

## SCHEDULE 2 – THE SERVICES

### A. Service Specifications

<b>Service Specification No.</b>	
<b>Service</b>	Palliative Care Assured Stock Service
<b>Commissioner Lead</b>	Gary Barnfield
<b>Provider Lead</b>	
<b>Period</b>	1 April 2020 to 31 March 2021
<b>Date of Review</b>	January 2021

<b>1. Population Needs</b>
<p><b>1.1 National/local context and evidence base</b></p> <p>As part of improving end of life care in Sheffield and implementing the local End of Life Care Strategy, NHS Sheffield CCG is keen to provide assured access to palliative care drugs for patients and their representatives, by arranging reliable and extended availability from community pharmacy.</p> <p>It is recognized that there can be difficulty for palliative care patients in obtaining specialist drugs during and out of normal business hours. Community pharmacies do not normally hold a full stock of palliative care drugs due to the cost involved and shelf life of medicines. The onus is usually on the patient or their representative to search for a provider if the medicine is not available at their regular community pharmacy and cannot be obtained within the time required.</p> <p>It is recognised that timely access to palliative care medication plays a crucial part in the management of symptoms in the last days of life. This is extremely important to both</p>

patients and carers and is a key enabler in them remaining in their preferred place of death.

This Service Specification outlines the service for the provision and maintenance of stocks of drugs for use in palliative care for supply against an NHS prescription presented to the pharmacy.

This Service Specification is designed to cover the locally enhanced aspects of clinical care of the patient, all of which are beyond the scope of essential services. The Service Specification has been developed to support Palliative Care services in symptom control in the last days of life during the COVID-19 pandemic.

## 2. Outcomes

### 2.1 NHS Outcomes Framework Domains & Indicators

<b>Domain 1</b>	<b>Preventing people from dying prematurely</b>	
<b>Domain 2</b>	<b>Enhancing quality of life for people with long-term conditions</b>	
<b>Domain 3</b>	<b>Helping people to recover from episodes of ill-health or following injury</b>	
<b>Domain 4</b>	<b>Ensuring people have a positive experience of care</b>	Y
<b>Domain 5</b>	<b>Treating and caring for people in safe environment and protecting them from avoidable harm</b>	Y

### 2.2 Local defined outcomes

Improved access for patients and their carers to palliative care drugs to ensure receipt of the drugs in a timely manner.

This service helps to support resilience within urgent care, in particular during the COVID-19

pandemic.

### **3. Scope**

#### **3.1 Aims and objectives of service**

The aim of the service is to offer assured access to palliative care patients or their representatives to palliative care drugs from community pharmacy and to facilitate system resilience where stock becomes unobtainable.

Patients entering the last days of life often require medications to control pain, nausea, respiratory tract secretions and agitation, which are normally administered orally or subcutaneously.

Local Palliative Care / symptom control guidelines on care and medication to use in this situation should continue to be followed wherever possible.

However, in the presence of the COVID-19 pandemic, there will be an increase in the number of patients dying, an increased burden on healthcare staff whose exposure to COVID-19 should be minimised, and the potential for a lack of syringe drivers.

In this situation, those important to the patient will have an increasing role in administering medication for symptom control in the last days of life, with virtual professional support from GPs / district nursing / specialist palliative care teams.

Healthcare professionals involved in a patient's care continue to have responsibility for advising those important to the patient how to use the medications that they have recommended/prescribed.

#### **3.2 Service description/care pathway**

3.2.1 The pharmacy will keep a stock of palliative care drugs (see Appendix 1) to be available at all times during normal business hours.

- 3.2.2 The pharmacy will dispense the item(s) required to the patient or their representative on presentation of a prescription.
- 3.2.3 The pharmacist will provide advice to the patient or their representative on the drugs as necessary.
- 3.2.4 The pharmacy will ensure that the item is immediately re-ordered once the minimum stock figure is reached (Appendix 1).
- 3.2.5 **The pharmacy will notify the commissioner within one working day via the PharmOutcomes reporting module if stock has become unavailable.**
- 3.2.6 The pharmacy will store all palliative care drugs securely and keep an up to date record of stock levels (as per the CD register requirements).
- 3.2.7 In circumstances where the pharmacy is unable to supply an item on demand, they will signpost the patient/carer/healthcare professional to the nearest pharmacy provider of palliative care stock drugs (Appendix 2), **checking first that they have the supply in stock.**
- 3.2.8 Monitor the expiry date of these drugs and ensure that those reaching the expiry date are replaced. The pharmacy may claim for reimbursement, at cost, of date expired drugs from the approved list, provided stock rotation procedures have been followed.
- 3.2.9 Submit returns to the Commissioner to claim reimbursement payments for any date expired drugs (Appendix 3).

### **3.3 Population covered**

Patients or their representatives presenting a legitimate prescription for medication used in palliative care.

**3.4 Any acceptance and exclusion criteria and thresholds**

N/A

**3.5 Interdependence with other services/providers**

The Provider may liaise with other providers of end of life care, such as:

- St Luke's Hospice
- Patient's GP
- Palliative Care Nursing Team
- Community Nurses
- Out of hours GP provision

**4. Applicable Service Standards**

**4.1 Applicable national standards (eg NICE)**

The pharmacy premises will provide secure lockable store for the palliative care drugs that complies with Controlled Drug regulations.

**4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)**

N/A

**4.3 Applicable local standards**

The Provider 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 responsible pharmacist will be expected to be familiar with the scope of palliative care drugs for the purposes of providing specialist support to this patient group.

5. Location of Provider Premises
The Provider's premises are located at:

## Appendix 1

### Community Pharmacy: Minimum Stock List for Palliative Care

Drug	Minimum Stock
Cyclizine Injection 50mg	5 amps
Diamorphine Injection 5mg	10 amps
Diamorphine Injection 10mg	10 amps
Glycopyrronium Bromide Injection 200mcg/1ml	10 amps
Haloperidol Injection 5mg/ml	10 amps
Hyoscine Butylbromide Injection 20mg	10 amps
Hyoscine Hydrobromide Injection 400mcg/ml	10 amps
Levomepromazine Injection 25mg/ml	10 amps

Metoclopramide Injection 10mg/2ml	10 amps
Midazolam Injection 10mg/2ml	10 amps
Morphine Injection 10mg	10 amps
Oxycodone Injection 10mg	10 amps
Sodium Chloride 0.9% Injection 10ml	20 amps
Water for Injection 5ml	20 amps
Water for Injection 10ml	20 amps

Reviewed January 2020

### SCHEDULE 3 – PAYMENT

#### A. Local Prices

Service	Currency and payment method	Price
08 Assured	Monthly retainer fee for holding the	£20 per month

<p>Availability of Palliative Care Drugs</p>	<p>stock to be available at all times to and to report if stock has become unobtainable</p> <p>Should stock expire, the Provider should contact NHS Sheffield CCG who will reimburse the Provider for the stock item(s)</p>	<p>Reimbursement dependent on stock item(s).</p>
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**B. Local Variations**

**Not Applicable**

**C. Local Modifications**

**Not Applicable**



## SCHEDULE 4 – QUALITY REQUIREMENTS

### C. Local Quality Requirements

Quality Requirement	Threshold	Method of Measurement	Consequence of breach	Monthly or annual application of consequence	Applicable Service Specification
<b>Service Requirements</b>					
	N/A			Not Applicable	



## SCHEDULE 6 – CONTRACT MANAGEMENT, REPORTING AND INFORMATION REQUIREMENTS

<b>Local Requirements Reported Locally</b>			
Specific stock items unobtainable	Exception reporting	As set out in PharmOutcomes	As required
<b>Quality Requirements Reported Locally</b>			

