Aims, objectives and service outcomes

The aim of the scheme is to provide a network of palliative care community pharmacists with specialist pharmacist support. The network will develop ways of working which supports individual practitioners to deliver high quality pharmaceutical palliative care to the local population irrespective of care setting. Community Pharmacy Palliative Care Pharmacists will carry a recommended stock of palliative care medicines and provide specialist advice to all other Community Pharmacists and other appropriate health care professionals as and when required based upon individual patient need. The overall aim is to ensure that patients can access palliative care medicines at the appropriate time to enable the patient to remain in their own home if desired.

Service description

A network of 26 Community Pharmacists from across Tayside will;

Ensure that the supply of items from the agreed list of palliative care medicines and the appropriate advice about those drugs and related matters be provided rapidly and efficiently on a day to day basis as requested by patients, carers and healthcare professionals.

Liaise closely with a patients usual community pharmacist and ensure he or she is contacted and given any appropriate information after a contact is made through the scheme.

Appreciate the importance of sympathetic support for patients and carers.

Service outline and standard

Service offered

- A palliative care service should be offered during normal opening hours. This will require all pharmacy staff to be aware of and trained to the appropriate level to provide the service at all times. This includes support staff, relief and locum pharmacists. Members of staff must be briefed on the pharmacy’s participation in the scheme, understand the scheme and have access to the support material.
- **Locum and relief staff should be able to provide this service to the same quality standard to ensure continuity of service.**

Premises and equipment

- All premises must have a confidential area suitable for counselling and discussion.
- The agreed list of palliative care medicines with controlled drug cabinet and safe storage procedures in line with Controlled Drugs Regulations plus a process for rotation of stock.
- Leaflets advertising the scheme and the agreed list of palliative care medicines.
- Current edition of the *Palliative Care Formulary*. Robert Twycross et al.
- Current edition of *The Syringe Driver*. Andrew Dickman et al.
- Current edition of Symptom management in advanced cancer. Robert Twycross and Andrew Wilcock
- Current edition of Handbook of drug administration via enteral feeding tubes. Vicky Bradnam

**Training/ organisation**
- Complete the current edition of the NES Pharmacy distance learning pack – *The Pharmacist in Palliative Care*.
- Complete all the required training provided by NHS Tayside.
- Pharmacists and pharmacy technicians are expected to undertake continual professional development appropriate to maintain their knowledge base and skills to ensure effective service provision.
- They must be able to maintain provision of care within the scheme when presented with a request for medicines on the agreed list or advice about them.

**Quality assurance**

There should be an annual self audit of service provision. This should take the form of:
- Return of contact sheets on a **monthly basis** outlining the service provided to ensure processing of payment. (Appendix 1). A blank form detailing the month should be submitted where no activity has occurred.
- Submission of a claim form in September and January each year for £350 for service provision and data collection (Appendix 2)
- Procedures in place for the rotation of stock and measures to destruct any medicines that have expired.
- CPD undertaken.
- Complaint procedures and the outcome of any complaints submitted.
- Up to date materials.
- User satisfaction (where possible).
- Confirmation that the pharmacy will continue to provide the service. Any change of ownership must be highlighted and an agreement that the new owner will continue to provide the service as part of their contract
- Review of standard operating procedures for Palliative Care Services.

**Useful references**

Community Pharmacy and ePharmacy Programme website

Palliative Care Guidelines
[http://www.palliativecareguidelines.scot.nhs.uk](http://www.palliativecareguidelines.scot.nhs.uk)

- **Benchmark tariff**

Remuneration for the service will be agreed locally between the NHS Board and the local pharmacy contractors committee.

**2014/15 rates**

Service payment £600 per annum – to be paid in arrears in September and the following January through the monthly schedule.
Data collection payment £100 – sheets to be submitted on a monthly basis and to be paid in arrears in September and January through the PSD monthly payment schedule.
Training payment – based upon current rates for attending training (0.5/full day) and a responsibility for all network pharmacists to attend one training event per annum
• Records

Contact sheets are retained on the premises for six years.

I confirm that I will adhere to the above agreements as part of the participation in Tayside Palliative care Network

Name of Pharmacy

Name of Pharmacist

Pharmacy Address

Contractor code

Pharmacist signature

One signed copy should be retained in the pharmacy and the second copy sent to:-

Diane Robertson
Principal Pharmacist, Community Pharmacy Development
Pharmacy Department
East Day Home
Kings Cross
Clepington Road
Dundee, DD3 8EA

Lead Pharmacist for Service Specification    Shirley Kelly
April 2014
Review date April 2015
# Tayside Community Pharmacy Palliative Care Network

**Contact Recording Form**

<table>
<thead>
<tr>
<th>Name of Pharmacy:</th>
<th>___________________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>___________________________________________</td>
</tr>
<tr>
<td>Pharmacist's name:</td>
<td>___________________________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Day/Date/Time</th>
<th>Medication name, strength and formulation</th>
<th>Priority</th>
<th>Who initiated request</th>
<th>Activity</th>
<th>Time taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>e.g. Mon 21 July at 4.45 pm</td>
<td></td>
<td>1. Urgent (5 – 10 mins)</td>
<td>1. Patient</td>
<td>1. Supply</td>
<td>1. 0 – 10 mins</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4. Over 24 hours</td>
<td>4. Other (please specify)</td>
<td>4. Referral</td>
<td>4. Over 1 hour</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5. Other (please specify)</td>
<td>5. Other (please specify)</td>
<td>5. Other</td>
<td>5. Other</td>
</tr>
</tbody>
</table>

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

This form should be submitted by 5th of every month to Diane Robertson, Community Pharmacy Development Manager, East Day Home, Kings Cross, Clepington Road, Dundee or emailed to dianerobertson3@nhs.net
Payment Claim Form
Community Pharmacists – Palliative Care Network

(Please complete this form by 5th September 2014 and return it to:- Diane Robertson, Community Pharmacy Development, East Day Home, Kings Cross, Clepington Road, Dundee, DD3 8EA or email to dianerobertson3@nhs.net)

<table>
<thead>
<tr>
<th>Pharmacy Stamp</th>
<th>Contractor Reference</th>
<th>Payment</th>
<th>Period of Claim</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td><strong>£350.00</strong>&lt;br&gt;(£300 service payment &amp; £50 for submission of contact sheets)</td>
<td>From – 1st April 2014 To – 31st August 2014</td>
</tr>
</tbody>
</table>

I confirm all contact sheets have been sent to Diane Robertson (Community Pharmacy Development) for the period claimed.

Authorised signatory for participating pharmacy___________________________ Date _____/_____/_______

FOR OFFICE USE ONLY
Authorised signatory for payment___________________________ Date _____/_____/_______
Payment Claim Form  
Community Pharmacists – Palliative Care Network

(Please complete this form by 5th January 2014 and return it to:- Diane Robertson, Community Pharmacy Development, East Day Home, Kings Cross, Clepington Road, Dundee, DD3 8EA or email to dianerobertson3@nhs.net)

<table>
<thead>
<tr>
<th>Pharmacy Stamp</th>
<th>Contractor Reference</th>
<th>Payment</th>
<th>Period of Claim</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>£350.00</td>
<td>From – 1st September 2014</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(£300 service payment &amp; £50 for submission of contact sheets)</td>
<td>To – 31st March 2015</td>
</tr>
</tbody>
</table>

I confirm all contact sheets (not including January, February and March 2014) have been sent to Diane Robertson (Community Pharmacy Development) for the period claimed. Please submit February and March data before 5th Feb, 5th March and 5th April respectively.

Authorised signatory for participating pharmacy______________________________ Date _____/_____/________

Training was attended by:-

Name ___________________________ Designation__________________________ Date _____/_____/________

FOR OFFICE USE ONLY

Authorised signatory for payment ______________________________ Date _____/_____/________