**SCHEDULE 2A- ODAP Service Specification**

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| **Service Specification No.** | **ODAP2025/26** |
| **Service** | NHS Cheshire and Merseyside ICB Halton Place –  On Demand Access to Palliative Care Medicines (ODAP) |
| **Commissioner Lead** | Head of Medicines Management (Becky Birchall) |
| **Provider Lead** | Community Pharmacies within Halton |
| **Period** | 1st April 2025 – 31st March 2026 |
| **Date of Review** | March 2026 |
| 1. Population Needs   **1.1 National/local context and evidence base**  Community Pharmacies participating in this service will hold and maintain an agreed stock of medication for the ODAP service that they are commissioned to deliver.  Patients entering the dying phase of a terminal illness often experience new or worsening symptoms including, pain, nausea, vomiting, agitation, increased respiratory tract secretions and dyspnoea. Prompt access via this service to medication to alleviate these symptoms is essential to avoid distress to both patients and their carers and supports the patient’s choice to die in their preferred place of care.  **1.2 Aims and Objectives**  To improve the care of the dying in the last few days/hours of life by:   * Maintaining an agreed stock of medicines (Appendix A) used to alleviate the symptoms experienced by patients entering the dying phase of a terminal illness at designated community pharmacies. This is intended for supply by community pharmacies against prescriptions issued. * Ensuring access to the agreed stock of medicines is available during normal working hours, including weekends and evenings. * Designated community pharmacies signposting carers to other participating service providers with confirmed sufficient stock, in the event that they are unable to immediately supply the necessary palliative care medicines. * Supporting patients, carers and clinicians by providing them with up-to-date information and advice and referral to specialist palliative care services where appropriate. * Avoid unnecessary hospital admissions where the sole purpose of admission is to access appropriate medication.      1. 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** | x | | **Domain 3** | **Helping people to recover from episodes of ill-health or following injury** |  | | **Domain 4** | **Ensuring people have a positive experience of care** | x | | **Domain 5** | **Treating and caring for people in safe environment and protecting them from avoidable harm** | x |   **2.2 Local defined outcomes**  2.2.1 To improve access for people to palliative care medicines when they are required, by ensuring prompt access and continuity of supply.  2.2.2 To support patients, carers and clinicians by providing them with up-to-date information and advice and referral where appropriate.  2.2.3 To ensure patients, carers and relatives are not spending valuable time trying to locate urgent palliative medicines.  **3.0 Service Outline**  A minimum stock of agreed medications (see appendix A) must be carried at each community pharmacy (the service provider) commissioned to do so.  Medication issued to patients from the agreed list will be supplied in accordance with the Medicines Act (1968). Prescriptions will normally be issued by a general practitioner or non-medical prescriber.  After issuing stock from the agreed list the service provider must ensure the stock is restored to the minimum level within 24 hours, taking into account usual delivery schedules.  NHS Cheshire and Merseyside ICB Halton Place recognises the difficulty in ordering replacement stock at weekends and during holiday periods. In the event that stock cannot be replaced promptly, and a medicine is unavailable for issue to fulfil a subsequent prescription, the service provider and not the patient will endeavor to identify an alternative point of supply for the patient, or their representative. To identify and manage shortfalls in the service a significant event reporting form (Appendix E) should be completed and forwarded to the NHS Cheshire and Merseyside ICB Halton Place Medicines Management Team in events where alternative providers have needed to be identified.  In the event that the prescription cannot be fulfilled by an alternative service provider the service provider shall do one or more of the following, dependent on the service being provided:   * Contact prescriber * Seek advice on a suitable alternative medication and liaise with the prescriber re a replacement prescription.   In the event that stock is not available to replenish stock to the minimum level due to manufacturing or supply issues, the service provider will inform the NHS Cheshire and Merseyside ICB Halton Place Medicines Management Team promptly (within 48 hours). The Medicines Management Team will seek advice on suitable alternatives and communicate these with other providers and with local GPs to avoid generating a prescription that cannot be fulfilled.  The Pharmacist will be available to offer professional advice to patients and carers on the medicines dispensed and their use within the relevant therapeutic area.  In line with the signposting essential services, the Pharmacist will also refer to Specialist Centres, support groups or other health and social care professionals where appropriate.  The Pharmacist will ensure that they have access to relevant and up-to-date reference sources to allow them to respond to requests for information and advice.  Delivery of the prescription items will be provided if needed and whenever possible but will be at the discretion of the Pharmacy depending on whether timescales are deemed appropriate.  The service provider will produce a Standard Operating Procedure (SOP) for all staff and locums. This will include:   * + - Details of wholesalers – delivery/order times and contact details.     - List of agreed medicines.     - Contact details of other Pharmacies in the scheme.     - Contact details for NHS Cheshire and Merseyside ICB Halton Place Medicines Management Team.     - Delivery arrangements – if relevant.     - Record of stock check.     - Significant event reporting form. (Appendix E)     - Process for reporting significant events including those relating to Controlled Drugs     - Details of relevant NPSA and MHRA alerts   Location of resources The SOP should be reviewed annually, or before if circumstances dictate. Each review should be documented and the SOP subject to version control. Staff must read, date and sign the SOP after a review.  The Standard Operating Procedure must be available to the commissioner if requested.  **Expired Medicines**  The service provider may claim payment from NHS Cheshire and Merseyside ICB Halton Place for stock obtained and held for the purposes of this service which pass their expiry date.  Reimbursement for replacement of expired drugs will be calculated at the latest Drug Tariff price.  The service provider should claim payment using the form available in Appendix C submitted as supporting evidence along with the associated invoice Appendix D to NHS Cheshire and Merseyside ICB Halton Place Medicines Management Team for processing to SBS.  **Accessibility/Selection of providers**  The service is to be provided throughout the entire Pharmacies’ opening hours.  Changes in hours must be communicated to NHS Cheshire and Merseyside ICB Halton Place Medicines Management Team lead as this may result in a review of service provision.  If concerns are raised regarding the continuity of service provision the commissioner reserves the right to instigate discussions with the contractor, which could lead to termination of the contract.  If, for whatever reason, the service provider ceases to provide the essential services under the service provider contractual framework then the service provider will become ineligible to provide this enhanced service.  **Training**  All regular Pharmacists employed by the service provider must have completed the CPPE distance learning package on Palliative Care and associated e-assessment.  [https://www.cppe.ac.uk/gateway/palliative](https://www.cppe.ac.uk/gateway/palliative%20)  <https://www.cppe.ac.uk/programmes/l/palliative-ec-01>  <https://www.cppe.ac.uk/programmes/l/palliativeec-a-02>  A copy of the certificates of completion of the E-assessment will be submitted at the time of the Pharmacies annual declaration and claim for service fees.  Registered Pharmacy technicians employed by the service provider should also be encouraged to complete the same training.  The Pharmacists must be able to demonstrate on-going CPD related to palliative care through private study and attendance at relevant teaching sessions.  In addition, each service provider will appoint a pharmacist to lead on this service. This pharmacist will attend any relevant training provided by NHS Cheshire and Merseyside ICB Halton Place that will support the delivery of this service.  The service provider must ensure that all staff working in the pharmacy, including locums, have relevant knowledge, are appropriately trained and operate within protocols / SOPs, this includes understanding when to recommend the service to clients and using sensitive client-centred communication skills. This is to ensure that the service is available for the entire opening hours of the pharmacy.  **Audit**  The service provider must ensure their agreed medication stock is audited every month to ensure the minimum stock level of each drug is maintained, and to ensure the shelf life of each item is sufficient to cover the period until the next audit plus one week. (See Appendix B - Monthly stock Audit)  The service provider will report the number of items issued from the agreed stock list each month. (See Appendix B - Monthly stock Audit)  The service provider will submit a copy of the monthly stock audit to the NHS Cheshire and Merseyside ICB Halton Place Medicines Management Team.  Contact information: NHS Cheshire and Merseyside ICB Halton Place Medicines Management Team – email: [halton.talk2us@cheshireandmerseyside.nhs.uk](mailto:halton.talk2us@cheshireandmerseyside.nhs.uk)  **Quality Indicators**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Quality dimension** | **Indicator** | **Method of measurement** | **Threshold** | **Consequence of breach** | | Clinical governance - Patient safety | All significant events and complaints are used as a learning tool | Findings from root cause analysis are forwarded to the NHS Cheshire and Merseyside ICB Halton Place | Report within 48 hours of incident  100% compliance | The commissioner reserves the right to instigate discussions with the contractor, which could lead to termination of the contract | | Clinical governance - Patient safety | The service provider reviews its standard operating procedures for the service on an annual basis | Annual declaration | 100% compliance | | Availability of stock | To identify and manage shortfalls in the service a significant event reporting form (Appendix E) should be completed and forwarded to the NHS Cheshire and Merseyside ICB Halton Place Medicines Management Team in events where alternative providers have needed to be identified. | Community service provider record of communications | Report received same day as manufactures cannot supply (MCS) highlighted to service provider | | Availability of stock | NHS Cheshire and Merseyside ICB Halton Place is informed of any manufacturer or wholesaler 'cannot supply' on the list of medicines | Community service provider record of communications | Report received same day as cannot supply (MCS) highlighted to service provider  100% compliance | | Suitably Qualified Workforce | |  | | --- | | The service provider can demonstrate that Pharmacists involved in the provision of the service have undertaken CPD relevant to this service | | Annual declaration | 100% compliance |   **Service evaluation**  Significant events reporting incidents of stock shortages will be reviewed by NHS Cheshire and Merseyside ICB Halton Place regularly to identify changes required in formulary items or stock levels.  The service will be reviewed every 2 years to ensure it meets the needs of patients, healthcare professionals and the NHS and to identify any improvements that could be made. Feedback will be to the LPC/ NHS Cheshire and Merseyside ICB Halton Place and any other stakeholder groups using the following criteria: -   * + - Frequency of use     - Items dispensed     - The locality in which the patients access service     - Feedback received from stakeholders about the service (patients, pharmacists, Macmillan Nurses, Local Care Direct)     - Evidence of patients having problems in accessing medicines     - Review of any incidents arising from the service   **Record Keeping**  The service provider must keep records of their monthly audits and of any claims made to NHS Cheshire and Merseyside ICB Halton Place, and records of significant events and evidence of associated root cause analysis reported.  **Publicity**  A summary of the service provided including formulary and a list of participating Pharmacies will be circulated across NHS Cheshire and Merseyside ICB Halton Place GPs, MacMillan nurses, district nurses, hospices, councils, community Pharmacies, walk-in centres, other relevant NHS Halton Place NHS Cheshire and Merseyside ICB Halton Place staff and secondary care organisations.  **NHS Cheshire and Merseyside ICB Halton Place responsibilities**  NHS Cheshire and Merseyside ICB Halton Place Medicines Management Team will provide adequate signposting for patients, carers and clinicians to improve awareness and the availability of support and advice.  NHS Cheshire and Merseyside ICB Halton Place will be responsible for providing relevant training that will support the delivery of this service which will include local guidance on symptom management in the dying patient. All other training is the responsibility of the participating contractors and individual Pharmacists.  Trends in significant events reporting incidents of stock shortages will be reviewed by NHS Cheshire and Merseyside ICB Halton Place regularly to identify changes required in formulary items or stock levels.  The service will be reviewed every 2 years to ensure it is working correctly, meets the needs of patients, healthcare professionals and the NHS and to identify any improvements that could be made.  **Complaints**  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 immediately (within 48 hours).  **Payment to Participating Pharmacies**  The accredited service provider may claim an annual retention fee of £1000.  Expired medicines held under the scheme will be reimbursed at the latest Drug Tariff price. Service providers should invoice NHS Cheshire and Merseyside ICB Halton Place for payment.  Payments will be based on the receipt of the annual declaration from the service provider that they have complied with the quality indicators required for the service during the previous 12 months (Appendix F).  It is the responsibility of the provider to ensure appropriate VAT returns are made. | |

**Appendix A** (Current March 2025)\*subject to changes as per local formulary as communicated by Halton Medicines Management Team.

On Demand Availability of Palliative Care Medicines

**Drug List for Runcorn and Widnes Pharmacies**

| **Drug name** | **Formulation** | **Strength** | **Stock** |
| --- | --- | --- | --- |
| **Alfentanil** | Injection | 500microgram/ml injection (2ml ampoules) | 1 x 10 |
| **Cyclizine** | Injection | 50mg/ml (1ml ampoule) | 4 x 5 |
| **Dexamethasone** | Injection | 3.8mg/ml (1ml ampoule ASPEN) | 1 x 5 |
| **Diamorphine HCL** | Injection | 5mg | 4 x 5 |
| **Diamorphine HCL** | Injection | 10mg | 2 x 5 |
| **Diamorphine HCL** | Injection | 30mg | 3 x 5 |
| **Diamorphine HCL** | Injection | 100mg | 1 x 5 |
| **Glycopyrronium bromide** | Injection | 200micrograms/ml (1ml ampoule) | 4 x 10 |
| **Glycopyrronium bromide** | Injection | 200micrograms (3ml ampoules) | 1 x 5 |
| **Haloperidol** | Injection | 5mg/ml (1ml ampoule) | 2 x 5 |
| **Hyoscine butylbromide** | Injection | 20mg/ml (1ml ampoule) | 1 x 10 |
| **Hyoscine hydrobromide** | Injection | 400 mcg/ml injection (1ml ampoules) | 1 x 10 |
| **Levomepromazine** | Injection | 25mg/ml (1ml ampoule) | 1 x 10 |
| **Metoclopramide** | Injection | 5mg/ml (2ml ampoule) | 2 x 10 |
| **Midazolam** | Injection | 5mg/ml (2ml ampoule) | 4 x 10 |
| **Morphine sulphate** | Injection | 10mg /ml 1ml ampoules | 4 x 10 |
| **Morphine sulphate** | Injection | 30mg ampoules | 2 x 10 |
| **Oxycodone hydrochloride** | Injection | 10mg/ml (1ml ampoule) | 1 x 5 |
| **Oxycodone hydrochloride** | Injection | 10mg/ml (2ml ampoule) | 1 x 5 |
| **Sodium chloride** | Injection | 0.9% w/v (10ml ampoule) | 2 x 10 |
| **Water for injection** | Injection | 2ml | 1 x 10 |
| **Water for injection** | Injection | 5ml | 1 x 10 |
| **Water for injection** | Injection | 10ml | 5 x 10 |

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| **Appendix B** (Current March 2025)\*subject to changes as per local formulary as communicated by Halton Medicines Management Team.  **On Demand Access to Palliative Care Medicines**  Monthly Audit of Stock Medicines | | | | | | | |
| Name of Service provider: | | | Month: | | | | |
| Date of Stock Check: | | | Date next stock check due: | | | | |
| Drug name | Formulation | Strength | Required Stock Level | Actual Stock Level | Expiry Date | No of Items issued in previous month | Comments/Actions Required |
| Alfentanil | Injection | 500microgram/ml injection (2ml ampoules) | 1 x 10 |  |  |  |  |
| Cyclizine | Injection | 50mg/ml (1ml ampoule) | 4 x 5 |  |  |  |  |
| Dexamethasone | Injection | 3.8mg/ml (1ml ampoule ASPEN) | 1 x 5 |  |  |  |  |
| Diamorphine HCL | Injection | 5mg | 4 x 5 |  |  |  |  |
| Diamorphine HCL | Injection | 10mg | 2 x 5 |  |  |  |  |
| Diamorphine HCL | Injection | 30mg | 3 x 5 |  |  |  |  |
| Diamorphine | Injection | 100mg | 1 x 5 |  |  |  |  |
| Glycopyrronium bromide | Injection | 200micrograms/ml (1ml ampoule) | 4 x 10 |  |  |  |  |
| Glycopyrronium bromide | Injection | 200micrograms (3ml ampoules) | 1 x 5 |  |  |  |  |
| Haloperidol | Injection | 5mg/ml (1ml ampoule) | 2 x 5 |  |  |  |  |
| Hyoscine butylbromide | Injection | 20mg/ml (1ml ampoule) | 1 x 10 |  |  |  |  |
| Hyoscine hydrobromide | Injection | 400 mcg/ml injection (1ml ampoules) | 1 x 10 |  |  |  |  |
| Levomepromazine | Injection | 25mg/ml (1ml ampoule) | 1 x 10 |  |  |  |  |
| Metoclopramide | Injection | 5mg/ml (2ml ampoule) | 2 x 10 |  |  |  |  |
| Midazolam | Injection | 5mg/ml (2ml ampoule) | 4 x 10 |  |  |  |  |
| Morphine sulphate | Injection | 10mg /ml 1ml ampoules | 4 x 10 |  |  |  |  |
| Morphine sulphate | Injection | 30mg ampoules | 2 x 10 |  |  |  |  |
| Oxycodone hydrochloride | Injection | 10mg/ml (1ml ampoule) | 1 x 5 |  |  |  |  |
| Oxycodone hydrochloride | Injection | 10mg/ml (2ml ampoule) | 1 x 5 |  |  |  |  |
| Sodium chloride | Injection | 0.9% w/v (10ml ampoule) | 2 x 10 |  |  |  |  |
| Water for injection | Injection | 2ml | 1 x 10 |  |  |  |  |
| Water for injection | Injection | 5ml | 1 x 10 |  |  |  |  |
| Water for injection | Injection | 10ml | 5 x 10 |  |  |  |  |
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| **Appendix C Audit form for the provision of On Demand Palliative Care Medicines by Community Pharmacists under the NHS Cheshire and Merseyside ICB Halton Place agreement.** | | | |
| **Date** | **Expired stock (please list)** | **Pharmacist (print)** | **Claim (£)** |
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|  |  | **Total Due** | £ |

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| **Service provider stamp** |  | **I confirm that all the above claims are legitimate and are in accordance with the service level agreement.** |  | **For office use only** | |
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|  |  | (**Pharmacists signature on behalf of the service provider**) |  |  |  |
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|  |  | (**Date**) |  |  | |
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|  |  | (**PPA service provider contractor code**) |  |  | |
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**Return to: Halton Medicines Management Team, NHS Cheshire and Merseyside, Halton Place, No. 1 Lakeside, Centre Park, Warrington, WA1 1QY. Email:** [halton.talk2us@cheshireandmerseyside.nhs.uk](mailto:halton.talk2us@cheshireandmerseyside.nhs.uk)

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| **Appendix D** | | | | | | | |
| **INVOICE – NHS Cheshire and Merseyside ICB Halton Place - ODAP Service** | | | | | | | |
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| **Supplier Details** | | | | Invoice Number | |  | |
| Invoice Date | | \_\_/\_\_/\_\_\_\_. | |
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| **Invoice to Organisation Details**  **XXQYGPHALTON**  **NHS Cheshire and Merseyside ICB QYG PAYABLES M845**  **PO BOX 312**  **LEEDS**  **LS11 1HP.** | | | | **Delivery Address** | | | |
|  | | | | | | | |
| **Account Number**  **(PPA service provider contractor code)** | | | **Cost Centre & Subjective** | | | **Terms** | |
|  | | | **946173 521610003 96503** | | |  | |
|  | | | | | | | |
| **Quantity** | **Description** | | | | | **Unit Price** | **Amount** |
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| Invoice Payable to: | |  | | |
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| Supplier Comments or Instructions: (XXXXXXXXXXXX) | | | | | | | |
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| **Before submitting your Invoice, please check it complies with the following:**  ● Clearly quotes the full and correct Payables Address of the NHS Organisation receiving the goods / services. Go to www.sbs.nhs.uk for further details and Trust information.  ● Clearly States if it is an Invoice or Credit Note  ● Provides clear details of the organisation submitting the invoice and includes the remittance address.  ● Provides clear details of all Goods / Services billed  ● Quotes the NHS Purchase Order (PO) Number where applicable or the Trust Contact Name  ● Is Legible  ● Has a Valid Invoice Date (Tax Point) and Invoice Number  ● Clearly states the Payee  ● Has the correct VAT Calculations (Handwritten Invoices in Particular)  ● Invoice Adds Up Correctly (Handwritten Invoices in Particular)  ● Includes the relevant supporting information, for example timesheets.    **No personally identifiable data should be included on an invoice.**  **This includes any Patient names, NHS numbers and addresses** | | | | | | | |
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| **Return to: Halton Medicines Management Team, NHS Cheshire and Merseyside, Halton Place, No. 1 Lakeside | Centre Park | Warrington | WA1 1QY Email:** [halton.talk2us@cheshireandmerseyside.nhs.uk](mailto:halton.talk2us@cheshireandmerseyside.nhs.uk) | | | | | | | |
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| **Appendix E - Significant event reporting form** | | | | | | | | | | | | | | |
| **Date** | | **Description** | | | | | **Pharmacy** | | | **Pharmacist (print)** | | | | |
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| **Return to: Halton Medicines Management Team, NHS Cheshire and Merseyside, Halton Place, No. 1 Lakeside, Centre Park, Warrington, WA1 1QY. Email:** [halton.talk2us@cheshireandmerseyside.nhs.uk](mailto:halton.talk2us@cheshireandmerseyside.nhs.uk) | | | | | | | | | | | | | | |
| **Appendix F - Annual declaration from**  **Provision of On Demand Palliative Care Medicines by Community Pharmacists under the NHS Cheshire and Merseyside ICB Halton Place agreement.** | | | | | | | | | | | | | |
| **Date** | | | **Description** | | | **Pharmacist (print)** | | | | | | **Claim (£)** | |
|  | | | **Annual retention fee £1000** | | |  | | | | | |  | |
|  | **Please provide**   * **Declaration that you have an SOP relevant to this service** * **Number of significant events in the last 12 months** * **Copy of CPPE e-assessment** | | | | | | | | | | | |  |
|  | **Service provider stamp** | | |  | **I confirm that I have complied with the quality indicators required for the service during the previous 12 months and the above claim is legitimate and in accordance with the service level agreement.** | | |  | **For office use only** | | | |  |
|  |  | | |  |  | | |  | Budget code | |  | |  |
|  |  | | |  | **(Pharmacists signature on behalf of the service provider)** | | |  | Authorised by | |  | |  |
|  |  | | |  |  | | |  | Date paid | |  | |  |
|  |  | | |  | **(Date)** | | |  |  | | | |  |
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|  |  | | |  | **(PPA service provider contractor code)** | | |  |  | | | |  |
| **Return to: Halton Medicines Management Team, NHS Cheshire and Merseyside, Halton Place, No. 1 Lakeside, Centre Park, Warrington, WA1 1QY. Email:** [halton.talk2us@cheshireandmerseyside.nhs.uk](mailto:halton.talk2us@cheshireandmerseyside.nhs.uk) | | | | | | | | | | | | | |