

Additional information from Community Pharmacy Wales, following the committee meeting on 5 October 2017

1. Out of the seven Health Boards in Wales only three have a community pharmacy care home service being provided by local pharmacies. These are Hywel Dda (15), Abertawe Bro Morgannwg (13) and Powys (3). During the 2016–17 financial year only 31 pharmacies were paid for the provision of this service in Wales. The figures in brackets show the number in each of the three Health Board areas.
2. The support offered to care homes is broadly similar in nature and the attached service specification for the Powys service. The service is fairly basic in nature, focussing in the main on the processes and procedures in the care home and the relevant section (4.20) is reproduced below. :-

The pharmacist shall support the home and provide appropriate advice which may include, but not be limited to:

- 4.20.1. The proper and effective ordering of drugs and appliances for the benefit of residents in the home, and to minimise waste.
- 4.20.2. The safe and appropriate storage of drugs and appliances within the home.
- 4.20.3. The proper and effective administration and use of drugs and appliances in the home.
- 4.20.4. The safe disposal of medicines.

3. Sam and I mentioned in response to a number of questions that that CPW have produced a template service that is a broader service and that CPW are willing to update the template service to include an element that focusses on the use of antipsychotic medication in care homes and also to ensure that the update incorporates the relevant recommendations arising from the Inquiry.

If you need further information please do not hesitate to ask.

Regards,

Steve Simmonds

Contractor Services Development Executive

Community Pharmacy Wales

## COMMUNITY PHARMACY ENHANCED SERVICE: ADVICE TO CARE HOMES

This document describes the specification and standards pertaining to the provision of community pharmacy “Advice to Care Homes” Enhanced Service. This document does not constitute a Service Level Agreement (SLA) although the provisions within the document will be contained within an SLA between the Local Health Board and pharmacy contractor for the provision of the service.

### INTERPRETATION

In this document:

*Care Home* means an establishment providing accommodation, together with nursing or personal care, for any persons who are or have been ill, have or have had a mental disorder, who are disabled or infirm or who are or have been dependent on alcohol or drugs.

*Pharmacist* means a registered pharmacist, or any person providing any part of the service on behalf of a pharmacist, provided that it is legal for them to do so;

*Pharmacy* means any premises where drugs are provided by a pharmacist as part of pharmaceutical services;

*Pharmacy contractor (or contractor)* means a person lawfully conducting a retail pharmacy business.

*Registered Pharmacist* means a person who is registered in Part 1 of the GPhC register or in the register maintained under Articles 6 and 9 of the Pharmacy (Northern Ireland) Order 1976;

*Registered Pharmacy Technician* means a person who is registered in Part 2 of the GPhC register.

### PART A

#### 1. SERVICE AIM

- 1.1. To support the effective management of medication within registered care homes by regular audit and the provision of advice & support by pharmacists and/or pharmacy technicians.

#### 2. SERVICE OUTCOMES

- 2.1. Improved performance against recognised standards of administration and wider medicines management;

- 2.2. Improved patient safety through the implementation of safe administration procedures and maintenance of clear records;
- 2.3. Reduction in wastage associated with inappropriate ordering and use of medicines and appliances;
- 2.4. Improved awareness amongst care home staff of the advice and support available from community pharmacy;

### **3. SERVICE ELIGIBILITY**

- 3.1. The service may only be provided to Care Homes located in Powys and registered with Care & Social Services Inspectorate Wales (CSSIW) under the provision of the Care Standards Act 2000 to provide residential, nursing or joint care to adults.
- 3.2. Homes must be registered with CSSIW to provide care to at least 5 residents.
- 3.3. At any one time, homes may only be provided with the service by a single pharmacy.

### **4. SERVICE OUTLINE**

- 4.1. The Pharmacist will offer a user-friendly, non-judgmental, patient-centred and confidential service;

### **PROVIDER RESPONSIBILITIES**

#### *Contractors*

- 4.2. Contractors wishing to provide the service shall apply to their Local Health Board in the format set out in Part B.
- 4.3. For each care home the contractor wishes to provide the service for, an agreement form as set out in Part D shall be submitted to the Local Health Board;
- 4.4. The contractor shall ensure that the service is provided under the direct supervision of registered pharmacists or pharmacy technicians who:
  - 4.4.1. Meet the requirements of the National Competence and Training Framework for the service; and
  - 4.4.2. Have a current certificate demonstrating compliance with 4.4.1; and
  - 4.4.3. Have their names included in the All Wales Pharmacy Database for the service.

- 4.5. The contractor shall ensure that pharmacists or pharmacy technicians involved in providing the service have indemnity insurance covering the provision of the service.
- 4.6. All support staff shall be fully informed and suitably trained in relation to their involvement in the service which may include the provision of any part of the service provided on behalf of an accredited pharmacist, provided that it is legal for them to do so.
- 4.7. The contractor shall have awareness of, and ensure the service is provided in accordance with any relevant standards (e.g. General Pharmaceutical Council (GPhC), Royal Pharmaceutical Society (RPS) and CSSIW)
- 4.8. 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.
- 4.9. 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.
- 4.10. 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.
- 4.11. The contractor shall notify the Local Health Board of circumstances which result in the temporary unavailability of the service for any period which would preclude a care home receiving a visit as set out in 4.14 to 4.18.

*Registered Pharmacists and Pharmacy Technicians*

- 4.12. Registered Pharmacists and Pharmacy Technicians wishing to provide the service shall apply to their Local Health Board in the format set out in Part C.
- 4.13. The Pharmacist shall have awareness of, and ensure the service is provided in accordance with any relevant standards (e.g. General Pharmaceutical Council (GPhC), Royal Pharmaceutical Society (RPS) and CSSIW)
- 4.14. The Pharmacist should arrange a mutually convenient appointment to visit the care home in the first 6 months of the agreed period of service;
- 4.15. During the visit, the pharmacist must fully complete a paper or electronic copy of the *Medication Management Assessment* and provide advice and support as considered necessary;

- 4.16. Copies of the completed assessment together with details of any recommended actions should be provided to the care home and Powys tHB Medicines Management dept within 14 days of the visit;
- 4.17. Where the care home is routinely supplied with medication by a pharmacy/GP dispensary other than the contractor, the Pharmacist should take steps to ensure that where appropriate, the supplying contractor is made aware of relevant actions.
- 4.18. The pharmacist should arrange a mutually convenient appointment to visit the home 5-7 months after the first visit. During this second visit the pharmacy should undertake an assessment as specified in 4.14 to 4.17 and assess the care home's progress with any previously recommended actions;
- 4.19. Where the pharmacist has cause for concern about one or more aspects of the care home's medication management, or the home fails to address significant actions, they should immediately notify CSSIW and/or Powys tHB;
- 4.20. The pharmacist shall support the home and provide appropriate advice which may include, but not be limited to:
  - 4.20.1. The proper and effective ordering of drugs and appliances for the benefit of residents in the home, and to minimise waste.
  - 4.20.2. The safe and appropriate storage of drugs and appliances within the home.
  - 4.20.3. The proper and effective administration and use of drugs and appliances in the home.
  - 4.20.4. The safe disposal of medicines.
- 4.21. Advice provided should not deliberately undermine confidence in or compromise relationships between the care home and other healthcare providers, including other community pharmacies.
- 4.22. Where the home requires advice and support considered to be beyond the scope of this service the pharmacist should inform Powys LHB Medicines Management Dept. as soon as practical

## 5. LOCAL HEALTH BOARD RESPONSIBILITIES

- 5.1. The Local Health Board shall provide contractors with sufficient copies of the *Medicines Management Assessment* in paper or electronic format as required;
- 5.2. The Local Health Board, or its authorised officers, shall determine the fees and allowances payable in respect of the service;

- 5.3. The Local Health Board shall enter into a Service Level Agreement (SLA) with all pharmacies commissioned to provide the service.
- 5.4. The Local Health Board, or its authorised officers, shall support the resolution of difficulties so far as they relate to issues within the control of the Local Health Board;
- 5.5. The Local Health Board, or its authorised officers, 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.

## **6. WELSH GOVERNMENT RESPONSIBILITIES**

- 6.1. The Welsh Government shall make provision for the details of each pharmacy providing the service to be included in the All Wales Pharmacy Database;
- 6.2. The Welsh Government shall make provision for the details of each pharmacist, approved to provide the service, to be included in the All Wales Pharmacy Database and shall ensure reasonable access for contractors wishing to verify the accreditation of pharmacist;

## **7. CONFIDENTIALITY 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.

## 8. AUTHORISED OFFICERS

For the purpose of the service the Welsh Government and Local Health Boards shall inform the provider immediately, in writing, of the details of any officer authorised to act on its behalf. Any notice, information or communication given by the authorised officer shall be deemed to have been given by the Welsh Assembly Government or Local Health Board as the case may be.

## 9. REVIEW VARIATION AND TERMINATION

The service specification shall be reviewed at least annually.

Variation to the service specification can only be made following consultation with Community Pharmacy Wales.

Contractors will be notified of any variations to the service specification in writing. No variation to the specification will be made until 90 days after that notice is received.

Providers, as signatories to the SLA, may cease to provide the service by giving notice in writing to the Local Health Board. In the event of such notice the service will be terminated 90 days after that notice is received.

## 10. FEES AND ALLOWANCES

- 10.1. The contractor shall receive a payment following completion of the second visit as set out in 4.18;
- 10.2. The level of payment is determined by the number of registered places in the care home as set out below;

5-10 places	£175.00
11-30 places	£245.00
31-50 places	£310.00
51+ places	£400.00

- 10.3. Claims for payment shall be subject to Local Health Board arrangements for Post Payment Verification.
- 10.4. Fees for the provision of the service are based on the requirements of the Community Pharmacy National Enhanced Services Competency and Training Framework.

**PART B – PREMISES LISTING FORM**

**NHS PHARMACEUTICAL SERVICES – ENHANCED SERVICE  
ADVICE TO CARE HOMES**

Contractor application form which is to be submitted to the Local Health Board (LHB) by a pharmacy or contractor requesting approval to provide the Enhanced Service – Advice to Care Homes

**TO BE COMPLETED BY OR ON BEHALF OF THE PHARMACY  
CONTRACTOR**

Name of pharmacy contractor: \_\_\_\_\_

Correspondence address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_

Pharmacy Stamp

Prescribing Service Unit number: \_\_\_\_\_

Date of application: \_\_\_\_\_



**CERTIFICATIONS, AGREEMENTS AND DECLARATIONS** (please tick to confirm)

I / We confirm that the pharmacy contractor has an acceptable system of clinical governance and is complying with any obligation under Schedule 2 to the Pharmaceutical Services Regulations to provide pharmaceutical essential services ☐

I / We confirm that the pharmacy contractor will comply with any relevant service specification relating to the provision of this Enhanced Service ☐

I / We confirm that I / We shall notify the Medical Director of the relevant LHB of any significant adverse incident which arises due to or related to provision of this Enhanced Service ☐

**DECLARATION**

I / we declare to the best of my/our belief that the information on this form is correct and request that the contractor named herein be included in the list of contractors who may provide this Enhanced Service.

Authorised Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name: \_\_\_\_\_

**Please submit this form to:**  
**Medicines Management Dept**  
**Powys Local Health Board**  
**Basil Webb**  
**Bronllys**  
**Brecon**  
**Powys**  
**LD3 0LU**

Fax XXXXXXXXXX

E mail XXXXXXXXXX

**For Office Use Only**

Application Checked by: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Authorised: Yes ☐ No ☐

Reason if not authorised: \_\_\_\_\_

**PART C – PHARMACIST/ PHARMACY TECHNICIAN LISTING FORM**

**NHS PHARMACEUTICAL SERVICES – ENHANCED SERVICE  
ADVICE TO CARE HOMES**

Pharmacist /Pharmacy Technician application form which is to be submitted to the Local Health Board (LHB) by a pharmacy or contractor requesting approval to provide the Enhanced Service – Advice to Care Homes.

**TO BE COMPLETED BY OR ON BEHALF OF THE PHARMACIST**

Name of pharmacist /  
pharmacy technician \_\_\_\_\_

General Pharmaceutical Council Registration number: \_\_\_\_\_

Correspondence address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone number: \_\_\_\_\_

E mail address: \_\_\_\_\_

Date of application: \_\_\_\_\_

**CERTIFICATIONS, AGREEMENTS AND DECLARATIONS** (please tick to confirm)

I confirm that:

I have been assessed as meeting the requirement of the National Competence and Training Framework for the service and have a certificate confirming this to be correct ☐

I enclose a copy of relevant WCPPE certificate ☐

I agree to the details included in this form being included in the All Wales list of pharmacists approved to provide this service ☐

I agree to provide the community pharmacy advice to care homes service in accordance with the service specification ☐

I shall notify the Medical Director of the relevant LHB of any significant adverse incident which arises due to or related to provision of this Enhanced Service ☐

**DECLARATION**

I declare that the information on this form and any evidence provided is correct and I seek acceptance as a provider of this Enhanced Service.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please submit this form to:**  
**Medicines Management Dept**  
**Powys Local Health Board**  
**Basil Webb**  
**Bronllys**  
**Brecon**  
**Powys**  
**LD3 0LU**

**Fax** [REDACTED]

**E mail** [REDACTED]

For Office Use Only

Application checked by: _____		Date: ____/____/____	
Approval requirements met:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Request approved:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

## PART D – CARE HOME AGREEMENT FORM

### NHS PHARMACEUTICAL SERVICES – ENHANCED SERVICE ADVICE TO CARE HOMES

Contractor / care home service agreement form which is to be submitted to the Local Health Board (LHB) by a pharmacy intending to provide the Enhanced Service – Advice to Care Homes

Pharmacy Contractor

Care Home

Address

Telephone No.

Person in Charge

Type of Home

Nursing / Residential / Mixed

Number of  
Registered Beds

Agreement	<p>The pharmacy agrees to provide the home with advice and support as specified in the <i>Advice to Care Homes</i> enhanced service.</p> <p>The care home has been informed about and agrees to the pharmacy being the single provider of the enhanced service.</p> <p>The home agrees to the pharmacy sharing relevant information with Powys tHB.</p>
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Signed on behalf of  
Pharmacy

Date:

Signed on behalf of  
Care Home

Date:

Agreement Checked by:

Date:

/ /

Authorised:

Yes

☐

No

☐

Reason if not authorised: