Service Specification – Urgent Access to Palliative and End-of-Life Care Medicines Through Community Pharmacies in North East London

1. Introduction

1.1. Timely access to Palliative and End-of-Life Care (PEoLC) medications in the community is essential for effectively managing symptoms at home for patients nearing the end of life. However, specialist medicines for PEoLC are not routinely available in all community pharmacies, which can result in delays in treatment for patients.

1.2. This document sets out the service specification to cover the out-of-hours provision of PEoLC medicines through community pharmacies. Supplementing the in-hours provision of PEoLC medicines commissioned through the 25/26 Pharmacy Quality Scheme as part of the nationally commissioned Community Pharmacy Contractual Framework.

1.3. To date, there have been several local contractual arrangements across North East London (NEL), and this service specification aims to consolidate previous contractual arrangements into a single, unified contract and ensures timely access to these critical medicines both in and outside the working hours of community pharmacies.

2. Aims and Objectives

Aims

- This document sets out the Service Specification to cover the provision of PEoLC medicines by commissioned community pharmacies within NEL.
- It seeks to consolidate previous contractual arrangements for the service within NEL into a single unified contract.

2.1. Objectives

- Ensure 24/7 availability of PEoLC medicines through Providers in NEL, in turn enabling the provision of PEoLC in accordance with patients' and families' preferences.
- Maintain an adequate number of strategically located Providers throughout NEL to meet the needs of the population effectively.

- Facilitate easy and timely access to PEoLC medicines, enabling patients to achieve good symptom control and maintain it consistently.
- Help prevent crises or emergency hospital visits, including potential admissions, caused by the lack of timely access to PEoLC medicines.
- Ensure equitable access to the service across NEL.
- Align with the goals of the NHS Long Term Plan, the National Palliative and End-of-Life Care Strategy, and the NEL Palliative and End-of-Life Care Strategy to enhance end-of-life care provision.

3. Outcomes

3.1. NHS Outcomes Framework Domains & Indicators

1	Preventing people from dying prematurely	
2	Enhancing quality of life for people with long-term conditions	**X**
3	Helping people recover from episodes of ill health or following injury	
4	Ensuring people have a positive experience of care	**X**
5	Treating and caring for people in a safe environment and protecting them from avoidable harm	**X**

4. Service Scope

4.1. The Provider will be required to:

- Maintain a specific stock of PEoLC medicines to ensure timely supply for patients.
- Support access to PEoLC medicines out-of-hours
- Provide flexible options for the collection or delivery of PEoLC medicines out of hours (OOH)

5. Service Outline

5.1. Pathway

5.1.1. A rota system will operate to ensure that there are FOUR Providers scheduled to be on-call to dispense PEoLC OOH. Providers delivering against this service

specification will be strategically located to ensure a distributed coverage across areas within NEL.

5.1.2. The service will be accessed via a virtual telephone number to be socialised amongst clinicians in NEL. The virtual number will instigate a group call for all Providers scheduled to be on call at that point in time

5.1.3. Transmission of prescriptions to the on-call Provider should primarily be through the NHS Electronic Prescription Service (EPS), if available to the prescriber. Where EPS is not available to the prescriber, then the prescriber should make arrangements with the Provider to present a paper FP10 prescription at the Providers premises.

5.1.4. The Provider will dispense the medication and handover to the attendee, or if required a delivery of the dispensed medication will be arranged.

5.2. Pharmacy Selection Criteria

5.2.1. Pharmacies commissioned to provide the PEoLC medications must ensure all provisions are in place so that they can be contacted with ease by the service users and healthcare professionals. Pharmacies may be prioritised based on the following criteria:

- Open 7 days a week and for 72 or more hours per week.
- Open 6 days a week and for 50 or more hours per week if insufficient pharmacies meet the above criteria.
- Open 5 days a week with opening hours between at least 9am to 6pm (Monday to Friday) if insufficient pharmacies meet the above criteria.

5.2.2. Post selection, providers must be participants of the 25/26 Pharmacy Quality Scheme, which forms a part of the Community Pharmacy Contractual Framework.

5.2.3. Post selection, providers must have updated their NHS Profile Manager prior to selection to confirm they are a ‘pharmacy palliative care medication stockholder’ demonstrating that they routinely hold the 16 PEoLC medicines listed in the 25/26 Pharmacy Quality Scheme and can support local access to parenteral haloperidol.

5.2.4. Providers must comply with all other criteria set out in the Pharmacy Quality Scheme which specify service requirements in the provision of PEoLC medication once selected to be a provider.

5.3. In addition to holding the 16 PEoLC medicines listed in the Pharmacy Quality Scheme, Providers will be required to maintain a stock of additional items. A full list of all PEoLC medicines that providers are required to hold at all times as part of this service specification is outlined in Appendix 1.

5.4. This service specification is concerned with the Out-of-Hour's provision of PEoLC medication only.

5.4.1. Out-Of-Hours is, defined as hours outside, of the community pharmacies NHS contracted hours. The minimum requirement will be to provide X weeks per year as part of the rota (*Number to be determined depending on the responses received from the expression of interest*).

5.5. The pharmacist will provide information and advice relating to the use of PEoLC medicines to family members/ carers/ healthcare professionals.

5.6. Details of pharmacies providing this service will be shared with:

- General Practices within North East London
- Local Hospitals within North East London
- NHS 111
- Care Homes and Hospices in North East London
- Palliative Care Teams
- Community Service Teams
- Pharmacies not participant in this scheme

6. Service Specification and Service Standards

6.1. Population covered

6.1.1. The service will be accessible to all NEL ICB residents, who are able to furnish to the Provider a legally valid NHS prescription for PEoLC medicines listed in the agreed formulary.

6.2. The service is to be provided from the Provider's premises that are included on NHS England's pharmaceutical list in NEL.

6.3. The Provider must operate this service outside of their NHS community pharmacy contractual hours.

6.4. The Provider, when rostered to be on-call must be able to operate a telephone line which can immediately alert them to inbound requests at all times. The telephone line must be operated by a Pharmacist who is able to access and operate the registered pharmacy premises without any hinderance. The Pharmacist must be able to act as the Responsible Pharmacist, in line with relevant General Pharmaceutical Council regulations.

6.5. Providers will be required to maintain a stock of PEoLC medicines as per the agreed list outlined in Appendix 1.

6.6. The pharmacy must maintain appropriate records to cover ordering, receipt and expiry date checks to ensure effective, ongoing service delivery.

6.7. The pharmacist is responsible for dispensing the items from the PEoLC stock in response to NHS prescriptions presented to the pharmacy, in line with the dispensing service.

6.8. The Provider will have and update a specific standard operating procedure (SOP) to meet these service requirements, including a process for OOH and delivery of medicines and reflect changes in practice or guidelines where appropriate.

6.9. The Provider will ensure that pharmacists and staff involved in the provision of the service have received the appropriate training and can deliver the service during the hours commissioned for this service.

6.10. The Provider will manage communications with patients both in person and remotely.

6.11. In circumstances where the Provider is unable to supply the PEoLC medicines, the Provider must direct/signpost the family member/ carer/ healthcare professional to the nearest commissioned Provider, checking first that they have the required item(s) in stock.

6.12. In circumstances where the Provider is unable to direct/signpost the family member/ carer/ healthcare professional to the nearest Provider due to a national supply issue, the Provider must contact the prescriber notifying them of the supply issue.

6.13. Stock holding and management

6.13.1. The list in Appendix 1 identifies stock levels that the Provider must stock and maintain. **Note:** The Provider will not include as part of this service or be reimbursed for medication which they stock and dispense which is not listed in the agreed formulary.

6.13.2. The Provider must ensure service continuity by replenishing dispensed stock within 48 hours or at the earliest opportunity where stock shortages exist.

- The Provider must ensure robust processes are in place to monitor drug expiry and replenishment, as necessary.
- **Note:** If at the point of ordering medications, the Provider has difficulty in purchasing the necessary medications and they are unable to obtain the required stock within 2 weeks, they should notify NEL ICB with details of the problem and the time that it will take to resolve this supply problem.

6.13.3. To reduce the likelihood of the stock held going needlessly out-of-date, the Provider, wherever possible, must rotate the stock held for the service with the usual dispensary stock. The Pharmacy must seek to replenish their Out-of-Hour stockholding before they are next scheduled to be on-call.

6.13.4. Any medications which go out of date should be disposed of appropriately and safely in accordance with the SOP for disposal of medicines, including controlled drugs ensuring adherence to relevant legislation.

7. Access to the service out-of-hours

7.1.1. The purposes of this service, Out-of-Hours is defined as the time the Pharmacy closes until the next time the Pharmacy is scheduled to reopen.

7.1.2. Pharmacies will be expected to be on-call for all of the entirety of the week that they are rostered to be on call, inclusive of weekends and any bank holidays that may fall within that week, even when they are not scheduled to open on those days as part of their NHS contract.

7.1.3. A week is defined as 7 calendar days, this means that pharmacies are scheduled to be on-call for 168 hours, less their normal opening hours (i.e. opening hours for a normal non-bank-holiday week).

7.1.4. A Contract manager appointed by the ICB will co-ordinate the OOH service rotas across the seven boroughs.

7.1.5. Pharmacies must communicate effectively with the Contracts Manager and confirm with the Contracts Manager their rota, availability and ensure up to date Out-of Hours contact details for prior to the week they are scheduled to be on-call.

7.1.6. For planning purposes, the rota will be rotational. This will allow for Pharmacies to know in advance which weeks they are scheduled to be on-call.

7.1.7. Exceptions and alterations may be agreed with the Contract Manager. Where exceptions are required the Contract Manager should be provided with at least 30 days' notice to decide at their discretion.

7.1.8. The ICB reserves the right to mandate participation in order to ensure geographical coverage and continuity of patient services.

7.1.9. The Provider will be contacted during the OOH period through a designated telephone number dedicated to the OOH service

7.1.10. The Provider will be contacted preferably by the healthcare professional and is expected to attend the pharmacy to dispense the prescription as required.

7.1.11. The Provider is required to provide the medication as promptly as possible, aiming to supply the medication within 2 hours of the call out request.

7.1.12. Healthcare professionals must be able to contact the service:

- By telephone
- Through other electronic communication methods

7.1.13. The option for the receipting and dispensing of the prescription will follow existing pathways

7.1.14. The option for collection will be as follows:

- A member of the family/ carer/ healthcare professional collects the dispensed medication from the community pharmacy and takes the dispensed items to the patient or
- A delivery is arranged for the medicines to be transported to the patient's address

8. Delivery Service OOH

8.1. Delivery Payments will only be made to Pharmacies if the patient, or a representative of theirs are not able to attend the pharmacy to collect their medication

8.2. The delivery service will only be for medicines dispensed by the Provider under the terms of the contract and will only take place OOH to addresses within NEL.

8.3. All deliveries shall be made under appropriately controlled conditions to suit the nature of the products being delivered.

8.4. Consignments must only be delivered to the agreed address and receipted by a designated person. Consignments must not be left unattended.

8.5. No member of the Provider's delivery personnel is required nor expected to enter the patient's home to provide the delivery service.

8.6. The Provider will keep an accurate record of all home deliveries and shall provide this information every month to the ICB or to the ICB upon request within 10 working days.

9. EoLC medicines scheme payment schedule

9.1 Activity data

9.1.1. The Provider will be expected to submit data on the usage of the service to the ICB monthly using PharmOutcomes.

9.1.2. The Provider's assessment of time between receipt of valid NHS prescriptions and medicines with patient/carer. A maximum target of 2 hours for this activity is desirable

9.2. NEL ICB will reimburse the pharmacy provider for the initial stock on the declaration and submission of Appendix 2. Prices will be paid based on drug tariff prices at the time of supply. The ICB will not reimburse Providers who are holding stock that is on this list and has already been reimbursed by the ICB for a legacy PEoLC service specification.

9.2.1. For any stock that becomes out of date and is replaced, the pharmacy provider is required to submit Appendix 3 to the ICB for reimbursement. The pharmacy provider will be eligible to claim standard rate VAT of 20% for Expired stock. This will be calculated to be 20% of the price of the drug as quoted in the June 2025 Drug Tariff.

9.2.2. In the 12 months following the date of commencement of the contract between the pharmacy provider and the ICB in the delivery of this service. The contractor will be required to participate in two date check audits and stock audits. The purpose of this audit is to ensure that a reconciliation of stock is performed against the minimal stock holding requirements as outlined in Appendix 1. Stock replenishment takes place if required. To ensure that that expiry dates of stock is checked and to

anticipate actions to be taken for short, dated stock. Details of the requirements audit will be communicated and given to providers nearer the time.

9.2.3. Drugs dispensed on FP10 will be reimbursed through usual methods, and as such, this will fund the replacement of stock. It is envisaged by the ICB that controlled drugs identified within Appendix 1 of this document will not significantly increase the overall pharmacy-controlled drug storage requirements for the Provider.

9.3. Payment will be made in line with Standard NHS Terms and Conditions of Contract for Services.

9.4. The Provider is expected to report monthly, activity data on the use of service, including delivery activity, to the ICB via PharmOutcomes.

9.5. Governance

9.5.1. The Provider must provide the ICB with a pharmacy-specific shared NHS.net e-mail address, which is accessed regularly.

9.5.2. The Provider shall ensure that pharmacists and staff involved in the provision of the service are appropriately trained, are aware of and operate within the standard operating protocols. The ICB may request at any time evidence of training and education and Standard Operating Procedures relevant to the delivery of this service specification.

9.5.3. The Provider shall ensure that any paperwork relating to the service, local procedures and guidelines issued by the ICB are easily accessible within the pharmacy, including the up-to-date list of participating pharmacies.

9.5.4. The Provider will be required to undertake clinical audits relating to the service where reasonably required by the ICB.

9.5.5. The Provider will update their NHS profile manager to highlight the service being provided from their premises.

9.5.6. The Provider will act on requests for information when requested by the NEL ICB medicines optimisation team.

9.5.7. The ICB is responsible for maintaining a list of pharmacies and informing relevant stakeholders.

10. Monitoring Requirements

10.1. Adherence to the contract is to be monitored by the ICB.

10.1.1. The ICB will expect the following performance standards to be met

- Zero complaints from either a patient or healthcare professional regarding avoidable stock replenishment
- Zero complaints from either a patient or healthcare professional regarding contacting on-rota pharmacies.

10.2. There will be a designated pharmacy lead within the NEL ICB Pharmacy and Medicines Optimisation team who will oversee the contract.

10.3. The ICB may sample check the availability of the agreed drugs and may be requested to make appropriate documents available for inspection at any monitoring visit.

10.4. At any time, the ICB may request information on any audit the pharmacy has completed.

11. Other

11.1. Professional Indemnity Insurance

11.1.1. The Provider 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.

11.2. The ICB will review incoming invoices and service activity.

11.3. The ICB will ensure ongoing engagement with the Provider and frequent publication of opening times of the commissioned pharmacies amongst stakeholders is sustained.

12. Payment

12.1. Providers will set up a purchase order account to invoice for service payments including the purchase of PEoLC medicines to replace expired PEoLC medicines.

12.2. Providers must submit monthly invoices with supporting documentation including summarised data schedule for each provider unless otherwise directed by the ICB to submit at a different frequency.

PEoLC Service Payments to Providers	
Initial Drug Set Up Cost[1]	£442.85
Expired stock	Inclusive of VAT, 120% of the June 2025 Drug Tariff Price for expired stock lines, up to a maximum of £531.42 (incl VAT).
On-call rota fee[2] – non-bank holiday week[3]	£159.24 for each week the pharmacy is on rota
On-call rota fee[2] – bank holiday week[3]	£221.85 for each bank holiday week the pharmacy is on rota
Call Out Fee	£213.44 per call out
Out of Hours Delivery for PEoLC medication	£15
Out of Hours Delivery for PEoLC medication - Controlled Drug supplement	+£10
In Hours Delivery for PEoLC medication[4]	£15 (maximum 10 deliveries per year)
In Hours Delivery for PEoLC medication - Controlled Drug supplement[4]	+£10 (maximum 10 deliveries per year)
Demobilisation costs – (i.e. claimable only when termination notice has been served by the ICB to the provider or by the provider to the ICB to terminate a contract at the end of the specified contract term)	Inclusive of VAT, 120% of the June 2025 Drug Tariff Price for any unused stock lines, up to a maximum of £531.42 (incl VAT)

[1] For pharmacies who have not already signed up to the PEoLC service previously by NHS North East London ICB or any precursor organisations.

[2] Pharmacies are only eligible to receive the weekly on-call rota fee for the week that the Pharmacy is rostered to be on call.

[3] A week is defined as 7 days, this means that pharmacies are scheduled to be on-call for 168 hours, less their normal opening hours (i.e. opening hours for a normal non-bank-holiday week).

[4] In Hours Delivery Payments will only be made to Pharmacies if the patient, or a representative of theirs are not able to attend the pharmacy to collect their medication. Pharmacies are advised to conserve deliveries unless absolutely necessary so as to not exceed the allotted quota for the year.

Appendix 1 – Core End-of-Life Care Medicines List

Medication/ Formulation	Strength	Pack size	Suggested minimum quantity
Alfentanil injection	5mg/1mL	1x10	1
Alfentanil injection	1mg/2mL	1x10	1
Alfentanil injection	5mg/2mL	1x10	1
Buprenorphine patches	5microgram/ hour	1x4 patches	1
Cyclizine solution for injection ampoules	50mg/mL	1x5 ampoules	1
Cyclizine tablets	50mg	1x100	1
Dexamethasone solution for injection ampoules	3.3mg/mL	1x10 ampoules	1
Dexamethasone tablets	2mg	1x50	1
Fentanyl patches	12microgram/ hour	1x5 patches	1
Fentanyl patches	25microgram/hour	1x5 patches	1
Fentanyl patches	50microgram/hour	1x5 patches	1
Glycopyrronium injection	200microgram/mL	1x10	1
Haloperidol oral solution sugar-free	2mg/mL	1 x 100mls	1
Haloperidol oral solution sugar-free	5mg/5mL	1 x 100mls	1
Haloperidol tablets	1.5mg	1 x 28	1
Haloperidol injection	5mg/mL	1x10	1
Hyoscine butyl bromide solution for injection	20mg/mL	1x10 ampoules	1
Levomepromazine injection	25mg/mL	1x10 ampoules	1
Levomepromazine tablets	25mg	1x84	1
Lorazepam 1mg tablets (Genus Pharmaceuticals preferred)	1mg	1x28	1
Metoclopramide solution for injection ampoules	10mg/2mL	1x10 ampoules	1
Midazolam solution for injection ampoules 10mg/2ml	10mg/2mL	1x10 ampoules	1
Morphine sulphate oral solution	10mg/ 5mL	1x300mls	1
Morphine sulphate solution for injection ampoules 10mg/1ml	10mg/mL	1x10 ampoules	1
Morphine sulphate solution for injection ampoules 30mg/1ml	30mg/1mL	1x10 ampoules	1
Oxycodone oral solution sugar-free	5mg/5mL	1x250mls	1
Oxycodone solution for injection ampoules 10mg/1ml	10mg/1mL	1x5 ampoules	1
Sodium chloride 0.9% solution for injection ampoules	10mL	1x10 ampoules	1
Water for injections	10mLs	1x10 ampoules	1

Appendix 2 –Attach Appendix 1 Drug list with costs for initial payment and declaration and drug invoice.

Pharmacy Name & ODS Code: _____

Pharmacy Address: _____

_____

_____

Pharmacist Signature: _____

Print Name: _____

Account Name:
Account Number:
Sort Code:

Appendix 3 – Reimbursement for out-of-date stock for this service

Name of Expired Medicine	Form & Strength	Quantity	Batch number	Expiry Date	June 2025 Drug Tariff Price	June 2025 Drug Tariff Price + 20%

Pharmacy Name & ODS Code: _____

Pharmacy Address: _____

Date: _____

Pharmacist Signature: _____

Print Name: _____

Account Name:

Account Number:
Sort Code:

Appendix 4- PharmOutcomes Claim Submissions and Data Recording for Each Call-Out

All data fields of the most recent version of the palliative care support in the PharmOutcomes system must be completed for the following categories:

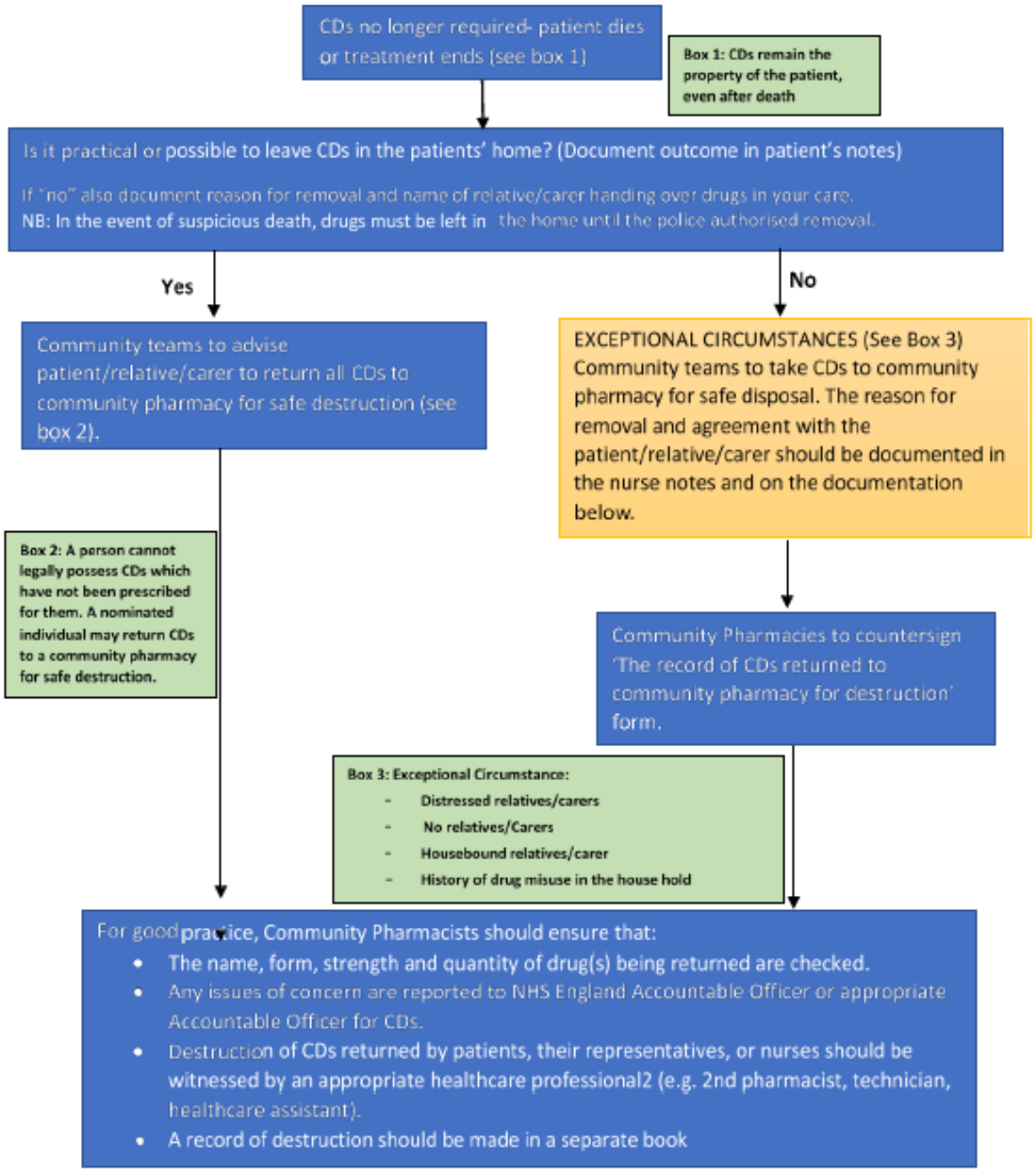
- Medicines supply
- Set up
- Service claim

Of relevance and importance is data to support the overall monitoring of this service and includes:

- Date and time of referral phone
- Name and organisation of referrer: GP, OOH GP service, hospice, palliative care nursing team, Community health team, or Other- please specify.
- Time of arrival at the community pharmacy of the pharmacist
- Time of arrival at the community pharmacy of the prescription.
- Medicine(s) dispensed
- Delivery details (collected by carer, courier, delivered by healthcare professional or community pharmacist)
- Name of GP practice where the patient is registered
- Time established between the need for access to medication(s) identified by the patient and medicines with the patient.
- A free text box for details of any other concerns or issues to highlight relating to the service.
- Number of prescription items of medicines on the EoLC list dispensed out of hours

Providers should keep copies of invoices of medicines purchased for the replacement of out-of-date stock.

Good Practice Guidance regarding CD disposal/destruction for community teams



Additional Information
If you are unknown to the community pharmacy, s/he may ask for a form of Identification including NHS ID Badge.

Adapted from the Guy's and St. Thomas' NHS Foundation Trust Community Health Service Flyer *Controlled Drugs (CDs): Guidance regarding CD disposal/ destruction for community nurses and community pharmacists*. August 2011