NHS
Greenwich
Clinical Commissioning Group

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Community Pharmacy Medicines Optimisation Service (CMOS)

Service Specification

Version 6

SCHEDULE 2 – THE SERVICES

Specification no	**CMOS01 (draft)**
Service	**Community Pharmacy Medicines Optimisation Service (CMOS)**
Commissioner Lead	**Suzanne Warnett**
Provider Lead	
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1. Introduction

Community pharmacy is an underused primary care resource. Studies have shown that interventions led by community pharmacists improve patient care and disease outcome, and subsequently reduce medicines-related hospital admission. Interventions from community pharmacists include providing education and counselling to patients, addressing issues of adherence, increasing knowledge of conditions and awareness of medications.[1]

The aim of this service is to enable community pharmacists to play an even stronger role at the heart of more integrated out-of-hospital primary care services for patients in order to deliver better health outcomes, more personalized care, excellent patient experience and the most efficient use of NHS resources.

The specification of CMOS is designed to cover enhanced aspects of clinical care of the patient, all of which are beyond the scope of essential pharmaceutical services. No part of the specification by commission, omission or implication defines or redefines essential or additional services.

The CCG is seeking to contract with a single organization (or consortium) which then can provide or subcontract individual community pharmacy providers to deliver the clinical services. The prime contractor will co-ordinate the delivery of the CMOS. The CMOS service will be delivered by providers fully compliant with the NHS Pharmaceutical and Local Pharmaceutical Services regulations 2013 for the delivery of Essential Services and be registered with the General Pharmaceutical Council (GPhC). The CCG is looking for the service to be delivered in multiple locations with even coverage across the borough.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

2. Enhancing the quality of life for people with long term conditions

Providing medicines support service at the most appropriate level for the patients and the compliance aids that are most suitable according to the patient's disability.

4. Ensuring people have a positive experience of care

Supporting and educating patients/carers/family to deal with medicines-related queries will help to reduce the workload at surgery or unnecessary home visits from GP or response waiting time from GP to carers.

2.2 Service Outcomes

The services aims to assess patient needs on an individual basis and any intervention is tailored to the patient's specific requirements. The expected outcomes of the service are:

1. Reduction of inappropriate use of multi-compartment aids (unlicensed)
2. Reduce asthma-related death due to over use of short acting reliever and under use of inhaled corticosteroid
3. Increase use of CCG approved self-monitoring blood glucose meters and improve consistency

Local defined expected outcomes including improving prevention

Quality: Clinical outcome measures

- Improvement of patient outcomes – by engaging with patients or carers so that they are able to make choices to take/use their medicines.
- Better inter-professional and inter-agency communication about patients' medicines – effective communication pathways to support the transfer of care.

[1] Medicines optimisation: the evidence in practice https://www.rpharms.com/promoting-pharmacy-pdfs/mo---evidence-in-practice.pdf

- Reduction of medicines related admission – training care workers to identify medicines-related problems, pharmacy to intervene after identifying patients who are non-compliant with inhalers and self-testing of blood glucose.
- Reduction of packaging waste – repackaging of medicines is time consuming and unlicensed. It is associated with increased dispensing errors and takes away the medication administration skills from carers and patients.

Innovation: there is also the opportunity to devise an outcome-based payment system rather than prescription volume payment to community pharmacy.

Productivity: cost effectiveness

- Reduction in medicines waste – better understanding of patient's belief and needs helps to improve compliance.
- Reduction in the number of social care visits for medications administration.
- Polypharmacy – stop unnecessary medicines that cause problems.

Prevention: long-term outcomes

- Reduction in the incidence of medicines-related appointments with GP and medicines-related admission.
- Improvement in patient living independently.
- Reduction in wastage due to non-compliance.

3. Scope

3.1 Service Description

The underlying purpose of CMOS is to maximise the effectiveness of prescribed medicines through CMOS review on three specific target groups:

1. Patients requiring the use of compliance aids
2. Inhaler users
3. Type 2 Diabetes Mellitus patients who self-monitor

CMOS 1	CMOS 2	CMOS 3
Reduction of inappropriate use of multi-compartment aids (unlicensed)	Improving patient's inhaler technique, with patient's agreement, including:	Providing patients with type 2 diabetes mellitus a CCG approved self-monitoring blood glucose meter when patients present a prescription request for testing strips used on a non-CCG approved blood glucose meter, with the patient's agreement, including:
Assessing patient's needs on compliance aids, with patient's agreement, taking into consideration patient's: (a) Mental state; (b) Social circumstances; (c) Physical condition; and (d) Current medications Then provide practical solutions (compliance aids) including: (a) a simple adaptation to a medicine container: • transfer from a blister pack to a bottle; • use larger bottle; • use a plain lids (non-childproof lid); (b) aids to assist with administration of the medicine, e.g. Haleraid®, Autodrop® eye dropper aid, dossette boxes (patient may be asked to purchase the aids); (c) aids to support or remind patients taking their medicines including: • Use larger labels • Dual labelling in Braille and print • Dual labelling in own language and English • Use a reminder system e.g. alarm • Print out medicines administration record (MAR) chart • Use a multi-compartment compliance aid (MCA)	(a) establishing the patient's actual use, understanding and experience of using their inhalers; (b) identifying, discussing and assisting in the resolution of poor or ineffective use of inhalers; (c) demonstrating and coaching inhaler technique; (d) recommending an alternate inhaler device, where appropriate, to patient's general practitioner	(a) establishing the patient's actual use, understanding and experience of checking their blood glucose; (b) request patient's GP to update the patient's medical record and supply a replacement prescription for the new test strips and lancets (if necessary); (c) recommending appropriate testing frequency.

3.2 Referral Eligibility Criteria

Patients can be referred to the service by:

- their GP,
- other health and social care professionals,
- carers and
- themselves.

Patients may be identified by community pharmacy staff during dispensing process.

1. The service will be available to all patients with medicines currently dispensed in compliance aids who have not been assessed for appropriateness of compliance aids, or patients who request a compliance aid.

2. The service will be available to all patients with respiratory conditions who:
   (a) Have requested more than 12 units of short-acting beta-agonist (SABA) in the last 12 months;
   (b) Have requested less than 6 units of inhaled corticosteroid (ICS) in the last 12 months;
   (c) Are using a long-acting beta-agonist (LABA) with an inhaled corticosteroid;

3. The service will be available to patients with type 2 diabetes mellitus who are currently using a non-CCG approved blood glucose monitoring meter.

3.3 Service Requirements

The Commissioner requires a prime contractor to recruit, manage and reimburse, in the region of, 20-50 local community pharmacy providers in separate locations in Greenwich, who are fully compliant with the NHS Pharmaceutical and Local Pharmaceutical Services regulations 2013 for the delivery of Essential Services and be registered with the General Pharmaceutical Council (GPhC) to deliver the CMOS to the eligible population of Greenwich.

The community pharmacy providers who undertake the service should comply with their obligations under Schedule 4 of the Pharmaceutical Services Regulations (terms of service of NHS pharmacists) in respect of the provision of essential services and an acceptable system of clinical governance. The providers should be accredited to conduct the Medicines Use Review (MUR) service and have an area for confidential consultations at the pharmacy premises.

The CCG retains overall accountability for the commissioned services, while the prime contractor holds each of the sub-contractors to account individually, including the following:

(a) The service should only be provided on a face to face basis.
(b) Up to 200 CMOS consultations per community pharmacy provider should be carried out under the arrangements in any financial year.
(c) A patient must not have more than one CMOS intervention in any of the subgroups above under 3.1. in any period of 12 months unless in the reasonable opinion of a registered pharmacist the patient's circumstances have changed sufficiently to justify one or more further consultations during this period.
(d) The Community Pharmacy Providers must ensure that a written record of each intervention carried out is prepared by the registered pharmacist who carried out the consultation, on the approved form or in the approved manner and including the approved data.
(e) The Community Pharmacy Providers must provide clinical information from the record mentioned to the clinician, on request, in the manner approved for this purpose, and for the purposes approved.
(f) The Community Pharmacy Providers must keep a copy of the record for at least two years after the date on which the intervention to which the record relates is carried out.
(g) The prime contractor must terminate the arrangements if it is on notice that any of the community pharmacy providers are not, or are no longer, satisfactorily complying with the provider's obligations under Schedule 4 of the Pharmaceutical Services Regulations (terms of service of NHS pharmacists) in respect of the provision of essential services and an acceptable system of clinical governance.
(h) The Community Pharmacy Providers must obtain from each patient to whom the provider provides a CMOS intervention a signed consent form to receiving those services.
(i) If a patient's circumstances are to be treated as having changed sufficiently due to the patient:—
   (i) having been discharged from hospital; and
   (ii) having had changes made to the drugs they are taking while they were in hospital,

then providers should liaise with hospital pharmacy as many patients will be assessed for their medicines needs and use prior to their discharge rather than repeating the same intervention.

3.4 Fees

It is anticipated this service would attract £100,000 from 1st April 2016 to 31st March 2017. It is anticipated that each activity would attract payments (see below) paid to the prime contractor who would be responsible for onward payment through its own agreements with the individual community pharmacy providers.

Expected Annual Contract Values

Service	Total Annual Estimated Expected Cost
CMOS 1	£10,000
CMOS 2	£45,000
CMOS 3	£45,000
Total	**£100,000**

The prime contractor will be accountable for the collation of records and invoices via a web based system on a monthly basis, with payment made on a quarterly basis, on the basis of the number of interventions and compliance aids declared to it by its sub-contractor providers. The prime contractor will invoice the NHS CCG for the relevant quarter. The CCG will validate the invoice data with the same web based system.

All claims relating to CMOS interventions provided in the period commencing on 1 April and ending on 31 March of any financial year must be made by 5 May of the following financial year.

The total annual activity is likely to be in the region of 7000 interventions, with CMOS 1 (Appropriate use of compliance aids), interventions not exceeding 1000. Individual pharmacy providers are expected to undertake not less than 12 interventions per month for CMOS interventions 1, 2 and 3 collectively to support the maintenance of the expertise required to deliver the service requirements to the stipulated standards. The prime contractor will need to ensure that it factors this requirement into its recruitment of pharmacies.

3.5 Referral On

Patients identified as at risk of exacerbation or poor glucose control or dementia should be referred back to GP for further health and social care intervention.

3.6 Accreditation

The prime contractor will ensure each sub-contractor provider has attended a CCG MM Team organised workshop. The service shall be provided by providers whom the prime contractor declares as competent in patients' assessment and counseling in compliance aids, inhaler techniques and self-monitoring blood glucose testing.

3.7 Advice to patients

Documentation of advice should be available on request by the patient's GP or the commissioner. The CCG will provide the successful bidder with standard letters for patient advice to ensure it is in line with local guidelines.

3.8 Patient notes/Caldecott requirements

The prime contractor must ensure that storage and use of patient information is managed in line with Health Service Circular HSC: 1990/012

3.9 Key Performance Indicators

Each community pharmacy provider needs to deliver a minimum of 12 activities per month. It is the accountability of the prime provider to meet the following Key Performance Indicators (KPIs) for the first year.

These will then be reviewed annually and adjusted.

No.	Quality requirement	Threshold	Method of measurement	Frequency	Consequence of breach	Timing of application of consequence	Applicable service specification
1	Appropriate use of compliance aids	100% of '7 day prescription requests' is for	Providers required to provide	Quarterly	Withhold payment	3 months	

		unstable patients whose medication regimen may be susceptible to frequent change or for patients who are considered to be at risk of medication overuse and it is not safe to provide longer than a 7 day supply.	evidence of why 7 day prescription is requested				
2	Reduction of overuse of inhaled short acting β agonist	25% reduction of number of inhalers	Provider required to review ePACT data with commissioner	Quarterly	Withhold payment	3 months	
3	Increase use of CCG approved self-monitoring blood glucose meters	25% improvement of number of CCG approved test strips	Provider required to review ePACT data with commissioner	Quarterly	Withhold payment	3 months	
4	Patient satisfaction with the service	85% satisfied with the service Minimum response rate 30% of patients who receive the interventions	Establish a regular programme of surveying the CMOS patients to elicit views about patient experience and service quality. Provider required to agree questionnaires with commissioner and means of administration.	Quarterly	Withhold payment	3 months	
5	Reallocation of quotas	Less than 12 CMOS Interventions	Provider required to reassess the non-engagement and should re-allocate quota to another sub-contractor	Quarterly	Exclusion from accredited list	3 months	

3.13 Information systems

The provider must have use of information technology to ensure systems are used that maximise:

(a) cost effectiveness;
(b) scheduling;
(c) performance management systems to provide the commissioner with information to meet the Key Performance Indicators and contract data and
(d) information to the patients and professionals who use the service.

3.14 Accessibility/acceptability

The contractor will offer the service between a minimum 09.00 and 18.00 Monday to Saturday and include some flexibility to

offer later evening and/or Sunday opening. Services should be accessible to all patients registered with a Greenwich GP. The contractor must demonstrate how they will ensure equity of access for all patients meeting the duties of the Equalities Act 2010 for protected characteristics including but not limited to age, gender, disability, race, religion and sexuality, including where appropriate, positive outreach to patients. The contractor will ensure that the service is open for patient consultations 52 weeks per year with a minimum access of 40 hours a week. The contractor is expected to provide the service, where appropriate, to hard to reach patient groups or patients requiring a home visit.

3.15 Clinical governance arrangements

The provider is expected to demonstrate robust clinical governance arrangements in line with the GPhC standards for registered pharmacy Principle 1 - governance arrangements and to ensure the safety, efficacy and a positive patient experience of the service is maintained. The provider is expected to meet the GPhC standards of conduct, ethics and performance. All significant patient safety incidents will be identified, investigated and reported to the commissioners in line with Serious Incident Reporting and Learning Framework (SIRL).

3.16 Sub-contracting

The service will be sub-contracted by the prime contractor for the delivery of the service.

4. Service Standards

4.1 Response time & detail and prioritization

Reports and letters following intervention should be sent to GPs within 5 working days.

5. Discharge Criteria and Planning

5.1 Discharge criteria and planning

Patients should not routinely stay within the service but patients who are failing to achieve their goals should be reassessed and more intensive/frequent support offered if appropriate. Patients identified at high risk of dementia, frequent exacerbation, poor control of blood glucose should be referred to GP for management and advice.

6. Performance Management

6.1 Performance management

A regular programme of contract review meetings, supported by monthly activity reports, will be held between the CCG and the provider.

The purpose of the meetings will be to monitor and review:

- The contractors performance against the service specification
- The delivery of the quality standards
- Changes in the pattern of service
- Activity levels
- The financial arrangements where appropriate
- Use of contingency plans
- Any other relevant contract issues / problems

The provider shall provide the CCG with written reports detailing:

- Monthly activity data for practices covered by the service
- Its compliance with the KPI's/national quality standards
- Patient satisfaction survey data
- GP/clinician feedback via survey

Such information as is deemed necessary by the CCG to provide management meetings and to assist in providing indicative

figures for any future re-let of the contract.

7. Applicable Service Standards

1. NICE guidelines NG5: Medicines optimisation: the safe and effective use of medicines to enable the best possible outcome. March 2015. https://www.nice.org.uk/guidance/ng5
2. NICE guidelines NG28: Type 2 diabetes in adults: management. December 2015. https://www.nice.org.uk/guidance/ng28
3. National Review of Asthma Deaths. Why asthma still kills? August 2015. https://www.rcplondon.ac.uk/projects/outputs/why-asthma-still-kills

8. Activity & Capacity

Activity and Capacity Indicators	Frequency of Monitoring
Number of patients receiving interventions	Monthly
Number of patients receiving compliance aids assessment	Monthly
Number of patients receiving inhaler technique teaching	Monthly
Number of patients receiving a CCG- approved self-monitoring blood glucose meters	Monthly
Number of self-referrals	Monthly
Number of serious untoward incidents (SUI)	Monthly
Number of complaints	Monthly
Number of compliments	Monthly
Number of referrals to patient's GP	Monthly
Compliance of staff with statutory and mandatory training	Monthly