On Demand Availability of Palliative Care Drugs Service

Locally Enhanced Service

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**Executive Summary**

Patients with a terminal illness often experience new or worsening symptoms and often need access to a different medication or an increased strength of medication promptly to manage these changing symptoms. Delays in accessing medicines can cause distress to both patients and their carers and increase the workload of nurses tasked with patient care.

The On Demand Availability of Palliative Care Drugs Service (Palliative Care Drug Service) was developed to improve access for people to medicines for palliative care by ensuring guaranteed access to a defined list of palliative care drugs from a set number of community pharmacies across Calderdale.

**Aims and intended service outcomes of the Scheme**

- To improve access for people to medicines for palliative care 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 on palliative care issues, including referral where appropriate.

**Brief service description**

Pharmacists participating in the service hold and maintain a stock of an agreed list of palliative care medicines for dispensing in response to NHS prescriptions, which may be required by palliative care patients. In addition they will support people, carers and clinicians by providing them with up to date information, advice and where appropriate referral.

The PCT will disseminate details of the service to health professionals who may need to access the service as part of their care of patients. This list includes Local Care Direct, Hospices, GPs, Community Pharmacies, Macmillan Nurses and hospital pharmacy departments.

**Resource implications**

Pharmacists are paid a set up fee of £279 for ordering drugs, staff training and developing the procedures required and an annual retainer fee of £150 to cover the costs of stocking the drugs, on-going training and other duties as outlined in the services.

Medication supplied is to be funded via NHS prescription reimbursements and the PCT is not liable for the cost of dispensed medication.
Service Specification

This service specification is underpinned by the Agreement for the provision of Community Pharmacy Enhanced Services (LES Agreement). The LES agreement specifies the terms of service, including duration of agreement, performance management, and should be read in conjunction with this Service Specification.

Purpose of the Agreement

This agreement relates to the service for the On Demand Availability of Palliative Care Drugs Service, by participating community pharmacies in Calderdale PCT.

The agreement is for the pharmacy to hold and maintain a specified list of palliative care medicines.

Selection of provider

The Pharmacies for this service have been selected on the basis of:

- Extended opening hours, including late openings, Saturdays and Sundays
- Accessibility to Calderdale residents within the locality
- Pharmacy currently providing the service

Ideally, the PCT wishes to commission this service from at least one pharmacy in each locality.

The Services

Palliative Care Drugs Stock
The pharmacy will stock the locally agreed list of medicines in addition to the usual dispensary stock.

The pharmacist will ensure that the initial stock ordered for this service, including any replacement stock, has a minimum of 2 years before the product reaches its expiry date.

The stock held as part of this enhanced service must be held separately or be distinct from normal dispensing stock. The pharmacy must devise a system to identify the medicines as part of the palliative care drug service. This element may be met by storing the stock in a specific location/box or clearly labelling stock as part of the service.

To ensure medicine integrity, stock is to be stored as per the specific product characteristics and as per any relevant regulations (i.e. CD schedule 2’s in the CD cupboard).
The pharmacy will ensure that both regular expiry date and minimum stock level checks are carried out for the list of palliative care medication stocked with clear records being maintained of these checks. Additionally, records are to be kept of the stock purchase date, the wholesaler invoice number, purchase price and expiry date. These records will be required in the event of a claim to replace out-of-date stock.

In order to reduce the quantities of out-of-date stock the pharmacy must ensure that the stock held as part of the enhanced service is rotated with the usual dispensary stock.

**Supply of stock**

When a patient/ carer presents with a NHS prescription for an item on the formulary the prescription should be dispensed using the usual dispensary stock.

Stock held as part of this service is only to be used when there is insufficient usual dispensary stock to cover the prescription. This may occur when higher than normal quantities of stock are required (which may be in response to different patients requiring the same medication) or that the medication is not held as part of the usual dispensary stock. It is not anticipated that the stock held as part of the service is routinely used as it should be held as over and above the normal dispensary stock.

If medication is supplied from the usual pharmacy stock this is deemed to be outside this enhanced service and no records need to be kept in relation to the enhanced service.

If medication is supplied from the palliative care drug stock then in addition to the usual records i.e. Patient Medication Record (PMR) and if appropriate any records required by controlled drugs legislation, the pharmacy will record the supply on the Palliative Care Audit form.

The stock should be re-ordered for delivery to the pharmacy at the earliest possible convenience in order to replenish stocks to the agreed levels as soon as possible.

**Insufficient Stock**

In the rare event of there being insufficient stock to fill an immediate need, the pharmacy is to locate a pharmacy with sufficient in-date stock and request that they reserve that stock for collection by the patient/ carer.

The convenience of the patient/ carer must be considered when locating stock. The pharmacy may wish to try other local pharmacies before they contact a pharmacy that provides the palliative care drugs service (which may be further for the patient/ carer to travel).

The patient/ carer should then be directed to the pharmacy with the required stock for them to obtain the prescribed medication.
If no further stock can be located the pharmacy will contact the prescriber to discuss a suitable alternative.

Insufficient stock constitutes an incident and as such must be reported to Calderdale PCT using the Incident/Near Miss Reporting Form for Independent Contractors.

**Advice**
In line with the signposting essential service, when required the pharmacist will provide pharmaceutical information and advice to the user, carer and clinician. They will also refer to specialist centres, support groups or other health and social care professionals where appropriate.

The pharmacist will ensure that they have access to relevant and up-to-date reference sources to allow them to respond to requests for information and advice.

**Audit submission**
All drugs provided under the service will be recorded on the Palliative Care Audit form. The audit form is to be returned to the PCT every quarter within 4 weeks of the end of the quarter. If audit forms are not received in a timely manner the PCT may withhold service payments.

**Signposting**
The PCT will disseminate information on the service to other pharmacy contractors and health care professionals in order that they can signpost patients to the service. This includes Local Care Direct, Hospices, GPs, Community Pharmacies, Macmillan Nurses and hospital pharmacy departments.

When the service details are distributed, confidentiality will be requested in terms of not publicising these names to the general public, only health professionals, in an effort to try and reduce crime.

**Out-of-date stock**
In order to reduce the likelihood of the stock held going needlessly out-of-date the pharmacy, wherever possible, must rotate the stock held for the service with the usual dispensary stock.

If the pharmacy has stock that goes out-of-date they can claim for the cost of replacement stock from the PCT. The pharmacy should submit the following to the PCT:
- Details of the drug that has expired (including cost)
- Copies of the stock check records to demonstrate frequent date checking of the stock
- Copies of the records kept on drug acquisition (i.e. expiry date, price paid)
- A declaration to state that stock has been, wherever possible, rotated with the pharmacy’s usual dispensary stock
The PCT will confirm with ePACT data that the pharmacy has not dispensed the item in the previous 2 years and check the price claimed for the replacement stock with the Drug Tariff. Once these checks are completed the pharmacy will be paid for the replacement stock.

**Accessibility**

The service is to be provided throughout the entire pharmacy’s opening hours.

If the pharmacy is unable to provide the service the pharmacy must follow the insufficient stock section above.

**Payment**

Remuneration will be made to the pharmacy according to the following:

**Set up cost payment of £279**
Initial payment to cover the cost of stocking the list of drugs required for the service, development of SOP, time to develop and implement action plan to ensure the service specifications are delivered. This payment will be made following the signing of the LES claim form and the submission of a claim form to the PCT.

**Service delivery annual fee of £150**
To include managing stock, recording dispensing (over and above NHS recording) and completing claim and audit forms.

Payment will be made by the PCT retrospectively on an annual basis on receipt of a claim form and the relevant audit forms from the pharmacy.

**Palliative Care Drugs Stock**

Locally agreed stock to be held as part of the Palliative Care Drugs Service.

<table>
<thead>
<tr>
<th>DRUG</th>
<th>MINIMUM STOCK</th>
<th>OUTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alfentanil injection 500mcg/ml (2ml amp)</td>
<td>10 amp</td>
<td>2 boxes 5 amp</td>
</tr>
<tr>
<td>Cyclizine injection 50mg/ml (1ml amps)</td>
<td>6 amp</td>
<td>2 boxes 5 amp</td>
</tr>
<tr>
<td>Dexamethasone Tablet 2 mg</td>
<td>16 tablets</td>
<td>50 tabs</td>
</tr>
<tr>
<td>Dexamethasone phosphate 4mg/ml injection 1 ml vial</td>
<td>5 amp</td>
<td>1 box of 5</td>
</tr>
<tr>
<td>Diamorphine injection 10mg</td>
<td>10 amp</td>
<td>2 boxes 5 amp</td>
</tr>
</tbody>
</table>
DRUG                      |
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>MINIMUM STOCK</td>
</tr>
<tr>
<td>OUTER</td>
</tr>
<tr>
<td>--------------------------</td>
</tr>
<tr>
<td>Diamorphine injection 30mg</td>
</tr>
<tr>
<td>Diamorphine injection 100mg</td>
</tr>
<tr>
<td>Diazepam rectal tube 5mg</td>
</tr>
<tr>
<td>Haloperidol injection 5mg/ml</td>
</tr>
<tr>
<td>Hyoscine Butylbromide injection 20mg/ml</td>
</tr>
<tr>
<td>Hyoscine Hydrobromide injection 400mcg/ml</td>
</tr>
<tr>
<td>Ketorolac Trometamol 30mg/ml</td>
</tr>
<tr>
<td>Levomepromazine Injection 25 mg/ml</td>
</tr>
<tr>
<td>Midazolam injection 10mg/2ml</td>
</tr>
<tr>
<td>Metoclopramide injection 10mg/2ml</td>
</tr>
<tr>
<td>Sodium Chloride I.V. 0.9% 10ml amp</td>
</tr>
<tr>
<td>Water for injection 10ml</td>
</tr>
</tbody>
</table>

If diamorphine becomes unavailable, ensure that an equivalent strength and quantity of parenteral morphine is in stock.

The above stock list was agreed with local stakeholders. The PCT will regularly review the formulary to ensure that the formulary reflects the availability of new medicines and changes in practice or guidelines.

Training

No specialist training or accreditation is required over and above the normal requirements for a pharmacist providing dispensing services. However, the pharmacist should be familiar with this Locally Enhanced Service and any local guidance on palliative care drugs.

The pharmacist may wish to complete the Centre for Pharmacy Post Graduate Education (CPPE) open learning pack for this service entitled ‘Palliative Care’.
Resources to support delivery of the service

The PCT will provide the paperwork for service delivery. These can be ordered from Medicines Management using the stationary order form. At least 4 weeks for delivery of items should be allowed. The order will be delivered by the internal mail van.

List of resources:
- Underpinning LES agreement
- Service Specification
- Palliative Care Drugs Audit form
- Palliative Care Drugs Claim form
- Signposting information
- Locum guide

Quality Indicators

<table>
<thead>
<tr>
<th>Quality Performance Indicator</th>
<th>Threshold</th>
<th>Method of Measurement</th>
<th>Report Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Governance-Patient Safety</td>
<td>The pharmacy reviews its standard operating procedures and the referral pathways for the service on an annual basis</td>
<td>100% compliance</td>
<td>PCT Contract Assurance process (including self-assessment)</td>
</tr>
<tr>
<td>Suitably Qualified Workforce</td>
<td>The pharmacy can demonstrate that pharmacists and staff involved in the provision of the service have undertaken CPD relevant to this service</td>
<td>100% compliance</td>
<td>See accreditation section</td>
</tr>
<tr>
<td>Improving Service Users &amp; Carers Experience</td>
<td>The pharmacy participates in an annual PCT organised audit of service provision</td>
<td>100% compliance</td>
<td>Return of audit to PCT in a timely manner</td>
</tr>
<tr>
<td>Quality Performance Indicator</td>
<td>Threshold</td>
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<td>Report Due</td>
</tr>
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</tr>
<tr>
<td>Improving Service Users &amp; Carers Experience</td>
<td>The pharmacy co-operates with any locally agreed PCT-led assessment of service user experience</td>
<td>100% compliance</td>
<td>Evidence of all patient suggestions to enhance service and the investigation of these together with summary of outcomes, e.g. taken forward/not taken forward as impractical</td>
</tr>
</tbody>
</table>

**Service Evaluation**

The service will be reviewed every 2 years to ensure it is working correctly, meets the needs of patients, healthcare professionals and the NHS and to check whether any improvements could be made. Feedback will be to the LPC/PCT and any other stakeholder PCT groups using the following criteria:

- Frequency of use
- Items dispensed
- The locality in which the patients reside
- Feedback received from stakeholders about the service (patients, pharmacists, Macmillan Nurses, Local Care Direct)
- Evidence of patients having problems in accessing medicines
- Review of any incidents arising from the service

**Documentation used in the preparation of this service**

East and South East England Specialist Pharmacy Services
Pharmacy support for Community Health Services (CHS) – a toolkit for developing Service Level Agreements (SLAs) for pharmacy support

Pharmaceutical Services Negotiating Committee palliative care service specification

Centre of Pharmacy Post Graduate Education palliative care distance learning pack

Additionally the service was originally written with input from the consultant in palliative care, community nursing professional lead and PCT GOLD standards group.