

## **Supply of Dressing to Nursing Homes Service Specification**

### **1. Introduction**

- 1.1. The purpose of this service is to enable nursing homes to obtain dressings required in the treatment of their residents directly from a participating community pharmacy without the need for a prescription to be supplied by the patient's GP.
- 1.2. This service is available to all patients resident in a nursing home located within South Sefton CCG and Southport and Formby CCG, and registered with a GP located in either CCG.
- 1.3. All participating pharmacies and nursing homes utilising this service will be provided with a formulary of dressings.
- 1.4. When a dressing is required, the nursing home will provide the supplying pharmacy with a patient specific requisition (Appendix 1).
- 1.5. The pharmacy will supply any dressings ordered by the home as if they were prescribed on an FP10 GP prescription.
- 1.6. Prior to the provision of the service, the pharmacy contractors must be satisfied that all pharmacy staff involved in the provision of the service are competent to do so, including any locum staff.

### **2. Duties of participating community pharmacies.**

- 2.1. The pharmacy will ensure the dressings requisition form supplied by the nursing home contains all necessary information.
- 2.2. The pharmacy will supply only those dressings detailed on the requisition form in the quantities indicated (complete packs).
- 2.3. Where a non-formulary dressing is ordered by the home, the pharmacy should ensure an exception report form (Appendix 2) has been completed by the home. No supply of non-formulary dressings should be made unless the home provides this form.
- 2.4. The pharmacist or an appropriate member of staff should record the supply on the IT software provider platform.
- 2.5. Any claims for out of pocket expenses should be made on the IT software provider platform.

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- 2.6. A maximum of 2 weeks supply should be given at any time. Further 2 weekly supplies should only be made following a review of the patient and the condition by an appropriately trained healthcare professional. The date of the last review should be included on the requisition form.
- 2.7. All requisitions and exception report forms should be stamped and signed to confirm supply.
- 2.8. Requisitions and exception forms should be kept for 2 years.
- 2.9. Normal rules of patient confidentiality apply.

**3. Service funding and payment mechanism**

- 3.1. The Pharmacy will be paid according to schedule 1 for providing the service.
- 3.2. At the end of each month an invoice will be generated electronically by the IT software provider and sent to Shared Business Services for payment by the CCGs.
- 3.3. Payment will be made to the pharmacy directly into the pharmacy's bank account.
- 3.4. This contract will be subject to the Community Pharmacy Contractual Framework 2019/20 – 2023/2024.

**4. Period of agreement**

- 4.1. The period of agreement is from 1<sup>st</sup> April 2020 to 31<sup>st</sup> March 2021.
- 4.2. Either party may terminate this agreement by providing written notification of their intention to do so. A notice period of 28 days shall be given.

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**Schedule 1: Payment for Provision of Service**

The supplying pharmacy will be paid as follows

1. Cost price of dressings supplied- based on full packs
2. Single activity fee per item set at current Drug tariff rate
3. An administration fee of £4 (including VAT) per consultation
4. Out of pocket expenses where incurred
5. VAT at current rate

Item	What will be paid	Notes	
Formulary Items	Cost price of dressings	This price is based up on full packs as detailed on the requisition form. The home may order multiple pack if appropriate	The cost price will be that listed in the current Drug Tariff.
Non Formulary Items	Cost price of dressings	This price is based up on full packs as endorsed by the pharmacy	The cost price should be that detailed in the relevant section of the current Drug Tariff or the manufacturers pack size listed in the Chemist and Druggist
Administration fee	£4 (including VAT) per consultation + single activity fee per item		
Out of pocket expense	Amount endorsed by pharmacy.	Please note : paid in accordance with the conditions specified in the Drug Tariff	Invoices for out of pocket expenses claimed must be retained in the pharmacy. The CCG may request copies of such invoices as part of the post payment verification exercise.
VAT	This will be added to the cost price of any dressings supplied at the standard rate if applicable		

## Order Form for Dressings

<b>Patient Name</b>	
<b>Date of birth</b>	
<b>NHS number (if known)</b>	
<b>Address</b>	
<b>GP surgery</b>	
<b>Name of nurse requesting dressing</b>	
<b>Name and address of nursing home</b>	
<b>Contact telephone number</b>	
<b>Date of request</b>	
<b>Date of last review*</b>	

\*A maximum of 2 weeks supply should be requested. Additional requests should only be made following a review of the patient and the condition by an appropriately trained healthcare professional.

Dressings	Quantity	Quantity dispensed in terms of pack size i.e. 1 x 5

Is wound clinically infected?	Yes/No
Exception report completed	Yes/No
(All dressing need to be listed in the box above even if non formulary)	

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**Appendix 2**

**Exception reporting form**

Please complete this form if you are ordering a dressing for a patient that is not on the Sefton Formulary. These forms will be sent to NHS South Sefton CCG and NHS Southport and Formby CCG Medicines Management Team for review.

Name of formulary product not suitable

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Reason

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Non-formulary item (s) prescribed

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Rationale for selection

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Was this an acute trust request?

Yes

No

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Name of prescriber

Date

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Contact number

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