

SPECIFICATION OF REQUIREMENTS FOR RECEIVING DISPENSARY SERVICES QUALITY PAYMENTS

1 Payment

- 1.1 Payment will be due to contractors for the services set out below on 31 March, at the end of each financial year to which the payment relates.
- 1.2 It will be a condition of payment that the contractor must, by 1 July in each financial year to which the payment relates, provide the PCT with a written undertaking to carry out the services and achieve the standards specified below, except that:
 - in the first year of the SFE change being in force the written undertaking must be received within eight weeks of the Directions coming into force
 - in the case of new contracts starting after 1 April (or after the Directions come into force in 2006 only) or contractors with no dispensing patients on their list on 1 April (after the Directions come into force in 2006 only) then the written undertaking must be provided to the PCT within 3 months of the start of the contract or of consent being granted to dispense to any patients on the contractor's list, whichever is the later, provided that the undertaking is received by 1 February in the financial year to which it relates
 - if the written undertaking is not provided within the set timescales the contractor will have no entitlement to a Dispensary Services Quality Payment in that financial year.
- 1.3 It will be a condition of payment that the contractor must provide the PCT with the name of a partner or salaried GP who will have accountability for the dispensary service quality, normally throughout the whole financial year. Where the identity of the responsible partner or salaried GP changes, the details of the new responsible person should be notified, in writing, to the PCT within 28 calendar days.
- 1.4 The payment will be based on the number of dispensing patients on the contractor's list on 1 January in the financial year to which the payments relate, as measured by the Exeter system. Dispensing patients are the patients for whom the contractor or any practitioners working for them have consent to dispense under the Pharmaceutical Services Regulation 2005, or relevant sections of GMS and PMS regulations. The payment will be £2.58 per dispensing patient per financial year.
- 1.5 In the case of new contracts starting on or after 2 April but before 1 February in any year, or contractors with no dispensing patients on their list on 1 April but who are granted consent to dispense to named patients on or after 2 April but before 1 February in any year, the payment for that financial year will be reduced pro-rata based on the

number of calendar days in the financial year that the contractor was dispensing to patients and providing the services set out below. A contractor starting to dispense on 1 January 2007 could only expect a payment based on 90/365 of the annual payment. A contractor starting to dispense on 1 February would have no entitlement for that financial year.

1.6 In the case of:

- contracts which cease, other than as part of a practice split or merger
- or contractors who cease to have any dispensing patients on their list; or
- contractors who cease to provide the services set out below to the dispensing patients on their list

...during the financial year in question, the payment for that financial year will be calculated pro-rata to the number of calendar days that the contractor was dispensing to patients and providing the services set out below.

- 1.7 If a practice merges or splits before 1 February, this will be treated for the purpose of the dispensing quality payments as the end of the previous contract and the beginning of a new contract. A new written undertaking will be required following the merger or split. Payment for the services provided prior to the merger or split and payment for the services provided post the merger or split, will be pro-rata'd as set out above. Where the merger or split occurs on or after 1 February, the original contractors should receive their full annual entitlement in their own right; the new contractor has no entitlement.

On 31 March of each financial year (or, in the case of closing practices, before the practice closes), the PCT should review the contractor's arrangements to ensure that the stated level of service and standards are in place, if necessary asking for written evidence and/or carrying out a practice inspection. Provided the PCT is satisfied that the contractor is complying with the requirements set out below, the PCT should make the payment due as soon as possible after the end of the financial year or as soon as possible following practice closure.

2 Dispensing Staff

2.1 Training and experience

- 2.1.1 The Standard Operating Procedures for each dispensary should indicate the level of competency expected for each function performed by dispensers or staff working as dispensary assistants.
- 2.1.2 For staff employed by the contractor who are not doctors and whose normal working patterns do not involve dispensing but who are involved in dispensing on an occasional or limited basis, a flexible

approach to the minimum competence requirement for dispensing assistants can be adopted. The contractor should identify such staff to the PCT, which should agree that the staff member concerned only has an occasional or limited role in dispensing. However, the contractor also needs to demonstrate that all staff who are working in the dispensary have evidence that they have the knowledge and competencies to perform the tasks and roles assigned to them, and staff who only have an occasional or limited role in dispensing are still required to have a certificate of competency signed by the practice manager (if any) and accountable GP in respect of the roles they occasionally undertake.

2.1.3 The contractor must have a written record of the qualifications of all staff engaged in dispensing and ensure that staff engaged in dispensing undertake continuing professional development. The contractor must carry out and complete a written record of an appraisal of all dispensing staff, and assess their competence in performing dispensary tasks at least annually.

2.1.4 Regarding *existing staff* employed by the practice on the date of the practice's written undertaking to provide the service:

2.1.4.1 Trainee dispensers:

- must be competent in the area in which they are working to a minimum standard equivalent to the Pharmacy Services Scottish/National Vocational Qualification (S/NVQ) level 2, or undertaking training towards this, or enrol in this training within three months of the practice's written undertaking towards this; and,
- should not work unsupervised until they have completed 1,000 hours work experience in the dispensary and have a certificate of competency signed by the practice manager (if any) and accountable GP. (A trained dispenser should supervise dispensing assistants until they have completed the work experience.)

2.1.4.2 Other existing dispensing staff that work independently in the practice dispensary:

- must have minimum work experience of 1,000 hours over the past five years in a GP dispensary or community pharmacy; and,
- must be competent in the area in which they are working to a minimum standard equivalent to the Pharmacy Services S/NVQ level 2, or undertaking training towards this, or enrol in this training within three months of the practice's written undertaking to provide the service.

However where an experienced dispenser's residual term of employment is not commensurate with the timeframe requirement of the specified course, the dispenser must have their knowledge and competence assessed and hold a certificate of competency signed by the practice manager (if any) and the accountable GP.

2.1.5 *New* dispensing staff employed by the practice after the date of the practice's written undertaking to provide the service:

- must be competent in the area which they are working, to a minimum standard equivalent to the Pharmacy Services S/NVQ level 2 qualification or enrol in training towards this within three months of the commencement of their employment; and,
- must have completed 1,000 hours of work experience in a GP dispensary or community pharmacy within the past five years before being able to work unsupervised. (A trained dispensing staff member should supervise new staff until they have completed the work experience.)

2.1.6 Where a dispenser is expected to enrol on a course, the relevant qualification should be completed within three years, although the PCT has discretion to allow for additional time in the case of absence due, for example, to sickness or maternity leave.

2.2 Minimum level of staff hours

2.2.1 The contractor must ensure that a minimum level of staff hours is dedicated to dispensary services to ensure that patients' needs for dispensing services, and the time required to complete the underpinning systems and processes, can reasonably be expected to safeguard patient safety.

2.2.2 The contractor must assure a level of staffing that reflects the practice's dispensary's configuration and hours of opening, as agreed with the PCT.

2.3 Duty of confidentiality

2.3.1 All employee contracts for dispensing staff must include a duty of patient confidentiality as a specific requirement, with disciplinary procedures set out for non compliance.

3. Governance of dispensary services

3.1 SOPs, clinical audit and risk management

3.1.1 The contractor must ensure that Standard Operating Procedures (SOPs) are in place and reflect both good professional practice, as well as the procedures that are actually performed by the practice. SOPs should be followed routinely for all dispensing related activities. SOPs should be specific to the practice and should set out in writing what should be done, when, where and by whom.

3.1.2 Standard Operating Procedures must be reviewed and updated at least once every 12 months and whenever dispensing procedures are amended. A written audit trail of amendments should be maintained.

- 3.1.3 The contractor must participate in contractor lead clinical audit of dispensing services. Clinical audit seeks to improve patient care and outcomes through the systematic review of care against explicit criteria and the implementation of change. Audit of dispensing services should include arrangements to assess the nature and quality of the advice provided to patients as part of the dispensing service.
- 3.1.4 The contractor must have a written policy for managing risks in providing dispensing services and must ensure that this policy is understood, and put into practice, by all staff involved in dispensing.
- 3.1.5 The contractor must ensure that all serious untoward incidents relating to dispensing are reported to the PCT for the purpose of reviewing and learning from incidents.

3.2 Information

3.2.1 The contractor must provide information to their patients on:

- the dispensing services provided by the contractor
- how to obtain medicines urgently.

3.2.2 The contractor must inform their PCT (who will advise NHS Direct as for pharmacies) of the hours of availability of dispensing services provided by the contractor. The contractor must ensure that opening times are displayed prominently on the premises from which they carry out dispensing and that they are legible from outside the premises when they are shut.

4. Review with patients of compliance and concordance with use of medicines

4.1 A face-to-face review with patients (and, where appropriate, their carers) of compliance and concordance should be carried out and recorded in the patient's medical record at least once every 12 months for at least 10% of the contractor's dispensing patients. The practice should agree with their PCT the types of patients that should be targeted for the review as part of their undertaking to carry out the services specified..

4.2 The review should normally be carried out by trained dispensing staff or by a registered health professional with appropriate competencies in review of medicines.

4.3 Arrangements must be in place to ensure that patients reviewed will be referred appropriately and in a timely manner to a doctor, nurse, pharmacist or other appropriate health professional working with the contractor, whenever clinically appropriate.

4.4 The reviewer should:

- establish the patient's actual use, understanding and experience of taking medicines; referring potential side effects or adverse effects reported by patients
- identify, discuss and resolve or refer poor or ineffective use of their medicines
- improve the clinical and cost effectiveness of prescribed medicines, referring where appropriate, and initiating appropriate action by using information from patients to recommend improvements in repeat dispensing and so reduce medicines wastage.