

Service Specification No.	N/A
Service	Supply of dressings to Nursing Homes
Commissioner Lead	Jennifer Johnson
Provider Lead	Community Pharmacy Contractor
Period	1 st April 2026 – 31 st March 2027
Date of Review	

1. Population Needs

- 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 following injury	√
Domain 4	Ensuring people have a positive experience of care	√
Domain 5	Treating and caring for people in safe environment and 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.
- Any uplifts agreed in accordance with national guidance will be adjusted following ICB approval.

3.5. Population covered

- This service is available to all patient's 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

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=D0155A369162E2E15F>

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.

6. Location of Provider Premises

6 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 £4.13 (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	£4.13 (including VAT) per consultation + single activity fee		
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		

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 - Additional requests 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)

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 suitable

Reason

Non-formulary item (s) prescribed

Rationale for selection

Was this an acute trust request?

Yes

No

Name of prescriber

Date

Contact number

Version control:

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