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Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Transitional service to support implementation of an Independent Prescribing for Acute Conditions Service

Service specification for a transitional provision in General Practice setting

This document describes the specification and standards pertaining to the provision of the Transitional service to support implementation of an Independent Prescribing for Acute Conditions Service. This document does not constitute a Service Level Agreement (SLA) although the provisions within the document may be contained within any SLA between a Local Health Board and pharmacy contractor for the provision of the service.

INTERPRETATION

In this document:

Local Health Board means Betsi Cadwaladr University Local Health Board

Patient means any person in receipt of the service;

General Practice means premises where general medical services are provided (whether contracted through GMS or another mechanism, or run by the LHB) that the pharmacist provides a service from

Pharmacy means any premises where drugs are provided by a pharmacist as part of pharmaceutical services;

Community Pharmacy contractor means a person lawfully conducting a retail pharmacy business;

General Practice contractor means a person lawfully operating a general medical practice;

Pharmacist means a registered pharmacist or any person providing any part of the service on behalf of a registered pharmacist; where they are competent and it is legal for them to do so;

Registered Pharmacist means a person who is registered in Part 1 of the GPhC register or in the register maintained under Articles 6 and 9 of the Pharmacy (Northern Ireland) Order 1976;

Service Provider means a pharmacist who has completed an accredited programme of study leading to an award that entitles them to apply to have their GPhC register entry annotated as an independent prescriber.

Relevant Acute Condition means any condition that listed in the NHS Wales Common Ailments Formulary or covered by the pharmacist independent prescriber's agreed personal formulary

Clinical Supervisor means an individual with appropriate clinical experience in managing relevant acute conditions in a primary care context who has agreed to mentor/supervise a pharmacist independent prescriber – the supervision can be delegated to another appropriately experienced individual where the clinical supervisor will not be available during a time period where the service is to be provided;

1. SERVICE AIMS

- 1.1. To support the implementation of an Independent Prescribing for Acute Conditions service through provision of a transitional service in a General Practice setting, supported by a clinical supervisor

2. SERVICE OUTCOMES

- 2.1. Enable a community pharmacist who has completed an independent prescriber programme¹ to gain confidence and experience in managing Relevant Acute Conditions prior to provision of a Prescribing for Acute Conditions Service in a community pharmacy setting
- 2.2. Support development of local care pathways (including referral to the community pharmacy) for patients with Relevant Acute Conditions

3. SERVICE OUTLINE

General Practice Eligibility

- 3.1. The service can be provided for up to two sessions² per week for a maximum of 12 weeks in a General Practice near to a community pharmacy where the Prescribing for Acute Conditions Service is planned to be commissioned within the near future and a suitable member of the clinical team is willing to act as a Clinical Supervisor;

Patient Eligibility

Consultations can be provided to:

- 3.2. Patients registered (including temporarily) with the General Practice in which the service is being offered;
- 3.3. Patients presenting, in person, with symptoms indicative of a relevant acute condition included in the pharmacist's agreed scope of practice
- 3.4. The service will not be used to provide regular treatment for a condition that is chronic in nature, or which recurs at a frequency that may indicate a more complex medical condition.

Consultations

- 3.5. Consultations will be undertaken by the Service Provider in an appropriate consultation room within the General Practice
- 3.6. All consultations will be undertaken in line with the General Practice's policies, including provision of chaperones
- 3.7. The Service Provider will be granted access to the clinical system to enable assessment of the patient and documentation of the consultation.

¹ This includes pharmacists who have not yet had their GPhC register entry annotated as a pharmacist independent prescriber

² A session is half a working day – the specific length will vary between practices

- 3.8. An appropriate physical examination of patients will be undertaken where the Service Provider considers it necessary to determine the most appropriate treatment or course of action;
- 3.9. **Before** any physical examination takes place, the Service Provider should explain the reason for the examination and gain explicit consent of the patient, or a parent/guardian in the case of children;
- 3.10. Where the Service Provider requires support to determine the most appropriate course of action they should discuss the case with their clinical supervisor (or their nominee).

Treatment & management of the condition

- 3.11. Following a consultation, the Service Provider will provide the patient with information on:
 - 3.11.1. The nature of the condition; and
 - 3.11.2. Expected symptoms associated with the ailment; and
 - 3.11.3. Action that can be taken to alleviate the symptoms; and
 - 3.11.4. Any requirement for follow-up; and
 - 3.11.5. Advice to support self-care should the issue reoccur.
- 3.12. Having assessed the patient, the Service Provider will consider clinical and cost effectiveness of possible treatments and offer the most appropriate course of action which may include:
 - 3.12.1. Advice and reassurance alone; or
 - 3.12.2. Advice and reassurance alongside medicine(s) which alleviate symptoms or address the underlying cause of the condition; or
 - 3.12.3. Referral to another healthcare provider;
- 3.13. Where a supply of medicine(s) is considered necessary, the Service Provider will select the most appropriate of:
 - 3.13.1. Advise the patient on the purchase of a suitable GSL or P medicine;
 - 3.13.2. Prescribe a medicine listed in the LHB formulary for the primary care management of the condition being treated

Prescribing

- 3.14. The pharmacist will only recommend a medicine is supplied where this is within their professional competence
- 3.15. Having assessed the patient and determined that a medicine should be prescribed, this will be agreed with the clinical supervisor (or their nominee), who will sign any prescriptions issued, until such a point that the Service Provider is able to issue prescriptions under their own legal authority;

Record of the consultation

- 3.16. **Immediately** following the consultation, the Service Provider will record relevant information in the clinical system. The consultation record will include:
- 3.16.1. Nature of relevant acute condition
 - 3.16.2. Examination / history
 - 3.16.3. Agreed treatment / management plan
 - 3.16.4. Any follow up / referral recommended

Follow Up & Referral

- 3.17. Where the patient is likely to benefit from a follow-up, the Service Provider will provide sufficient information to support the patient in deciding if and when to return to the general practice, or other healthcare provider;
- 3.18. Where an urgent referral is indicated, this must be clearly communicated to the patient and the Service Provider will facilitate the urgent referral (this may include liaising directly with the appropriate alternative healthcare provider).

4. PROVIDER RESPONSIBILITIES

Community Pharmacy Contractors

- 4.1. Community Pharmacy Contractors wishing to provide the service shall apply to their Local Health Board by completion of the premises listing form in Part B;
- 4.2. The community pharmacy contractor shall ensure that the service is provided only by registered pharmacists who meet the criteria set out in paragraph 4.10;
- 4.3. The community pharmacy contractor shall ensure that the pharmacist providing the service is adequately released from their normal duties to enable them to complete the session(s) and hold debrief discussions with their clinical supervisor;
- 4.4. The community pharmacy contractor shall not offer, or provide to, any person employed or engaged by them any target relating to the provision of the service.

General Practice Contractors

- 4.5. General Practice Contractors supporting provision of this service will make an appropriate room available to the Service Provider to allow them to see patients;
- 4.6. The General Practice Contractor will ensure, as much as is reasonable, that patients allocated to appointments with the Service Provider fall within their scope of practice and ensure that systems are in place such that, where it becomes evident that the patient's needs cannot be met by the Service Provider, the patient is able to be seen promptly by an appropriate member of the General Practice clinical team

- 4.7. The General Practice Contractor will provide access to the clinical system to the Service Provider to enable them to assess patients appropriately, and document the clinical consultation. Such access will be granted in line with extant regulatory and legal frameworks and may, in some cases, make use of an honorary contract for the service provider.
- 4.8. The General Practice Contractor will ensure that appropriate clinical supervision is in place to enable the Service Provider to operate safely and effectively, including provision to issue prescriptions to patients seen by the Service Provider, such as are agreed to be necessary by the Service Provider and their clinical supervisor

Service Providers

- 4.9. A registered pharmacist wishing to provide the service shall inform their Local Health Board by completion of the pharmacist listing form in Part C;
- 4.10. Before agreeing to provide this service, Service Providers shall ensure that they:
- 4.10.1. Are registered with the GPhC and have completed an accredited programme of study leading to an award that entitles them to apply to have their GPhC register entry annotated as an independent prescriber; and
 - 4.10.2. Hold a valid Safeguarding Children and Young People Level 2 certificate;³ and
 - 4.10.3. Have successfully completed an enhanced Disclosure and Barring Service (DBS) check (including adult and child barring lists) lodged with Shared Services Partnership request form and anything listed has been agreed as acceptable by the Local Health Board; and
 - 4.10.4. Have completed training in Antimicrobial Stewardship required by the LHB,⁴
 - 4.10.5. Have demonstrated competence in clinical assessments⁴ for the acute conditions included in their personal formulary, or is working towards this through a recognised programme of study.
- 4.11. The Service Provider is responsible for ensuring that they provide all aspects of this service within their own professional competencies;
- 4.12. The Service Provider providing the service shall ensure that indemnity insurance covering the provision of the service is in place;

³ This can be obtained through completion of the Generic Skills and Competencies module via the NESA Hub

⁴ Training requirements will be determined by the officers of the Local Health Board, but will be comparable to that required for other health care professionals undertaking similar activities in primary care and other settings.

5. LOCAL HEATH BOARD RESPONSIBILITIES

- 5.1. Local Health Boards, or their authorised officers, shall determine the fees and allowances payable in respect of the service;
- 5.2. The Local Health Board, or its authorised officer, shall support the resolution of difficulties so far as they relate to issues within the control of the Local Health Board;
- 5.3. The Local Health Board, or its authorised officer, shall support the handling of any complaints or issues relating to the service so far as they relate to issues within the control of the Local Health Board.

6. CONFIDENTIALITY AND DATA PROTECTION

- 6.1. The Service Provider will ensure that they do not disclose or allow to be disclosed to any person (except on a confidential basis to their professional advisers) any information of a confidential nature acquired by them in the course of carrying out their duties under this Agreement, except as may be required by law or as directed by the Commissioner.
- 6.2. The Service Provider must protect personal data in accordance with the provisions and principles of Data Protection Act, GDPR and the Confidentiality: NHS Wales Code of Practice.
- 6.3. The Service Provider shall at all times take all reasonable steps to protect against unauthorised or unlawful processing of personal data and against accidental loss or destruction of, or damage to, personal data that is under their control, or to which they have access through provision of this service;
- 6.4. The Service Provider must be aware that the any information held by the Welsh Government, Local Health Boards or their authorised officers is subject to disclosure under the Freedom of Information Act.

7. AUTHORISED OFFICERS

- 7.1. For the purpose of the service, the local health board shall inform the Community Pharmacy Contractor immediately, in writing, of the details of any officer authorised to act on its behalf. Any notice, information or communication given by the authorised officer shall be deemed to have been given by the Welsh Government or Local Health Board as the case may be.

8. REVIEW VARIATION AND TERMINATION

- 8.1. Variation to the service specification can only be made following consultation with Community Pharmacy Wales.

- 8.2. Contractors will be notified of any variations to the service specification in writing. No variation to the specification will be made until 90 days after that notice is received, other than where it is clinically or legally necessary to do so.

9. FEES AND ALLOWANCES

- 9.1. The service will be commissioned for a maximum of two sessions² each week, for a maximum time period of 12 consecutive weeks.
- 9.2. The contractor shall receive professional fees to enable Pharmacist back fill to release the Service Provider to attend the General Practice as follows:
- 9.2.1. £150 for one session (half-day) provided on a single day
 - 9.2.2. £250 for two sessions (full day) provided on a single day
- 9.3. Contractors shall submit all claims to the health board using the appropriate claim mechanism;
- 9.4. Fees and allowances shall be paid monthly in arrears;
- 9.5. Claims for payment shall be subject to Local Health Board arrangements for Post Payment Verification

PART B – PREMISES LISTING FORM



NHS PHARMACEUTICAL SERVICES – ENHANCED SERVICE
INDEPENDENT PRESCRIBING FOR ACUTE CONDITIONS SERVICE – TRANSITIONAL
SERVICE

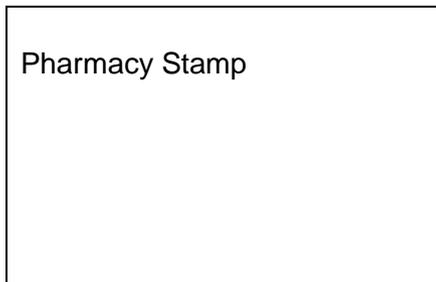
Contractor application form which is to be submitted to the Local Health Board (LHB) by a pharmacy or contractor requesting approval to provide the Enhanced Service – independent prescribing for acute conditions service

TO BE COMPLETED BY OR ON BEHALF OF THE PHARMACY CONTRACTOR

Name of pharmacy contractor: _____

Correspondence address: _____

Postcode: _____



HSW Prescribing Service Unit number: _____

Date of application: _____

CERTIFICATIONS, AGREEMENTS AND DECLARATIONS (please tick to confirm)

I / We confirm that the pharmacy contractor will comply with any relevant service specification relating to the provision of this Enhanced Service

I / We confirm that I / We shall notify the Medical Director of the relevant LHB of any significant adverse incident which arises due to or related to provision of this Enhanced Service

DECLARATION

I / we declare to the best of my/our belief that the information on this form is correct and request that the contractor named herein be included in the list of contractors who may provide this Enhanced Service.

Authorised Signature: _____ Date: ____ / ____ / ____

Name: _____

Please submit this form to:

Primary Care Contracting Team, Preswylfa, Hendy Road, Mold, Flintshire, CH7 1PZ

Or fax: 01352 754649 (attention of Primary Care Contracting Team)

For Office Use Only

Application Checked by: _____ Date: ____ / ____ / ____

Authorised: Yes No

Reason if not authorised: _____

PART C – PHARMACIST LISTING FORM

NHS Pharmaceutical Services – Enhanced Service

Independent prescribing for acute conditions service – TRANSITIONAL SERVICE

Pharmacist application form which is to be submitted to the Local Health Board (LHB) by a registered pharmacist requesting approval to provide the Enhanced Service – Independent prescribing for acute conditions service

To be completed by, or on behalf of, the pharmacist

LHB area in which the pharmacist predominantly intends to provide the service: (tick only one)

- | | |
|---|--------------------------|
| Swansea Bay University Health Board | <input type="checkbox"/> |
| Aneurin Bevan University Health Board | <input type="checkbox"/> |
| Betsi Cadwaladr University Health Board | <input type="checkbox"/> |
| Cardiff and Vale University Health Board | <input type="checkbox"/> |
| Cwm Taf Morgannwg University Health Board | <input type="checkbox"/> |
| Hywel Dda University Health Board | <input type="checkbox"/> |
| Powys Teaching Health Board | <input type="checkbox"/> |

Name of pharmacist: _____

General Pharmaceutical Council Registration number: _____

Correspondence address: _____

Postcode: _____

Telephone number: _____

Email address (for NHS SSP use only): _____

Date of application: _____

Certifications, agreements and declarations

SECTION 1
I confirm that:
<input type="checkbox"/> I have completed all of the assessment activities and supervised practice requirements of a recognised independent prescriber training course;
<input type="checkbox"/> I have applied/commit to apply on confirmation of my successful course completion for my GPhC register entry to be annotated to reflect independent prescriber status
<input type="checkbox"/> I have a valid WCPPE Safeguarding Children and Young People Level 2 certificate
<input type="checkbox"/> I have successfully completed a Disclosure and Barring Service (DBS) check, or have made an application to do so, with NWSSP
<input type="checkbox"/> I have satisfied the authorised officers of the Local Health Board that I am competent in Antimicrobial Stewardship
<input type="checkbox"/> I enclose copies of the relevant certificates

SECTION 2
I confirm that:
<input type="checkbox"/> I agree to the details included in this form being included in the All Wales list of pharmacists approved to provide the service and that the NWSSP may disclose my accreditation status to pharmacy contractors by whom I am employed
<input type="checkbox"/> I agree to provide this service in accordance with the service specification
<input type="checkbox"/> I shall notify the Medical Director of the relevant LHB of any significant adverse incident which arises due to or related to provision of this service

Declaration

I declare that the information on this form and any evidence provided is correct and I seek acceptance as a provider of this Enhanced Service

Applicant signature: _____

Date: _____

Please submit this form to:

Primary Care Services
NHS Wales Shared Services Partnership
The Oldway Centre, 36 Orchard Street, Swansea, SA1 5AQ

or e-mail awpd@wales.nhs.uk or fax to 01792 607238/607394

For Office Use Only:

Application checked by: _____	Date: _____
Request approved: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Initials and signature of person approving request: _____	Date: _____
Reason if not approved: _____	
Name included in AWPD (if available) _____	Date: _____