

SCHEDULE 2 – THE SERVICES

A. Service Specifications

Service Specification No.	Specification 21
Service	Availability of Palliative Care Drugs– Just In Case (JIC) Boxes
Commissioner Lead	
Provider Lead	Lead Pharmacist/Lead Dispenser
Period	1 st April 2015
Date of Review	1 st OCTOBER 2015

1. Population Needs

1.1 National/local context and evidence base

Introduction

Availability of Palliative Care Drugs– Just In Case (JIC) Boxes

The aim of this service is to improve access for people to these palliative care medicines for end-of-life anticipatory prescribing.

The contractor will stock a locally agreed range of specialist medicines and pack them into a JIC container with appropriate labelling and explanatory paperwork and make it available to the patient on receipt of a completed FP10 prescription annotated 'FOR JIC BOX'.

The contractor 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.

2. Outcomes

2. NHS Outcomes Framework Domains & Indicators

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

2.1 Local defined outcomes

All patients requiring palliative care medicines for end-of-life anticipatory prescribing will receive them in a timely manner.

3. Scope

3.1 Aims

The aim of this service is to improve access for people to these palliative care medicines for end-of-life anticipatory prescribing.

3.2 Service Outline – Availability of Palliative Care Drugs – Just In Case (JIC) Boxes

The contractor holds the specified list of medicines required to deliver this service as illustrated in the attached formulary (appendix 1) and will dispense these in response to NHS prescriptions presented.

The contractor should be prepared to telephone suppliers to confirm delivery of stock if necessary (or delegate this task appropriately).

The contractor must keep patients or their representatives fully informed regarding supplies of medicines (or delegate this task appropriately).

The contractor will pack the drugs into a JIC container with appropriate labelling and explanatory paperwork and seal it with a tamper-evident seal.

The JIC Box will be made available with reasonable promptness (e.g. 2 working days, subject to supply problems) to the patient/carer for collection or via their normal delivery mechanism, using a proper audit trail.

If a participating contractor is not able to fill the prescription in the time available then he/she needs to find another contractor who is able to fill the prescription. This should be done by telephoning another contractor, it should not be assumed that just because a contractor is on the palliative care list they can supply on every occasion.

3.3 Eligibility to provide the service

Availability of Palliative Care Drugs – Just In Case (JIC) Boxes

The contractor has a duty to ensure that all staff involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service. The contractor should maintain appropriate records to ensure effective on-going service delivery and audit.

At the end of each quarter (30th Jun, 30th Sep, 31st Dec and 31st Mar) the contractor should submit an invoice to the CCG via SBS.

The contractor should also submit the audit return directly to the CCG. The audit return will be verified against payment invoices and significant discrepancies will be investigated with the contractor.

The 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 CCG will:

- provide locally agreed induction training for participating contractors as necessary.
- agree with local stakeholders the medicines to be included in the JIC box.
- regularly (annually) review the formulary to ensure that the formulary reflects the availability of new medicines and changes in practice or guidelines.
- provide a framework for the recording of relevant service information for the purposes of audit and the claiming of payment.
- provide details of relevant referral points which contractor staff can use to signpost service users who require further assistance.
- disseminate information on the service to other contractors and health care professionals in order that they can signpost patients to the service.
- aim to ensure that GP practices participating in the Palliative Care/ EOLC Locally Commissioned Service understand the scheme and that they communicate effectively when appropriate with community pharmacy.

3.4 Population Covered

Availability of Palliative Care Medicines –Availability of Palliative Care Medicines – will be provided to the full practice population where appropriate

3.5 End Date

Availability of Palliative Care Medicines – Just In Case (JIC) Boxes

This Service shall continue until either party services notice of termination in accordance with the termination clause.

This Service may be terminated by either the CCG or the Contractor through the service of 6 months written notice. Any amendments deemed necessary to improve the quality of the service will be attributed 3 months written notice.

The CCG may require the Contractor to suspend the provision of the service immediately if it has reasonable grounds for believing that patient health or safety is at risk as a result of continuing performance of this Service.

4. Applicable Service Standards

4.1 Applicable national standards (eg NICE)

Not Applicable

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

Not Applicable

4.3 Applicable local standards

Availability of Palliative Care Medicines –The pharmacy should review its standard operating procedures and the referral pathways for the service on an annual basis.

The pharmacy should be able to demonstrate that pharmacists and staff involved in the provision of the service have undertaken CPD relevant to this service e.g. the CPPE training, Care of the terminally ill – communicating with patients open learning.

The pharmacy must co-operate with any locally agreed CCG led assessment of service user experience.

The service may be monitored, by spot-check or as part of an annual monitoring visit.

Availability of Palliative Care Drugs – Just In Case (JIC) Boxes

CPPE training which may support this service:

Care of the terminally ill – communicating with patients open learning

4.4 Outcomes/Audit

Availability of Palliative Care Drugs – Just In Case (JIC) Boxes

A quarterly audit submission is required to monitor usage of the service and to help identify problems that need resolving or if any amendments to the scheme are required.

The contractor must review its standard operating procedures and the referral pathways for the service on an annual basis.

The contractor must be able to demonstrate that contractors and staff involved in the provision of the service have undertaken CPD relevant to this service.

The contractor must co-operate with any locally agreed CCG-led assessment of service user experience

5. Applicable quality requirements and CQUIN goals

5.1 Applicable Quality Requirements (See Schedule 4 Parts [A-D])

Not Applicable

5.2 Applicable CQUIN goals (See Schedule 4 Part [E])

Not Applicable

SCHEDULE 3 – PAYMENT

A. Local Prices

Pricing/ Claiming

Availability of Palliative Care Drugs – Just In Case (JIC) Boxes

The CCG will remunerate the contractors participating in this service as follows:

Fee per JIC Box (with associated paperwork, audit etc) £12.00 paid on a quarterly basis

A CCG specific invoice, available from the CCG or via the LPC website, should be submitted to SBS on a quarterly basis for activity undertaken.

Practitioners must ensure that they claim the correct volume of activity.

A full audit trail of activity claimed must be maintained.

Participating practices are required to make any claims for services in accordance with the CCG's claims process.

The CCG reserves the right to undertake an audit of claims made to ensure that they reflect services properly provided under the terms of this Locally Commissioned Service, and the contractor is required to comply with any reasonable requirements of such an audit including furnishing the CCG with appropriate evidence to support a claim including.

Appendix 1

Palliative Care Drug Stock for 'Just-in-Case' Boxes

Stock of drugs prescribed by GP or D/N in 'end of life care' and kept at patients home to cover initial requirements in OOH period or when syringe driver initiated.

Drug	Quantity
Diamorphine hydrochloride 10mg injection	10
Midazolam 10mg in 2ml injection	10
Haloperidol 5mg in 1ml injection	10
Cyclizine 50mg in 1ml injection	10
Water for injection 10ml	10
Hyoscine hydrobromide 600mcg in 1ml injection	10*
Glycopyrronium 200mcg/ml 3ml	10*

*Either hyoscine hydrobromide or glycopyrronium should be prescribed, depending on patient need, prescriber preference, and product availability