1.Service Aims

- To provide a network of palliative care community pharmacies that will keep in stock a recommended list of palliative care medicines. This will ensure that patients can access palliative care medicines at the appropriate time to enable and support patients at home.
- The network will provide specialist pharmaceutical palliative care support and advice to all other community pharmacists and health care professionals as and when required.

2. Service Description

A network of 5 community pharmacies located evenly throughout NHS Borders will:

- Ensure that the supply of items from an agreed list of palliative care medicines will be provided rapidly and efficiently as requested by patients, carers and health care professionals
- Provide specialist pharmaceutical care advice for palliative care medicines as and when required to patients, carers and health care professionals
- Liaise closely with the patients' usual community pharmacy to ensure continuity of care throughout.

3. Service Outline and Standard

- 3.1 The palliative care service will be offered during normal opening hours. All pharmacy staff must be aware of the service offered and trained to the appropriate level. Locum and relief staff should be able to provide this service to ensure continuity of supply.
- 3.2 All premises must have a suitable confidential area.
- 3.4 All premises must have suitable controlled drug storage facilities.
- 3.3 The agreed list of palliative care medicines must be stored in line with Controlled Drug Regulations and include a process for stock rotation. The community pharmacy contractor will inform NHS Borders of any supply difficulties
- 3.4 The pharmacy must notify NHS Borders of any palliative care stock that is within 2 months of its expiry so that actions can be taken to avoid destruction of out of date stock.
- 3.5 Pharmacies will update their stock holding if changes to the agreed list are made by NHS Borders. When this occurs, costs can be reimbursed on the basis of actual costs paid on submission of a claim form with attached invoices.
- 3.6 The community pharmacy contractor will inform NHS Borders of their intention to withdraw from the service, giving 3 months notice.

4. Training and peer support

- 4.1 All Pharmacists and regular locums (working more than 1 day/month) will ensure they have completed the current version of the NES pharmacy palliative care training pack 'Palliative Care Resources for Community Pharmacy' within 3 months of starting service provision.
- 4.2 A maximum of two pharmacists from each contractor will attend the 2 peer review sessions (60mins per session online) each year. This will include preparing and presenting at least one anonymised patient story per pharmacist at a peer review session during one 12 month period.

4.3 Failure to undertake the training detailed under sections 4.1 and 4.2 may result in the withdrawal of the service, 1 months notice will be given of the intention to withdraw the service unless training is completed, the contractor will then have 1 month to rectify the training deficit.

5. Resources

Every Palliative Care Network Pharmacy will be required to access a core set of resources as required by the service specification (Appendix I).

6. Monitoring and Evaluation

- 6.1 It is a requirement of the service that a contact recording form is kept and maintained by the community pharmacy contractor, to enable verification of service provision and to provide information to NHS Borders for internal and external audit and evaluation. The contact recording form should be completed monthly and submitted with the payment claim (see Appendix II).
- 6.2 Procedures are in place for stock rotation and destruction of controlled drugs.
- 6.3 Standard operating procedures are in place and reviewed and updated yearly.
- 6.4 A record of training completed is kept and maintained by the community pharmacy contractor for all pharmacists and regular locums to enable verification of training to NHS Borders (see 4.1)
- 6.5 Training and attendance at a peer review sessions is undertaken within the agreed timescales. Pharmacists should be prepared to discuss one anonymised patient story during a 12 month period.
- 6.6 Educational resources are maintained and kept up to date.
- 6.7 Procedures are in place for complaints made about the service.
- 6.8 NHS Borders will monitor service use and evaluate ongoing service provision.

7. Payment

7.1 An annual fee (paid in monthly instalments) will be paid for the following:

Item	Annual Fee	Monthly claim
Service provision	£ 250	£20.83
Completion of training pack and attendance at online	£150 per pharmacist	£12.50 per
peer review sessions		pharmacist

- 7.2 A payment claim form will be issued by NHS Borders each year and should be completed by the community pharmacy contractor (Appendix III). This will confirm that the service will continue to be provided.
- 7.3 The payment claim will be paid pro rata each month over the 12 month period. You should submit your claim using the NHS Borders community pharmacy local fees payment claim. Payment will not be made if submission of contact recording forms or attendance at peer review is outstanding.

Appendix I

Resources

Palliative Care resources for community pharmacy (via TURAS)
Palliative care resources for community pharmacy | Turas | Learn (nhs.scot)

Scottish Palliative Care Guidelines https://www.palliativecareguidelines.scot.nhs.uk/

The Knowledge Network Palliative Care Guidelines (via The Knowledge Network and ATHENS password)

http://www.knowledge.scot.nhs.uk/home/portals-and-topics/palliative-care.aspx

Informed about palliative and end of life care (via TURAS)

https://learn.nes.nhs.scot/3113/palliative-and-end-of-life-care-enriching-and-improving-experience/informed-about-palliative-and-end-of-life-care

Palliative and end of life care: enriching and improving experience (via TURAS) <a href="https://learn.nes.nhs.scot/2452/palliative-and-end-of-life-care-enriching-and-improving-experience/palliative-and-end-of-life-care-enriching-and-improving-experience/palliative-and-end-of-life-care-enriching-and-improving-experience/palliative-and-end-of-life-care-enriching-and-improving-experience/palliative-and-end-of-life-care-enriching-and-improving-experience/palliative-and-end-of-life-care-enriching-and-improving-experience/palliative-and-end-of-life-care-enriching-and-improving-experience/palliative-and-end-of-life-care-enriching-and-improving-experience/palliative-and-end-of-life-care-enriching-and-improving-experience/palliative-and-end-of-life-care-enriching-and-improving-experience/palliative-and-end-of-life-care-enriching-and-improving-experience/palliative-and-end-of-life-care-enriching-and-improving-experience/palliative-and-end-of-life-care-enriching-and-improving-experience/palliative-and-end-of-life-care-enriching-and-improving-experience/palliative-and-end-of-life-care-enriching-and-improving-experience/palliative-and-end-of-life-care-enriching-and-improving-experience/palliative-and-end-of-life-care-enriching-and-improving-experience/palliative-and-end-of-life-care-enriching-and-improving-experience/palliative-and-end-of-life-care-enriching-and-improving-experience/palliative-and-end-of-life-care-enriching-and-improving-experience/palliative-and-end-of-life-care-enriching-and-improving-experience/palliative-and-end-of-life-care-enriching-and-improving-experience/palliative-and-end-of-life-care-enriching-and-improving-experience/palliative-and-end-of-life-care-enriching-and-improving-experience/palliative-and-end-of-life-care-enriching-and-improving-experience/palliative-and-end-of-life-care-enriching-and-improving-experience/palliative-and-end-of-life-care-enriching-and-end-of-life-care-enriching-and-end-of-life-care-enriching-and-end-of-life-care-enriching-and-end-of-life-care-enriching-and-end-of-life-c

Appendix II

Contact Recording Form

Enter the details below on the contact recording form within the monthly NHS Borders community pharmacy local fees payment claim

Date	Time	Medicine (name, strength, formulation)	Priority 1 Urgent (5-10mins)	Who initiated request	Activity 1.Supply	Time taken
			2. Today 3. Within 24 hours 4. Other	2. Carer 3. HCP 4. Other (please specify)	2. Advice 3. Choice of therapy 4. Referral 5. Other	

Palliative Care

Appendix III

	Payment Claim Form	
Community Pharmacy Stamp or Address	Со	ntractor code
Palliative Care Network – Service Provisio I confirm that I will provide support to pati I am claiming a payment of £250 (monthly	ients as described within the se	rvice description
Palliative Care Network – Training– Pharm I confirm that I will complete the recomme I am claiming a payment of £150 (monthly Name of pharmacist:	ended training and will attend p claim of £12.50)	
Palliative Care Network – Training - Pharn I confirm that I will complete the recomme I am claiming a payment of £150 (monthly Name of pharmacist:	ended training and will attend p claim of £12.50)	
Total claim made:		
Pharmacist name (please print)		
Pharmacist signature		
Date:		

Please return the completed form to: community.pharmacy@borders.scot.nhs.uk

The payment claim will be paid pro rata each month over the 12 month period. You should submit your claim using the NHS Borders community pharmacy local fees payment claim. Payment will not be made if submission of contact recording forms or attendance at peer review is outstanding.