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**NHS Standard Contract 2021/22**

**Particulars (Shorter Form)**

***Contract title / ref:***

***Provision of Community Pharmacy Blood Pressure @home Service***

Prepared by: NHS Standard Contract Team, NHS England

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 (please do not send contracts to this email address)

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| --- | --- |
| **Contract Reference:**  | ***Provision of Community Pharmacy Blood Pressure @home Service***  |
| **DATE OF CONTRACT**  | **1st January 2022** |
| **SERVICE COMMENCEMENT DATE** | **1st January 2022** |
| **CONTRACT TERM** | **1 year commencing 1st January 2022****(or as extended in accordance with Schedule 1C)]** |
| **COMMISSIONERS** | **NHS England and NHS Improvement North West Region****(Q48 Q44)** **] (ODS [ ])** |
| **CO-ORDINATING Commissioner** | **NHS England and NHS Improvement North West Region****(Q48 Q44)****Regatta PlaceSummers RdBrunswick Business ParkLiverpoolMerseysideL3 4BL** |
| **PROVIDER** | **[ ] (ODS [ ])****Principal and/or registered office address:** **[ ]****[Company number: [ ]** |

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**CONTRACT**

**Contract title:** *Provision of Community Pharmacy Blood Pressure @home Service*

……………………………………………………….

**Contract ref:** ……………………………………………………..….

This Contract records the agreement between the Commissioners and the Provider and comprises

1. these **Particulars**;
2. the **Service** **Conditions (Shorter Form)**;
3. the **General Conditions (Shorter Form)**,

as completed and agreed by the Parties and as varied from time to time in accordance with GC13 (*Variations*).

**IN WITNESS OF WHICH the Parties have signed this Contract on the date(s) shown below**

| **SIGNED by** | **……………………………………………………….****Signature** |
| --- | --- |
| **Tom Knight for****and on behalf of****NHS England & NHS Improvememt - North** | **Head of Primary Care Commissioning****……………………………………………………….****Date** |

**[INSERT AS ABOVE FOR EACH COMMISSIONER]**

| **SIGNED by** | **……………………………………………………….****Signature** |
| --- | --- |
| **[INSERT AUTHORISED****SIGNATORY’S****NAME] for****and on behalf of****[INSERT PROVIDER NAME]** | **……………………………………………………….****Title****……………………………………………………….****Date** |

|  |  |
| --- | --- |
| **SERVICE COMMENCEMENT AND CONTRACT TERM** |  |
| **Effective Date** | **1st January 2022** |
| **Expected Service Commencement Date** | **1st January 2022** |
| **Longstop Date** |  |
| **Service Commencement Date** | **1st January 2022** |
| **Contract Term** | **1 year commencing****1st January 2022****[(or as extended in accordance with Schedule 1C)]** |
| **Option to extend Contract Term** | **YES by 1 year** |
| **Notice Period (for termination under GC17.2)** | **1 month** |
| **SERVICES** |  |
| **Service Categories** | **Indicate all that apply** |
| **Continuing Healthcare Services (including continuing care for children) (CHC)** |  |
| **Community Services (CS)** | Yes  |
| **Diagnostic, Screening and/or Pathology Services (D)** |  |
| **End of Life Care Services (ELC)** |  |
| **Mental Health and Learning Disability Services (MH)** |  |
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| **Co-operation with PCN(s) in service models** |
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| **Is the Provider acting as a Data Processor on behalf of one or more Commissioners for the purposes of the Contract?** | **NO** |
| **PAYMENT** |  |
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| **Local Prices apply to some or all Services** | **YES** |
| **Expected Annual Contract Value agreed** | **NO** |
| **GOVERNANCE AND REGULATORY** |  |
| **Provider’s Nominated Individual**  | **[ ]****Email: [ ]****Tel: [ ]** |
| **Provider’s Information Governance Lead** | **[ ]****Email: [ ]****Tel: [ ]** |
| **Provider’s Data Protection Officer (if required by Data Protection Legislation)** | **[ ]****Email: [ ]****Tel: [ ]** |
| **Provider’s Caldicott Guardian** | **[ ]****Email: [ ]****Tel: [ ]** |
| **Provider’s Senior Information Risk Owner** | **[ ]****Email: [ ]****Tel: [ ]** |
| **Provider’s Accountable Emergency Officer** | **[ ]****Email: [ ]****Tel: [ ]** |
| **Provider’s Safeguarding Lead (children) / named professional for safeguarding children** | **[ ]****Email: [ ]****Tel: [ ]** |
| **Provider’s Safeguarding Lead (adults) / named professional for safeguarding adults** | **[ ]****Email: [ ]****Tel: [ ]** |
| **Provider’s Child Sexual Abuse and Exploitation Lead** | **[ ]****Email: [ ]****Tel: [ ]** |
| **Provider’s Mental Capacity and Liberty Protection Safeguards Lead** | **[ ]****Email: [ ]****Tel: [ ]** |
| **Provider’s Freedom To Speak Up Guardian(s)** | **[ ]****Email: [ ]****Tel: [ ]** |
| **CONTRACT MANAGEMENT** |  |
| **Addresses for service of Notices** | **NHS England and NHS Improvements North West Region (Q48 Q44)****Regatta PlaceSummers RdBrunswick Business ParkLiverpoolMerseyside L3 4BLEmail: ENGLAND.CMPharmacy@nhs.net** |
| **Commissioner Representative(s)** |  **Jacqueline Jasper****Primary Care Manager** **Primary Care Commissioning Team****Email:** **Jacqueline.jasper@nhs.net****Tel: 07900715223** |
| **Provider Representative** | **[ ]****Address: [ ]****Email: [ ]****Tel: [ ]** |

# SCHEDULE 1 – SERVICE COMMENCEMENT

**AND CONTRACT TERM**

1. **Conditions Precedent**

The Provider must provide the Co-ordinating Commissioner with the following documents and complete the following actions:

1. Evidence of appropriate indemnity insurance,
2. Be located within NHS England and NHS Improvements North West Region geographical boundaries, specifically Knowsley CCG/Local Authority & within Q44 and Q48 – Cheshire and Merseyside localities,
3. Be in good standing with NHS England,
4. In respect of the premises at which the service is provided, be included in the relevant pharmaceutical list that is prepared and maintained by NHS England, and that inclusion is free from fitness conditions,
5. Provide the service from premises that are registered with the General Pharmaceutical Council,
6. Be satisfactorily complying with their obligations under Schedule 4 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended, (terms of service of NHS pharmacists) in respect of the provision of essential services and an acceptable system of clinical governance,
7. Be in receipt of the BP@Home equipment when providing the service,
8. Have access to material from Cheshire and Merseyside guidelines for BP @Home support packs.
9. Currently signed up to provide GP-CPCS enhanced service,
10. Have signed this contract and provided all appropriate information to NHS England and NHS Improvements North West Region,
11. Ensure all pharmacists employed or engaged to deliver this service have undertaken the appropriate training to do so,
12. Ensure all pharmacists delivering this service are aware of how to access Cheshire and Merseyside BP@Home support material, [**https://www.happy-hearts.co.uk/professionals/blood-pressure/professional-resources-and-materials**](https://www.happy-hearts.co.uk/professionals/blood-pressure/professional-resources-and-materials)
13. Ensure the face to face element of the service is only provided in a consultation room that meets the requirements of Direction 4(5) (a) of The Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013.
14. Ensure that pharmacists providing this service will have access to web enabled IT in the consultation room so that PharmOutcomes can be used during the consultation,
15. Ensure the responsible pharmacist in the pharmacy can access Summary Care Records (SCR) within the pharmacy premises,
16. Have a Standard Operating Procedure to support operational delivery of this service which must be made available to NHS England and Improvements North West Region if requested,
17. Ensure that all pharmacists involved in the provision of the service are aware of and compliant with the current version of the company SOPs and health and safety policies and evidence of this training should be available to NHS England and NHS Improvements North West Region.
18. **Extension of Contract Term**

*To be included only in accordance with the Contract Technical Guidance.*

1. [As advertised to all prospective providers during the competitive tendering exercise leading to the award of this Contract], the Commissioners may opt to extend the Contract Term by 1 year
2. If the Commissioners wish to exercise the option to extend the Contract Term, the Co-ordinating Commissioner must give written notice to that effect to the Provider no later than 2 months before the original Expiry Date.
3. The option to extend the Contract Term may be exercised:
	1. only once, and only on or before the date referred to in paragraph 2 above;
	2. only by all Commissioners; and
	3. only in respect of all Services
4. If the Co-ordinating Commissioner gives notice to extend the Contract Term in accordance with paragraph 2 above, the Contract Term will be extended by the period specified in that notice and the Expiry Date will be deemed to be the date of expiry of that period.

# SCHEDULE 2 – THE SERVICES

1. **Service Specifications**
2. **Service description and background to the service**

Poor cardiovascular health can cause heart attacks, strokes, heart failure, chronic kidney disease, peripheral arterial disease and the onset of vascular dementia.

Cardiovascular disease is a major cause of health inequalities. Those in the most deprived communities are 30% more likely to have high BP, the biggest single known risk factor for heart attack and stroke. People living in the most deprived areas of England are almost 4 times as likely to die prematurely from CVD than those in the least deprived areas.

<https://www.gov.uk/government/publications/health-matters-preventing-cardiovascular-disease/health-matters-preventing-cardiovascular-disease>

Home blood pressure monitoring has been identified as a priority for cardiovascular disease management as the NHS recovers from the COVID-19 pandemic to ensure that patients can manage their hypertension well and remotely, reducing the need to attend GP appointments.

Home blood pressure monitoring enables patients with hypertension to measure and share their blood pressure readings with their GP from their home.

What are the benefits?

There is a substantial evidence base supporting the use of home blood pressure monitoring. It has been shown to

* Give a better reflection of blood pressure, as being tested in somewhere like a GP surgery can make patients feel anxious and can affect the result
* Allow patients to monitor their condition more easily in the long term
* Reduce the incidence of clinical events such as death, heart attack or stroke, over 5 years
* Be cost effective

 [NHS England » Home blood pressure monitoring](https://www.england.nhs.uk/ourwork/clinical-policy/cvd/home-blood-pressure-monitoring/)

**2. Aims and intended outcomes**

2.1 To support Cheshire and Merseyside cardiovascular disease/blood pressure strategy as part of the Cheshire and Merseyside Health Care Partnership.

2.2 Improve blood pressure management and control in known hypertensive patients.

2.3 To provide appropriate lifestyle advice to people who have their blood pressure checked in HLPs.

2.4 To record and share the information with the patient’s registered GP practice

**3. Service inclusion criteria:** ·

3.1 The service is intended to support GP practices in Knowsley where existing hypertensive patients have difficulty attending GP practice, for example have not had their BP monitored for over 15 months and are deemed to be at higher risk of complications from raised BP.

3.2 The service is initiated by the GP practice, directly to the patient’s chosen community pharmacy that has signed up to deliver this service only.

**4. Service Specifics: Description / Pathway**

4.1 See flow chart illustrating the service pathway – Schedule 5

4.2 Service Summary: This is a pharmacist only service. Following a referral on PharmOutcomes from a GP practice in Knowsley. The pharmacist will;

* check patient identity and gain patient consent for the service
* explain to the patient how to take a blood pressure reading and check the cuff size
* provide the patient with the BP machine (for patient to keep), appropriately sized cuff and patient diary
* explain that they are required to take and record a series of blood pressure readings across a 4-day period, (2 in the morning and 2 in the evening) and notify the pharmacist of these readings within 1 week, ideally in person or over the telephone
* the pharmacist will calculate the average BP reading for the 4-day period, enter the information onto PharmOutcomes and provide the patient with relevant advice
* the pharmacist will select the notification to be sent to the GP practice and the patient will be followed up by their GP practice as clinically appropriate

4.3 The BP targets applicable for this service are in accordance with NICE Home blood pressure monitoring targets. If the patient has a BP target other than this range this information should be detailed by the GP practice on referral.

Under 80 years old: Less than 135/85mmHg

1. years or above: Less than 145/85mmHg

4.4 Receipt of BP machine

* an initial quantity of 20 BP machines including standard cuffs will be delivered to the pharmacy, along with a supply of extra-large cuffs.
* on receipt of the BP machines the pharmacy is required to log the receipt onto a PharmOutcomes template. The serial number will be recorded at the point of issue to the patient.
* order additional BP machines, in multiples of 10, along with the required number of extra-large cuffs by telephoning the BP stockholding pharmacy.
* order machines and cuffs based on the referral rate from the GP practice or when the stock level reaches a minimum of 5 machines.
* keep a sufficient quantity of extra-large cuffs to ensure the pharmacy can meet patient need.
	1. The Provider will offer blood pressure at home equipment following a referral via a Knowsley GP

 practice.

* 1. The community pharmacy contacts the patient to agree a convenient appointment time.
	2. The pharmacist receives the patient in the consultation room, accesses the PharmOutcomes template, confirms patient identity and gains consent for the service.
	3. Measure the arm circumference to identify the correct cuff size for the patient. To ensure accurate home BP monitoring, patients must use a BP monitor fitted with the appropriately sized cuff for their upper arm circumference.
	4. Demonstrate to the patient the correct use of the BP monitor and how to take a BP reading accurately. Check if the patient is able to put the cuff on themselves or can identify someone who can help them.
	5. Provide the patient with a copy of the patient dairy and advise them to take 2 readings in the morning and 2 in the evening for 4 days, recording this information on the patient diary.
	6. Advise the patient they should ideally take the readings across four consecutive days, but they do not have to be consecutive days. If the patient forgets to take the reading on one day, then they can take the readings on the following days until they have 4 days readings.
	7. If the patient forgets to take a set of readings e.g. 2 evening readings are missed. Advise them to extend the time frame over which they take the readings. Replacing the missed evening readings with evening readings from the extra day. They are not to replace a missed evening readings with morning readings.
	8. Advise the patient that if they record 2 consecutive blood pressure readings equal to or above 170/115mmHg (either number) they should contact the GP practice for a same day appointment for further advice.
	9. Make an appointment with the patient around 5 - 7 days after the BP machine is provided to obtain the results of the BP readings so that the average value can be calculated. If the patient is unable to attend in person, the second consultation with the patient can be carried out over the telephone.
	10. Partially save the PharmOutcomes template.
	11. At the second appointment mark the consultation as “patient attended appointment”. Calculate the average BP using the calculator spreadsheet on PharmOutcomes and record the value. Confirm the average BP reading to the patient, that it will be forwarded to their GP practice and provide the necessary advice to the patient as per the home blood pressure monitoring targets.

|  |  |  |  |
| --- | --- | --- | --- |
| Under 80 years  | Less than 135/85mmHg | Well controlled  | Green GP notification - BP is well controlledPharmacist to provide lifestyle advice.  |
| 80 years or above | Less than 145/85mmHg |
| All ages | No more than 169/114mmHg | Patient is above target  | Amber GP notification – patient requires reviewClinical decision regarding urgency of appointment at GP practicePharmacist to provide lifestyle advice |
| All ages | 170/115mmHg or higher | Poor control | Red GP notification – Patient requires urgent review  |
| All ages | 90/60mmHg | Low blood Pressure | Amber GP notification – patient requires review |
| All ages | **Two consecutive readings of equal to or greater than 170 mmHg systolic or 115 mmHg diastolic** | Red GP notification – Patient requires urgent review  |

* 1. Review the average blood pressure according to the blood pressure thresholds and select the appropriate GP notification. Sending the GP notification will send details of the blood pressure reading to the GP practice. BP thresholds are included for reference in the PharmOutcomes template.
	2. If the patient has presented with 2 consecutive BP readings equal to or greater than 170/115mmHg (either number) or an average reading of 170/115mmHg or higher contact the GP practice to arrange a same day appointment and provide details of the average BP reading. Send a Red Notification
	3. Low blood Pressure: If the patient presents with a BP reading of 90/60 mmHg or less. Send the GP an Amber notification.
	4. If the patient does not present or provide the BP readings within 7 days of the initial consultation the pharmacist is to contact the patient to obtain the BP readings. A minimum of three attempts over 2 days should be made to contact the patient.
	5. If the patient advises that they have presented to the GP practice e.g. due to consecutive readings =>170/115mmHg or BP readings in the threshold poor control. Record this as “Patient self-referred for urgent follow up with their GP”. This is considered a fully completed follow up consultation
	6. If the pharmacist is unable to contact the patient to obtain the BP readings. Mark the follow-up consultation as “patient did not present with BP readings”. The consultation record is considered as incomplete and ineligible for payment.
	7. If the patient was unable to take their blood pressure readings, Mark the follow up consultation as “patient was unable to take BP readings”. The consultation record is considered a fully completed follow up consultation.

**5. Records and Documentation**

5.1 Patient details and service activity are to be recorded on PharmOutcomes at the time of the consultation using the appropriate PharmOutcomes service template in order for NHS England and NHS Improvements North West Region to audit and manage the uptake of the service.

5.2 Patient consent is confirmed and recorded on the PharmOutcomes. Patient consent will include sharing the results with the patient’s GP and for evaluation of the service. The service cannot be provided without the patient’s consent. The agreed wording for patient consent should be used without variation.

5.3 The provider must follow the Cheshire and Merseyside guideline for blood pressure at home.

5.4 All appropriate actions as identified in the guidelines are to be undertaken including, where suitable:

* Patient contact
* GP notification
* Lifestyle advice, and
* Referral for further medical review

5.5 Following completion of the second consultation, the Provider will ensure that a notification of the BP average and any advice given is sent to the patient’s GP practice within two working days. Notification may be sent electronically by PharmOutcomes, secure NHS mail or via hard copy where electronic communication is not possible.

5.6 If a pharmacist believes non-concordance of antihypertensive treatment may be the cause of a high reading and this should also be communicated to the GP practice.

5.7 The Provider will offer a user-friendly, non-judgmental, patient-centered and confidential service.

5.8 The Provider will provide advice and lifestyle counselling in accordance with the resources outlined in section G.

5.9 The Provider will participate in any NHS England and NHS Improvements North West Region organised audit of the service.

5.10 The Provider will co-operate with any NHS England and NHS Improvements North West Region assessment of service user experience.

5.11 This is a pharmacist only service.

5.12 All relevant records must be managed in line with Records Management Code of Practice for Health and Social Care 2016 which can be found on the NHS Digital website.

**6. Training, premises and other requirements**

6.1 The Provider has a responsibility to ensure that all staff providing this service adhere to the service specification.

6.2 The Provider will have a Standard Operating Procedure to support the operational delivery of this service.

6.3 The Provider’s Standard Operating Procedure is to be made available to NHS England and NHS Improvements North West Region if requested.

6.5 It is the Provider's responsibility to ensure that pharmacists delivering the service are trained and competent to provide the service. Pharmacists are not to provide the service until trained.

6.6 A record of staff training pertaining specifically to this service must be retained at the premises at which the service is provided and made available to NHS England and NHS Improvements North West Region if required. This should include any update training.

6.7 Attendance at a BP@home training webinar or training via the recorded webinar.

**7. Service availability**

7.1 The Provider must ensure that the service is available throughout the pharmacy's core and supplementary opening hours and for the duration of the contract period between the Provider and NHS England and NHS Improvements North West Region.

7.2 The Provider will operate and provide the service strictly in accordance with this service specification.

7.3 It is the responsibility of the Provider to have a process in place which ensures that all new staff, are aware of all enhanced services provided by the provider and commissioned by NHS England and NHS Improvements North West Region and must maintain continuity of service during and after staff changes.

7.4 The Provider must contact NHS England to inform any period of greater than 14 consecutive days where they are unable to provide this service.

1. **Service Promotion**

8.1 Pharmacies will link with local GP practices to advise them when they are ready and able to provide the service.

8.2 Referrals to the pharmacy are made via the GP practice. The service is not for promotion directly to the public.

**9.0 Evaluation**

9.1 NHS England and NHS Improvements North West Region retains the right to audit any part of the service at any time to ensure continued quality.

9.2 NHS England North (Cheshire and Merseyside) reserves the right to ask for evidence from the provider that it is following the procedures outlined in this specification.

9.3 The Provider will co-operate with any NHS England and NHS Improvements North West Region) led assessment of service user experience or audit of the service in order to evaluate service provision and identify areas for service improvement.

9.4 NHS England and NHS Improvements North West Region reserves the right to evaluate other health professionals' perception of the overall quality of the service.

9.5 Changes to the level or quality of the service will not be introduced without prior agreement with NHS England and NHS Improvements North West Region. Changes will be authorised in writing and are to be signed by both parties.

**10. Clinical Governance**

10.1 The Provider must have a named clinical governance lead.

**11. Indemnity Insurance**

11.1 It is the responsibility of the Provider to 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 contract.

**12. Significant Event Reporting**

12.1 The Provider must have an adverse incident and near miss reporting system in place which includes maintaining a log of patient safety incidents. Patient safety incidents or near miss incidents related to the provision of this service must be reported to NHS England and NHS Improvements North West Region via England.cmpharmacy@nhs.net.

12.2 The Provider is to be able to demonstrate to NHS England and NHS Improvements North West Region that it has learnt from an event and where appropriate implemented change to ensure future risk is mitigated.

12.3 NHS England and NHS Improvements North West Region reserves the right to undertake its own root cause analysis if it feels that the root cause is derived from the implementation of the service specification.

**13. Complaints**

13.1 In relation to the provision of this service the provider must have a complaints procedure that complies with Local Authority Social Services and National Health Service complaints (England) Regulations 2009.

13.2 Complaints directly linked to this service must be reported to NHS England and NHS Improvements North West Region.

13.3 Feedback both positive and negative should be forwarded to NHS England and NHS Improvements North West Region so that action can be taken to amend the service as necessary.

**SCHEDULE 2 – THE SERVICES**

1. **Indicative Activity Plan**

| **Not Applicable** |
| --- |

1. **Essential Services (NHS Trusts only)**

| **Not Applicable** |
| --- |

1. **Other Local Agreements, Policies and Procedures**

| **See Cheshire and Merseyside Guideline for Blood Pressure Testing (for use outside General Practice) as hosted on** [**www.happy-hearts.co.uk**](http://www.happy-hearts.co.uk)**.** [**https://www.happy-hearts.co.uk/professionals/blood-pressure/professional-resources-and-materials**](https://www.happy-hearts.co.uk/professionals/blood-pressure/professional-resources-and-materials)see list below for examples of the most useful material:* [BP record sheet auto calculator v7](https://www.happy-hearts.co.uk/media/Professionals/BP%20at%20home%20record%20sheet%20Auto%20Calculator%20v7.xlsx) – also accessible via PharmOutcomes template
* [Cuff guidance](https://www.happy-hearts.co.uk/media/Blood%20Presure/Cuff%20guidance.docx)
* [Pharmacy checklist](https://www.happy-hearts.co.uk/media/Professionals/Pharmacy%20checklist%20%20v2.docx)
* [Key lifestyle messages](https://www.happy-hearts.co.uk/media/Blood%20Presure/Key%20Lifestyle%20Messages.docx)
* [Patient diary](https://www.happy-hearts.co.uk/media/Professionals/Patient%20Diary%20community%20pharmacy%20Final.docx) – also accessible via PharmOutcomes template
* [Useful links patient resources](https://www.happy-hearts.co.uk/media/Blood%20Presure/Useful%20links%20patient%20resources.pdf)
* [Checking BP at home poster](https://www.happy-hearts.co.uk/media/Blood%20Presure/CheckingBPathomeA4_web.pdf)

[How to measure blood pressure at home – video](https://www.bhf.org.uk/informationsupport/support/manage-your-blood-pressure-at-home) |
| --- |

1. **Transfer of and Discharge from Care Protocols**

|  **Not applicable** |
| --- |

1. **Safeguarding Policies and Mental Capacity Act Policies**

| All Providers must have an Identified Safeguarding Lead and Appropriate Safeguarding Policy in place.  |
| --- |

# SCHEDULE 3 – PAYMENT

1. **Local Prices**

| 1. Fees for the service will be via invoice generated through PharmOutcomes for each fully completed pathway and sent through to NHS England for payment via the NHS Business Services Authority.
2. Invoices are to be submitted monthly within five working days of the end of the month to which the invoice relates.

3. The fee that may be claimed is £20.00 and is only claimable if a service delivery was completed. As this service is a pharmacist delivered service VAT does not apply and is classed as exempt.1. The above fees cover the following steps where applicable.
* Engagement of the patient
* Gaining patient consent
* Provision of BP@home equipment
* Patient training
* Counselling
* GP communication
* Data recording
* Pharmacist review
* Booking future appointments
1. Fees will not be paid for lost to follow patients or incomplete service delivery. Exceptional circumstances must be brought to the attention of the commissioner for any consideration.
2. The Provider will be able to see the payment on their monthly statement as a Local Scheme Payment.
3. Any information supplied to NHS England must be anonymised and not contain any patient identifiable information.
 |
| --- |

1. **Local Variations**

*For each Local Variation which has been agreed for this Contract, copy or attach the completed publication template required by NHS Improvement (available at:* *[www.england.nhs.uk/pay-syst/national-tariff/locally-determined-prices](http://www.england.nhs.uk/pay-syst/national-tariff/locally-determined-prices)) – or state Not Applicable. Additional locally-agreed detail may be included as necessary by attaching further documents or spreadsheets.*

| **Not Applicable** |
| --- |

1. **Local Modifications**

*For each Local Modification Agreement (as defined in the National Tariff) which applies to this Contract, copy or attach the completed submission template required by NHS Improvement (available at:* [*www.england.nhs.uk/pay-syst/national-tariff/locally-determined-prices*](http://www.england.nhs.uk/pay-syst/national-tariff/locally-determined-prices)*). For each Local Modification application granted by NHS Improvement, copy or attach the decision notice published by NHS Improvement. Additional locally-agreed detail may be included as necessary by attaching further documents or spreadsheets*.

| **Not Applicable** |
| --- |

**D. Expected Annual Contract Values**

|  **Not Applicable** |
| --- |

# SCHEDULE 4 – QUALITY REQUIREMENTS

1. **Operational Standards and National Quality Requirements**

| **Ref** | **Operational Standards/National Quality Requirements** | **Threshold** | **Guidance on definition** | **Period over which the Standard / Requirement is to be achieved** | **Applicable Service Category** |
| --- | --- | --- | --- | --- | --- |
| E.B.4 | Percentage of Service Users waiting 6 weeks or more from Referral for a diagnostic test | Operating standard of no more than 1% | See Diagnostics Definitions and Diagnostics FAQs at: <https://www.england.nhs.uk/statistics/statistical-work-areas/diagnostics-waiting-times-and-activity/monthly-diagnostics-waiting-times-and-activity/> | Month | CSD |
| E.B.S.3 | The percentage of Service Users under adult mental illness specialties who were followed up within 72 hours of discharge from psychiatric in-patient care | Operating standard of 80% | See Contract Technical Guidance Appendix 2 | Quarter | MH |
|  | Duty of candour | Each failure to notify the Relevant Person of a suspected or actual Notifiable Safety Incident in accordance with Regulation 20 of the 2014 Regulations | See CQC guidance on Regulation 20 at:<https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-20-duty-candour> | Ongoing | All |
| E.H.4 | Early Intervention in Psychosis programmes: the percentage of Service Users experiencing a first episode of psychosis or ARMS (at risk mental state) who wait less than two weeks to start a NICE-recommended package of care | Operating standard of 60% | See Guidance for Reporting Against Access and Waiting Time Standards and FAQs Document at: <https://www.england.nhs.uk/mental-health/resources/access-waiting-time/> | Quarter | MH |
| E.H.1 | Improving Access to Psychological Therapies (IAPT) programmes: the percentage of Service Users referred to an IAPT programme who wait six weeks or less from referral to entering a course of IAPT treatment | Operating standard of 75% | See Annex F1, NHS Operational Planning and Contracting Guidance 2020/21 at:<https://www.england.nhs.uk/operational-planning-and-contracting/> | Quarter | MH |
| E.H.2 | Improving Access to Psychological Therapies (IAPT) programmes: the percentage of Service Users referred to an IAPT programme who wait 18 weeks or less from referral to entering a course of IAPT treatment | Operating standard of 95% | See Annex F1, NHS Operational Planning and Contracting Guidance 2020/21 at:<https://www.england.nhs.uk/operational-planning-and-contracting/> | Quarter | MH |

The Provider must report its performance against each applicable Operational Standard and National Quality Requirement through its Service Quality Performance Report, in accordance with Schedule 6A.

**SCHEDULE 4 – QUALITY REQUIREMENTS**

1. **Local Quality Requirements**

| **Quality Requirement** | **Indicator** | **Method of Measurement** | **Threshold** | **Consequence of breach** |
| --- | --- | --- | --- | --- |
| The provider must have an adverse incident and near miss reporting system in place which includes maintaining a log of patient safety incidents.  | All near misses and significant events are used as a learning tool | Findings from root cause analysis are reported to NHS England and NHS Improvements North West Region via England.cmpharmacy@nhs.net  | Initial reporting is to be within 24 hours. Reporting of Analysis of Root Cause analysis within 30 days100% | The commissioner reserves the right to instigate discussions with the provider which could lead to termination of the contract |
| The provider must have reporting system in place which includes maintaining a log of patient complaints.  | All complaints are used as a learning tool | Findings from root cause analysis are reported to NHS England and NHS Improvements North West Region via England.cmpharmacy@nhs.net  | Initial reporting is to be within 24 hours. Reporting of Analysis of Root Cause analysis within 30 days100% |
| All staff delivering this service have undertaken the appropriate training to do so.  | Signed Pharmacy SOP and training log | Staff training should be recorded on a training log which will be made available to NHS England North (Cheshire and Merseyside) on request | 100% of staff delivering this service |
| The Provider will ensure that anotification of the average BP measurement and any advice givenis sent to the patient’s GP practicewithin two working days of the second appointment. Notification may be sentelectronically by PharmOutcomes,NHS mail or via hard copy where electronic communication is not possible.  | An appropriate record is retained with respect to this action |  | 100% |

**Schedule 5: Service Flow chart**





# SCHEDULE 6 – CONTRACT MANAGEMENT, REPORTING AND INFORMATION REQUIREMENTS

1. **Reporting Requirements**

|  | **Reporting Period** | **Format of Report** | **Timing and Method for delivery of Report** |
| --- | --- | --- | --- |
| **National Requirements Reported Centrally** |  |  |  |
| 1. As specified in the DCB Schedule of Approved Collections published on the NHS Digital website at <https://digital.nhs.uk/isce/publication/nhs-standard-contract-approved-collections>

where mandated for and as applicable to the Provider and the Services | As set out in relevant Guidance | As set out in relevant Guidance | As set out in relevant Guidance |
| **National Requirements Reported Locally** |  |  |  |
| 1. Activity and Finance Report *(note that, if appropriately designed, this report may also serve as the reconciliation account to be sent by the Provider under SC36.22)*
 | [For local agreement, not less than Quarterly] | [For local agreement] | [For local agreement] |
| 1. Service Quality Performance Report, detailing performance against Operational Standards, National Quality Requirements, Local Quality Requirements, Never Events and the duty of candour
 | [For local agreement, not less than Quarterly] | [For local agreement] | [For local agreement] |
| 1. Complaints monitoring report, setting out numbers of complaints received and including analysis of key themes in content of complaints
 | [For local agreement, not less than annually] | [For local agreement] | [For local agreement] |
| 1. Summary report of all incidents requiring reporting
 | [For local agreement, not less than annually] | [For local agreement] | [For local agreement] |
| **Local Requirements Reported Locally** |  |  |  |

|  | **Reporting Period** | **Timing and Method for delivery of Report** |
| --- | --- | --- |
| **Local Requirements Reported Locally** |  |  |
| The provider will maintain a record of the consultation on the prescribed PharmOutcomes template. | This is to be completed at the time the service is provided to each patient. | Via PharmOutcomes proscribed template |
| The provider must, at the request of NHS England, provide it with any information it reasonably requires for the purposes of:1. Ascertaining whether the provider is complying with the requirements of this contract, and
2. Auditing, monitoring and analysing the provision of patient care and treatment by the provider.
 | Where NHS England needs to access the provider’s premises the following conditions must first be satisfied:1. Reasonable notice of the visit has been given,
2. The Local Pharmaceutical Committee for the area where the provider’s premises are situated have been invited to be present at the visit where this is requested by the provider,
3. The person or persons authorised in writing by NHS England to undertake the visit carries written evidence of their authorisation and will produce it on request, and
4. The person or persons undertaking the visit on behalf of NHS England will not enter any part of the provider’s premises which are used solely as residential accommodation without the consent of the resident.
 | Via NHS England and NHS Improvements North West Region processes for contract monitoring and incident investigation where appropriate.  |

**SCHEDULE 6 – CONTRACT MANAGEMENT, REPORTING AND INFORMATION REQUIREMENTS**

1. **Incidents Requiring Reporting Procedure**

|  |
| --- |
| **Procedure(s) for reporting, investigating, and implementing and sharing Lessons Learned from: (1) Serious Incidents (2) Notifiable Safety Incidents (3) Other Patient Safety Incidents** |
| **Procedure(s) for reporting, investigating, and implementing and sharing Lessons Learned from: (1) Serious Incidents (2) Notifiable Safety Incidents (3) Other Patient Safety Incidents** |
|  |
| **Procedure(s) for reporting, investigating, and implementing and sharing Lessons Learned from: (1) Serious Incidents (2) Notifiable Safety Incidents (3) Other Patient Safety Incidents** |
| Patient safety incidents or near miss incidents related to the provision of this service must be reported to NHS England and NHS Improvements North West Region via England.cmpharmacy@nhs.net  | Within 24 hours of incident, evaluated Root Cause Analysis shared for learning with NHS England and NHS Improvements North West Region within 30 days of incident | Via Email to England.cmpharmacy@nhs.net  |
| Patient complaints related to the provision of this service must be reported to NHS England and NHS Improvements North West Region via England.cmpharmacy@nhs.net  | Within 24 hours of incident, evaluated Root Cause Analysis shared for learning with NHS England and NHS Improvements North West Region within 30 days of incident | Via Email to England.cmpharmacy@nhs.net  |

**SCHEDULE 6 – CONTRACT MANAGEMENT, REPORTING AND INFORMATION REQUIREMENTS**

**F.** **Provider Data Processing Agreement**

|  |
| --- |
| **Not Applicable** |

# SCHEDULE 7 – PENSIONS

|  |
| --- |
| **Not Applicable** |

# SCHEDULE 8 – TUPE\*

1. The Provider must comply and must ensure that any Sub-Contractor will comply with their respective obligations under TUPE and COSOP in relation to any persons who transfer to the employment of the Provider or that Sub-Contractor by operation of TUPE and/or COSOP as a result of this Contract or any Sub-Contract, and that the Provider or the relevant Sub-Contractor (as appropriate) will ensure a smooth transfer of those persons to its employment. The Provider must indemnify and keep indemnified the Commissioners and any previous provider of services equivalent to the Services or any of them before the Service Commencement Date against any Losses in respect of:
	1. any failure by the Provider and/or any Sub-Contractor to comply with its obligations under TUPE and/or COSOP in connection with any relevant transfer under TUPE and/or COSOP;
	2. any claim by any person that any proposed or actual substantial change by the Provider and/or any Sub-Contractor to that person’s working conditions or any proposed measures on the part of the Provider and/or any Sub-Contractor are to that person’s detriment, whether that claim arises before or after the date of any relevant transfer under TUPE and/or COSOP to the Provider and/or Sub-Contractor; and/or
	3. any claim by any person in relation to any breach of contract arising from any proposed measures on the part of the Provider and/or any Sub-Contractor, whether that claim arises before or after the date of any relevant transfer under TUPE and/or COSOP to the Provider and/or Sub-Contractor.
2. If the Co-ordinating Commissioner notifies the Provider that any Commissioner intends to tender or retender any Services, the Provider must within 20 Operational Days following written request (unless otherwise agreed in writing) provide the Co-ordinating Commissioner with anonymised details (as set out in Regulation 11(2) of TUPE) of Staff engaged in the provision of the relevant Services who may be subject to TUPE. The Provider must indemnify and keep indemnified the relevant Commissioner and, at the Co-ordinating Commissioner’s request, any new provider who provides any services equivalent to the Services or any of them after expiry or termination of this Contract or termination of a Service, against any Losses in respect any inaccuracy in or omission from the information provided under this Schedule.
3. During the 3 months immediately preceding the expiry of this Contract or at any time following a notice of termination of this Contract or of any Service being given, the Provider must not and must procure that its Sub-Contractors do not, without the prior written consent of the Co-ordinating Commissioner (that consent not to be unreasonably withheld or delayed), in relation to any persons engaged in the provision of the Services or the relevant Service:
	1. terminate or give notice to terminate the employment of any person engaged in the provision of the Services or the relevant Service (other than for gross misconduct);
	2. increase or reduce the total number of people employed or engaged in the provision of the Services or the relevant Service by the Provider and any Sub-Contractor by more than 5% (except in the ordinary course of business);
	3. propose, make or promise to make any material change to the remuneration or other terms and conditions of employment of the individuals engaged in the provision of the Services or the relevant Service;
	4. replace or relocate any persons engaged in the provision of the Services or the relevant Service or reassign any of them to duties unconnected with the Services or the relevant Service; and/or
	5. assign or redeploy to the Services or the relevant Service any person who was not previously a member of Staff engaged in the provision of the Services or the relevant Service.
4. On termination or expiry of this Contract or of any Service for any reason, the Provider must indemnify and keep indemnified the relevant Commissioners and any new provider who provides any services equivalent to the Services or any of them after that expiry or termination against any Losses in respect of:
	1. the employment or termination of employment of any person employed or engaged in the delivery of the relevant Services by the Provider and/or any Sub-Contractor before the expiry or termination of this Contract or of any Service which arise from the acts or omissions of the Provider and/or any Sub-Contractor;
	2. claims brought by any other person employed or engaged by the Provider and/or any Sub-Contractor who is found to or is alleged to transfer to any Commissioner or new provider under TUPE and/or COSOP; and/or
	3. any failure by the Provider and/or any Sub-Contractor to comply with its obligations under TUPE and/or COSOP in connection with any transfer to any Commissioner or new provider.
5. In this Schedule:

**COSOP** means the Cabinet Office Statement of Practice *Staff Transfers in the Public Sector* January 2000

**TUPE** meansthe Transfer of Undertakings (Protection of Employment) Regulations 2006

**\****Note: it may in certain circumstances be appropriate to omit the text set out in paragraphs 1-5 above or to amend it to suit the circumstances - in particular, if the prospect of employees transferring either at the outset or on termination/expiry is extremely remote because their work in connection with the subject matter of the Contract will represent only a minor proportion of their workload. However, it is recommended that legal advice is taken before deleting or amending these provisions.*

**SCHEDULE 9 –** **CHESHIRE AND MERSEYSIDE GUIDELINES FOR BLOOD PRESSURE TESTING OUTSIDE OF GENERAL PRACTICE**

**See Cheshire and Merseyside Guidelines for Blood Pressure Testing at Home as hosted on** [**www.happy-hearts.co.uk**](http://www.happy-hearts.co.uk) **under the professional resources tab via the link -**

 **www.happy-hearts.co.uk/professionals/blood-pressure**

**SCHEDULE 10 – TRAINING REQUIREMENTS**

* All staff delivering this service MUST:
1. Be a Pharmacist
2. Have read and understood the service specification
3. Have signed the pharmacy SOP
4. Have signed the training log at the pharmacy
5. Able to receive and act on a referral from a GP practice for the BP@Home service
6. Be familiar and able to use PharmOutcomes module for BP@Home service
7. Be able to demonstrate correct use of BP@Home equipment supplied as part of the service
8. Be able to choose and fit the correct size of BP cuff to the machine and supply the patient.
9. Be familiar with the service resources for use by patients as well as supplying material to them.
10. Be able to self-declare competent for service delivery

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