Pharmacy First
Palliative Care Specialist Drugs Scheme
(PCSDS)
January 2009
Service Level Agreement

Services Covered: Provision of a Palliative Care Specialist Drugs Scheme

Duration of Agreement: [Insert date]

Commissioner: [Insert name, address and contact telephone number for PCT]

Commissioner Contact: [Insert name]

Provider: [Insert name, address and contact telephone number for pharmacy]

1) Provider Contact: [Insert name]

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3 Aims and Intended Service Outcomes
4 Service Outline
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This Service Level Agreement (SLA) is for [insert named and address of pharmacy] to provide the Palliative Care Specialist Drugs Scheme at all times the pharmacy is open.

1. Duration of the Agreement

This agreement will run from ............and will be reviewed periodically. At least 1 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 PCT reserves the right to terminate our participation in the scheme immediately.
The PCT may review the palliative care drugs list and add additional items by providing 1 months notice. If items are to be removed from the list, the PCT will continue to honour the date expiry compensation for that product.

2. Service Description

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

The pharmacy contractor will stock a locally agreed list of specialist palliative care drugs (Appendix 1) and will make a commitment to ensure that users of this service have prompt access to these medicines...

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.

3. Aims and Intended Service Outcomes

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

4. Service Outline

Prior to commencement of the scheme each pharmacist must ensure they have signed the Service Level Agreement.

The pharmacy holds the specified list of medicines required to deliver this service and will dispense these in response to NHS prescriptions presented. An appropriate PCT employee will be entitled to check the stock is available.

The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service have relevant knowledge in the operation of the service, including locums.

The pharmacy will maintain records of all transactions for audit and probity purposes which may be inspected with appropriate notice.

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.

The PCO will agree with local stakeholders the medicines formulary and stock levels required to deliver this service. The PCT will regularly review the formulary to ensure that the formulary reflects the availability of new
medicines and changes in practice or guidelines, and ideas for developing this are welcomed from pharmacists.

The pharmacy will maintain at least the minimum stock levels as indicated in the current list and display this list on the pharmacy CD cupboard.

The PCT will reimburse the pharmacy for the cost of any date expired drugs in the current list bought for use in the pharmacy. The pharmacy should complete the relevant claim form (Appendix 2) and return to the PCT for reimbursement.

The pharmacy should make no claims for expired drugs within the first 12 calendar months of joining the scheme. However this will not apply to existing pharmacy sites.

The PCT will need to provide details of relevant referral points which pharmacy staff can use to signpost service users who require further assistance.

The PCT will disseminate information on the service to other pharmacy contractors and health care professionals in order that they can signpost clients to the service.

The PCT will make available to the pharmacy a list of all participating pharmacies when the SLA is signed.

5. Termination of Agreement

Should either party wish to terminate the agreement, one month’s notice will be given in writing.

6. 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 statutory requirements, legislation, Department of Health Guidance and professional Codes of Practice and all health and safety regulations.

7. Training and Development

Pharmacists, locums and staff must be adequately trained regarding operation of the scheme.

8. 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.

9. Indemnity
This agreement does not abrogate the pharmacy or pharmacist from any of their professional duties or obligations and the PCT can not 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.

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

11. Incidents and Near Misses

Incidents and near misses must be reported to the National Patient Safety Agency, with PCT identifiable to inform both national and local learning and feedback.

Incidents and near misses can be reported directly to the PCT using the appropriate incident report form. (Copy available from PCT)

(ii) AUTHORISATION

For and on behalf of PCT (Commissioner)

Signed_______________________

Name:
Job title: Pharmacy/Optometry Contract Lead
Date__________________________

For and on behalf of Pharmacy (Provider)

Signed_______________________

Name:
Job title:
Date__________________________
### Appendix 1:

#### Palliative Care Specialist Drugs Scheme - Drug Stock List

<table>
<thead>
<tr>
<th>Drug</th>
<th>Unit</th>
<th>Minimum Stock Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cyclizine Injection 50mg/ml</td>
<td>1ml amp</td>
<td>10</td>
</tr>
<tr>
<td>Diamorphine Powder for Injection 5mg amp</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Diamorphine Powder for Injection 10mg amp</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Diamorphine Powder for Injection 30mg amp</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Diamorphine Powder for Injection 100mg amp</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Haloperidol Injection 5mg/ml</td>
<td>1ml amp</td>
<td>5</td>
</tr>
<tr>
<td>Hyoscine Butylbromide 20mg/ml</td>
<td>1ml amp</td>
<td>10</td>
</tr>
<tr>
<td>Hyoscine Hydrob_Inj 400mcg/ml</td>
<td>1ml amp</td>
<td>10</td>
</tr>
<tr>
<td>Levomepromazine Injection 25mg/ml</td>
<td>1ml amp</td>
<td>10</td>
</tr>
<tr>
<td>Metoclopramide Injection 5mg/ml</td>
<td>2ml amp</td>
<td>10</td>
</tr>
<tr>
<td>Midazolam Injection 5mg/ml</td>
<td>2ml amp</td>
<td>10</td>
</tr>
<tr>
<td>Morph Sulphate Injection</td>
<td>10mg amp</td>
<td>10</td>
</tr>
<tr>
<td>Morph Sulphate Injection</td>
<td>30mg amp</td>
<td>10</td>
</tr>
<tr>
<td>Morph Sulphate Oral Soln Conc 20mg/ml S/F</td>
<td>30ml bottle</td>
<td>1</td>
</tr>
<tr>
<td>Oxycodone HCl_Oral Soln 5mg/5ml S/F</td>
<td>250ml bottle</td>
<td>1</td>
</tr>
<tr>
<td>Water for Injection</td>
<td>10ml amp</td>
<td>10</td>
</tr>
</tbody>
</table>
Appendix 2

Palliative Care Specialist Drugs Scheme – Drug Stock list & Pharmacist Claim Form for Expired Drugs

Pharmacy Name and Address: .................................................................

..............................................................................................................

<table>
<thead>
<tr>
<th>New formulary</th>
<th>Unit</th>
<th>Quantity</th>
<th>Price for each</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cyclizine Injection 50mg/ml</td>
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<td></td>
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</tr>
<tr>
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<td>10ml amp</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Based on current drug tariff price plus VAT (15%)

I certify that I am claiming for out-of-date drug costs under the palliative care drugs scheme.

Pharmacist Signature: .................................................................

Date ........................................................

Please return completed claim form to:
Gazala Khan, Community Pharmacy Professional Development Pharmacist