

| Service Specification No. | N/A |
|---------------------------|--------------------------------------|
| Service | Supply of dressings to Nursing Homes |
| Commissioner Lead | Jennifer Johnson |
| Provider Lead | Community Pharmacy Contractor |
| Period | 1st April 2024 – 31st March 2025 |
| Date of Review | Annual |

1. Population Needs

1.1. Allowing nurses in nursing homes to request dressings for their residents directly from a community pharmacy using a patient specific requisition form will remove the need for a prescription to be issued by the patient's GP thus reducing the pressure on GP practices whilst ensuring that the health care professional responsible for managing the patient's condition is the one requesting the dressings.

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 | |
| Domain 3 | Helping people to recover from episodes of ill-health or | V |
| | following injury | |
| Domain 4 | Ensuring people have a positive experience of care | $\sqrt{}$ |
| Domain 5 | Treating and caring for people in safe environment and | \checkmark |
| | protecting them from avoidable harm | |

2.2. Local defined outcomes

- To enable the healthcare professional who has reviewed the patient's condition to request dressings directly from a community pharmacy using a patient specific requisition form.
- To reduce delay in obtaining dressings for patients residing in a nursing home

3. Scope

3.1. Aims and objectives of service

• 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.

3.2. Service description

- All participating pharmacies and nursing homes utilising this service will be provided with a formulary of dressings.
- When a dressing is required, the nursing home will provide the supplying pharmacy with a patient specific requisition (Appendix 1).
- The pharmacy will supply any dressings ordered by the home as if they were prescribed on an FP10 GP prescription.
- The pharmacy will ensure the dressings requisition form supplied by the nursing home contains all necessary information.
- The pharmacy will supply only those dressings detailed on the requisition form in the quantities indicated (complete packs).
- Where a non-formulary dressing is ordered by the home, the pharmacy should ensure an exception reporting form (Appendix 2) has been completed by the home.
 No supply of non-formulary dressings should be made unless the home provides this form.
- The pharmacist or an appropriate member of staff should record the supply on PharmOutcomes.
- Any claims for out-of-pocket expenses should be made on PharmOutcomes.
- 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.
- All requisitions and exception report forms should be stamped and signed to confirm supply.
- Requisitions and exception forms should be kept for 2 years.
- Normal rules of patient confidentiality apply.

3.3. Equality and Diversity

 The service provider must comply with the requirements of the Equality Act 2010 and will not treat one group of people less favorably than others because of age, disability, gender reassignment, marriage or civil partnership, race, religion or belief, sex or sexual orientation, pregnancy and maternity.

3.4. Payment

- Claims for payment for this service should be made using PharmOutcomes.
- The Pharmacy will be paid according to schedule 1 for providing the service.
- At the end of each month an invoice will be generated electronically by PharmOutcomes and sent to Shared Business Services for payment by NHS Cheshire and Merseyside ICB (Sefton).
- Payment will be made to the pharmacy directly into the pharmacy's bank account.

3.5. Population covered

This service is available to all patients resident in a nursing home located within NHS
 Cheshire and Merseyside ICB (Sefton) and registered with a GP practice located in
 Sefton.

3.6. Any exclusion criteria and thresholds

- Any patients registered with a GP practice outside of NHS Cheshire and Merseyside ICB (Sefton).
- Any patient resident in a nursing home located outside of the NHS Cheshire and Merseyside ICB (Sefton).

3.7. Interdependence with other services/providers

• The service will involve working collaboratively with GP practices and other services and health professionals, as necessary.

4. Applicable Service Standards

1.1. Applicable national standards (e.g., NICE)

 Records created during the delivery of the service should be managed according to the NHS Code of Practice.

1.2. Applicable standards set out in Guidance and/or issued by a competent body (e.g., Royal Colleges)

General Pharmaceutical Council Standards for Pharmacy Professionals

1.3. Applicable Local Standards

 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.

- The service provider must have a complaints procedure that complies with Local Authority Social Services and National Health Service complaints (England) Regulations 2009.
- Complaints directly linked to the quality of this service must be reported to the commissioner as set out in the NHS standard contract.
- Incidents and significant events should be reported to the commissioner using ULYSSES

https://ulysses.midlandsandlancashirecsu.nhs.uk/Incident.aspx?link=D0155A369162
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5. Applicable quality requirements and CQUIN goals

5.1. Applicable quality requirements

- It is expected that the service will be offered consistently throughout the opening hours of the branch including evenings, weekends, and Bank Holidays.
- It is expected that Service Providers contribute to any locally agreed NHS
 Cheshire and Merseyside ICB (Sefton) led assessment of the service or service user experience.
- Pharmacists and their staff must be fully aware of their responsibility to safeguard vulnerable adults and refer appropriately as per local safeguarding procedures.
 Pharmacies must also have internal procedures in place to deal with safeguarding concerns.
- Either party may terminate this agreement by providing written notification of their intention to do so. A notice period of 3 months shall be given.
- If, for whatever reason, the pharmacy ceases to provide the essential services under the pharmacy contractual framework then the pharmacy will become ineligible to provide this locally commissioned service.

5.2. Applicable CQUIN goals

N/A

6. Location of Provider Premises

6.1. Participating pharmacies within Sefton

7. Individual Service User Placement

N/A

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 packs 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. NHS Cheshire and Merseyside ICB (Sefton) may request copies of such invoices as part of the post |
| VAT | This will be added to the cost price of any dressings supplied at the standard rate if applicable | | , 20 20 20 20 20 20 20 20 20 20 20 20 20 |

Appendix 1

Order form for dressings

| Patient Name | |
|-----------------------------------|---|
| Date of birth | |
| NHS number (if known) | |
| Address | |
| GP surgery | |
| Name of nurse requesting dressing | |
| Name and address of nursing home | |
| Contact telephone number | |
| Date of request | |
| Date of last review* | |
| A maximum of 2 weeks supply sh | ould be requested. Additional requests should only be made following. |

^{*}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 | |
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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)

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 Cheshire and Merseyside ICB (Sefton) Management Team for review.

| Name of formulary product not sultable | | | |
|--|------|----|--|
| Reason | | | |
| | | | |
| Non-formulary item (s) prescribed | | | |
| | | | |
| Rationale for selection | | | |
| | | | |
| Was this an acute trust request? | Yes | No | |
| Name of prescriber | Date | | |
| Contact number | | | |