

Service Level Agreement

between

the Provider (“the pharmacy”)

and

NHS England – North (Yorkshire & the Humber)

on behalf of

NHS East Riding CCG

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## Section A: General Conditions to the Service Level Agreement for NHS East Riding CCG Community Pharmacy Enhanced Services

### A1. Introduction

This agreement sets out the framework for the pharmacy to community pharmacy local enhanced services. The implementation, administration, monitoring and review of this agreement is the responsibility of NHS East Riding CCG (Clinical Commissioning Group), or any organisation that takes over the functions of this CCG.

This agreement is between the pharmacy listed below

Trading as:	
Address:	
ODS code:	
Tel:	
Email:	

and

**NHS England – North (Yorkshire and The Humber)**

on behalf of

**NHS East Riding CCG**

for the provision of the following services:



Service Name	Service specification	Provided by this pharmacy
Medicine Record Charts for Carers	Section B1	
EL23 Medication Administration Support Service	Section B2	
Minor Ailments Service	Section B3	
Community Pharmacy Point of Dispensing Intervention Service	Section B4	
Community Pharmacy Emergency Repeat Medication Service	Section B5	

## A2. Signatures

Signature on behalf of the Pharmacy:

Signature	Name	Date
	GPhC No	

Signature on behalf of the Commissioner:

Signature	Name	Date
	Moira Dumma Director of Commissioning Operations	31/3/18
	Jon Swift Director of Finance	31/3/18

Please return to:

[England.pharmacyreturns@nhs.net](mailto:England.pharmacyreturns@nhs.net)

or

Primary Care Team, NHS England, Ground Floor, Health House, Grange Park Lane, Willerby, HU10 6DT

## A3. Period

This agreement is for the period **1st April 2018 - 31st March 2021**

## A4. Termination

Three months' notice of termination must be given if the pharmacy wishes to terminate the agreement before the given end date.

Three months' notice of termination must be given if NHS England - North (Yorkshire and The Humber) wishes to terminate the agreement before the given end date.

NHS England - North (Yorkshire and The Humber) may suspend or terminate this agreement forthwith if there are reasonable grounds for concern including, but not limited to, malpractice, negligence or fraud on the part of the pharmacy.

## A5. Obligations

The pharmacy will provide the service(s) in accordance with the specification(s) set out in Section B.

NHS England - North (Yorkshire and The Humber) and NHS East Riding CCG will provide the resources described as Section C on an internet link that will be accessible to

NHS East Riding CCG & NHS England Pharmacy SLA 2018 - 2021

the pharmacy and inform the pharmacy of this address and any updates to these resources when they happen. The pharmacy must ensure that it is using the most recent version of any Section C resources.

## A6. Payments

NHS England - North (Yorkshire and The Humber) will pay the following:

### **Medicine Record Chart Service:**

A payment of £2.60 will be made to the pharmacy for each complete Medicine Record Chart produced during the month.

### **EL23**

Level one – Review and Monitoring	£ 6.50
Level two – Moderate Support (with review and monitoring)	£11.00
Level three – Higher Level Support (with review and monitoring)	£15.50

### **Minor Ailments Service**

Pharmacies will be paid monthly at a rate of £4.10 per consultation  
Drug costs will be reimbursed at drug tariff/agreed cost prices plus VAT monthly.

### **Point of Dispensing Intervention Service**

A professional fee of **£4** will be paid for each point of dispensing intervention made. In addition to the professional fee a payment equivalent to 10% of the net ingredient cost of the product not dispensed will be made.

### **Pharmacy Urgent Repeat Medicine Supply Service**

A professional fee of **£10** will be paid for each emergency supply at the request of the patient. If more than one medicine is supplied to an individual patient, an additional fee of £2 will be paid for each additional item supplied

The cost of the medicine supplied (guided by Drug Tariff prices) plus VAT will be reimbursed by the commissioner.

A prescription charge should be collected unless the patient is exempt in accordance with the NHS charges for Drugs and Appliances Regulations. Any prescription charges collected from patients will be deducted from the sum payable to the pharmacy

The pharmacy will enter the information onto the PharmOutcomes system by the 5th of each month and invoices will be generated automatically.

Payments will be made by BACS within 28 days of the submitted invoice and will appear on the FP34C statement under Local Services.

## A7. Standards

The service(s) will be provided in accordance with the standards detailed in the specification(s) (Section B).

## A8. Confidentiality

All parties shall adhere to the requirements of the Data Protection Act 1988 and the Freedom of Information Act 2000.

Any approaches by the media for comments or interviews must be referred to NHS England - North (Yorkshire and The Humber).

## A9. Indemnity

The pharmacy shall maintain adequate insurance for public liability and professional indemnity against any claims which may arise out of the terms and conditions of this agreement.

Any litigation resulting from an accident or negligence on behalf of the pharmacy is the responsibility of the pharmacy who will meet the costs and any claims for compensation, at no cost to NHS England - North (Yorkshire and The Humber).

Reference Copy

**Section B: Service Specifications**

Reference Copy



## Section B1: Service Specification – Medicine Record Charts for Carers Service

### B1.1. Service description and background

This service is commissioned as a local enhanced service under the powers given to NHS England by The Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013 paragraph 14 (1) (i).

Community pharmacies can support patients staying in their own homes rather than other care settings by supporting care agencies in the safe administration of medicines and the appropriate recording of the same.

### B1.2. Aims and intended outcomes of the service

For community pharmacies to support domiciliary care workers in the safe administration of medication by preparing medication record charts (Medicine Record Chart) for patients under their care.

By the pharmacy adding duplicate labels of dispensed medication to the charts only as indicated in (Schedule 1).

### B1.3. Service specification

An 'authorised person' in this service specification is a person acting under arrangements with the CCG for the purpose of coordinating access to this service.

The pharmacy will be contacted by an authorised person when they identify a service user who requires help with medication and the introduction of a Medicine Record Chart. The pharmacy should not start the service until it has received written confirmation from an authorised person.

The pharmacy should annotate the patient medication record (PMR) that the patient requires a Medicine Record Chart preparing with each dispensed medication.

The pharmacy should prepare a duplicate label for each dispensed medication and attach it to the Medicine Record Chart. The issuing of labels NOT attached to the chart is not permissible. Once the label has been attached to the chart the letters Medicine Record Chart should be written starting on the left hand side of the chart and continuing onto the label. If more than one chart is needed for a service user, then the charts should be numbered to indicate that more than one chart is in use e.g. 1 of 1, 1 of 2 etc.

The pharmacy should keep the prepared chart together with the dispensed medication for collection or delivery to the service user.

If medication is prescribed at a different time to regular prescriptions then the Medicine Record Chart should be returned to the pharmacy for labels to be attached. For mid-cycle requests that follow into the next cycle e.g. a seven day course of antibiotics prescribed on day 26, the pharmacy should print two extra labels at the time of dispensing – one to attach to the current Medicine Record Chart and the other to add to the new cycle chart.

Where possible, there should be only one Medicine Record Chart in use at any one time. The exception to this may include the prescribing of 'just in case' medications; see below.

Where you need to vary from this guidance, this must be risk assessed and only done in exceptional circumstance

For medications prescribed 'just in case' e.g. a course of antibiotics and steroids for a COPD exacerbation, a separate Medicine Record Chart should be supplied to keep with the medication until needed. This Medicine Record Chart should be clearly marked by the pharmacy to indicate that there is more than one chart in use.

- In the case where a Medicine Record Chart is missing i.e. if in error it was not supplied at the time of dispensing a new cycle of medication or if following the supply it has been mislaid, the pharmacy may issue a replacement Medicine Record Chart within a few days of dispensing the new medication cycle. The pharmacy will need to assure themselves that there have been no prescribing changes before an Medicine Record Chart is produced. The pharmacy should clearly annotate the Medicine Record Chart to indicate that it is a duplicate. In this instance the label dates on the medication and the chart will not correlate. If the pharmacy cannot confirm that there have been no changes to the service user's medication, then a replacement Medicine Record Chart must not be provided and the care worker must be advised to request a new prescription for all medications.

As part of the clinical check of the Medicine Record Chart, when the pharmacy are adding a label to the Medicine Record Chart for a new medication and it is confirmed by the prescriber that a previous medication has been discontinued, it is good practice for the pharmacy to clearly annotate the chart to show which medication has been discontinued. It is good practice to ensure that all labels on medications for administration by carers contain full written dose instructions. If any medications are prescribed 'as directed' the pharmacy is encouraged, where possible, to support good practice and contact the prescriber for the full correct dose.

If prescribed medication doses require a carer to 'half a tablet' it is good practice for the pharmacy to refer back to the prescriber for an alternative formulation where possible to avert the need for a carer to split tablets. For the exception when there is no alternative, the dose instructions should clearly state that 'half' a tablet is to be administered. Enough medication must be prescribed for the duration of treatment to allow for safe disposal of the unwanted 'half'. Pharmacists are under no obligation to half the tablet or supply a tablet cutter. This must be funded by the service user/care provider.

All warfarin labels on a Medicine Record Chart should ensure that dose instructions direct the carer to administer the most up to date dose in accordance with the yellow anticoagulation booklet or letter.

Domiciliary care worker agencies must liaise with the community pharmacy before a patient is established on a Medicine Record Chart, and continue to work closely with the pharmacy of choice.

Supply of Medicine Record Chart will be recorded on the service user's patient medication record within the pharmacy

A record of any relevant interventions will also be kept.

#### **B1.4. Training, premises and other requirements**

The pharmacy contractor has a duty to ensure that all pharmacists and staff involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service.

The pharmacy contractor should ensure that the staff who currently (or may in the future) complete the PharmOutcomes records are fully aware of the necessity to follow the correct procedures with regards to patient data protection.

#### **B1.5. Service availability**

The pharmacy contractor should seek to ensure that the service is available throughout the pharmacy's opening hours.

#### **B1.6. Governance**

Community Pharmacy contractor providers of this service will comply with the General Pharmaceutical Council standards of conduct, ethics and performance at all times. The pharmacy reviews its standard operating procedures and the referral pathways for the service on an annual basis.

The pharmacy can demonstrate that pharmacists involved in the provision of the service have undertaken continuing professional development (CPD) relevant to this service. The pharmacy participates in any social service or NHS England - North (Yorkshire and The Humber) led audit of service provision.

The pharmacy co-operates with any social service or NHS England - North (Yorkshire and The Humber) led assessment of service user experience.

#### **B1.7. Payment arrangements**

Community Pharmacy Humber will provide access to a PharmOutcomes platform for the recording of relevant service information for the purposes of audit and the claiming of payment.

## Section B2: Service Specification – EL23 Medicines Administration Support Service

### B2.1. Service description and background

This service is commissioned as a local enhanced service under the powers given to NHS England by The Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013 paragraph 14 (1) (i).

An 'authorised person' in this service specification is a person acting under arrangements with the CCG for the purpose of coordinating access to this service.

The pharmacy will help support vulnerable people, who require more support than a 'one off' adjustment, as covered under the Disability Discrimination Act 1995 criteria.

The pharmacy will be contacted by an authorised person for professional discussions about the appropriate level or kind of support, if any, required by the person to help them take their medicines as intended. If support is necessary, the authorised person and Pharmacy will agree with the person the appropriate level or kind of support.

The pharmacy may provide advice, support and assistance to the person, family member or informal carer with a view to improving the patient's knowledge and use of their drugs and their compliance, or may need to refer to their GP for further referral to other health and social care professionals where appropriate.

The pharmacy will provide the support as described within the Open Action Plan contained within the Patient file set up by the authorised person.

### B2.2. Aims and intended outcomes of the service

- To support independent living.
- To help people manage their medicines safely and appropriately.
- To reduce wastage of medicines.
- To improve patient compliance with therapy by:
  - improving the patient's understanding of their medicines;
  - identifying practical problems in taking their medicines and where appropriate providing extra support;
  - monitoring, reviewing and amending the support given, as outlined in the Open Action Plan;
  - providing advice and support to the patient, including referral to an authorised person or GP for further referral to other health and social care professionals where appropriate.

### B2.3. Service specification

The part of the pharmacy used for provision of the service provides a sufficient level of privacy and safety and meets other locally agreed criteria.

The pharmacy will nominate TWO key members of staff who will be the regular point of contact for an authorised person and the patient.

The CCG will agree the patient eligibility criteria for this service and the referral mechanisms.

During an assessment an authorised person will contact the pharmacy to engage in a professional discussion to establish the patient's needs prior to completing the Patient File and Open Action Plan.

The authorised person will assess what level and kind of support the person requires. Once the required support has been identified it is essential that the patient is shown how to use it and their understanding of the support provided is checked. The Open Action Plan will state whether it is the authorised person (house bound patients) or Community Pharmacy (patient able to access the pharmacy) that have responsibility for showing the patient how to use their support and checking their understanding of its use.

The Pharmacy will be required to satisfy the following requirements;

- Use various techniques to aid the visually impaired (i.e. Large print, appropriate annotation of boxes)
- modify packaging of medication e.g. wing caps, non-child resistant containers, popping medication out of blisters into bottles, halving of tablets and simple annotation of boxes.
- ability to supply a multi compartment compliance device where it is deemed necessary and ensure empty containers are returned to monitor patient compliance
- able to manage patients repeat prescription
- have computer software capable of producing patient medication reminder charts and tick reminder charts for individual patients (templates will be provided by the CCG) i.e. to be able to create, amend and print reminder charts from a word document.

The pharmacy contractor will ensure that pharmacists and staff involved in the provision of the service are aware of and operate within local protocols.

The pharmacist will follow an agreed protocol for monitoring and review as set out in the individual Patient File.

The CCG will provide a robust and responsive referral system for complex patient issues that arise with patients already enrolled on the service. The referral criteria and authorised person contact information will be identified for each patient in their Open Action Plan.

Pharmacists will share where appropriate relevant information with other health care professionals and agencies, in line with locally determined confidentiality arrangements, including, where appropriate, the need for the permission of the client to share the information.

The pharmacy will maintain appropriate records to ensure effective ongoing service delivery and audit. Records will be confidential and should be stored securely and for a length of time in line with local NHS record retention policies.

The CCG will provide a framework for the recording of relevant service information for the purposes of audit and the claiming of payment. **Where data is missing or unclear then claims for payment will be returned to the pharmacy for clarification and re-submission.**

Claims for payment will be submitted monthly by the pharmacy on PharmOutcomes.

The CCG will provide up to date details of other services which pharmacy staff can use to refer service users who require further assistance.

The CCG will be responsible for the promotion of the service locally, including the development of publicity materials, which pharmacies can use to promote the service to the public.

#### **B2.4. Training, premises and other requirements**

The pharmacy reviews its standard operating procedures and the referral pathways for the service on an annual basis.

The pharmacy can demonstrate that pharmacists and staff involved in the provision of the service have undertaken CPD relevant to this service

The pharmacy participates in an annual audit of service provision and referral pathways, by the CCG in liaison with the LPC.

The pharmacy co-operates with any locally agreed CCG-led assessment of service user experience.

The pharmacy contractor will 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. This will be facilitated by the provision of local training by the CCG.

The pharmacist should be trained to deliver, monitor and review medicine management support systems effectively.

The pharmacy contractor should ensure that the staff who currently (or may in the future) complete claim forms to be fully aware of the necessity to follow the correct procedures with regards to patient data protection.

#### **B2.5. Service availability**

The pharmacy contractor should seek to ensure that the service is available throughout the pharmacy's opening hours.

#### **B2.6. Governance**

Community Pharmacy contractor providers of this service will comply with the General Pharmaceutical Council standards of conduct, ethics and performance at all times.

The pharmacy reviews its standard operating procedures and the referral pathways for the service on an annual basis.

The pharmacy can demonstrate that pharmacists involved in the provision of the service have undertaken continuing professional development (CPD) relevant to this service.

The pharmacy participates in any social service or NHS England - North (Yorkshire and The Humber) led audit of service provision.

The pharmacy co-operates with any social service or NHS England - North (Yorkshire and The Humber) led assessment of service user experience.

## **B2.7. Payment arrangements**

Community Pharmacy Humber will provide access to a PharmOutcomes platform for the recording of relevant service information for the purposes of audit and the claiming of payment.

Reference Copy

## Section B3: Service Specification – Minor Ailments Service

### B3.1. Service description and background

This service is commissioned as a local enhanced service under the powers given to NHS England by The Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013 paragraph 14 (1) (j).

This service is available to all patients who are exempt from paying prescription charges. The patients must be registered with a GP practice located within the Clinical Commissioning Group. Patients are at liberty to refuse this service. Patients can receive advice and/or treatment under the Minor Ailments Scheme on the conditions listed in Appendix 6.

Patients who pay for their prescriptions should be referred to a pharmacy for advice and to purchase over the counter medicines in the usual way.

This service is a "stepping stone" towards the "Self-Care" approach to healthcare.

Only Community Pharmacies who are committed to making staff available to provide the service and who have completed the necessary training for the conditions listed in Appendix 6 will be included in the Minor Ailments Scheme.

### B3.2. Criteria for participating within the Minor Ailments Scheme

Participating Pharmacies must provide all Essential Services within the Community Pharmacy Contract.

Participating Pharmacies must have a pharmacist on the premises whilst participating within the scheme.

All consultations must take place on the pharmacy premises and any medication prescribed must be supplied at the completion of this process.

Participating Pharmacies must have a private consultation area that meets the requirements in NHS Directions for Advanced Services.

Participating Pharmacies must have a qualified medicines counter assistant or member of staff who is qualified to NVQ 2 in Pharmaceutical Services and keeps their CPD up to date with regard to minor ailments.

Participating Pharmacists should keep their CPD on minor ailments up to date.

The pharmacy will enter the service delivery information onto a web based platform (PharmOutcomes).

Participating Pharmacies should have a designated, named lead member of staff who is responsible for making sure entries are completed accurately and on time on the PharmOutcomes platform.



### **B3.3. Transfer of Care**

Patients presenting with one of the conditions listed in Appendix 6 at the GP surgery can be offered this service. Patients will also be able to self-refer into the scheme.

Patients presenting at a participating Community Pharmacy confirmed as being registered with a participating GP Practice will receive the level of care as laid out in this specification.

Patients wishing to access the service must present their NHS number. The first time a patient accesses the system they may not have their NHS number, in these circumstances patient consent to obtain the clients NHS number from their practice or the NHS spine must be sought. If the pharmacy is unable to obtain the patients NHS number, treatment should be declined and the client urged to seek medical care through their GP or the Pharmacy OTC route.

If the pharmacy is in any doubt of the patient's eligibility to receive the service they should advise the patient to seek medical care through normal GP or Pharmacy OTC routes.

### **B3.4. Duties of Participating Community Pharmacies**

Patients should only be accepted into the service if the pharmacist can confirm the patient's identity, NHS number and have reasonable proof of registration with a participating GP Practice.

Patients must be present at the pharmacy to receive the service.

Patients are encouraged to use the same pharmacy all the time but are not obliged to do so.

Pharmacies should keep a detailed record of 'Minor Ailments' treatments on their PMR system. As part of the registration process patients will be required to give their NHS number.

All participating pharmacies will provide a professional consultation service for patients registered with participating GP practices who present with one or more of the specified conditions.

The Pharmacist or trained medicines counter assistant will assess the patient's condition.

The consultation will consist of:

- Patient assessment.
- Provision of advice.
- Provision of a medication (Only if necessary, from the agreed formulary and appropriate for the age of the client being treated: refer to the manufacturers product information leaflet).
- Clinical management will be in accordance with Clinical Knowledge Summaries
- <http://cks.nice.org.uk>
- Entering details onto the PMR.
- Completion of FPPharm (Pharmacists Prescription Appendix 2 or PharmOutcomes equivalent).

Details of every consultation **must be** recorded on the PharmOutcomes platform and invoices will be generated automatically.

Children under 16 years of age, who self-refer without parental agreement, should be Gillick competent to receive this service (Appendix 4). If a client is not deemed Gillick competent then the client must be referred to a GP.

Normal rules of patient confidentiality apply.

The Pharmacist should ensure that the patient has completed and signed the FPPharm or PharmOutcomes 'Basic provision record' if they are exempt from paying and confirm this in the usual manner.

### **B3.5. Referral Procedure**

**General Referral Procedure** - If a patient presents more than twice within any month with the same symptoms they should be referred to their surgery if clinically appropriate. If symptoms do not meet the criteria for a rapid referral the patient should be advised to make an appointment in the normal manner. The Pharmacy Referral Form should be completed and faxed to the practice (Appendix 3). (This can be downloaded from the PharmOutcomes platform)

**Rapid Referral Procedure** – If the patient presents with symptoms indicating the need for an immediate consultation with the GP, the pharmacist should contact the surgery and make an appointment for the patient within an appropriate time frame. The pharmacy should fax a copy of the Referral Form to the GP Practice immediately detailing the consultation and any treatments that have been prescribed for the patient's current condition under the scheme.

If the surgery is closed and/or the symptoms are sufficiently severe the patient should be advised to contact NHS 111 or attend a more appropriate urgent care service. If the pharmacist suspects that the patient and/or carer is abusing the scheme they should alert the patient's GP in the first instance. Continued abuse of the scheme should be escalated to NHS England and the CCG.

### **B3.6. Governance**

Community Pharmacy contractor providers of this service will comply with the General Pharmaceutical Council standards of conduct, ethics and performance at all times. The pharmacy reviews its standard operating procedures and the referral pathways for the service on an annual basis.

The pharmacy can demonstrate that pharmacists involved in the provision of the service have undertaken continuing professional development (CPD) relevant to this service.

The pharmacy participates in any social service or NHS England - North (Yorkshire and The Humber) led audit of service provision.

The pharmacy co-operates with any social service or NHS England - North (Yorkshire and The Humber) led assessment of service user experience.

### **B3.7. Payment arrangements**

Pharmacies and GP Practices will be expected to participate in monitoring and evaluation of the scheme to show:

Cost and volume of pharmacy interventions and indications treated.

Attitudinal surveys of Pharmacists and Patients.

The Pharmacy participates in any CCG organised audit of service provision.

The Pharmacy participates in any CCG organised patient survey.

Reference Copy

## Section B4: Service Specification – Community Pharmacy Point of Dispensing Intervention Service

### B5.1. Service description and background

This service is commissioned as a local enhanced service under the powers given to NHS England by The Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013 paragraph 14 (1) (h) and (o).

Community Pharmacists will contribute to the reduction of prescribed unwanted medicines, which currently are wasted. This service will be undertaken at the point of dispensing. This will help to prevent patient's stockpiling of prescribed medicines and reduce inefficiencies in prescribing on FP10s. The service will inform GP repeat prescribing processes thus contributing to improved patient outcomes through harm reduction, reduced hospital admissions, and increased medicine concordance. It is expected that the service will encourage Pharmacists to carry out Medicine Use Reviews (MUR) with patients who they have identified as having issues with their prescribed medicines or processes around ordering repeat medicines.

The object of this scheme is to reduce the burden of waste medicines, which has far reaching implications both financially and in terms of harm and health outcomes for patients:

- To reduce the number of unwanted medicines dispensed and therefore wasted, by not dispensing items not required by the patient.
- To notify the prescriber when an item prescribed has not been dispensed.
- To promote, support and encourage good repeat / prescribing practices with patients and GP practices.
- To highlight under usage of medicines to the prescriber.
- To inform the prescriber whether the continued supply or non-supply of items would be considered clinically significant.
- To highlight prescribing inefficiencies to the prescriber.
- To reduce unnecessary prescribing costs.

### B5.2. Aims and intended outcomes of the service

To reduce the number of unwanted medicines dispensed and therefore wasted, by not dispensing items not required by the patient.

To notify the prescriber when an item prescribed has not been dispensed.

To promote, support and encourage good repeat / prescribing practices with patients and GP practices.

To highlight under usage of medicines to the prescriber.

To inform the prescriber whether the continued supply or non-supply of items would be considered clinically significant.

To highlight prescribing inefficiencies to the prescriber.

To reduce unnecessary prescribing costs.

### B5.3. Service specification

The pharmacy will at the point of handing out a completed prescription to a patient (or their representative where the patient has consented to the representative acting in this capacity) discuss with the patient the contents of the completed prescription and whether each item as dispensed is required by the patient.

Where, as a result of the discussion described above, an item that has been ordered on the prescription is identified as not being required by the patient, the pharmacy will, at the discretion of the pharmacist, make an intervention to not dispense the item.

When the pharmacist makes such an intervention they will make a record of the intervention on PharmOutcomes that captures the following information:

- The name and address of the patient
- The name and practice of the prescriber
- The date of the intervention
- The name, strength (if required), form and quantity of the item that the intervention has been made on
- The reason, as reported by the patient, that item was prescribed but is no longer required.
- Any action that the pharmacist has taken to prevent that item from being unnecessarily prescribed in the future

When the pharmacist makes an intervention as described above, they will notify the patient's GP that they have made that intervention and the reason why the item was not required. (This will be normally be done automatically by the PharmOutcomes system, but may sometime require the pharmacy to post the notification).

When the pharmacist makes an intervention, that in their discretion may be clinically significant to the patients continuing treatment, they will deliver a Medicines Use Review to support the patients safe use of the prescribed medicines.

Where a pharmacy makes an intervention they should check the patient history on PharmOutcomes to see if the patient has received a similar intervention in the previous period of treatment for the same item. If there has been a previous intervention the pharmacy should record this in the PharmOutcomes record and if appropriate, deliver a Medicines Use Review to the patient.

Where a pharmacy makes an intervention, on an item that is prescribed on a paper prescription form, they shall score through the item so as to make it illegible.

Where a pharmacy makes an intervention, on an item that is prescribed through the Electronic Prescription Service, they endorse the item as Not Dispensed (ND) on the Electronic Prescription Service claim.

The pharmacy staff will ensure that the service is explained to the patient at the outset. This explanation will include the reasoning for the service. They must re-assure any patient anxious about having an item not dispensed this time and that it does not mean it has been automatically removed from the repeat prescription.

#### **B5.4. Training, premises and other requirements**

All participating pharmacies will provide a professional consultation area for patients who request it. Pharmacists should ensure full patient confidentiality, and compliance with data protection requirements. Service is only open to pharmacies that are able to provide an intervention MUR.

The pharmacy contractor must have a standard operating procedure (SOP) for this service. All support staff must ensure they are familiar with all aspects of the scheme before commencing the service.

#### **B5.5. Service availability**

The pharmacy contractor should seek to ensure that the service is available throughout the pharmacy's opening hours. To encourage ease of access to the service it should be offered across a range of times including where possible Saturdays and Sundays.

#### **B5.6. Governance**

Community Pharmacy contractor providers of this service will comply with the General Pharmaceutical Council standards of conduct, ethics and performance at all times.

The pharmacy reviews its standard operating procedures and the referral pathways for the service on an annual basis.

The pharmacy can demonstrate that pharmacists involved in the provision of the service have undertaken continuing professional development (CPD) relevant to this service.

The pharmacy participates in any social service or NHS England - North (Yorkshire and The Humber) led audit of service provision.

The pharmacy co-operates with any social service or NHS England - North (Yorkshire and The Humber) led assessment of service user experience.

#### **B5.7. Payment arrangements**

Community Pharmacy Humber will provide access to a PharmOutcomes platform for the recording of relevant service information for the purposes of audit and the claiming of payment.

## Section B6: Service Specification – Community Pharmacy Emergency Supply Service

### B6.1. Service description and background

This service is commissioned as a local enhanced service under the powers given to NHS England by The Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013 paragraph 14 (1) (u).

In an emergency, a pharmacist can supply prescription only medicines (POMs) to a patient (who has previously been prescribed the requested POM) without a prescription at the request of a patient. This emergency supply is not an NHS service and patients may therefore be asked to pay the cost of the medicine. This can lead to some patients seeking supplies or emergency prescriptions from urgent or emergency care providers or placing extra demand on GP appointments. When demand is high it may not be practical to obtain a prescription in a timely way to meet immediate need.

The Community Pharmacy Emergency Supply Service allows the emergency supply of a patient's medicine at NHS expense in order to reduce the number of patients contacting urgent and emergency care providers. This may include both prescription only and other medicines usually obtained on prescription by the patient from their GP. The emergency supply provisions permit the supply of sufficient quantities of most prescription only medicines for up to 30 days treatment, **this service specification allows for up to 7 days treatment only**. Exceptions apply for inhalers and creams / ointments, where a manufacturer's pack can be supplied. Schedule 1, 2 or 3 controlled drugs (except phenobarbitone or phenobarbitone sodium for epilepsy) cannot be supplied in an emergency. Quantities of other medicines should be in line with this.

During a pandemic situation, a pharmacist may make an emergency supply against a request by a patient's representative; at all other times the request must be made directly by the patient.

The purpose of the Community Pharmacy Emergency Supply Service is to ensure that patients can access an urgent supply of their regular prescription medicines where they are unable to obtain a prescription before they need to take their next dose. The service may be needed because the patient has run out of a medicine, or because they have lost or damaged their medicines, or because they have left home without them. The aim of this service is to relieve pressure on urgent and emergency care services and general practitioner appointments at times of high demand.

In an emergency, a pharmacist can supply prescription only medicines (POMs) to a patient (who has previously been prescribed the requested POM) without a prescription at the request of the patient. This emergency supply is not an NHS service and patients may therefore be asked to pay the cost of the medicine. This can lead to some patients seeking supplies or emergency prescriptions from urgent or emergency care providers. This service will allow the supply of a medicine at NHS expense where the pharmacist deems that the patient has immediate need for the medicine and that it is impractical to obtain a prescription without undue delay (such as when demand for urgent appointments is very high).

This service may be commissioned using the provisions within the Human Medicines Regulations 2012 which allow pharmacists to make emergency supplies, subject to certain conditions.

The pharmacist will at the request of a patient (or in pandemic situations, a representative of a patient), assess whether there is an urgent need for their medicine, in circumstances where it is impracticable for the patient to obtain a prescription before the next dose is due. If an emergency supply is necessary, the pharmacist shall make a supply, in accordance with the Human Medicines Regulations 2012 maintaining a record of the supply and labelling the container appropriately.

A record of the supply will additionally be made on PharmOutcomes. A copy of the record will be sent to the patient's general practitioner automatically by PharmOutcomes unless requested to print

### **B6.2. Aims and intended outcomes of the service**

To ensure timely access to medicines for all patients in emergency situations, where it is not practicable to obtain a prescription.

To ensure equity of access to the emergency supply provision irrespective of the patient's ability to pay.

### **B6.3. Service specification**

This service is available for only patients registered with a General Practice within the Clinical Commissioning Group (CCG).

The pharmacist will:

- Interview the patient (or, in a pandemic only, the patient's representative) to identify the medicines needed and to establish the nature of the emergency;
- Examine the patient medication record to establish whether the patient's last course of the medicine was obtained from that pharmacy against a prescription;
- The pharmacy should take reasonable measures to ascertain the appropriateness of making a supply, including, where appropriate the use of Summary Care Record, contacting the last supplying pharmacy or the prescriber; and
- Where appropriate, advise the patient or his representative on the importance of ordering prescriptions in a timely manner.
- The pharmacist will at his/her discretion, make the supply in accordance with the requirements of the Human Medicines Regulations 2012. **This service specification allows for up to 7 days treatment only.** Exceptions apply for inhalers and creams / ointments, where a manufacturer's pack can be supplied. Schedule 1, 2 or 3 controlled drugs (except phenobarbitone or phenobarbitone sodium for epilepsy) cannot be supplied in an emergency. Quantities of other medicines should be in line with this.

The pharmacy will maintain a record:

- of the emergency supply, setting out the name and address of the patient, the prescription only medicine supplied, the date of the supply and the nature of the emergency in accordance with the Human Medicines Regulations 2012;
- of the consultation and any medicine that is supplied in the patient medication record;
- of the consultation and any medicine that is supplied the paperwork/IT system provided by the commissioner. This record will be used for the recording of



relevant service information for the purposes of audit and the claiming of payment. Patient consent will need to be given for this data sharing

- One copy of this record in will be sent to the patient's general practitioner for information (this will normally be done by PharmOutcomes automatically) Patient consent will need to be given for this data sharing.
- A prescription charge should be collected unless the patient is exempt in accordance with the NHS Charges for Drugs and Appliances Regulations. Where a prescription charge is paid a patient must sign a declaration. A prescription refund and receipt form as approved by the Secretary of State must be provided if the patient requests it. Any prescription charges collected from patients will be deducted from the sum payable to the pharmacy.
- If a patient is exempt from paying a prescription charge in accordance with the NHS Charges for Drugs and Appliances Regulations, evidence of entitlement to exemption should be provided by the patient for the pharmacy to check and the patient must make a declaration of entitlement. Where a claim to exemption has been made but is not substantiated, the charge should be recovered from the patient by the commissioner.
- The pharmacy contractor must have a standard operating procedure in place for this service.
- Locally agreed referral pathways will be put in place and will be followed where the pharmacy is not able to make an urgently required supply of a prescription only medicine.

#### **B6.4. Training, premises and other requirements**

The pharmacy contractor has a duty to ensure that pharmacists involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service.

#### **B6.5. Service availability**

The pharmacy contractor should ensure that the service is available throughout the pharmacy's opening hours (both core and supplementary) which **fall in the out-of-hours period (6.00 pm to 8.00 am on weekdays plus weekends and Bank Holidays).**

#### **B6.6. Governance**

Community Pharmacy contractor providers of this service will comply with the General Pharmaceutical Council standards of conduct, ethics and performance at all times.

The pharmacy reviews its standard operating procedures and the referral pathways for the service on an annual basis.

The pharmacy can demonstrate that pharmacists involved in the provision of the service have undertaken continuing professional development (CPD) relevant to this service.

The pharmacy participates in any social service or NHS England - North (Yorkshire and The Humber) led audit of service provision.

The pharmacy co-operates with any social service or NHS England - North (Yorkshire and The Humber) led assessment of service user experience.

**B6.7. Payment arrangements**

Community Pharmacy Humber will provide access to a PharmOutcomes platform for the recording of relevant service information for the purposes of audit and the claiming of payment.

Reference Copy

**Section C: Resources**

Reference Copy

## Section C1: Medicines Record Charts for Carers

### Resources

The section C resources for this service are listed below. Any future resources will be updated at this web address:

<http://communitypharmacyhumber.co.uk/services-by-area/east-riding-of-yorkshire/nhs-england-service-level-agreements-nhs-er-ccg/>

In the event of any dispute, the version of the resources published this address will be the deemed the version in use.

[None at time of publication]

Reference Copy

## Section C2: EL23 Medicines Administration Support Service

### Resources

The section C resources for this service are listed below. Any future resources will be updated at this web address:

<http://communitypharmacyhumber.co.uk/services-by-area/east-riding-of-yorkshire/nhs-england-service-level-agreements-nhs-er-ccg/>

In the event of any dispute, the version of the resources published this address will be the deemed the version in use.

[None at time of publication]

Reference Copy

## Section C3: Minor Ailments Service

### Resources

The section C resources for this service are listed below. Any future resources will be updated at this web address:

<http://communitypharmacyhumber.co.uk/services-by-area/east-riding-of-yorkshire/nhs-england-service-level-agreements-nhs-er-ccg/>

In the event of any dispute, the version of the resources published this address will be the deemed the version in use.

- Appendix C3.1 Participating GP surgeries**
- Appendix C3.2 Paper record form (FPPHarm)**
- Appendix C3.3 GP referral form**
- Appendix C3.4 Gillick competence form**
- Appendix C3.5 Receptionists protocol**
- Appendix C3.6 Conditions flyer**
- Appendix C3.7 Clinical management guidance**
- Appendix C3.8 Formulary listing**
- Appendix C3.9 Record keeping guidance**
- Appendix C3.10 Condition monographs**

## Section C4: Community Pharmacy Point of Dispensing Intervention Service

### Resources

The section C resources for this service are listed below. Any future resources will be updated at this web address:

<http://communitypharmacyhumber.co.uk/services-by-area/east-riding-of-yorkshire/nhs-england-service-level-agreements-nhs-er-ccg/>

In the event of any dispute, the version of the resources published this address will be the deemed the version in use.

[None at time of publication]

Reference Copy

## Section C5: Community Pharmacy Emergency Repeat Medication Service

### Resources

The section C resources for this service are listed below. Any future resources will be updated at this web address:

<http://communitypharmacyhumber.co.uk/services-by-area/east-riding-of-yorkshire/nhs-england-service-level-agreements-nhs-er-ccg/>

In the event of any dispute, the version of the resources published this address will be the deemed the version in use.

[None at time of publication]

Reference Copy