is not allowed for controlled drugs.

Record Keeping

- The pharmacy should complete and retain quarterly stock check forms – a completed copy of this form should be submitted annually to support claim for annual retainer fee.
- The pharmacy should retain records of any claims for out of date medications for audit and post payment verification (PPV) purposes

6. How will performance be measured?

- The Provider is required to maintain systems that produce accurate information to enable its services to be monitored.
- Pharmacies are encouraged to self-audit this service.
- The pharmacy must co-operate with any locally agreed LHB-led audit and/or assessment of service user experience.
- The LHB reserves the right to undertake audit checks without prior notification.
- Data provided to the LHB as part of service audits will be used to evaluate service delivery.

7. Training and Education

- No additional training is required to operate this service, although pharmacists are expected to comply with the GPhC CPD requirements.

WCPPE training on palliative care is available to support this service.

8. Fees And Allowances

Annual Retainer fee

- An annual retainer payment of £57.13 will be made to each pharmacy that meets the requirements of the service specification and has completed and returned the SLA for this service.
- A copy of the Quarterly Stock check form (PCM-1) should be submitted to support claim for annual retainer payment

Date Expired Stock

- The LHB will reimburse community pharmacies for any stock that exceeded it expiry date that they are holding in order to meet the requirements of this enhanced service. This reimbursement will be made upon submission of the form (PCM-2) accompanied by a copy of the invoice for the replacement stock.

- Claims should be submitted to:

  Community Pharmacy Facilitator
  Cwm Taf Health Board
  Pharmacy Department
  Royal Glamorgan Hospital
  Ynysmaerdy
  Llantrisant
  CF72 8XR

- Claims for payment shall be subject to Local Health Board arrangements for Post Payment Verification.
- Claims should be made no later than 90 days after the month to which it relates.

9. Local Health Board Service Responsibilities

- The Local Health Board shall enter into a Service Level Agreement (SLA) with all pharmacies commissioned to provide the service.
- The Local Health Board, or its authorised officer, shall, where appropriate, publicise the availability of this service.
- The Local Health Board, or its authorised officer, shall support the resolution of difficulties so far as they relate to issues within the control of the Local Health Board.
- The Local Health Board, or its authorised officer, shall support the handling of any complaints or issues relating to the service so far as they relate to issues within the control of the Local Health Board.
- The LHB will agree with local stakeholders the medicines formulary and stock levels required to deliver this service (Appendix 1).
- The LHB will regularly review the formulary to ensure that the formulary reflects the availability of new medicines and changes in practice or guidelines.
- The LHB will fully reimburse contractors for out of date drugs arising as a direct result of their involvement in the scheme and will agree a mechanism of remuneration.
- The LHB will periodically review the scheme arrangements to ensure that they continue to meet the needs of Cwm Taf Health Board and the scheme pharmacists

10. Confidentiality Information And Data Protection

The Provider will ensure that any Named Person shall not, whether during or after their appointment, disclose or allow to be disclosed to any person (except on a confidential basis to their professional advisers) any information of a confidential nature acquired by the Provider or any Named Person in the course of carrying out their duties under this Agreement, except as may be required by law or as directed by the Commissioner.

The Provider must protect personal data in accordance with the provisions and principles of Data Protection Act and the Confidentiality: NHS Wales Code of Practice, and must ensure that all staff that have access to such data are informed of, and comply with this requirement.

The Provider shall at all times ensure that appropriate technical and organizational security measures shall be taken against unauthorised or unlawful processing of personal data and against accidental loss or destruction of, or damage to, personal data.

The Provider must be aware that the any information held by the Welsh Assembly Government, Local Health Boards or their authorised officers, may be subject to disclosure under the Freedom of Information Act.

GIG CYMRU NHS WALES Bwrdd Iechyd Cwm Taf Health Board

Appendix 1

Community Pharmacy Access to Palliative Drugs Service
Agreed Palliative Care Drug List

Version 1
December 2012

Drug	Strength	Stock Level
Cyclizine injection	50 mg/1 ml	15 amps
Dexamethasone injection	4mg / 1ml	20 vials
Diamorphine injection	10mg	10 amps
Diamorphine injection	30mg	15 amps
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Levomepromazine injection	25 mg/1 ml	10 amps
Metoclopramide	10 mg/2 ml	10 amps
Midazolam injection	10 mg/2 ml	10 amps
Morphine Oral Solution	10mg/5ml	300ml
Oxycodone injection	10mg/1ml	10 amps
Oxycodone injection	50mg/1ml	5 amps
Oxycodone capsules	5mg	56
Oxycodone capsules	10mg	56
Oxycodone Oral solution	5mg/5ml	250ml
Water for Injections 10ml		10

PCM-1

GIG CYMRU NHS WALES
Bwrdd Iechyd Cwm Taf Health Board

ACCESS TO PALLIATIVE CARE MEDICINES (IN HOURS) SERVICE ANNUAL RETAINER CLAIM FORM

All sections MUST be completed and submitted with a copy of the completed Quarterly Stock Check form from the previous financial year to the LHB

Name of Pharmacy:		Pharmacy Stamp
Annual retainer claim for financial year:	**1st April 2012 to 31st March 2013**	
Annual retainer fee	**£57.13**	
Initial Set up fee	**£100.00**	

DECLARATIONS, UNDERSTANDING AND CLAIM

I / We declare to the best of my/our belief the information on this form is correct.

I/we claim the appropriate retainer fee for the Access to Palliative Care (in hours) Service.

Authorised Signature:
(On behalf of the Pharmacy) _____ Date: / /

Please submit this form as directed by your LHB

FOR HEALTH BOARD USE ONLY

Amount approved: _____

If not approved, reason for non-approval:

_____

Application checked by: _____ Date: / /

GIG CYMRU NHS WALES | Bwrdd Iechyd Cwm Taf Health Board

PCM-1

Access to Palliative Care Medicines (In Hours) Service

1st April 20___ to 31st March 20___

Drug	Quantity Required	Quarter 1 check				Quarter 2 check				Quarter 3 check				Quarter 4 check			
		Date:				Date:				Date:				Date:			
		Quantity in stock	Expiry date	Action	Initials	Quantity in stock	Expiry date	Action	Initials	Quantity in stock	Expiry date	Action	Initials	Quantity in stock	Expiry date	Action	Initials
Cyclizine 50mg/ml injection	15 ampoules																
Dexamethasone 4mg/ml injection	20 ampoules																
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Haloperidol 5 mg/1 ml injection	5 ampoules																
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Oxycodone 5mg capsules	56 capsules																
Oxycodone 10mg capsules	56 capsules																
Oxycodone Oral Solution 5mg/5ml	250ml																
Water for Injections 10ml	10 ampoules																

This form must be returned to the LHB on completion of the Q4 stock check.

Health Board Use:
Amount Approved Application Checked by Date

PCM-2

ACCESS TO PALLIATIVE CARE DRUGS ENHANCED SERVICE

RE-IMBURSEMENT FOR REPLACEMENT OF DATE EXPIRED PALLIATIVE CARE DRUGS

Please note that the LHB will reimburse community pharmacists for the cost price of replacing the date expired medication, up to the maximum claim limit. No other medication shall qualify for reimbursement within this scheme. All claims must be supported by an invoice showing the cost of replacement medication.

Palliative care drug	Maximum quantity for reimbursement	Quantity claimed	Invoice Attached
Cyclizine 50mg/ml injection	15 ampoules		
Dexamethasone 4mg/ml injection	20 ampoules		
Diamorphine 10mg amps	10 ampoules		
Diamorphine 30mg amps	15 ampoules		
Haloperidol 5 mg/1 ml injection	5 ampoules		
Hyoscine Hydrobromide 400 mcg/ml injection	10 ampoules		
Levomepromazine 25mg/ml injection	10 ampoules		
Metoclopramide 10mg/2ml injection	10 ampoules		
Midazolam 10 mg/2 ml injection	10 ampoules		
Morphine Oral Solution 10mg/5ml	300ml		
Oxycodone 10mg/1ml injection	10 ampoules		
Oxycodone 50mg/1ml injection	5 ampoules		
Oxycodone 5mg capsules	56 capsules		
Oxycodone 10mg capsules	56 capsules		
Oxycodone Oral Solution 5mg/5ml	250ml		
Water for Injections 10ml	10 ampoules		

DECLARATIONS, UNDERSTANDING AND CLAIM

I / We declare to the best of my/our belief the information on this form is correct. Pharmacy Stamp

I/we claim the appropriate payment for the reimbursement of date expired stock held to fulfil the Access to Palliative Drugs Service.

Authorised Signature:
(On behalf of the Pharmacy)

Date: / /

FOR HEALTH BOARD USE ONLY

Amount approved:

If not approved, reason for non-approval:

Application checked by: Date: / /

DRAFT