

Service Specification No.	06
Service	Community Pharmacy Care Home Service
Commissioner Lead	Head of Medicines Management
Provider Lead	Community Pharmacies
Period	1 April 2016 to 31 March 2017
Date of Review	January 2017

1. Population Needs

1.1 National/local context and evidence base

The Right Medicines: Improving Care in Care Homes RPS Feb 2016 states evidence from many and various schemes shows that including a pharmacist in the team that is responsible for the care of residents reduces medication waste and emergency admission to hospital and most importantly improves quality of life.

The Royal Pharmaceutical Society (RPS) believes that a regular presence of a pharmacist at a care home would have a positive and measurable impact on patient safety. The RPS believes that pharmacists and pharmacy technicians have a central role to play in ensuring the NICE SC1 quality standard is achieved by care homes throughout England

NICE Managing Medicines in Care homes SC1 was published in March 2014. The purpose of this guideline is to provide recommendations for good practice on the systems and processes for managing medicines in care homes. This guideline is written for both health and social care staff with over 100 recommendations. There are 2 specific recommendations for the supplying pharmacy but many recommendations for pharmacists depending on their role within the care home.

The community pharmacy locally commissioned service can be utilised to implement the recommendations of these papers and also facilitate the use of a measuring tool to monitor local activity to address the NICE quality standard.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

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

2.2 Local defined outcomes

- Support the care home in achieving the standards for medicines management required by the CQC.
- Help inform the NHS Sheffield CCG Quality Manager's annual contractual visit with the Local Authority.
- Reduce the annual avoidable medication waste generated by the care home.
- Complement and support delivery of the GP Care Home Locally Commissioned Service (LCS).
- Produce evidence of improvements in care home medicines management as a result of community pharmacy intervention.

3. Scope

3.1 Aims and objectives of service

The dispensing pharmacy will provide advice and support to the residents and staff within the care home, in line with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Regulation 12 Safe Care and Treatment; replacing the Care Quality Commission's Essential Standards of Quality and Safety¹ (Outcome 9); over and above the Dispensing Essential service, to ensure the proper and effective ordering of drugs and appliances and their clinical and cost effective use, their safe storage, supply and administration, disposal and proper record keeping.

Proposed patient benefit:

- Improved clinical outcome through better treatment compliance;
- Effective use of medicines;
- Improved safety through reduction of risks.

Proposed Care home benefit:

- Guidance on best practice and measures required to ensure compliance with Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Regulation 12 Safe Care and Treatment and Local Authority inspections;
- Introduction of a more systematic and streamlined medication ordering and administration process;
- Ad hoc education and training for staff managing medicines;
- Assistance and advice in communications with prescribers and dispensing pharmacists.

3.2 Service description/care pathway

The pharmacy will arrange a visit to the care home to be carried out by 31st July 2016. Once the date is arranged the pharmacist will submit the Initial Visit Approval Form to NHS Sheffield Clinical Commissioning Group (CCG) (Jo Ward) for approval to proceed with the visit.

NHS Sheffield CCG will confirm approval to proceed with the care home visit within 10 working days of receipt of the Initial Visit Approval Form.

¹ Care Quality Commission: Guidance about compliance Essential standards of quality and safety; December 2009

The pharmacist or pharmacy technician will visit the care home before 31st July 2016 to carry out the assessment using the care home Support Tool (Appendix 1) with the relevant staff member. Resulting actions for the care home will be entered by the provider onto PharmOutcomes and an Action Plan (Appendix 2) to be generated and provided to the care home within 10 working days of the visit. (This document may be shared with the Care Home's Locally Commissioned Service (LCS) GP, the NHS Quality Manager for their annual contractual visit and other NHS Care Home Support Staff.)

The service is likely to involve advising the care home in:

- Medication management procedures;
- Availability of current best practice guidance
- Ideas for staff training – including signposting to relevant training;
- Communications required with the prescriber;
- Communications required with the dispenser.

The dispensing pharmacy/pharmacist will contact the care home to arrange their visit. It is recommended that the care home will be advised to prepare for the visit by gathering together the following evidence for 'inspection' on the day:

- Procedures and protocols around medicines management;
- Example completed MAR charts;
- Example completed care plans;
- Staff training records (in relation to medicines management).

The pharmacist/pharmacy technician is advised to send a copy of the Support Tool to the care home prior to the visit, in order for them to be appraised of the areas covered within the visit.

The pharmacist or pharmacy technician will visit the care home no later than 31st July for the first visit. A meeting will take place with the care home representative responsible for medicines management. The assessment process will be carried out with the Support Tool being completed. This will involve viewing and checking evidence outlined in the Support Tool and will include a site visit of relevant areas of the care home premises, observation of equipment and facilities as specified in the Support Tool.

Should exceptional circumstances arise where the approved visit is unable to be undertaken, the provider should inform NHS Sheffield CCG by no later than 17 June 2016. This is to ensure that alternative arrangements, where applicable, can be put into place.

The Support Tool may identify issues of such concern that immediate action is recommended to the care home and/or notification to other agencies may be required eg to the Controlled Drugs Governance Officer or Medicines Standards Officer for Care Homes. Immediate necessary action will be guided by prompts in the Support Tool.

Additional follow up actions for NHS Sheffield CCG will be guided by a traffic light system associated with the Support Tool. The pharmacist/pharmacy technician delivering this service is not expected to implement this. On receipt of the Support Tool data, NHS Sheffield CCG will audit the responses. The top 10% of care homes with negative answers will be referred automatically to the NHS Sheffield CCG Quality Manager.

The care home will be supplied with the Action Plan (completed and produced via PharmOutcomes). This will indicate specific changes identified in the Support Tool that the care home is advised to implement in order to improve its medicines management and

comply with CQC standards.

The pharmacist/pharmacy technician will provide advice and support to the nominated care home staff member about the implementation of actions identified in the Action Plan.

The nature of advice and support to the care home will vary according to the type and scale of issues identified. The pharmacist may be required to:

- advise on training requirements for relevant members of care home staff;
- produce example protocols, procedures or other documents;
- suggest questions and requirements to be asked of the prescriber or dispensing pharmacy;
- signpost to other professionals or agencies for support, etc.

A follow up visit will take place 6 months later, no later than 31st January 2017 for the 2nd visit. The purpose of this visit is to review progress on the actions suggested from the previous visit. Further advice and support as outlined above will be provided as necessary.

Following the second visit, the Action Plan will be updated on PharmOutcomes indicating whether or not the care home has completed the actions recommended after the first visit.

The pharmacist or pharmacy technician will primarily deliver the service on site at the care home. It is expected that each visit including any subsequent follow up actions may take up to 2 hours. Follow up action may require telephone or email communication from a site of the provider's choosing.

The provider will offer a user-friendly, non-judgmental, client-centred and confidential service.

3.3 Population covered

Population in residential care in Sheffield.

3.4 Any acceptance and exclusion criteria and thresholds

Homes with less than ten residents are excluded from the scheme.

3.5 Interdependence with other services/providers

The provider is expected to liaise with the following as required:

- Patient's prescriber
- Medicines Standards Officer for Care Homes (NHS Sheffield CCG)
- Care home Quality Team (NHS Sheffield CCG)
- Adult Access (Sheffield safeguarding)

4. Applicable Service Standards

4.1 Applicable national standards (eg NICE)

N/A

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

GPHC Standards of conduct, ethics and performance, July 2012
(<http://www.pharmacyregulation.org/standards/conduct-ethics-and-performance>)

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 (see section on training).

The pharmacist accredited to provide the service must ensure all staff (i.e. pharmacy technician) operating the service are fully aware of the service specification and are monitored in delivery.

The pharmacist or pharmacy technician must be appraised of the relevant national guidance referred to in 1.1.

The pharmacist will be familiar with NHS Sheffield CCG stance on current care home guidance in relation to: pain management, medicines reconciliation, anti-coagulation, anti-psychotics and dementia; either by attendance at a provider briefing event or by ensuring familiarity with guidance
(<http://www.intranet.sheffieldccg.nhs.uk/Medicines%20Management/medicines-prescribing/locally-commissioned-services.htm>)

Appendix 1 - Support Tool

http://www.intranet.sheffieldccg.nhs.uk/Medicines%20Management/medicines-prescribing/community-pharmacy-service-to-care-homes_2.htm

Appendix 2 - Action Plan

http://www.intranet.sheffieldccg.nhs.uk/Medicines%20Management/medicines-prescribing/community-pharmacy-service-to-care-homes_2.htm

Schedule 2 Part B Indicative Activity Plan

Activity will be the number of Care Homes approved via the Approval Form process.

Schedule 3 Payment Local Prices

Service Description	Currency	Price	Basis for payment	Regime for future years
Community Pharmacy Care Home Service	£	£xx	Per visit (maximum of 2 visits within 12 months)	N/A

Part F Expected Annual Contract Value

Service	Based on number of Care homes approved via Approval Form process.
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Schedule 4 Part C Local Quality Requirements

Quality Requirement	Threshold	Method of Measurement	Consequence of breach
Fully completed Support Tools	100% completion	Review of Support Tool	Payment withheld until Support Tool completed
Fully completed Action Plan	100% completion	Review of Action Plan	Payment withheld until Action Plan completed and supplied to care home

SCHEDULE 6 Part B Reporting Requirements

Activity Information required

Information required	Reporting Period	Format of Report	Timing and Method for delivery of Report
Support Tool and Action Plan	After first visit	PharmOutcomes	By 31 st August 2016 (first visit)
Action Plan updated	After second visit	PharmOutcomes	By 28 th February 2017