

SERVICE LEVEL AGREEMENT TO ENABLE COMMUNITY PHARMACISTS IN NHS ROTHERHAM TO PROVIDE PALLIATIVE CARE DRUGS AS LOCAL ENHANCED SERVICE

PREPARED BY: *NHS Rotherham CCG Medicines Management Team on behalf of NHS Rotherham CCG and the LPC Secretary on behalf of Community Pharmacists in Rotherham*

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The service specification and the contract agreement will be subject to review annually

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ISSUED TO: **Community Pharmacists in NHS Rotherham**

Approved by: **NHS Rotherham CCG Medicines Management Committee 06th February 2013**

LOCAL ENHANCED SERVICE – PALLIATIVE CARE DRUG PROVISION BY COMMUNITY PHARMACISTS

THIS SPECIFICATION DESCRIBES THE SERVICE TO BE PROVIDED BY:

«Pharmacy_Name» «Address_1» «Address_2» «Address_3» «City» «Postal_Code»
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For the provision of Palliative Care Drugs as a Local Enhanced Service

Introduction

The aim of this service is to ensure the availability of palliative care drugs across all community pharmacies in Rotherham.

The service is designed to improve access to palliative care medicines for patients, carers and healthcare professionals when they are required, in order to ensure that there is no delay to treatment whilst also providing access and choice.

No part of this specification by commission, omission or implication redefines Essential or Additional Services.

Either NHS Rotherham CCG or contractor may withdraw from this enhanced service at three months notice.

Background

Palliative Care Drugs are specialist medicines that are not routinely available in all community pharmacies and this may cause delay in treatment for patients.

1. Document Purpose

- 1.1. This document enables a formal agreement to be entered into, to cover the provision of palliative care medicines within community pharmacies.
- 1.2. The agreement shall be between NHS Rotherham CCG and the providing community pharmacy.

2. Service Outline

- 2.1. This service will require the pharmacy to maintain the required stock of palliative care drugs in line with the agreed list in Appendix A.
- 2.2. Where requested the pharmacist will provide advice to the healthcare professional regarding the prescribing or dosage of palliative care medicines that should be administered to the patient.
- 2.3. The pharmacist will provide information and advice relating to the use of palliative care medication to patients and carers.

3. Aims and Intended Outcomes

- 3.1. To ensure that there is on-demand availability of palliative care medicines from community pharmacies in Rotherham.
- 3.2. To ensure that there is easy access to palliative care medicines to provide palliative care patients with good symptom control and ensure that their symptom control is maintained.

4. Service Specification and Service Standards

- 4.1. The service will be provided by a practising pharmacist registered with the General Pharmaceutical Council.
- 4.2. The pharmacy shall maintain the required stock (range and quantity) of palliative care drugs against an agreed list of palliative care drugs (appendix A) which will be reviewed when necessary.
- 4.3. There must be a named individual who ensures that the stock is managed appropriately.
- 4.4. The pharmacy shall dispense the items from the palliative care stock in response to NHS prescriptions presented to the pharmacy in line with the dispensing service of the NHS Community Pharmacy Contractual Framework
- 4.5. The attached list identifies minimum stock levels that the pharmacy must stock and maintain. The contractor will identify where supply problems prevent compliance with this requirement and notify NHS Rotherham CCG Medicines Management Team, within one working day via e-mail rebecca.stevens@rotherham.nhs.uk, fax 01709 302061, or telephone 01709 302632
- 4.6. The identified range and quantity of medicines are in addition to any demand requirement arising from the pharmacy's normal within hours dispensing service.
- 4.7. The pharmacy must operate this service for their full opening hours.
- 4.8. The pharmacy must maintain appropriate records for the pharmacy and NHS Rotherham CCG to cover ordering, receipt, batch number, expiry date checks and audits to meet legal and NHS Rotherham CCG requirements and ensure effective, ongoing service delivery.
- 4.9. The pharmacy will have and maintain Standard Operating Procedures to meet all of these service requirements and reflect changes in practice or guidelines and ensure

that pharmacists and staff involved in the provision of the service are appropriately trained and can deliver the service for the full contracted or voluntarily extended opening hours.

- 4.10. The pharmacist shall provide information and advice relating to the use of palliative care medication to patients and carers where appropriate and palliative care drug information on request from healthcare professionals involved in the service.
- 4.11. In circumstances where the pharmacy is unable to supply the item(s) on demand, they will direct/signpost the patient, carer or healthcare professional to the nearest pharmacy provider of palliative care drugs, checking first that they have the required item(s) in stock.
- 4.12. The pharmacy shall co-operate with any PCT-led assessment of the service, audit of service provision and service user evaluation of the service if requested.
- 4.13. The pharmacy contractor shall notify NHS Rotherham CCG Medicines Management Team of any changes to the contact details of the pharmacy manager.

5. Quality and Clinical Governance Standards

- 5.1. The pharmacy contractor must comply with all the requirements of the Essential services of the NHS Community Pharmacy Contractual Framework.
- 5.2. The pharmacy contractor must provide NHS Rotherham CCG with a premises specific e-mail address which is accessed by the pharmacy at least once a day during opening hours.
- 5.3. The pharmacy contractor shall ensure that pharmacists and staff involved in the provision of the service are appropriately trained, are aware of and operate within local procedures and guidelines.
- 5.4. The pharmacy contractor shall ensure that any paperwork relating to the service, local procedures and guidelines issued by NHS Rotherham CCG are easily accessible within the pharmacy. This will include NHS Rotherham CCG Palliative Care Formulary (Appendix C) and list of participating pharmacies.
- 5.5. The pharmacy will be required to undertake clinical audits relating to the service where required by NHS Rotherham CCG.
- 5.6. The pharmacy will undertake Significant Event Analysis of incidents relating to the service and demonstrate learning from incidents where required by NHS Rotherham CCG.
- 5.7. The pharmacist must report to NHS Rotherham CCG on an incident alert form (IAF) any items that are unable to be dispensed on-demand and inform NHS Rotherham CCG how the incident has been resolved.
- 5.8. The pharmacy will contact NHS Rotherham CCG Medicines Management Team to authorise the destruction of any controlled drugs which expire.

6. Monitoring Requirements

- 6.1. At the contract review, NHS Rotherham CCG may sample check the availability of the agreed formulary drugs, and contractors may be required to make appropriate documents available for inspection.
- 6.2. At any time, NHS Rotherham CCG may request information on any audit the pharmacy has completed.
- 6.3. The pharmacy will demonstrate Standard Operating Procedures and monitoring processes as part of any general contract monitoring undertaken by NHS Rotherham CCG.
- 6.4. If at any time, agreed formulary drugs are not available or are out of date, and there is no evidence of a recent supply (within the previous working day) then the maintenance payment will be withheld.

7. Professional Indemnity Insurance

The pharmacists providing the service shall maintain insurance in respect of public liability and personal indemnity against any claims, whatsoever which may arise out of the terms, conditions and obligations of this agreement.

8. Health and Safety

The pharmacist providing the service shall comply with the requirements of the Health and Safety at Work Act 1974, the management of health and safety at work regulations 1999 and any other acts, regulation, orders or rules of law pertaining to health and safety.

9. Confidentiality and Data Protection

- 9.1. All parties to this service level agreement will ensure that the handling, storage and release of data conforms both to the requirements of data protection legislation and any local protocols and policies agreed.
- 9.2. All parties to this service level agreement shall not disclose to any third party any information identifying an individual service user or details of this service agreement unless in compliance with the general NHS policy under the law and disclosure of confidential information.

10. Equity and Diversity

The pharmacist/pharmacy staff must comply with requirements of the Race Relations Act 1976 and the Race Relations (Amendments) Act 2000, and will not treat one group of people less favourably than others because of their colour, race or religious beliefs.

11. Dispute Resolution and Deviation from the Service Level Agreement

- 11.1. Any initial disputes should be resolved locally between the relevant parties.
- 11.2. In the event that a dispute cannot be resolved locally, the issue must be put in writing to enable a meeting to facilitate local resolution.

11.3. Information regarding deviation from the service level agreement will be shared with NHS Rotherham.

12. Notice of Termination

- 12.1. NHS Rotherham CCG or individual community pharmacy shall give three months notice for any agreed change to the contract or termination of the agreement. This is to allow for alternate arrangements to be made to ensure continuity of service to the service users.
- 12.2. NHS Rotherham CCG withholds the right to immediately suspend the contract should the pharmacy be found to be in serious breach of the agreement or if there are significant patient safety concerns within the pharmacy that will pose a significant risk to service users.

13. Palliative Care Scheme Payment Schedule

- 13.1. NHS Rotherham CCG will reimburse the contractor for initial stock on the submission of a delivery note or invoice. The agreed price in appendix A will be paid regardless of actual price paid.
- 13.2. The contractor will receive on an annual basis a retainer fee of 20% of the value of the total drug tariff cost of the palliative care drugs list as described in Appendix A. Prices will be taken from the October Edition of that financial years Drug Tariff and if not included, the equivalent BNF list price.
- 13.3. The maintenance payment of 20% of the total drug costs will not be paid in the first financial year of providing the service however will be paid automatically each following year during March of that financial year.
- 13.4. Drugs dispensed on FP10 will be reimbursed through usual PPD methods and as such this will fund replacement of stock. It is envisaged by NHS Rotherham CCG that controlled drugs identified within appendix A of this document, will not significantly increase the overall pharmacy controlled drug storage requirements for the majority of contractors.

14. Duration and Termination of this Agreement

A pharmacy no longer willing or able to provide the service must give three months notice in writing to the Medicines Management Team. ***The provider must ensure continuity of the service during the notice period.***

Either party to this Agreement can give three months notice, changes will be authorised in writing by a senior member of the Medicines Management Team.

NHS Rotherham CCG reserves the right to terminate or suspend this agreement with immediate effect if there are any reasonable grounds for concern.

Declaration

Service level agreements with NHS Rotherham CCG must be signed for each individual pharmacy wishing to supply palliative care drugs through this scheme. It is the contractor's responsibility to ensure that every pharmacy that supplies palliative care drugs understands the terms of this agreement.

Service Level Agreement for Palliative Care Drug Provision

Contract Signatures

I confirm that I am a registered Pharmacist employed by / owner of the Pharmacy below and I have read this Service Level Agreement and agree to ensure the availability of palliative care drugs as listed in Appendix A. from the pharmacy named below.

Name of Contractor		
	From:2013	To: March 2015

Wishes to provide/continue to provide the Palliative Care Drug Provision Enhanced Service in accordance with the terms of the contract from the following community pharmacy premises

Pharmacy Name & Address	
Pharmacy e-mail	

Name of Person(s) responsible for maintaining stock	GPhC Registration number (if applicable)

Signed on behalf of the contractor:

.....
 Authority of person completing this form on behalf of the Pharmacy Contractor

.....Date of completion:

I have included proof of purchase, where necessary for the drugs required to set up/continue this service

On behalf of: NHS Rotherham CCG Name: Signature: Date:

A copy of this agreement will be returned to the contractor for their records

A copy of this signed page only to be returned to:

Rebecca Stevens, Administrator, Medicines Management Team, NHS Rotherham CCG, Oak House, Moorhead Way, Bramley, Rotherham S66 1YY
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Appendix A

List of Palliative Care Drugs held in agreement with provision as Local Enhanced Service:

DRUG	PACK SIZE	DRUG TARIFF PRICE (October 2011)	MINIMUM QUANTITY	TOTAL COST
Cyclizine 50mg per ml ampoules	1 x 5	£2.55	1 x 5	£2.55
Diamorphine 10mg powder for solution for injection ampoules	1 x 5	£17.52	2 x 5	£35.04
Diamorphine 30mg powder for solution for injection ampoules	1 x 5	£18.94	2 x 5	£37.88
Haloperidol 5mg per 1ml ampoules	1 x 5	£1.82	1 x 5	£1.82
Hyoscine Hydrobromide 600mcg per ml (1ml)	1 x 10	£29.40 (Wockhart)	1 x 10	£29.41
Levomepromazine HCl 25mg per ml (1ml)	1 x 10	£20.13	1 x 10	£20.13
Metoclopramide 10mg per 2ml ampoules	1 x 10	£2.62	1 x 10	£2.62
Midazolam HCl 10mg per 2ml ampoules	1 x 10	£7.20 (BNF)	1 x 10	£7.20
Sodium Chloride 0.9% 10ml ampoules	1 x 10	£4.33	1 x 10	£4.33
Water for Injection 10ml ampoules	1 x 10	£3.15	1 x 10	£3.15

Morphine Sulphate 10mg per ml (1ml)	<p>These items can ONLY be obtained under this scheme IF diamorphine is unavailable and prior consent has been obtained from NHS Rotherham CCG.</p> <p>NHS Rotherham CCG will make a separate payment on an individual basis.</p>
Morphine Sulphate 30mg per ml (1ml)	
Oxycodone HCl 10mg per ml (1ml)	
Oxycodone HCl 10mg per ml (2ml)	

Appendix B

Pharmacy:

List of Palliative Care Drugs held in agreement with provision as Local Enhanced Service

Date pharmacy stock checked:.....

Checked by (signature)

Drug & Strength	Minimum Quantity to be kept	Quantity in Stock	Batch Numbers	Expiry Date
Cyclizine 50mg per ml ampoules	1 x 5			
Diamorphine 10mg	2 x 5			
Diamorphine 30mg	2 x 5			
Haloperidol 5mg per 1ml ampoules	1 x 5			
Hyoscine Hydrobromide 600mcg per ml (1ml)	1 x 10			
Levomopromazine HCl 25mg per ml (1ml)	1 x 10			
Metoclopramide 10mg per 2ml ampoules	1 x 10			
Midazolam HCl 10mg per 2ml ampoules	1 x 10			
Sodium Chloride 0.9% 10ml ampoules	1 x 10			
Water for Injection 10ml ampoules	1 x 10			

Adult Palliative Care Formulary

This core formulary is a basic guide for prescribers in hospital and primary care across the district. It is intended to be used in conjunction with the Palliative Care section of the current British National Formulary (BNF).

The listed medications are available from hospital and community pharmacies. The compilers believe that the majority of symptoms can be effectively managed within this formulary and that its acceptance and use will enhance the quality and consistency of palliative care for patients. Note: much of palliative care prescribing is by its nature outside of product licence.

It is recommended that strong opioids are prescribed in small total quantities (maximum one month's treatment) in the community, as large quantities may not be used up when dosages change.

Specialist palliative care advice should be sought early to avoid symptom crisis (contact telephone numbers are listed on the back page).

PAIN

Analgesia should be prescribed and administered on a REGULAR basis 24 hours a day. If a step by step approach is used there will be fewer side effects.

STEP 1: Paracetamol tablets - 1g qds

STEP 2: Step 1 plus weak opioid,
Codeine Phosphate tablets – 15 to 60mg qds

STEP 3: Replace Step 2 weak opioid, with regular 4 hourly immediate release strong opioid, (e.g. Oramorph liquid 10mg/5ml). E.g. 2.5 – 10mg Oramorph 4 hourly when required.

Titrate according to response. Patients should be pain free for 48 hours before conversion to 12 hourly sustained release morphine.

Conversion: - calculate the total daily dose of immediate release morphine and divide by 2.
e.g. 10mg (immediate release morphine) 4 hourly = 60mg in 24 hours = 30mg 12 hourly

Co-prescribe rescue doses of immediate release morphine equivalent to 1/6 (one sixth) of total daily dose of sustained release morphine. e.g. If: 30mg Zomorph 12 hourly then rescue dose = 10mg PRN (up to six doses in 24 hours.)

Continue paracetamol.

For patients who are in renal or liver failure seek specialist palliative care advice.

NB: Stimulant laxatives should be considered from Step 2. The dose of the laxative should be titrated as the opiate dose increases. An anti-emetic, for drug induced nausea and vomiting should be considered. E.g. Haloperidol 500micrograms to 3mg nocte, or 1.5 mg bd.

ALTERNATIVE OPIATES,

When morphine is poorly tolerated -seek Specialist Palliative Care advice.

- Oral Oxycodone CR (OxyContin) tablets – dose equals HALF of the oral morphine sulphate dose. NB. Oxycodone prescription must state clearly whether: IR capsules or liquid, or CR tablets, or injection.
- Transdermal: Fentanyl patch – See supplementary fentanyl guidelines. Fentanyl patch takes over 12 hours to reach its therapeutic effect. NB. Fentanyl 25 mcg/hr patch is equivalent to 90 mg morphine sulphate over 24 hours.
- Sub-cutaneous injection, via syringe driver over 24hrs, and “rescue” doses of:- Diamorphine or Oxycodone. Oral morphine ratio to subcutaneous diamorphine:- If in pain, use: 2:1 ratio. If not in pain, use: 3:1 ratio. E.g. 10 mg oral morphine is equivalent to 3 - 5 mg subcutaneous diamorphine. Oral oxycodone ratio to subcutaneous oxycodone: -3:2 ratio E.g. 30mg oral oxycodone is equivalent to 20mg subcutaneous oxycodone. Conversion table available in the Palliative Care section of the BNF.

NB to prescribe rescue doses. Pain control must be titrated using immediate release morphine (or oxycodone) for breakthrough pain. If patient on any other opioid, please inform Rotherham Specialist Palliative Care Team.

SPECIFIC PAIN MANAGEMENT:

Gastric Protection:

With: NSAIDs, &/or with corticosteroids. e.g. Lansoprazole 15mg od

Musculo-Skeletal, Soft Tissue & Bone Pain: NSAIDs:

Ibuprofen – 400 mg tds, (maximum 2400 mg in 24 hours) or: Diclofenac - 50mg tds (Avoid in renal failure).

Bone Pain:

Consider radiotherapy or bisphosphonates - seek specialist advice.

Nerve Pain:

Amitriptyline (check for contra-indications first) 25 - 100mg nocte, increase every 3 days according to response. (Start at 10mg in the elderly.) or: Gabapentin 300 – 1800mg capsules, increasing as stated in BNF. Pregabalin 50 – 600mg, increasing as stated in BNF. If partial response to amitriptyline, may add gabapentin or pregabalin; if NO response, replace.

Colic:

Consider constipation. If acute spasm:

Hyoscine butyl-bromide (Buscopan) 10 - 20mg SIX hourly as required, oral or subcutaneous.

Liver Capsule Pain:

Dexamethasone 4 - 8mg mane, and titrate down (do not give after 14.00hrs)

Raised Intracranial Pressure:

Dexamethasone 8 - 16mg daily and titrate down (do not give after 14.00hrs)

CONSTIPATION:

Consider the cause: e.g. Opiates.

Stimulants: If drug-induced: Senna 2 - 4 tablets nocte or bd, or: Bisacodyl 5 - 20mg nocte

Softener: Docusate 100 - 300mg nocte or bd.

Combined: Movicol/Laxido sachets, dose as recommended, or: Co-danthramer 1 - 3 capsules nocte, or: Co-danthrusate 5 - 15mls nocte or bd

Impaction: Rectal: Suppositories Bisacodyl 1 – 2 suppositories, or: Glycerin 4g 1 – 2 suppositories AND: Movicol sachets Or Enemas: Microlax (sodium citrate), or: Phosphate, or; Arachis oil enema with overnight retention (NB. Avoid in patients with peanut allergy)

NAUSEA AND VOMITING:

Consider the cause: obstruction/ constipation/ hypercalcaemia / opiates, etc.

Raised intra-cranial pressure: - Cyclizine 25 to 50mg tds oral, or subcutaneous (25 to 50 mg stat), (up to 150mg/24 hrs in syringe driver)

Gastric stasis: - Metoclopramide 10 to 20mg qds oral or subcutaneous (10 mg stat) (40 to 80mg/24 hrs.)

Metabolic or drug induced: - Haloperidol 500micrograms to 5mg oral nocte, (or subcutaneous 5 - 10 mg/24 hrs), or: Levomepromazine, oral or sc, from 6.25 mg od.

Intestinal obstruction - contact Specialist Palliative Care Team.

AGITATION:

Treat underlying cause: e.g. drugs/ hypercalcaemia/ infection/ dehydration/ pain/ urinary retention, etc. Midazolam - from 2.5 mg stat, every 2 - 4 hours, or: Haloperidol - 2.5 to 10 mg, oral or subcutaneous.

TERMINAL RESTLESSNESS:

Midazolam – from 10mg to 30 mg subcutaneous over 24hrs via syringe driver

If still restless, seek specialist palliative care advice.

HYPERCALCAEMIA:

Consider when symptoms include dehydration, constipation, confusion, nausea & vomiting and increased thirst.

Treat symptomatic patients with an adjusted serum calcium > 2.6 mmol/L with intravenous fluids and iv bisphosphonate – contact Specialist Palliative Care Team.

TERMINAL SECRETIONS:

Hyoscine hydrobromide - 600 mcg subcutaneously stat, 600 micrograms – 2.4mg over 24 hours sc via syringe driver.

For specific symptom control advice in the last days of life, see the Liverpool Care Pathway (LCP).

BREATHLESSNESS:

Intractable breathlessness due to end stage disease may respond to low dose opiates and/or benzodiazepines. These can be given orally or subcutaneously via syringe driver.

ORAL THRUSH

Good oral hygiene, and: Nystatin oral suspension 1,000units per ml qds (may be required 2 hourly) Fluconazole 50mg daily for 7 days

USEFUL TELEPHONE NUMBERS:

24hr Palliative Care Advice line: 01709 308905

Palliative Medicine Consultants: 304671/308900 (Secretaries)

Community Palliative Care Nurse Specialists (Macmillan Nurses): 308931, /32, /34, /35.

RFT Macmillan CNSs: 307180

RFT Medicines Information: 304126

Specialist Dietician: 304291

Hospice at Home Team: 308923

Palliative Care Heart Failure CNS: 07795470806.

Approved January 2011

Review Date – January 2013