

1 SCHEDULE 2 – THE SERVICES

A. Service Specifications

Service Specification No:	SSX-Pharm001
Service	Community Pharmacy: Locally Commissioned Service Emergency Palliative Care Drugs
Commissioner Lead	Fiona Kellett, Associate Director of Primary Care Commissioning Chirag Patel, Deputy Director of Primary Care Medicines Optimisation
Period	01/11/2025 – 31/03/2028
Date of Review	01/10/2027

<p>1. Population Needs</p> <p>1.1 National/local context and evidence base</p> <p>This Locally Commissioned Service (LCS) specification for <i>Community Pharmacy: Emergency Palliative Care Drugs</i> outlines the more specialised services to be provided by contracted community pharmacies in Sussex following an ‘expression of interest’ process. No part of this specification by commission, omission or implication defines or redefines essential or other commissioned services. This service must be provided in a way that ensures it is equitable in respect of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.</p> <p>In 2022 NHS Sussex and member partners of the Integrated Care System (ICS) agreed a system strategy <i>Improving Lives Together</i> which sets out the ambition for health and care in Sussex over the next five years focusing on three key areas for change that will make the biggest positive difference to people’s lives achieved by working collaboratively across the whole of Sussex.</p> <p>These are:</p> <ul style="list-style-type: none"> • Building integrated community teams and working in partnership with organisations across Sussex to join-up services for the benefit of each local community. • Growing and developing our workforce • Improving the use digital technology and information <p>This includes Palliative End of Life Care (PEoLC). The ICS has a key role to play in ensuring that people with palliative and end of life care needs can access and receive high quality personalised care and support. This includes addressing health inequalities for PEoLC, by improving equity of access to services and reducing inequity of outcomes and experience.</p>
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It is widely recognised that people who are terminally ill or near the end of life prefer to be cared for in their own home or care home and to reduce unwarranted emergency hospital admissions at the end of life. In England, 49.6% of people died at home or in a care home (12 months from January 2024-December 2024). This is compared with approximately two fifths 42.3% of people who died in a hospital and 5.5% who died in a hospice. This trend is mirrored in the place of death statistics for Sussex, with 54.6% of people dying at home or in a care home (higher than England %), 37% dying in hospital (lower than England %) and 6.2% in a hospice (higher than England %).

This service is aimed at the supply of emergency palliative care medicines, the demand for which may be urgent and/or unpredictable.

The pharmacy contractor will stock a locally agreed range and minimum quantity of emergency palliative care drugs (based on the Sussex palliative and end of life care prescribing [guidance](#)) and will make a commitment to ensure that users of this service have prompt access to these medicines during the pharmacy's regular core and supplementary hours, this will be through

- dispensing a prescription when presented

OR

- sign posting service users to an alternative commissioned pharmacy when there are insufficient stocks available.

The pharmacy contractor will provide information and advice to the user, carer and clinician as part of the usual dispensing process. They may also signpost to specialist centres, support groups or other health and social care professionals where appropriate (see [Palliative and end of life care \(PEoLC\) - NHS Sussex](#) for further information).

National context

The NHS England (NHSE) [Ambitions Framework](#) was developed by a partnership of national organisations across the statutory and voluntary sectors. It sets out NHSE's vision to improve end of life care through partnership and collaborative action between organisations at local level throughout England.

There are six ambitions:

- Each person is seen as an individual
- Each person gets fair access to care
- Maximising comfort and wellbeing
- Care is co-ordinated
- All staff are prepared to care
- Each community is prepared to help

This service supports the ICB's Improving Lives Together strategy and NHSE's ambition of helping people receive good quality care at the end of their lives and providing access to treatment in a local, community setting.

2. Outcomes															
<p>2.1 <u>NHS Outcomes Framework Domains and Indicators</u></p> <table border="1"> <tr> <td>Domain 1</td> <td>Preventing people from dying prematurely</td> <td></td> </tr> <tr> <td>Domain 2</td> <td>Enhancing quality of life for people with long-term conditions</td> <td>√</td> </tr> <tr> <td>Domain 3</td> <td>Helping people to recover from episodes of ill-health or following injury</td> <td></td> </tr> <tr> <td>Domain 4</td> <td>Ensuring people have a positive experience of care</td> <td>√</td> </tr> <tr> <td>Domain 5</td> <td>Treating and caring for people in safe environment and protecting them from avoidable harm</td> <td>√</td> </tr> </table> <p>2.2 Local defined outcomes</p> <ul style="list-style-type: none"> • To remove unwarranted variation in access to end-of-life medication by ensuring equitable service distribution across Sussex • To improve patient access to end-of-life care medication when they are required urgently by ensuring timely supply. 	Domain 1	Preventing people from dying prematurely		Domain 2	Enhancing quality of life for people with long-term conditions	√	Domain 3	Helping people to recover from episodes of ill-health or following injury		Domain 4	Ensuring people have a positive experience of care	√	Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	√
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3. Scope															
<p>3.1 Aims and objectives of service</p> <ul style="list-style-type: none"> • To improve access for people in Sussex to the urgent supply of emergency palliative care drugs when they are required by ensuring prompt access and continuity of supply during the hours the pharmacy is open. • To support people, carers, and clinicians by providing them with up-to-date information and advice as part of the normal dispensing process and signpost where appropriate. <p>It is anticipated that in the first instance, prescriptions should be presented at the patient’s local community pharmacy. It is expected that pharmacies contracted to work under the ‘Service Specification for the Community Pharmacy Locally Commissioned Service for Emergency Palliative Care Drugs’ will be used in an emergency.</p> <p>The service is to be provided by registered pharmacists and supporting staff from registered pharmacy premises with an NHS dispensing contract.</p> <p>3.2 Population covered</p> <p>The participating community pharmacy in Sussex may provide this service to anyone who presents with a valid prescription.</p> <p>NHS Sussex’s main requirement is that the provision of the service is evenly distributed across the geographical area with a good access for service users and extended opening where possible.</p>															

3.2.1 Community Pharmacy Contractors:

Essential criteria

The participating community pharmacies must be:

- Located within the Sussex geography.
- Meet the core contractual obligations required by NHS England.
- Contracted hours will be for a minimum of opening Monday to Saturday. Opening on a Sunday and/or extended hours is desirable.
- Able to access NHS e-mail during operating hours.
- Must be able to access the list of other NHS pharmacies participating in this scheme to effectively signpost patients. A 'live' list of community pharmacies commissioned to provide this service is available via [End of life drugs | Community pharmacy LCS - NHS Sussex](#) (N.B., this website requires an account for access, pharmacies can self-register for access using an nhs.net account).

Exclusion criteria

- Community pharmacies outside Sussex.
- Distance Selling Pharmacies (DSPs).

3.3 Addressing inequalities

The service's aim is to improve access to emergency palliative care drugs at the time when these are urgently required.

NHS Sussex is committed to reducing health inequalities, particularly in Sussex's most deprived communities and amongst population groups which have the poorest health outcomes.

This service must be provided in a way that ensures it is equitable for patients in respect of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.

Additional resources:

To access interpreting and translation services please complete the highlighted sections of the form in [Translation and interpreting - NHS Sussex \(ics.nhs.uk\)](#)

Community pharmacy teams have an enhanced role in supporting the local population, based around the principles of medicines optimisation, personalised care, and support planning. There is guidance for community pharmacies to follow as part of good practice, in relation to Trauma Informed Practice, as set out in the Royal Pharmaceutical Society [Tackling health inequalities](#) position paper (Jan 2023).

3.4 Service description/care pathway

Entry point into the service is from the patient's own GP, family, nurse, other providers working within healthcare or out of hours provider. The service providers will be expected to provide this service during all core and supplementary opening hours and on Bank/Public Holidays when the pharmacy is open.

To provide the service, the pharmacy must be able to meet the following requirements:

Stock requirements

- The pharmacy holds in stock the specified medicines (as per drug list described below in section 3.7), required to deliver this service and will dispense (and re-order) these in response to presentation of a valid prescription.
- The pharmacy must keep a minimum stock level of the drugs described below in section 3.7. Full packs must be kept in stock.
- When drugs held in stock expire - stock must be replenished as soon as possible. A claim can be made by the pharmacy to NHS Sussex via the claim form to cover the cost and replacement of these drugs.

Supply of palliative care drugs

- Dispense valid prescriptions presented for emergency palliative care drugs.
- For clinical queries, pharmacist to contact the prescriber as detailed on the prescription.
- If the pharmacy is not able to dispense the prescription when presented, the patient must be signposted to an alternative community pharmacy that is able to fill the prescription. This must be done by telephoning another community pharmacy to ensure they have the medication in stock, it should not be assumed that because a community pharmacy is on the service list they can supply on every occasion.
- In the event of supply issues or long-term availability problems, the pharmacy will inform the Medicines Optimisation Team at NHS Sussex by email: sxicb.mot-admin@nhs.net.

Patient counselling

- The pharmacy must ensure the patient receives appropriate counselling as appropriate for the prescription medication e.g. seeking medical help if symptoms worsen rapidly or significantly at any time.

Operational requirements

The pharmacy contractor:

- Will have and maintain a standard operating procedure to meet the service requirements and reflect changes in practice or guidelines. This should have a regular review scheduled (every 2 years as a minimum).
- Must demonstrate it has sufficient indemnity cover to support the provision of this service.
- Must notify the NHS Sussex' Medicines Optimisation Team urgently of any forced closures by email: sxicb.mot-admin@nhs.net.
- Must be available for communication via the telephone.

To facilitate the service, NHS Sussex will:

- Promote awareness of the service with prescribers and other healthcare professionals including the acute trusts and pharmacy contractors. This will enable signposting where required.
- Review the service and drug choices at regular intervals to ensure the availability of new medicines and changes in practice or guidelines are reflected.

3.5 Any acceptance and exclusion criteria and thresholds

Pharmacy contractors signed up to provide this service are agreeing to provide this service to all patients or carers who present with a valid prescription for end-of-life medication.

3.6 Interdependence with other services/providers

Details of the contracted pharmacies will be available to all GP practices, other pharmacy contractors and health care professionals (hospices, Virtual Wards, MacMillan nurses, GPs, Urgent Treatment centres and Out of Hours Medical Service) in order that they can signpost patients to the service.

3.7 Drugs List

To deliver this service, the pharmacy contractor will be required to stock the specified list of drugs in their respective minimum stock quantities as follows:

Stock List	Minimum pharmacy stock holding
Cyclizine 50mg/ml injection	5x1ml amps
Dexamethasone 3.3mg/ml injection	5x1ml amps
Diclofenac 75mg/3ml injection	10x3ml amps
Diamorphine 10mg injection	10 amps
Diamorphine 30mg injection	10 amps
Glycopyrronium 600mcg/3ml injection	9x3ml amps (or 1 box of 10amps)
Haloperidol 5mg/ml injection	5x1ml amps
Hyoscine butylbromide 20mg/ml injection	10x1ml amps
Hyoscine hydrobromide 600mcg in 1ml injection	10x1ml amps
Levomepromazine 25mcg/ml injection	10x1ml amps
Metoclopramide 10mg/2ml injection	10x2ml amps
Midazolam 10mg/2ml injection	10x2ml amps
Morphine sulphate 10mg/ml injection	10x1ml amps
Morphine sulphate 30mg/ml injection	20x1ml amps
Morphine sulphate 10mg/5ml oral solution	4x100ml bottle
Oxycodone 10mg/ml injection	10x1ml amps
Sodium chloride 0.9% solution for injection	10x10ml amps
Water for injection	20x10ml amps

They will dispense these drugs in response to prescriptions presented from an authorised prescriber with supply of a valid prescription.

The specified list of drugs is considered to cover most “urgent” requests. These drugs do not cover all eventualities.

Where pharmacies experience higher volumes of prescriptions than the minimum stock holding required under this LCS, they may choose to hold more stock to meet the needs of the population served. All pharmacies must maintain the minimum stock levels detailed above irrespective of dispensing volumes.

If a participating pharmacy contractor is unable to dispense the prescription to fulfil the patient's requirements, then they should find another community pharmacy who is able to dispense the prescription in full. This should be done by contacting another community pharmacy that is commissioned to provide the service to ascertain whether they can undertake this prior to sending the prescription. The pharmacy must hold details of other pharmacies commissioned to provide the service (see section 3.8).

The community pharmacist should notify the prescriber in the first instance if there is a supply issue with an item on the prescription. The NHS Sussex Medicines Optimisation Team should be notified of long-term supply problems of any medications to be held in stock for this service.

NHS Sussex will agree with local stakeholders the drugs list and stock levels required to deliver this service and circulate to all the appropriate health care professionals. NHS Sussex will regularly review this list to ensure that it reflects the availability of new drugs and changes in practice or guidelines. Any changes to the drugs list or stock levels would require a review of the service specification and discussion with local stakeholders and the Local Pharmaceutical Committee.

The community pharmacy will be expected to check stock levels regularly and will be required to report stock levels quarterly to NHS Sussex to ensure effective ongoing service delivery. The 'Emergency Palliative Care Drugs Form' (Appendix 1) should be used for this purpose and returned to NHS Sussex each quarter (see section 5.1).

NHS Sussex will reimburse date expired drug stock held as a requirement of this specification at Drug Tariff price plus VAT. NHS Sussex requires the community pharmacy to supply a copy of the invoice for the replacement stock & forward evidence of the expired medicines packaging (including the expiry date) and complete the 'Emergency Palliative Care Drugs Form' (Appendix 1) and email these to the LCS claims team (sxicb.sussex-lcs-claims@nhs.net).

If it is brought to NHS Sussex's attention that a community pharmacy is failing to hold a complete list of the locally agreed range of emergency palliative care drugs without a valid reason, then the community pharmacy may be asked to withdraw from the scheme.

3.8 Signposting

The pharmacy will hold details of other pharmacies participating in this scheme locally. NHS Sussex will host a 'live' list of community pharmacies commissioned to provide this service – this is available via [End of life drugs | Community pharmacy LCS - NHS Sussex](#) (N.B., this website requires an account for access, pharmacies can self-register for access). Further information regarding organisations (e.g., specialist centres, support groups or other health and social care professionals) which patients/relatives/carers can be signposted to, can be found via [Palliative and end of life care \(PEoLC\) - NHS Sussex](#).

NHS Sussex will disseminate information on the service to other pharmacy contractors and health care professionals (hospices, Virtual Wards, MacMillan nurses, GPs, Urgent Treatment centres and Out of Hours Medical Service) in order that they can signpost patients to the service.

Community Pharmacy requirements - summary

- **Comply with service standards**
- **Hold the specified list of drugs in the respective quantities**
- **Ensure appropriate training of pharmacy staff and pharmacists**
- **Have a Standard Operating Procedure (SOP)**
- **Report significant events to the ICB**
- **Ensure claiming data is accurate**

4. Applicable Service Standards

The Provider is responsible for ensuring that,

- **Premises** used for the service provision are in a suitable setting
- **Training** meets all relevant criteria set out in national and local guidance
- **Serious Incidents** within this service are reported to NHS Sussex alongside the pharmacy contractor's routine reporting mechanism.
- **Infection Control Guidance** is adhered to
- **Privacy and Dignity Guidance** are adhered to
- **Health and Safety** standards are met
- **Information Governance Standards** are met
- **Safeguarding Adults, Children and Looked After Children Guidance** is adhered to including statutory training.

4.1 Applicable national standards (e.g., NICE)

NICE Guidance on End-of-Life Care is also useful to refer to:

[End of life care | Search results | NICE](#)

Community pharmacy contractual framework:

[Community Pharmacy Contractual Framework: 2024 to 2025 and 2025 to 2026 - GOV.UK](#)

4.1.1 Infection control

Pharmacy contractors must ensure that latest national infection control and prevention guidance is adhered to. Please follow current national guidance as appropriate which includes, but not exclusive of the following:

- [Healthcare associated infections- Prevention and Control in Primary and Community Care](#) – National Institute for Health and Care Excellence (NICE) [CG139]
- [Infection Prevention and Control Quality Standards](#) – NICE [QS61]
- [Health and Social Care Act 2008: code of practice on the prevention and control of infections](#) – Department of health and Social Care
- [Coronavirus Primary Care](#) – National Health Service England and NHS Improvement
- [National Standards of Healthcare Cleanliness](#)

Other resources and information can be found locally at NHS Sussex intranet page:

[Infection prevention and control - NHS Sussex \(ics.nhs.uk\)](https://ics.nhs.uk)

4.1.2 Chaperoning, privacy, and dignity

Pharmacy contractors must ensure they have a chaperoning policy in place:

- [GPhC sexual boundaries guidance](#)

4.1.3 Quality

Pharmacy contractors must comply with all the National Quality Requirements as set out in the [NHS Standard Contract](#)

4.2 Applicable standards set out in Guidance and/or issued by a competent body (e.g., Royal Colleges)

- [Standards for pharmacy professionals | General Pharmaceutical Council](#)

4.3 Applicable local standards

- [Sussex Partner Formulary](#)

4.3.1 Quality Requirements

- Pharmacy contractors will comply with the General Pharmaceutical Council standards of conduct, ethics, and performance at all times.
- Responsible Pharmacists providing the service must comply with the GPhC standards for Pharmacy Professionals.
- Serious incidents related to this service must be reported to the NHS Sussex Medicines Optimisation Team at sxicb.mot-admin@nhs.net within 72 hours. The pharmacy contractor may submit a copy of their own incident report form or utilise the NHS Sussex 'incident monitoring form' (see Appendix 2). This will inform further discussion, learning points and shared problem solving. Common queries can be acted upon and learnt lessons anonymously shared. The contents of the incident monitoring forms are strictly private and confidential and the individuals completing the form may remain anonymous.
- The provider is required to evidence an effective system of clinical governance and put in place appropriate and effective arrangements for quality assurance, continuous quality improvement and risk management.
- Where reports of poor access to the service are received, NHS Sussex will follow up with the pharmacy contractor and support action planning to mitigate further instances of poor access to the service.

- The pharmacy contractor must have a standard operating procedure (SOP) describing how the pharmacy contractor will deliver and meet all the requirements of this service.
- If changes are made to the pharmacy that would impact service delivery, i.e., change in opening hours, change in ownership etc NHS Sussex will need to be notified, so coverage can be reviewed if appropriate.
- Pharmacy staff should provide eligible patients other complementary pharmacy contract essential services such as signposting and health promotion as appropriate.
- Pharmacy contractors are required to complete the annual quality assurance self-declaration that it has met the requirements of this LCS. This may cover elements pertaining to the
 - Service specification
 - Service standards
 - Training
 - Audit standards

NHS Sussex is responsible for commissioning high quality, safe and effective care for the population of Sussex. It is vital that the organisation maintains good governance in the decisions it makes. The form can be located on the 'Service' tab on the 'Emergency Palliative Care Drugs Form' (Appendix 1). Please submit together with the Q4 stock check/service payment claim.

4.3.2 Safeguarding

Pharmacy contractors must have appropriate Safeguarding Policies, Procedures and Governance arrangements in place which reflect the principles of the Pan Sussex Safeguarding Procedures ([Children](#) and [Adults](#)) and adhere to all Safeguarding and Looked After Children related Legislation. Providers must meet all regulatory safeguarding requirements including those as specified within the [Sussex NHS Commissioners Primary Care Safeguarding Standards](#) as appropriate.

Community pharmacies are required by their regulator (the General Pharmaceutical Council) to adhere to professional standard for safeguarding as stipulated within [Standards for registered pharmacies](#).

Mental Capacity guidance available on NHS Sussex intranet: [Mental Capacity - NHS Sussex \(ics.nhs.uk\)](#).

4.4 Training requirements

It is the pharmacy contractor's responsibility to ensure that all staff involved in the delivery of this LCS are familiar with the requirements and any relevant guidance.

Professionals delivering any part of this LCS must be suitably trained and accredited. This can be achieved through:

- Self-directed learning
- In house learning events
- NHS Sussex educational events (where available)

The pharmacy contractor must read and retain a copy of the 'Specification for the Community Pharmacy Locally Commissioned Service for Emergency Palliative Care Drugs'. Keep a copy of the signed agreement once acknowledged by NHS Sussex and have this available as evidence of inclusion on the scheme.

The pharmacy contractor has a duty to ensure that pharmacists (including locums) and staff involved in the provision of the service are aware of and operate within the Service Specification for the Community Pharmacy Locally Commissioned Service for Emergency Palliative Care and have relevant knowledge and are appropriately trained in the operation of the service. We would recommend all pharmacists (including locums) working within a pharmacy who are signed up to this Locally Commissioned Service to undertake the CPPE Distance Learning pack on Fundamentals of Palliative Care [Fundamentals of palliative care : CPPE](#).

5. Coding, Records, Data Quality and Audit

5.1 Reporting requirements

Quarterly stock holding checks (Appendix 1) of the drugs listed within this service specification, are to be undertaken and reported to the Primary Care Commissioning team sxicb.sussex-lcs-claims@nhs.net by the following dates:

2025/26	Q1 – 13/06/2025	Q2 – 12/09/2025	Q3 – 12/12/2025	Q4 - 13/03/2026
2026/27	Q1 – 12/06/2026	Q2 – 11/09/2026	Q3 – 11/12/2026	Q4 – 12/03/2027
2027/28	Q1 – 11/06/2027	Q2 – 10/09/2027	Q3 – 10/12/2027	Q4 – 24/03/2028

Please note submission deadlines for Q3 and Q4 may have been adjusted to account for the Christmas and Easter bank holidays.

NHS Sussex will send reminder emails to the pharmacy contractor two weeks prior to the submission deadline. Failure to submit the stock data collection form may result in service payment being withheld.

Spot check telephone calls

NHS Sussex may throughout the year call the pharmacy contractor to obtain details of stock levels for the drugs included on the list in section 3.7.

5.2 Records

Adequate records must be maintained to provide an audit trail for post payment verification purposes, for one year after contract cessation.

6. Payment/Claiming

6.2 Claims

The annual service payment of £1,094.90 will be paid quarterly on submission of the manual claim form (Appendix 1). Quarterly payments as follows: £273.74 for Q1 and £273.72 payable for Q2, Q3* and Q4 (*pro-rated for 25-26 to account for service commencing mid-quarter).

Pharmacy contractors should submit claims quarterly together with the completed quarterly stock check (see timetable in section 5.1). Claim forms should be emailed to sxicb.sussex-lcs-claims@nhs.net.

Service payments may be withheld if the stock data collection form has not been returned.

NHS Sussex will seek expressions of interest from local community pharmacies who hold an NHS contract in Sussex for inclusion in this locally commissioned service where upon review gaps in service provision are identified, or additional coverage is required.

NHS Sussex will review the provision of the locally commissioned service across Sussex as and when existing community pharmacies notify of changes in their pharmacy contract i.e., opening hours are reduced. NHS Sussex will also have discussions with the end-of-life team every 6 months to ensure that access to the Locally Commissioned Service is as expected.

NHS Sussex will reimburse participating pharmacies for date expired drug stock held as a requirement of this specification at Drug Tariff price plus VAT. NHS Sussex requires the community pharmacy to:

- Complete the 'Expired Stock' tab on the 'Emergency Palliative Care Drugs Form' (Appendix 1).
- Forward evidence of the expired medicines packaging (the end that includes the expiry date)
- Forward a copy of the invoice for the replacement stock
- Email the above to the LCS claims team (sxicb.sussex-lcs-claims@nhs.net).

Pharmacy contractors whose claims are at variance with expectations may be asked to submit additional evidence to support past or future claims.

NHS Sussex reserves the right to check pharmacy contractors' held information at any time to support post-payment verification.

6.2.1 Late or inaccurate claims

Where a pharmacy contractor is aware of any delay or inaccuracy in claims it must notify NHS Sussex Commissioning team without undue delay.

- Past overpayments will be recovered over a reasonable timeframe in agreement with the Pharmacy Contractor.
- Past underpayments (which must be supported by appropriate evidence) where Pharmacy Contractors submit late claim invoices by less than 6 months or fall within the same financial year (April-March) will be honoured. Late claims falling outside of this timeframe will be managed on a discretionary basis.

7. Termination

7.1 Termination

Unless otherwise notified, this Locally Commissioned Service terminates on 31 March 2028.

The service may be terminated by either NHS Sussex or the Contractor through the service of three months' notice. Where a three-month notice is served to a community pharmacy, pharmacies will be able to claim for reimbursement for stock held for use under the Locally Commissioned Service. NHS Sussex will reimburse the community pharmacy up to the minimum required stock levels as per the drug list in section 3.7 of the LCS. Using Appendix 1, community pharmacies can claim for any stock that has not been dispensed 3 months after the notice period has ended. Claims for reimbursement of this stock must be received by the 5th working day of the month following the 6-month window of the end date of the service.

NHS Sussex may require the contractor to suspend the provision of the service immediately if it has reasonable grounds for believing that patient health or safety is at risk as a result of continuing provision of this service.

The LCS may be subject to review by NHS Sussex at any time during the term of the service.

Breaches and terminations will be managed in accordance with the NHS Standard Contract.

Appendix 1 – Emergency Palliative Care Drugs Form

Community Pharmacy: Locally Commissioned Service Emergency Palliative Care Drugs

Please complete this form to:

- claim reimbursement for quarterly service fee
- report quarterly stock holding
- claim reimbursement for expired stock held in provision of the LCS

Please complete and return as an Excel spreadsheet to sxicb.sussex-lcs-claims@nhs.net.

Appendix 2 – Incident Monitoring Form

Please note, this is a generic form designed for a variety of incidents and it may not always exactly fit the incident you wish to describe. If this is the case, please complete the sections where you can and include a separate sheet detailing the incident.

No patient identifiable data to be included. This includes any patient names, NHS numbers and addresses.

Form completed by:

Name of Pharmacy:

Date:

Nature of the incident:

Who was involved e.g. client and pharmacist (can be anonymous)

Details of the incident:

Please return this completed form to: sxicb.mot-admin@nhs.net