

Service Level Agreement and Service Specification for Community Pharmacy Cheshire & Merseyside Improving Inhaler Technique through Community Pharmacy

Document Owner(s)

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Version Control

Version	Date	Reason
V01	08/11/2022	First draft
V02	25/11/2022	LPC amendments
V03	28/11/2022	KW amendments
V04	01/12/22	RE amendments
V06	20/12/22	LPC amendments
V07	04/01/23	RE amendments
V08	24/01/23	Final version agreed

Period of Agreement & Review Date

Start Date	End Date	Date of review
01/02/2023	01/02/2024	

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1. Service Objectives

The purpose of the Improving Inhaler Technique through Community Pharmacy service is to provide a brief intervention service to patients aged 16 and under who are receiving inhaled medication. The Service is available to patients aged 16 and under registered with a GP practice in Cheshire and Merseyside presenting a prescription for inhaled respiratory medication to a participating pharmacy.

2. Service Overview

This service may be delivered by a Pharmacist or registered Pharmacy Technician, however the clinical and professional responsibility for overall service delivery remains with the Pharmacist. The service must only be delivered under the direction of the Responsible Pharmacist, who can intervene as and when required.

The Pharmacist or Pharmacy Technician shall provide an initial inhaler technique review using an appropriate spacer device and subsequent follow up (as clinically appropriate) to patients receiving inhaled medication. The age restriction for patients is 16 and under. The service may be provided either directly to the patient, or to the parent/carer on the patient's behalf as they may be administering the inhaler to the patient (dependant on the patient's age).

The Pharmacist or Pharmacy Technician will assess the patients' disease control, using an Asthma control test (ACT) questionnaire inhaler technique and provide health promotion information (e.g., stop smoking advice). They will also ascertain if the child has a personalised asthma action plan and direct them back to the GP if they have not. The Pharmacist or Pharmacy Technician will assess the inhaler technique of eligible patients with a follow up review within 12 weeks.

Every effort should be made to provide this service face to face. In exceptional circumstances, remote video consultation could be considered. If provided remotely, the pharmacy contractor must ensure that a suitable method of delivery is available which supports patient confidentiality and ensures delivery to this service specification. The service may also be provided away from the pharmacy premises e.g., at the patient's home.

3. Aims and Intended Service Outcomes

The aim is to provide a service for patients using inhaled medication that achieves:

- Improved patient outcomes through:
 - Assessment of inhaler technique, use and care of spacing device as appropriate.
 - Improved patient understanding and hence adherence with inhaler therapy
 - Optimum use of inhaler therapy
 - A reduction in adverse events associated with inhaler treatment
- Reduction in waste of inhaler therapies through:
 - Improved inhaler technique and improved use of therapies, leading to a reduction in wasted doses
 - A possible reduction in prescribed inhalers for poorly controlled conditions
 - Patients being encouraged to order only the prescription items that they need
 - Eco-friendly disposal of inhalers
- Measurable outcomes
 - Reduced prescribing of reliever inhalers as preventer inhalers are used more effectively
 - Reduced need for additional therapy for poorly controlled asthma

- Prescription synchronisation as only the inhalers needed are ordered leading to a reduction in time spent both ordering and dispensing repeat medication and the possibility of excess ordering being reduced
- Improved management of patient's asthma, measured through the use of technique demonstration and standard questions at initial screening and during follow up consultation (ACT score)
- Encourage safe disposal of inhalers

4. Commissioner Roles & Responsibilities

The commissioner CPGM Healthcare (CHL) are acting on behalf of the Head Commissioner Beyond Programme: The Cheshire and Merseyside Children and Young People's Transformation Programme (hosted by Alder Hey NHS Foundation Trust). CHL have permission from the Head Commissioner to sub-contract with Community Pharmacy under these Directions.

5. Community Pharmacy Requirements & Responsibilities

5.1. Suitable Area

The community pharmacy must provide a suitable area in which to undertake the Improving Inhaler Technique Service and give advice. The area must meet the following requirements:

- Patient and Pharmacist or Pharmacy Technician can sit down together if required
- They can talk at normal speaking volumes without being overheard by staff or customers
- Patient and Pharmacist or Pharmacy Technician can have a confidential conversation
- Area must be clean, tidy, and professionally presented

The availability of a suitable area can be reviewed as part of any service Commissioner quality or performance review.

5.2. Training & Accreditation

5.2.1. Pharmacists

Prior to commencing delivery of this service, Pharmacists must self-declare their competence using the 'Declaration of Competence (DOC) for Improving Inhaler Technique through Community Pharmacy' available at www.cppe.ac.uk. Pharmacists should ensure they re-declare in line with the requirements of DOC; this is usually every three years.

Note – attendance at a locally arranged event does not preclude a Pharmacist commencing service delivery, they are able to watch the virtual training session online but can start to deliver the service if the DOC has been completed.

As a minimum we would recommend you complete the following modules:

- Inhaler technique for health professionals; getting it right
- Consultation skills
- Consulting with children and young people
- Safeguarding

The Responsible Pharmacist should provide initial and ongoing support to any Pharmacy Technicians new to delivering this service. The clinical and professional responsibility for overall service delivery remains with the Pharmacist.

5.2.2. Pharmacy Technicians

Pharmacy Technicians must self-declare their competence using the 'Declaration of Competence (DOC) for Improving Inhaler Technique through Community Pharmacy' available at www.cppe.ac.uk. The completion of 'Inhaler technique for health professionals: getting it right' is mandatory. Pharmacy Technicians should ensure they re-accredit in line with the requirements of DOC; this is usually every three years.

Pharmacy Technicians should ensure that they are competent and confident in assessing and demonstrating inhaler technique with a variety of devices prior to offering the service to patients. The Responsible Pharmacist should provide initial and ongoing support to any Pharmacy Technicians new to delivering this service. The clinical and professional responsibility for overall service delivery remains with the Pharmacist.

5.3. Service Availability and Equality & Diversity

The pharmacy contractor must ensure that there are sufficient trained Pharmacists or Pharmacy Technicians and trained pharmacy staff available to provide the service before enrolling a patient.

If the pharmacy for whatever reason cannot provide the service, then the patient should be directed to the nearest pharmacy providing the service (see Local Pharmaceutical Committee (LPC) website for pharmacy provider list).

The pharmacy must inform the commissioner if they are unable to provide the service for an extended period (defined as 4 weeks or more) due to any circumstance.

The pharmacy contractor must ensure the service is accessible, appropriate, and sensitive to the needs of all service users. No eligible patients shall be excluded or experience difficulty in accessing and effectively using this service due to any protected characteristic, and in doing so comply with the requirements of the Equality Act 2010. It is the responsibility of the service provider to make reasonable adjustments to meet the individual needs of its patients.

The service should be provided according to the terms of Accessible Information Standards (July 2016).

5.4. Professional Indemnity Insurance

The pharmacy contractor shall maintain adequate insurance for public liability and professional indemnity against any claims which may arise out of the terms and conditions of this agreement. Proof of adequate insurance should be provided to the commissioner if requested.

Any litigation resulting from an accident or negligence on behalf of the pharmacy is the responsibility of the pharmacy who will meet the costs and any claims for compensation, at no cost to the Commissioner.

5.5. Health & Safety

In addition to the specific health and safety requirements for staff providing this service, the service provider shall comply with the requirements of the Health and Safety at Work Act 1974, the management of health and safety at work regulations 1999 and any other acts, regulation, orders or rules of law pertaining to health and safety.

5.6. Professional Responsibility & Continuing Professional Development

This service specification does not remove inherent professional obligation or accountability. All Pharmacists and Pharmacy Technicians involved in providing this service must adhere to their professional code of conduct and at no point does this service abrogate their professional responsibility. Professional judgement must be used at all times.

It is the professional's responsibility to practice only within the bounds of their own competence.

The Responsible Pharmacist on each given day has overall responsibility for ensuring the service is delivered in accordance with this service specification.

Where there are concerns regarding individual poor performance in the delivery of this service, these will be addressed as a clinical governance matter.

5.7. Safeguarding

The pharmacy contractor is reminded of their existing obligations to comply with local and national guidance relating to vulnerable adult procedures.

When dealing with all patients, the pharmacy team have a responsibility to consider if there is a potential safeguarding issue including raising awareness with the patient's GP if appropriate.

The pharmacy team shall actively work to protect service users and their families from abuse and ensure that local multiagency safeguarding procedures are followed where there are any concerns of abuse in relation to any children or adults.

6. Service Description

6.1. Patient Eligibility

Any patient aged 16 or under on inhaled medication for any condition. The service may be provided either directly to the patient, or to the parent/carer on the patient's behalf as they may be administering the inhaler to the patient (dependant on the patient's age).

6.2. Patient Recruitment & Service Promotion

The pharmacy team are responsible for the promotion of the service locally, and for making full use of any promotional materials for the service, made available by the commissioner.

6.3. Service Delivery: Initial Consultation

This service can be provided by a Pharmacist or Pharmacy Technician who has completed the training requirements as outlined in section 4.2.

- The patient will be asked about their inhaler technique and recruited into the service by a relevant pharmacy team member seeking verbal consent (recorded on PharmOutcomes®)
- The necessary information required by the service will be completed and stored on PharmOutcomes® by a relevant pharmacy team member together with the ACT score
- The Pharmacist or Pharmacy Technician shall review the ACT score to see how well controlled or not the condition is. The patient's technique shall then be further assessed using the In-Check device (unless the patient always uses a spacer)
- The Pharmacist or Pharmacy Technician shall, depending on the needs of the patient, demonstrate the correct technique for the device used and give the patient the link to the webinars to enable the patient to view these after the consultation
- Should the Pharmacist or Pharmacy Technician assess that the device being used by the patient is inappropriate in any way, they should make a recommendation to the patient's GP for a change of device
- Should the assessment identify that the patient's inhaler therapy could be rationalised (e.g., multiple device types to a single range) or optimised in any way, then the Pharmacist taking professional responsibility for the service delivery. should make a recommendation to the patient's GP

- An appointment shall then be made if a follow up visit is appropriate; the Pharmacist or Pharmacy Technician will take an appropriate contact details (e.g., telephone number or email address) for the patient so that they can be reminded of their appointment
- The patient will be given an appropriate appointment reminder prompt with the date and time of the appointment together with the phone number of the pharmacy should they need to change the appointment

Please note – if the patient demonstrates good technique and control using the In-Check and the ACT shows good control, then they will NOT be invited back for the 2nd visit, and payment for the initial consultation should be claimed.

6.4. Service Delivery: Follow up Consultation

This service can be provided by a Pharmacist or Pharmacy Technician who has completed the training requirements as outlined in section 4.2.

- To be carried within 12 weeks after the initial consultation
- An appropriate pharmacy team member shall record the required patient information on PharmOutcomes®. This shall include repeating the ACT scores, noting any improvement (or not) on the patient's initial scores
- If a change of device or other inhaler intervention was recommended at the initial visit, the Pharmacist or Pharmacy Technician shall check that this request has been actioned
- If there has been no improvement in the technique or in the ACT scores (unless they were very good initially) then the Pharmacist or Pharmacy Technician will undertake a consultation with the patient to understand if they can offer any further help/support. The pharmacy shall be remunerated accordingly as they have completed both consultations
- If a positive change in ACT score is identified at this consultation, the pharmacy will be eligible to claim an additional £5.00 payment in respect of that patient

Patients, who after the follow up consultation still demonstrate poor technique, shall be referred to their GP practice through PharmOutcomes®.

6.5. Equipment

The pharmacy must ideally have a selection of placebo inhalers covering the different device types. The pharmacy must also have an In-Check® device. It is the responsibility of the pharmacy to acquire the equipment themselves, which can be done free of charge through the following website: [Inhaler Service Resources \(cpgmhealthcare.co.uk\)](http://InhalerServiceResources(cpgmhealthcare.co.uk))

6.6. Significant Event Reporting

The pharmacy team is required to report any patient safety incidents in line with the Clinical Governance Approved Particulars for Pharmacies.

The pharmacy contractor will directly report any incidents relating to the service to the Commissioner and if serious to NHS England in line with the Community Pharmacy Contractual Framework requirements. In response to incidents or near-misses the pharmacy will reflect on current practice and, if appropriate, implement changes to reduce the risk of a similar event and improving the quality of care provided. The pharmacy team will consider and respond to the recommendations arising from any audit, Serious Untoward Incident report or Patient Safety Incident report produced by NHS England.

The pharmacy team consents to the sharing of patient anonymised service activity data via PharmOutcomes® with the Commissioner and/or LPCs for the purpose of evaluating the service, and making service payments.

6.7. Complaints

The Pharmacy will effectively manage any complaints using the community pharmacy's own internal complaints procedures which must be consistent with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, as amended.

The pharmacy team will inform the commissioner of any complaint relating to the service. The pharmacy team will manage any incidents in line with the requirements of the NHS Contractual Framework for Community Pharmacy.

7 Data & Records

7.1 PharmOutcomes®

The pharmacy contractor must agree to use PharmOutcomes® to collect all data and claim fees associated with this service.

PharmOutcomes® is a web-based system which helps community pharmacies provide services more effectively and makes it easier for the commissioner to audit and manage these services. By collating information on pharmacy services, it allows local and national level analysis and reporting on the effectiveness of commissioned services, helping to improve the evidence base for community pharmacy services

PharmOutcomes® will be used in this service as a tool to:

- capture data about the service delivered to each client
- facilitate the transfer of patient information to the GP where appropriate
- arrange payment for the delivery of the service

Pharmacy teams must ensure that they have the log in details for PharmOutcomes®. Pharmacy staff should be familiar with the service on PharmOutcomes® and the information that is required to complete a record before the system is used. NB adding a test client will trigger a false claim.

It is best practice to complete the consultation form electronically at the time of the consultation.

7.2 Data to record

The pharmacy will maintain a record of the consultation on PharmOutcomes® and all data required is included as a mandatory field in PharmOutcomes®.

7.3 Data Protection

All relevant records must be managed in line with Records Management Code of Practice for Health and Social Care.

Equipment used to store records should provide storage that is safe and secure from unauthorised access and which meets health and safety, and fire regulations, but which also allow maximum accessibility of the information commensurate with its frequency of use.

The pharmacy team will treat as confidential and restrict access to records and documents containing information relating to individual patients managed under the terms of the service to personnel authorised to participate in the service and, in the appropriate circumstances, other health care

professionals and agencies, in line with local confidentiality arrangements, including where appropriate, the need for the permission of the client to share the information.

All parties will comply with the Data Protection Act 2018 and other legislation covering access to confidential client information. The requirement for confidentiality will be balanced with the needs of the service user.

7.4 Confidentiality and Freedom of Information (FOI)

All data will remain the property of the commissioner, however the pharmacy contractor will retain responsibility as the data controller for patient data captured as part of service delivery.

Each participating contractor must have in place and follow a comprehensive confidentiality policy and shall adhere to General Data Protection Rules (GDPR), other requirements of the Data Protection Act (DPA) 2018 and the Freedom of Information Act 2000.

Where for the purposes of delivering the agreed services, it is necessary for the community pharmacy contractor to hold patient identifiable information i.e., that is subject to NHS Rules on protection and disclosure under the supervision of a named "Caldicott Guardian" / Information Governance Lead on behalf of the partners, it shall not disclose such information without the prior consent in writing of the Caldicott Guardian / Information Governance Lead of the Commissioner. It may then disclose patient identifiable information for proper purposes under procedures supervised by the Caldicott Guardian / Information Governance lead of the Host organisation.

This consent may be given in general or specific terms but cannot authorise any greater degree of disclosure than would be permitted under the Caldicott / information governance arrangements of either party.

All parties will endeavour to maintain appropriate confidentiality regarding information that is proprietary to each of the partners within the context of shared working.

8 Quality & Performance

8.1 Quality Standards

The pharmacy team agrees to comply with the following quality standards:

- The pharmacy makes full use of any promotional materials for the service, made available by the commissioner
- The pharmacy has appropriate health promotion and self-care material available for the user group and promotes its uptake
- The Pharmacist ensures that all clinical advice provided, is in line with national/local guidelines. The Pharmacist remains professionally accountable for all service delivery and the actions of any Pharmacy Technician delivering the service
- The Pharmacist or Pharmacy Technician actively promotes the service to those patients

8.2 Performance Monitoring

The pharmacy contractor will have an NHS dispensing contract with NHS England and must fully comply with its Terms of Service under The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended, for delivery of Essential Services.

The commissioner reserves the right to evaluate other health professionals' perception of the overall quality of the service.

Changes to the level or quality of the service will not be introduced without prior agreement with the commissioner. Changes will be communicated and authorised in writing to all service providers.

As long as the PharmOutcomes® templates are completed accurately and in full then it will be assumed that the provider is following the service specification – no additional evidence will be required or requested.

9 Payment

It is the responsibility of the individual pharmacy contractor to inform the commissioner of any change in ownership or account details which may affect payments for Locally Commissioned Services.

Prior to the provision of the service, the pharmacy contractor must ensure that both their premises, Pharmacist(s) and Pharmacy Technician(s) meet the requirements outlined in this Service Specification.

Payments will only be made to those pharmacy contractors who have signed up to the Service Specification and SLA.

The commissioner shall provide access to PharmOutcomes® for the recording of relevant service information for the purposes of audit and the claiming of payment for initial and follow up assessments. All payments will be made based on the data recorded and submitted through PharmOutcomes®.

It is the responsibility of the Community Pharmacy contractor to ensure all service data is entered onto PharmOutcomes® in line with the detail laid out in this Service Specification document, in order to ensure payments will be made promptly. No payment will be made if the required information has not been recorded on PharmOutcomes®.

CHL on behalf of the Beyond Programme: The Cheshire and Merseyside Children and Young People's Transformation Programme (hosted by Alder Hey NHS Foundation Trust) will pay participating pharmacy contractors as follows:

- A £10.00 payment will be made on completion of the initial consultation
- A further £7.00 payment will be made on completion of the follow up, if clinically appropriate
- An additional payment of £5.00 per patient will be payable if a positive change to ACT score is recorded at the follow up consultation

All payments will be made on a monthly basis. PharmOutcomes® will generate the invoices for payment.

10 Contract Duration & Termination

There is funding available for delivery of 1200 reviews. The service will terminate before 31st March 2023 if this ceiling is reached. Contractors will be given at least one month's notice of this eventuality. One month's notice of termination must be given if the pharmacy or the commissioner wishes to terminate the agreement before the given end date.

Once the funding has expired, Pharmacies will be notified with as much notice as possible. If there are patients who have follow up appointments scheduled after this, it will be the choice of the Pharmacy as to whether this consultation is carried out, but payment cannot be claimed.

The Commissioner may suspend or terminate this agreement forthwith if there are reasonable grounds for concern including, but not limited to, malpractice, negligence, or fraud on the part of the pharmacy contractor.

Any evidence gathered and available pertaining to malpractice, negligence or fraud will be passed on to the GPhC and NHS Counter Fraud and precipitate appropriate actions being taken by the commissioner.

11 Signatures

All parties agree to the content of the service level agreement and agree to deliver the service in line with the core requirements outlined above

This service is commissioned as an Enhanced Service under the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013.

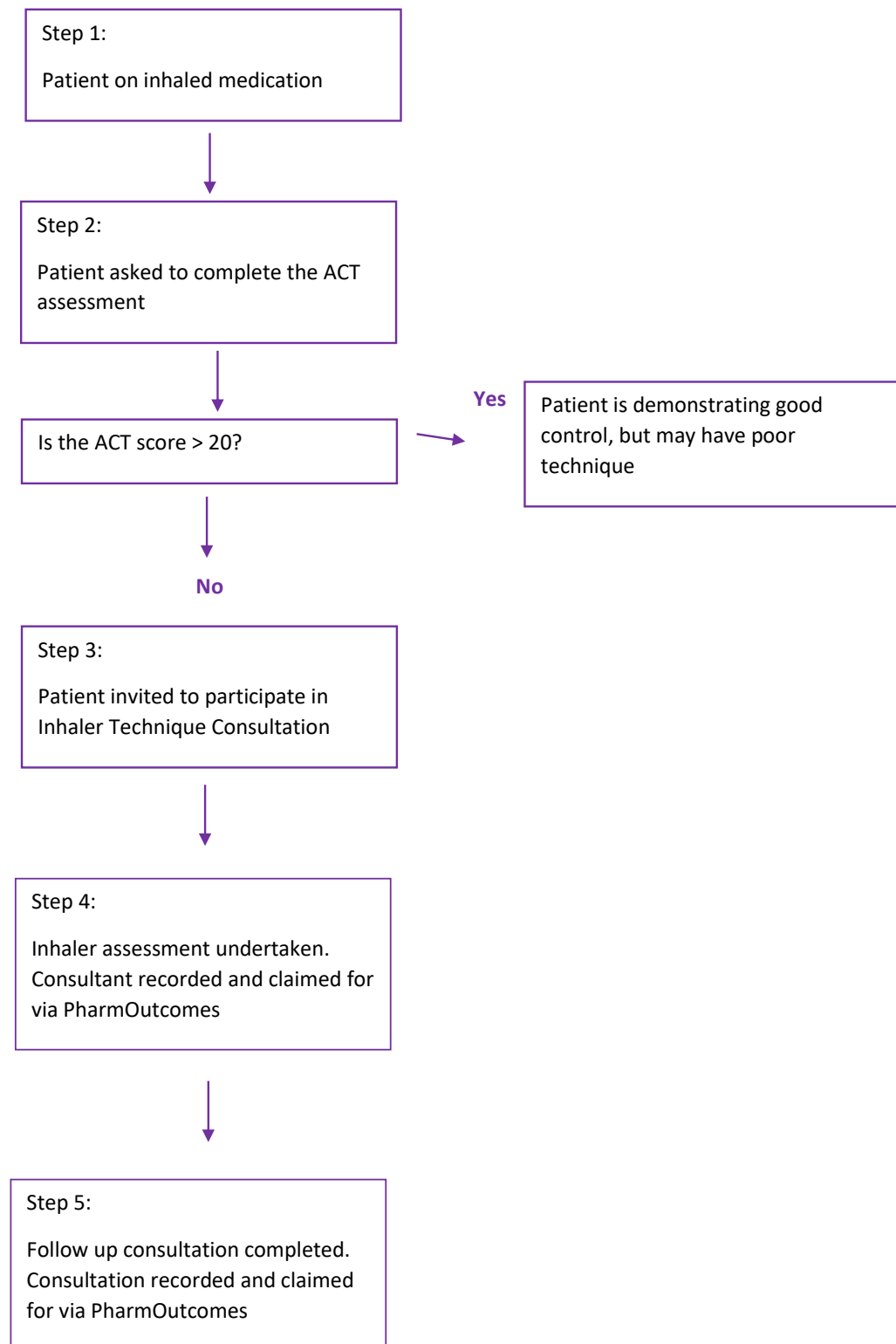
(If a Distance Selling Pharmacy, by signing the pharmacy contractor declares that there will be no face-to-face delivery of essential pharmaceutical services at or in the vicinity of the pharmacy premises)

Signed for and on behalf of CPGM Healthcare (CHL) (The Commissioner). All parties agree to the content of the service level agreement and agree to deliver the service in line with the core requirements outlined above.

Signed for and on behalf of the commissioner:

Signature	Name and Designation	Date

Appendix 1: Inhaler Technique Patient Pathway Flowchart 1



Appendix 2: Inhaler Technique Patient Pathway Flowchart 2

