



Rationale of Checklist

This checklist will be completed by the Principle Responsible Officer for every new or recommissioned service specification/contract sent to the LPC for comment/consultation. 'Review of specification/contract' is to be completed upon receiving initial documents before consultation by the Services Sub-group.

The checklist contains the LPC 's comments and recommendations for any requested changes to the proposed draft in order to achieve consistency across Cheshire and Wirral or to achieve/improve further the RAG rating. It will be sent to the services subgroup for consideration of amendments prior to further communication with the commissioner.

'Response summary' is to be completed after review by services sub-group to maintain accurate records of comments and amendments to the draft.

The LPC's purpose is to work positively with commissioners to ensure high quality outcomes from the service, which are both professionally and commercially viable for contractor participation.

Service Information

Service Name	WIRRAL – SUPERVISED CONSUMPTION PROGRAMME
Head Commissioner	CGL
Sub-Contract Commissioner (if applicable)	CGL
Payment Body	CGL
Recommissioned/New Service	RECOMMISSIONED
Contract Dates	01/02/2024 – 31/01/2025
Service Specification Dates	01/02/2024 – 31/01/2025
Date sent to LPC	22/02/2024
Date to be sent back to Commissioner	FOLLOWING COMMITTEE REVIEW ON 6 TH MARCH 2024

Approved By:
Author:

Review of Service Specification/Contract

CPCW Consultation

CPCW consulted by commissioner?	Yes	
CPCW consulted with sufficient time to comment?	Yes	

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Contract Information

What is the contract mechanism? (NHS Standard, Public Health, 3 rd Party Provider)	<i>CGL Bespoke</i>	
Does the contract mention TUPE? (Y/N)	<i>No</i>	
Is there a clear definition of roles with regards to Data Controller within IG? E.g., Is the contractor stated as the Data Controller?	<i>Pharmacists will share relevant information with other health care professionals and agencies, in line with locally determined confidentiality arrangements.</i>	
Does the contract mention Intellectual Property? (Y/N)	<i>No</i>	
Liabilities – are indirect losses mentioned? E.g., indirect losses are included/excluded	<i>No</i>	
Extension/Variation – Does the contractor have the right to agree to the extension/variation?	<i>Nothing specified in relation to extension / variation</i>	
Termination – e.g., Does the contractor have the right to terminate for convenience?	<i>Yes – 1 months' notice</i>	

Service Specification

Is the service monitored by the commissioner/third party?	<i>The pharmacy will participate and co-operate in any WW organised audit of the service provision or assessment of Service User experience.</i>	
If so, what is the method of monitoring if applicable? (Audit of PO data/ unannounced visits)	<i>WW will arrange at least one contractor interaction per year to promote service development and update the knowledge of the accredited pharmacist. Should an issue be identified either through a visit or through any other means an action plan will be produced.</i>	

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<p>If visits or physical audit, is the contractor given reasonable written notice in advance?</p>	<p><i>The Contract Manager will send a written report to the named pharmacist within two weeks of the visit summarising what action needs to be taken and by when.</i></p> <p><i>The Contract Manager will contact the pharmacy again once the agreed timescales have elapsed to confirm that the action plans has been completed.</i></p> <p><i>If any further action needs to be taken, this will be documented, and new timescales agreed.</i></p>	
<p>Is the service pharmacist led or does it allow for technicians/other team members to participate?</p>	<p><i>All pharmacists will be required to complete the CPPE Declaration of Competence for Supervised Administration of prescribed medication, the CPPE Substance use and misuse (2nd edition) and CPPE Safeguarding Children and Vulnerable adults. It is recommended that all registered pharmacy technicians complete the same declaration.</i></p>	
<p>Are the performance measures/KPIs reasonable and achievable? (If applicable)</p>	<p>Yes</p>	
<p>Is the administration proportional to size of service and remuneration?</p>	<p>Yes - Pharmoutcomes</p>	
<p>Does the service require its own SOP?</p>	<p><i>The contractor will have standard operating procedures.</i></p>	
<p>If so, are there any specifics required?</p>	<p><i>The pharmacist will review these standard operating procedures and the referral pathways for the service at least every 2 years.</i></p>	
<p>Is the contractor required to follow 3rd party SOP's?</p>	<p>No</p>	
<p>Is the frequency of SOP review stated to be at least every 2 years?</p>	<p>Yes</p>	
<p>What is the reporting system and is this suitable to all contractors?</p>	<p>Pharmoutcomes</p>	
<p>Are the incident reporting procedures straight forward?</p>	<p><i>Reportable incidents (including dispensing errors and suspected breaches of the Controlled Drugs Regulations 2013) will be reported in line with national guidelines. The pharmacy will provide a copy of the incident form to the contracts manager.</i></p> <p><i>The pharmacy will deal with any complaints sensitively and will report any complaints, comments, or concerns to the WW Pharmacy Liaison Lead within 2 working days.</i></p>	
<p>Are the training requirements for the service reasonable?</p>	<p><i>All pharmacists will be required to complete the CPPE Declaration of Competence for Supervised Administration of prescribed medication, the CPPE</i></p>	

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Consider accessibility to CPPE for non-pharmacist/technician staff	<i>Substance use and misuse (2nd edition) and CPPE Safeguarding Children and Vulnerable adults. It is recommended that all registered pharmacy technicians complete the same declaration.</i>	
Is the service operationally efficient?	<i>Yes</i>	
Is a PGD(s) required for this service?	<i>No</i>	
If so, is the PGD in date? Please state dates	<i>N/A</i>	
Does the PGD expire during the contract period?	<i>N/A</i>	
Remuneration & Funding Elements		
Payment body organisation?	<i>CGL</i>	
Comparison to previous specification if available, or live/base specification within another locality if new	<i>10% Uplift in fees</i>	
Difference in proposed fees if applicable (+/- £)	<i>Uplift of 16p per methadone dose, 20p per Buprenorphine dose.</i>	
Does remuneration include/cover set up costs, backfill, consumables etc?	<i>Yes</i>	
Is VAT considered?	<i>Not stated</i>	
What is the payment claiming method? E.g., PharmOutcomes, invoicing, email, postal claim etc.	<i>Pharmoutcomes</i>	
What is the payment claim frequency? E.g., weekly, monthly, quarterly	<i>Monthly</i>	
Where stock / equipment is required, who provides/calibrates/ services this? If contractor, does remuneration sufficiently cover the cost of this?	<i>N/A</i>	

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Is overall remuneration fair?	Yes	
Miscellaneous Information		
Any other information specific to this service for consideration by the Committee	N/A	
Suggested RAG Rating		

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Additional Information for Commissioner to Consider (over and above what is commented/suggested in service specification/ contract documents)

*CPCW has rated this service specification as **GREEN** based on the comments made above and below. Our recommended actions / points to further improve the service are: N/A*

Signed off by subgroup: Y/N

Next Steps:

*CPCW will publish this service participation rating to contractors in **10 days' time**. Publication of this recommendation will be via individual email and posting on our website. Commissioners are asked to please respond promptly with feedback/proposed changes so that they can be included within CPCW's recommendation to its contractors.*

Date returned to commissioner:

Commissioner response to LPC feedback:

Please enter response here, returning promptly to support@cpcw.org.uk

Approved By:
Author: