
CWS Locally Commissioned Service

Appendices for Locally Commissioned Service

Urgent On-Demand Access to Medicines: Low molecular weight heparin and vitamin K

Appendix 1 - Agreement form for service provision

Appendix 1 - Agreement form for service provision	
The pharmacy agrees to provide this service in accordance with the service outline for the Locally Commissioned Service for Urgent On-Demand Access to Medicines	
Name of Contractor:	
Signed by Contractor or Representative:	Date:
Post Title of Signatory:	
Pharmacy Name:	
Pharmacist in Charge:	
Telephone Number:	
Pharmacy Address:	
Postcode:	
Signed on Behalf of Coastal West Sussex Clinical Commissioning Group:	
Name and Post Title of Signatory:	Date

Please send a copy of this agreement to:
Sarah Hunter, Primary Care Development, CWS CCG, 1 The Causeway, Goring-by-Sea BN12 6BT

** Please note that this not a contract sheet, this will be issued upon receipt of this form*

Appendix 2 – Medication stock list

Medication stock list			
Drug Name	Strength	Minimum Quantity	BNF prices (June 2014)
Konakion® MM Paediatric (phytomenadione)	2mg/0.2ml	5 amps	94p per amp
Dalteparin Sodium	2,500-unit (0.2-mL)	10 syringes	£1.86 per syringe
Dalteparin Sodium	5,000-unit (0.2-mL)	10 syringes	£2.82 per syringe
Dalteparin Sodium	7,500-unit (0.3mL)	10 syringes	£4.23 per syringe
Dalteparin Sodium	10,000-unit (0.4mL)	10 syringes	£5.65 per syringe
Dalteparin Sodium	12,500-unit (0.5mL)	10 syringes	£7.06 per syringe
Dalteparin Sodium	15,000-unit (0.6mL)	10 syringes	£8.47 per syringe
Dalteparin Sodium	18,000-unit (0.72mL)	5 syringes	£10.16 per syringe

Appendix 3 - Annual payment claim form and application for future service provision

Annual payment claim form	
Pharmacy Name:	
Pharmacist in Charge:	
Telephone Number:	
Pharmacy Address:	
Postcode:	
Annual Payment of £183 Claimed	
Signed:	Date:
Name and Post Title of Signatory:	
Application for future service provision	
Please complete this section to express an interest in continuing to provide this service.	
Name of Contractor:	
Signed by Contractor or Representative:	Date:
Post Title of Signatory:	

Please send completed forms to: Jaclyn Foster, CWS CCG, 1 The Causeway, Goring-by-Sea BN12 6BT

* Please note that a claim form may be issued in conjunction with this form

Appendix 4 - Incident monitoring form

Incident monitoring form	
Pharmacy Name:	Date:
Pharmacy Address:	
Postcode:	
Form Completed by: (Name and Post Title)	
Signed:	Date:
Type of Incident:	
Who was Involved (anonymous please e.g. pharmacist, patient, etc):	
Details of Incident:	
Please continue overleaf if needed	

Please send a copy of this agreement to:
Sarah Hunter, Primary Care Development, CWS CCG, 1 The Causeway, Goring-by-Sea BN12 6BT

Appendix 5 – Change of Pharmacist in charge form

Change of Pharmacist in charge form	
Pharmacy Name:	
Pharmacist in Charge who is leaving / left:	
Date of Leaving:	
Pharmacy Address:	
Postcode:	
Telephone Number:	
Signed by Pharmacist in Charge:	Date:
Will there be a new Pharmacist in Charge who will assume responsibility for conduction this service? YES / NO	
Please delete as appropriate	
Name of New Pharmacist in Charge:	
Start Date of New Pharmacist in Charge:	

Please send a copy of this agreement to:
Sarah Hunter, Primary Care Development, CWS CCG, 1 The Causeway, Goring-by-Sea BN12 6BT

Appendix 6 – Quarterly stock & date check form

Quarterly stock & date check form									
Drug Name	Strength	Minimum Quantity	Month/Year	Month/Year	Month/Year	Month/Year	Month/Year	Month/Year	Month/Year
Konakion® MM Paediatric (phytomenadione)	2mg/0.2ml	5 ampoules							
Dalteparin Sodium	2,500-unit (0.2-mL)	10 syringes							
Dalteparin Sodium	5,000-unit (0.2-mL)	10 syringes							
Dalteparin Sodium	7,500-unit (0.3mL)	10 syringes							
Dalteparin Sodium	10,000-unit (0.4mL)	10 syringes							
Dalteparin Sodium	12,500-unit (0.5mL)	10 syringes							
Dalteparin Sodium	15,000-unit (0.6mL)	10 syringes							
Dalteparin Sodium	18,000-unit (0.72mL)	5 syringes							

Please ensure you conduct a stock check at least every three months and check that all stock is in date. Please order stock to ensure the minimum quantity is held.

NB In addition to the above checks, sufficient replacement stock to at least the minimum quantity should be ordered each time a supply is made.

Appendix 7 - Annual audit reporting form

Annual Audit Feedback Template for Locally Commissioned Service for Urgent on Demand Access to Medicines

Name & Address of Pharmacy:

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You may complete this audit by hand or electronically. If you prefer to hand write the information, please expand the boxes before printing out, if necessary.

Results:

1. Please provide in the table below details of stock usage over the previous 12 months or since commencing participation in the scheme.

Drug Name	Stock Usage in previous 12 months*
Konakion® MM Paediatric (phytomenadione) 2mg/0.2ml	amps
Dalteparin Sodium - 2,500-unit (0.2-mL)	amps
Dalteparin Sodium - 5,000-unit (0.2-mL)	amps
Dalteparin Sodium - 7,500-unit (0.3mL)	amps
Dalteparin Sodium - 10,000-unit (0.4mL)	amps
Dalteparin Sodium - 12,500-unit (0.5mL)	amps
Dalteparin Sodium - 15,000-unit (0.6mL)	amps
Dalteparin Sodium - 18,000-unit (0.72mL)	amps

*If the pharmacy contract has not participated in the service for 12 months please state the time period the audit represents in the box below

Months

2. Have there been any barriers to providing this service in the previous 12 months? Y/N

If yes, please provide details below:

Please provide details of any barrier to providing the service you have encountered in the previous 12 months:

3. Please use the space below to provide any general feedback:

Please provide any feedback including learning points from this audit and any suggestions for future service improvement:

Form completed by:

Name:..... Position:.....

Signature: Date:

The completed form should be submitted electronically to: cws.ccg.primarycare@nhs.net
or by post to: Sarah Hunter, Primary Care Development, CWS CCG, 1 The Causeway, Goring-by-Sea BN12 6BT

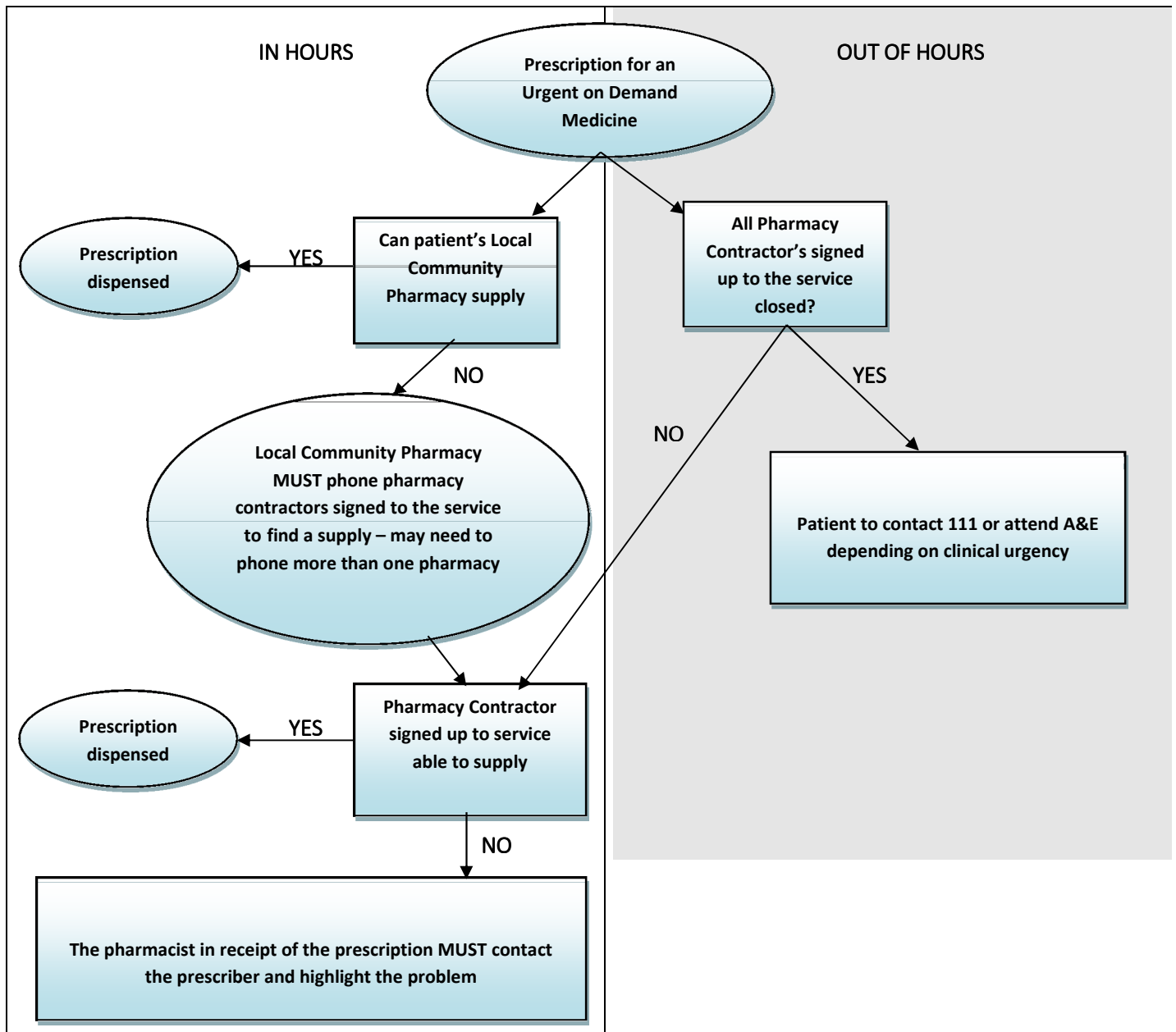
Appendix 8 – Signposting and flow chart for the Coastal West Sussex Locally Commissioned Service for Urgent On-Demand Access to Medicines

Contractors signed up to the service in Adur, Arun and Worthing (Worthing, Shoreham, Lancing, Rustington & Littlehampton)			
Contractors signed up to the service in Chichester, Regis & Chanctonbury (Pulborough, Midhurst, Chichester, Selsey, Bognor Regis & Witterings)			
Urgent on Demand Medicines Stocked			
Drug Name	Strength	Drug Name	Strength
Konakion® MM Paediatric (phytomenadione)	2mg/0.2ml	Dalteparin Sodium	10,000-unit (0.4mL)
Dalteparin Sodium	2,500-unit (0.2-mL)	Dalteparin Sodium	12,500-unit (0.5mL)
Dalteparin Sodium	5,000-unit (0.2-mL)	Dalteparin Sodium	15,000-unit (0.6mL)
Dalteparin Sodium	7,500-unit (0.3mL)	Dalteparin Sodium	18,000-unit (0.72mL)

*Pharmacies with the capacity to offer a delivery service to housebound patients

**Pharmacies with the capacity to offer a delivery to housebound patients past 5:00pm

Flow Chart for Supply under the Locally Commissioned Service for Urgent On-Demand Access to Medicines



Summary of the Urgent on Demand Medicines Pathway

1	An agreed list of "Urgent on Demand Medicines" is stocked by those community pharmacies signed up to provide this service.	4	If the "Urgent on Demand Medicines" pharmacies are unable to supply the medicine required, the pharmacy in receipt of the prescription MUST contact the prescriber.
2	The patient's local community pharmacy MUST be the first point of call to Urgent on Demand Medicines during normal working hours .	5	If there are no community pharmacies open to dispense the medicines, please contact 111 or A&E depending on the clinical urgency
3	If the local community pharmacy is unable to supply the medicines, they MUST phone the nearest pharmacies signed up to provide the "Urgent on Demand Medicines" service to check if they can dispense the prescription (contact details above).	6	As a last resort contact the local secondary care trust and speak with the pharmacist-on-call (this is between the hours of 7pm-8am) Worthing Hospital 01903 205111 / St Richards Hospital 01243 788122

Appendix 9 - Contact details and signposting

- Alternative Pharmacy Contractors providing the service: See Appendix 8
 - Worthing Hospital Anticoagulation Clinic:
 - Telephone 01903 285211
 - Fax 01903 285037
 - Email ACatWorthing@wsht.nhs.uk
 - Worthing Hospital Out of Anticoagulation Clinic Hours:
 - Telephone 01903 205111
 - St Richards Anticoagulation Clinic:
 - Telephone 01243 831657
 - Fax 01243 831413
 - Email ac.rx@wsht.nhs.uk
 - St Richards Hospital Out of Anticoagulation Clinic Hours:
 - Telephone 01243 788122
 - OneCall:
 - Telephone 01903 254789
 - Email: SC-TR.OneCall-South-ReferralsOnly@nhs.net
 - Coastal West Sussex Clinical Commissioning Group Primary Care Development Team:
(For administrative queries):
 - Name: Sarah Hunter
 - Telephone: 01903 708535
 - Email: cwscg.primarycare@nhs.net
 - Coastal West Sussex Clinical Commissioning Group Medicines Management Team:
(For supply issues and clinical queries):
 - Telephone 01903 707416
 - Email barbara.donnelly@nhs.net
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