

COMMUNITY PHARMACY LOCALLY NEGOTIATED SERVICES 2024 – 25

Service Level Agreement

Pharmaceutical Care of Patients Requiring Support with Adherence to Complex Medication Regimes

This agreement is between NHS Lothian and:

Pharmacy Name:

Contractor Code:

Developed by	Primary Care Contracts Team Viral Hepatitis Lead Pharmacist
Version Number	1
Effective Date	1 st April 2024 - 31 March 2025
Review Date	May 24

Document Revision Control	
Version 1	Review of Service due May 24

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Background

A range of new medicines are available that are initiated by specialist prescribers, but require to be dispensed in community pharmacy. This specification is introduced with the following aims:

- to provide a consistent service to improve the quality of pharmaceutical care over and above delivery of the national Pharmaceutical Care Services.
- to empower the patients to actively manage their own condition and make best use of the health promoting resources available to them
- to improve the clinical outcomes achieved by patients prescribed these medicines and to improve the patient experience of treatment for complex conditions.
- to ensure clinical monitoring for patients directly affected.
- to support the normalisation of care for patients receiving these medicines through community pharmacies. To ensure that all patients experience a service that is free from stigma and discrimination.
- to provide more systematic nationally consistent management of complex care and to facilitate the policy objective of shifting the balance of care to primary care.
- To mitigate financial risks to contractors delivering this service.

Detail

A patient who has received a diagnosis and treatment plan from a specialist prescriber will nominate a community pharmacy contractor for this service. Prescribing will be initiated by the specialist team in accordance with the NHS Lothian Formulary www.ljf.scot.nhs.uk

When the patient is ready to commence supply from their community pharmacy the specialist clinical pharmacist will contact the community pharmacy nominated by the patient. The specialist clinical pharmacist will provide all the suitable patient specific information and guidance to enable the community pharmacist to provide pharmaceutical care to the patient and will inform the community pharmacy when a prescription for the patient has been issued. The prescription will contain the patient's community health index (CHI) number and an indication of whether there is a need for instalment dispensing its frequency and if supervision is required after a discussion with the community pharmacist.

Prescriptions will be posted to the community pharmacy by the specialist clinical pharmacist giving sufficient time to allow the medication to be sourced from the pharmaceutical company or wholesaler to ensure continuous treatment of the patient.

The community pharmacist will discuss the service they provide with the patient at the first consultation and consider if registration for the Medicine Care and Review Service is appropriate. The community pharmacist will provide suitable information and advice to the

patient to enable them to take their medicines accurately and appropriately and to manage any adverse effects that they may experience. **The community pharmacist will contact the specialist services, if the patient is experiencing problems, stops treatment or fails to collect their treatment when they require a further supply.** (See section 8)

The scope of items which may be dispensed by community pharmacy contractors through this specification will be subject to local board formulary advice. Inclusion in local board formulary will reflect existing good clinical practice and SMC advice

Pharmaceutical Care of Patients Receiving Treatment for Hepatitis C

Service Specification

1. Service Objectives

- 1.1 The specific objectives of the service to provide pharmaceutical care to patients receiving treatment for hepatitis C are:
- to improve the clinical outcomes achieved by patients prescribed these medicines, especially preventing treatment defaults and poor adherence to treatment courses.
 - to shorten the patient journey to one that can be accomplished by the majority of patients and avoid loss to follow-up
 - to ensure close clinical monitoring for patients directly affected.

2. Service Description

- 2.1 This service specification allows eligible individuals, who are deemed by the specialist clinician coordinating their care, as likely to benefit from the service, to register with and use their community pharmacy as the delivery point for pharmaceutical care and dispensing of medicines. The community pharmacist advises, dispenses or refers the patient to agreed contacts according to their needs.
- 2.2 The initial consultation must be provided by the pharmacist in person.
- 2.3 Patients should be sign-posted to support groups or health professionals and should be able to obtain appropriate information about their disease and its management from the pharmacy.

3. Service Outline

3.1 *Service Registration and Withdrawal*

- Individual patients can register with the community pharmacy of their choice. Registration with this specification for *Pharmaceutical Care of Patients Requiring Support with Adherence to Complex Medication* is dependent on receipt of a referral letter provided by the specialist team coordinating the care of the patient.
- Individuals can only register with one pharmacy for this service.
- The pharmacist registers a person after being contacted by the specialist pharmacist who works with the appropriate multi-disciplinary team. The pharmacist should then create a care record for the patient which can be used with or without Registration for MCR to document relevant care issues.
- The community pharmacist will order sufficient medication from the pharmaceutical company or their wholesaler to ensure continuous treatment of the patient for the medication regime that they are prescribed.
- Individuals can choose to withdraw from service at any point. In addition, pharmacists can withdraw an individual; this might be due to, for example, a change in their eligibility or other exceptional circumstances such as suspected misuse of the service.

3.2 Consultation

All patients eligible for the scheme must have an appropriate prescription from the clinician coordinating their care. The prescription will include the necessary instructions for instalment and supervision if required.

The community pharmacist should:

- In delivering the service, community pharmacy contractors will ensure that all clients receive a service that is user-friendly, non-judgemental, client-centred and confidential.
- Complete the appropriate care record for the patient and consider the most appropriate course/s of action, the counselling and advice needs and any requirements for follow up or referral. The care record should be **initiated at first consultation** and used to inform care on an on-going basis.
- By counselling the patient, help them understand the most appropriate way to obtain the best clinical outcome from the medicine, according to their assessed needs. Some patients will require daily supervised administration of their medication and on-going monitoring. Other patients will require on-going supplies of small amounts of medication.
- Agreements will be made with the patient regarding how best to contact them in about any issues that arise with their care. This is especially important when contact with the multi-disciplinary team is required. Details of patients' contacts will be kept in the care record.
- Documentation of orders for medicines may be made on a standard spread sheet that demonstrates that medicines orders and dispensing records can be matched to referred patients. Pharmacists are required to regularly document the care provided to patients using the care record. The specialist service will hold a register of patients receiving care provided by pharmacy contractors through this specification.
- Maintain a running stock balance for each patient.
- This service will be available to patients during all contracted hours.

4. Administration, record keeping and audit

- 4.1 A care record should be created for each person. Some may already be registered for CMS and have a care record but others may not. The PCR should be used to identify the pharmaceutical care issues and record the outcomes for the patient during treatment. Registration for MCR may or may not be appropriate.
- 4.2 Where appropriate, information is annotated into the patient's medication record on the pharmacy patient medication record (PMR) system.
- 4.3 In the case of adverse reactions the pharmacist will consider whether there is a need to report any adverse reactions to the Committee on Safety of Medicines Scotland (CSM) through the Yellow Card reporting mechanism.
- 4.4 Recording of dispensing
The pharmacy contractor will maintain a dispensing record of supplies made to all registered patients for this service (Stock Balance Spreadsheet).
- 4.5 Provide a progress report and the running balance for each patient to the pharmacy specialist team when requested (the pharmacy will be contacted by telephone periodically but no more than weekly to collect this information).

5. Remuneration

Contractors should first complete the Service Level Agreement. Please send to
Contract Support Officer
Primary Care Contracts
NHS Lothian
2nd Floor, Waverley Gate,
2-4 Waterloo Place, Edinburgh,
EH1 3EG

For each patient receiving treatment under this service agreement, a contractor will receive £400. This payment will include:

- a) £195 as a pharmaceutical care remuneration fee, and
- b) £205 as an exceptional fee for costs associated with delivery of the service relating to business costs and risks.

As soon as available NHS Lothian will use the national coding descriptors to describe the service fee on NSS Payment Notifications.

Service specification will be reviewed at 12 months.

6. Financial Support and mitigation of financial risk to contractor

Direct Acting Antivirals are very expensive and so to support mitigation of financial risk contractors can request advanced payments to cover the procurement costs.

The Health Board are underwriting financial risk:

The point of contact at the health board to deal with any reason for non supply related to patient behaviour, change of clinical circumstance or changes to treatment regimen that are outwith the control of the community pharmacy, will be the Clinical Pharmacist. The costs (e.g. unused stock) relating to these circumstances will be at the health board's risk rather than the contractor.

Where the loss of a prescription occurs prior to submission for reimbursement, the health board will accept this financial risk, and provide a prescription for submission for payment subject to written assurance regarding the loss from the contractor.

Where due to changes in patient clinical circumstances, patient compliance or actions that mean a course of treatment is not completed a contractor may be left out of pocket in relation to reimbursement of medicine costs. The health board are underwriting this financial risk. In such cases the health board may arrange for undispensed stock at a pharmacy to be used for the next patient, where this has been assessed to be appropriate.

Whilst the board cannot underwrite all of the risks of handling treatments for Hepatitis C, a contractor may write to the PCCO Contract Support Officer (see section 8 for contact details) detailing the circumstances of the exceptional significant loss relating to prescriptions or payment of stock not covered in the aforementioned situations. The process shall be for the Primary Care Joint Management Group to review this information and make a decision at it's next meeting, held monthly.

7. Training and supporting staff

- 7.1 The pharmacist providing the service must be aware of and operate within the NHS Lothian Service Specification and local practice guidelines.
- 7.2 Pharmacists delivering this service should be familiar with the Clinical Information Pack including the need for vigilance for potential drug interactions.
- 7.3 Pharmacy contractors taking part in the scheme are free to develop their own standard operating procedures to deliver the scheme in their own pharmacy. It is a requirement that locum staff are competent to operate the scheme so that a seamless approach to care is experienced by the patient.
- 7.4 A signed Service Level Agreement is required to be returned to NHS Boards to ensure that staff are able and willing to participate in the scheme. Each pharmacy will designate a named pharmacist to be responsible for the on-going management and delivery of the scheme including appropriate training for all staff involved in delivering the service.
- 7.5 Specialist pharmacists leading the service will publish and maintain a list of contacts to enable community pharmacists to effectively and efficiently communicate with the clinical team managing the care of their patient and seek advice

8. NHS Lothian Health Board Point of Contact

- 8.1 The notification form contains contact details for the Clinical Pharmacist. In addition the Clinical Information Pack includes a comprehensive list of contacts for the clinical team responsible for the care of patients with Hepatitis C.
- 8.2 In the first instance, any queries regarding **payment** elements of the SLA should be e-mailed to highcostmeds@nhslothian.scot.nhs.uk
- 8.3 Any issues which cannot be resolved immediately by the Contract Support Officer can be escalated to the Primary Care and Community Pharmacy Co-ordinator:
Primary Care and Community Pharmacy Co-ordinator
NHS Lothian
0131 537 622

Pharmaceutical Care of Patients Receiving Treatment for Hepatitis C

Community Pharmacy Service Summary

NOTIFICATION

- Patients will specify their community pharmacy of choice.
- Prior to patient treatment start date, the clinical team will contact the community pharmacy to confirm arrangements
- The specialist clinical pharmacist will provide the contractor with a referral notification which includes:
 - A. identification of service i.e. Hep C code
 - B. Patient Details
 - C. The indicative start date for treatment (up to 28 days hence)
 - D. Statement advising the Community Pharmacist to order treatment no more than 7-14 days prior to the treatment initiation date.
 - E. Details of the treatment in terms of product and any additional compliance support e.g. supervised daily dispensing.
- Community pharmacy staff should read the HCV information pack that details the clinical condition and the need for the service.

ADVANCED PAYMENTS

- When notification details are confirmed, the specialist clinical team will advise that request for advanced payment can be made. Information can be found at <https://www.communitypharmacy.scot.nhs.uk/nhs-boards/nhs-lothian/hepatitis-c-treatment/>
- Contractors do not require to request Advance Payments if they do not wish to do so.
- Advanced payments covering the complete cost of treatment course will be made to contractor in a single advanced payment. This will be paid before the first invoice payment date when the contractor makes their application before the 11th day of the month.
- Advanced payments will be made as part of normal monthly payments.

The Health Board will timetable recovery of advanced payments at month 6 for an advance made prior to the beginning of an 8 or 12 week course.

Prescription & Payment schedule for a 3 x 4 week course

	Month 0	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7
CP Notification								
Treatment Start								
Drug Purchased		1	2	3				
Single Advance payment								
Prescription Submitted			1	2	3			
Prescription paid					1	2	3	
Supplier paid			1	2	3			
Advance recovery of 1, 2 & 3								
Service Fee								

- Recoveries are not linked to payments for prescriptions and contractors are responsible for the timeous submission of prescriptions to NSS i.e. late submission of prescriptions will mean that recovery is out of synchronisation with the planned schedule.

SERVICE PAYMENTS

- The specialist clinical team will advise PCCO to process a payment of £400 per patient when treatment commences.

PRESCRIPTIONS

- The medication will be prescribed on HBP prescriptions and issued from the specialist clinic.
- The Specialist Clinical Service will post the HBP's to the Community Pharmacy in good time before the start of treatment (normally seven to fourteen days)
- Each prescription will be for 28 days therapy and always for full packs. CompleteThree prescriptions for 28 days each will be issued. Any changes to patient treatment are communicated to the community pharmacy as soon as possible. The community pharmacy should

ensure ongoing supply is available with 7 days of the due date for subsequent months 2, 3 and 4 as appropriate.

- The majority of treatment courses are 8-12 weeks.
- When all doses on a prescription have been dispensed, the prescription forms should be submitted as soon as possible for payment in the normal way.

ORDERING STOCK

- **Pharmacy contractors should not order stock prior to receiving a prescription for a patient and no longer than fourteen days before treatment initiation. Stock should be ordered on a monthly basis, no more than seven days prior to due date.**
- Community pharmacies will be required to source the medicine as per the agreed process for the board approved supplier. This will require to be signed by a pharmacist and must include the prescription reference numbers to the supplier on each occasion (see separate order form).

COMMUNITY PHARMACY RESPONSIBILITIES

- Community pharmacists will :
 - Sign and return the Service Level Agreement (first patient)
 - Provide pharmaceutical care including support with concordance
 - Create a PCR for each patient if they do not have one and document relevant issues as they arise.
 - Register the patient for MCR if appropriate
 - Supervise administration where required.
 - Maintain a running stock balance (template provided).
 - Contact the specialist team as soon as possible if there are relevant clinical issues or if the patient fails to attend the pharmacy (a message should be left if out of hours).
 - Provide a progress report for each patient by to the specialist clinical team when requested to do so.

Both Parties agree that:

The service will be reviewed annually. Any alterations, revisions, or additions to this agreement, jointly agreed, will be recorded by way of a formal amendment of this SLA.

Either NHS Lothian or the contractor giving 12 weeks' notice may terminate this SLA.

This agreement may be terminated with 12 weeks' notice on either side if it can be established that either side is in default on substantive issues within the agreement and that such an issue cannot be remedied within an agreed period.

