PORTSMOUTH & SOUTH EAST HAMPSHIRE HEALTH AUTHORITY

9/F

Queen Alexandra Hospital,
Cosham,
Portsmouth PO6 3LY
Tel: Portsmouth (0705) 379451

Our ref. Your ref. Please ask for . . . .

JJW/TB

Mr W M Hooper
General Manager (Fareham/Gosport)
Gosport War Memorial Hospital
Bury Road
Gosport

14 March 1991

Dear Bill

CONTRACT FOR PHARMACEUTICAL SERVICES
FAREHAM AND GOSPORT COMMUNITY UNIT

Thank you for your Memorandum of 12th March. I am sorry to do this to you, but could I ask that you again sign the attached Contract. This is the revised one, agreed with Code A Code A You will see that there is a new Page 11 – Direct Services (Peripheral Hospitals/ Clinics).

Please return it to me when signed, and I will get Jeff to sign it on behalf of the Provider and send you a copy for your records.

Sorry to be a pain – but I suppose we ought to do this properly!

Yours sincerely,

Code A

Tina Baines
Pharmacy Budgets and
Contracts Co-ordinator

PORTSMOUTH AND SOUTH EAST HANTS
HEALTH AUTHORITY
15 MAR 1991
GENERAL MANAGER, FAREHAM/GOSPORT

Mr W M Hooper
General Manager, Fareham/Gosport
Gosport War Memorial Hospital
Bury Road, GOSPORT Hants

Code A
Pharmacy Budgets and Contracts
Co-Ordinator
Queen Alexandra Hospital
Cosham. Portsmouth Hants PO6 3LY

JJW/TB/GD

WMH/HJM

12th March 1991

Contract for Pharmaceutical Services
Fareham/Gosport

Further to our telephone conversation on the 11th March 1991, I attach the **signed** Contract and would appreciate you confirming the correct replacement pages to conform with the Fareham/Gosport Service.

Many thanks.

Enc. Signed Contract

CONTRACT FOR PHARMACEUTICAL SERVICES

Version 5

1. INTRODUCTION

This document forms the basis for the proposed Pharmaceutical Contracts Document between Portsmouth & SE Hants HA Pharmacy Services Department (Contractor) and the Gosport and Fareham Community Unit (Contractee).

2. THE STRUCTURE OF CONTRACT AND SCHEDULES

The Contract will have four components:

2.1 A contract document.

2.2 A schedule of services provided (Schedule A).

2.3 A schedule identifying quality aspects and monitoring arrangements (Schedule B).

2.4 A summary of prices and charges to be paid by the contractee.

3. THE CONTRACT DOCUMENT

This should lay the foundation of the arrangements between the Contractee (the purchaser) and the Contractor (provider) of the service.

4. SCHEDULE OF SERVICES PROVIDED (SCHEDULE A)

The specifications will identify/define:

4.1 The range of services for which the contract relates, eg pharmaceutical services including medicines.

4.2 Services in detail, both direct to wards and patients and indirect support services, which may in fact be supplied on a supra–unit, supra–district or even regional basis.

4.3 Special conditions/provisions not included in the general conditions for contract.

5. QUALITY ASSURANCE AND MONITORING ARRANGEMENTS (SCHEDULE B)

This will have two components. It will specify:

5.1 The general responsibilities for quality assurance and monitoring arrangements.

5.2 Detailed description of the methods to be adopted to monitor the service.

CONDITIONS OF CONTRACT/AGREEMENT FOR SERVICE

THIS CONTRACT is made on the ..19th.. day of ..March.. 1991

BETWEEN The Gosport and Fareham Community Unit, hereinafter called the Purchaser on the one part, AND Portsmouth & SE Hants HA Pharmaceutical Department, hereinafter called the Provider on the second part.

WHEREBY the Purchaser appoints the Provider to provide the service(s) set out in the Schedules annexed to this Contract and in accordance with specification(s) contained in those Schedules.

IT IS HEREBY AGREED THAT:

1. INTERPRETATION

1.1 In this Contract the following expressions shall have the following meanings:

a. the "Contract" means the Agreement concluded between the Purchaser and the Providers, comprising this document and the Schedules annexed hereto.

b. the "Purchaser" means the (Health Authority; Unit; Hospital) for which the service(s) is to be provided.

c. the "Provider" means the (Health Authority; Unit, Hospital, Service Function) undertaking to provide the service(s) as provided for in this Contract. The expression shall include the employees of the Provider as the case may be.

d. the "Contract Price" means the total sum of the prices and charges to be paid by the Purchaser to the Provider for rendering the full and proper performance of the Contract as determined under the provisions of this Contract.

e. the "Service(s)" means and include all obligations, duties and services to be provided by the Provider under the terms of this Contract and as specified in the annexed Schedules.

f. the "Authorised Officer" means the person nominated by the Purchaser pursuant to Clause 7 of this Contract.

g. the "Contracts Manager" means the person nominated by the Provider pursuant to Clause 8 of this Contract.

h. the "Contract Period" means the period during which the Contract remains in force.

1.2 a. Words imparting the masculine gender shall include the feminine.

b. Words in the singular shall include the plural and words in the plural shall include the singular.

c. references to paragraphs, clauses and schedules are references to paragraphs, clauses and schedules of this Contract.

2. CONTRACT PERIOD - This Contract shall commence on the 1st Day of April 1991 and remain in force for a period of twelve months.

3. NOTICES - Any notices required to be given by either party under this Contract should be in writing and served by delivery to the Headquarters address of the Purchaser or Provider concerned and shall be deemed to have been duly served at the time it is so delivered.

4. THE SERVICE(S) - The Provider shall, during the Contract Period, undertake the work set out in Schedule A, annexed to this Contract, in accordance with the specification(s) contained in the Schedule.

5. STANDARD AND QUALITY OF SERVICE - In addition to any more specific obligations and requirements imposed by the terms of this Contract, it shall be the duty of the Provider to provide the Service(s) to the standard and quality specified in the annexed Schedules A and B to this Contract.

6. VARIATION - The Provider may propose, or the Purchaser may require, during the period of this Contract, a variation in the manner in which the Service(s) are provided or charged by the Provider. There shall be no variation to this Contract except where mutually agreed between the parties, in which case the Provider and Purchaser shall enter into a further contract which shall extinguish all rights, duties and obligations and Services whatsoever under this Contract.

7. AUTHORISED OFFICER - The Purchaser shall nominate forthwith an Authorised Officer empowered to act on his behalf and shall notify the provider in writing of the nomination. Any notice, information or communication given or made by the Authorised Officer shall be deemed to have been given or made by the Purchaser.

8. CONTRACT MANAGER - The Provider shall nominate forthwith a Contract Manager empowered to act on behalf of the provider and shall notify the Purchaser in writing of the nomination. Any notice, information or communication given or made by the Contract Officer shall be deemed to have been given or made by the Provider.

9. STATUTORY AND OTHER REGULATIONS - The Provider shall be deemed to have acquainted himself with any and all Acts of Parliament, Statutory Regulations, or other such laws, recommendations, guidance or practices as may affect the provision of the Service(s) specified under this Contract.

10. INDEMNITIES – The Provider shall indemnify and keep indemnified the Purchaser against any liability, loss, claim or proceedings whatsoever arising in respect of:

    a. any damage to property, real or personal, including any third party property.

    b. any injury to persons or death arising out of or in connection with the performance of this Contract by the Provider and its employees whether or not the latter were at the material time acting within the scope of their employment.

11. CONFIDENTIALITY – Unless first agreed otherwise by the Provider, the Authorised Officer shall deal with any enquiry from the media or other source concerning any matter arising out of this Contract.

    This Contract, including its annexed Schedules, is confidential to the parties and their employees and no detail whatsoever shall be divulged to any third party by the provider or its employees unless required by law. The Provider and his employees shall not disclose to any third party information acquired during the period of this Contract which concerns the identity and personal details of any individual or the medical condition or treatment administered to any such person, unless otherwise agreed by the Purchaser in writing.

12. CONTROL – The Provider shall ensure that the information, records and documentation necessary to effectively monitor the performance of this Contract, in accordance with Schedules A and B of this Contract, are maintained and available at all times to the Authorised Officer.

13. CONTRACT PRICE – The Contract Price shall be the total sum of the prices and charges identified in Schedule C annexed to this Contract.

14. PAYMENT – The sums owing retrospectively to the Provider under the terms of this Contract shall be paid quarterly on the following dates: 30th June 1991, 30th September 1992, 31st December 1991 and 31st March 1992.

15. REVIEWS – The Purchaser and the Provider shall jointly review at six-monthly intervals, the performance of this Contract.

16. FORCE MAJEURE – Neither the Provider, nor the Purchaser, will be liable for delay or failure to perform the obligations of this Contract, if the delay or failure results from circumstances beyond their reasonable control, including Force Majeure, Act of God, Governmental Act or Direction, Explosion or Civil Commotion or Industrial Dispute. In the event of delay or failure the Purchaser shall have the right to make alternative arrangements for the provision of the Service(s) specified in the Contract.

17. <u>DEFAULT</u> – If the Provider fails by default under this Contract to complete to the Contract standard any part of the provision of the Service(s) by the due date, or in accordance with the work and quality requirements specified in the annexed Schedules A and B then, without prejudice to any other right or remedy which the Purchaser may possess in respect of such failure, the Purchaser may require the Provider to remedy such default at no cost to the Purchaser within such time as he may specify.

    In the event of such default by the Provider, the Purchaser reserves the right to charge the Provider for any expense incurred in arranging for the Service(s) or any part of them to be completed by the Purchaser himself or by another Provider, and for any other loss incurred as a result of any such default by the Provider or his employee.

    The remedies of the Purchaser may be exercised successively in respect of any given default by the provider.

18. <u>BEST ENDEAVOURS</u> – In the event of any disagreement or dispute between the Purchaser and the Provider, the parties shall use their best endeavours to resolve the dispute without resorting to arbitration in accordance with Clause 19 hereof. In particular, the parties agree that in the first instance the Purchaser and the Provider shall meet to try and resolve any such disagreement or dispute.

19. <u>ARBITRATION</u> – In the event of any unresolvable dispute or failure to agree on any matter in relation to this Contract, the issue shall be resolved by arbitration, in accordance with the Arbitration Acts 1950 to 1979, or any statutory modification or re–enactment of it for the time being in force.

    Disputes over whether the performance and terms of this Contract are being met will be subject to binding arbitration on both parties by an arbiter acceptable to both the Purchaser and the Provider.

20. <u>SCHEDULES</u> – The following Schedules shall be deemed to be incorporated within this Contract/Agreement:

    Schedule A – Specification of work to be undertaken and service(s) to be provided.

    Schedule B – Quality Aspects and Monitoring Arrangements.

    Schedule C – Summary of prices and charges to be paid by the Purchaser for the full and proper performance of the Contract.

21. AGREEMENT – This Document and its annexed Schedules comprises the Contract Agreement concluded between:

The Gosport and Fareham Community Unit

and Portsmouth & SE Hants HA Pharmaceutical Department

SIGNED Code A

For and on behalf Code A Purchaser

DATE 14/3/91.

SIGNED Code A

For and on behalf of Pharmaceutical Service The Provider

DATE 19:3 91

SCHEDULE A - SPECIFICATION OF WORK TO BE UNDERTAKEN AND SERVICES TO BE PROVIDED TO THE FAREHAM AND GOSPORT COMMUNITY UNIT

INTRODUCTION

This Contract is for the provision of pharmaceutical services to the Fareham and Gosport Community Unit. The arrangement excludes the cost of medicines supplied. The budget for medicines has been allocated separately. Pharmaceutical service charges will be linked to the number of prescriptions dispensed or bulk supplies made.

DEFINITION OF SERVICES

The individual services to inpatients and outpatients in the care of the Fareham and Gosport Community Unit are briefly described below. Reference is made throughout to the "Standards for Pharmaceutical Services in Health Authorities in England", RPhOs' Committee 1989 (Standards Document). Reference should be made to this Document for a more detailed description of services provided.

For the purposes of this Contract the various elements of pharmaceutical services have been divided into two broad categories "Direct" and "Indirect Services".

Direct Services are provided direct to the customer. These include ward pharmacy, ward/ clinic stock replacement, clinical pharmacy including advice on total parenteral nutrition (TPN) regimens, therapeutic drug monitoring (TDM), patient counselling, etc.

Indirect Services are services not provided direct to patients or wards. They are services provided more or less equitably across the District and are mostly concerned with the basics of pharmaceutical services, procurement, stock control, quality control, information services and systems and the promotion of economic prescribing policies (clinical economy).

DIRECT DISPENSARY SERVICES

1. **Objectives**

The Dispensary will undertake the responsibility for the complete pharmaceutical requirements of both inpatients and outpatients of the hospital and ensure that their treatment with medicines is appropriate and timely.

2. **Definition**

Dispensary staff, under the supervision of pharmacists, will ensure the supply of medicines to Wards, Departments, Theatres and Clinics (WDTC) on a regular basis. They will further ensure the complete fulfilment of prescription requests for inpatients, outpatients, Accident & Emergency patients, Day Case patients and TTO medication for those patients being discharged.

3. Distribution of Medicines

This service will include stock replenishment to those wards, departments, theatres and clinics (WDTC) where agreed stocks of medicines will be maintained and the dispensing and supply of individually labelled medicines for inpatients.

3.1 Stock Replenishment Using Shotley Bridge

All stock medicines will be provided to WDTC on a pre–defined and regular basis according to Standard 9. of the Standards Document and specifically, Standards 9.20 to 9.23 Shotley Bridge Card Ordering System.

The schedule for providing stock replenishment will be agreed at the time of this contract and is detailed in the schedule attached. Stock supplies will be returned to the WDTC on the agreed day. Items required should be re–ordered by the appropriate staff member.

3.2 Inpatient Dispensing

All dispensing, including inpatient dispensing will be carried out in accordance with the safe system of dispensing, described in Standard 5. and in particular, 5.12 to 5.26 'Safe Systems for Dispensing'.

Items will be dispensed in individually labelled containers and delivered to the ward on the next appropriate transport. Where insufficient details do not exist to meet this style of issue, the medicine will be dispensed as 'Non–stock' until verification by the pharmacist can be made. The duration of treatment will be made according to the district policy agreed by the Drugs and Therapeutics Committee; this is currently 7 days, except for antibiotic courses and other specialised regimens.

Controlled Drugs for inpatient use will be treated as stock items and supplied through the normal process of requisitioning Controlled Drugs.

4. Outpatient Dispensing

Pharmacy will provide an outpatient dispensing service. Services under this category will include the dispensing of prescriptions for outpatients, accident and emergency patients, day case patients and for prescriptions for inpatients to take home with them.

The Standards for Safe Systems of Dispensing (5.12 – 5.26) will apply.

The Standard for Outpatient Dispensing (9.32 – 9.34.2) will apply.

It will be the intention of the Pharmacy to fulfil all prescriptions presented as soon as possible.

5. **Clinical Support Services**

Where appropriate, services such as TPN preparation, Cytotoxic Reconstitution and Radiopharmacy will be offered to the appropriate standards in the Standards document. The costs for these services will be included in the schedule of costs and apportioned according to the workload they create. Consultants or clinical managers will pay for said services as they are used.

6. **Individual Patient Dispensing (IPD)**

Although not offered as a standard service in this hospital, the facility exists to provide this service if appropriate and paid for. Under these circumstances, IPD will be offered according to Standard 9.1 to 9.7

DIRECT SERVICES (WARD PHARMACY)

1. **Objectives**

Pharmacists will utilise their knowledge of pharmaceutical sciences and product awareness to promote safety, efficiency and economic use of medicines prescribed for in-patient use.

Pharmacy Technicians will aid in the maintenance of an efficient ward pharmacy service by assisting pharmacists in the maintenance of long term prescriptions by operating ward top-up services where appropriate.

2. **Definition**

Ward Pharmacy services are provided by the Pharmacy for the benefit of patients on a named ward or department and whose costs are attributed to the consultants or clinical managers responsible for said wards or departments. Such services are provided by pharmacists (and in some cases pharmacy technicians) on a defined regular basis and for the express purpose of satisfying the requirements of 'Ward Pharmacy' as defined in Standard 10 of the Standards Document'. Services over and above those defined in 10.1, 10.2 and 10.3 of the Standards Document will be negotiated on an individual basis and specified in this document. The provision of costs for these services will be defined in the attached schedule.

TPN, Cytotoxic Reconstitution and Radiopharmacy will also be costed under this section.

3. **Wards Visited**

The wards to be visited on a regular basis are those defined in the schedule. Where the beds on a ward are shared, services will be supplied to the whole ward and costs apportioned according to mean bed occupancy data.

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4. **Schedule of Visits**

The recommended schedule of visiting is described in Standard 11 of the Standards Document. This will be considered as a minimum standard of visiting. Changes to this schedule may be negotiated on an individual basis to allow for enhanced or specialist services by pharmacists. Such changes must not compromise any defined minimum standard.

For the purposes of this contract, this and any agreed enhancements will be detailed in the attached schedule.

5. **Standard of Service**

Ward pharmacists will visit the agreed wards according to the above schedule and perform an Inpatient Prescription Monitoring Service as defined in Standard 11 of the Standards Document.

Ward pharmacists should develop a close liaison with clinicians and nursing staff in order that their role in the health care team be as productive as possible. They should be conspicuous on the ward and endeavour to promote adherence to the Hospital Prescribing Formulary, whilst providing clinicians with evaluated information on the alternatives available.

Ward pharmacists should provide a patient counselling service as the need arises. (See Standard 20).

Ward pharmacists should ensure the provision of relevant and adequate data on drug usage, as required by clinicians or ward managers.

Whilst higher than the minimum service, Standard 10.4 on Clinical Pharmacy does contain elements appropriate to the Department of Oncology and Radiotherapy and will be applied by negotiation as extra services (see below).

All other duties relevant to ensure the continued supply of medicines to patients on the ward will be undertaken.

Pharmacy Technicians engaged in ward top–up services will visit wards according to a schedule agreed between pharmacists and senior nursing staff. Their duties will be that of ensuring the continued supply of medication, previously checked and supplied by a pharmacist. During such visits they will monitor for changed and new prescriptions and bring these to the attention of the ward pharmacist.

Others duties necessary to ensure the continued supply of medicines to patients on the ward will be undertaken, where appropriate, or brought to the attention of the ward pharmacist.

DIRECT SERVICES (PERIPHERAL HOSPITAL/CLINICS)

1. **Objectives**

Community pharmacists will utilise their knowledge of pharmaceutical sciences and product awareness to promote safety, efficiency and economic use of medicines prescribed for patient use.

Pharmacy Technicians will aid in the maintenance of an efficient pharmacy service by assisting pharmacists.

2. **Definition**

Pharmacy services are provided by the Pharmacy for the benefit of patients. Such services are provided by pharmacists (and in some cases pharmacy technicians) on a defined, regular basis and for the express purpose of satisfying the requirements of "Community Based Units" as defined in Standard 12 of the Standards Document. Services over and above those defined in Standard 12 of the Standards Document will be negotiated on an individual basis and specified in this document. The provision of costs for these services will be defined in the attached Schedule.

3. **Peripheral Hospitals/Clinics Visited**

The peripheral hospitals/clinics to be visited on a regular basis are those defined in the Schedule. Where the beds on a ward are shared, services will be supplied to the whole ward and costs apportioned according to mean bed occupancy data.

4. **Schedule of Visits**

The recommended schedule of visiting is described in Standard 12 of the Standards Document. This will be considered as a minimum standard of visiting. Changes to this schedule may be negotiated on an individual basis to allow for enhanced or specialist services by pharmacists. Such changes must not compromise any defined minimum standard.

5. **Standard of Service**

Community pharmacists will visit the agreed peripheral hospitals/clinics according to the above schedule.

Good communication is essential to the efficient running of pharmaceutical services to the peripheral hospitals/clinics. The establishment of effective communication channels between the pharmaceutical staff and its users is essential to ensure that community based staff are not isolated within the service.

Pharmaceutical services to the community health service should include the supply of medicinal products to peripheral hospitals, community clinics and health centres and the provision of advice on the safe storage and use of medicines.

Community pharmacists should ensure the provision of relevant and adequate data on drug usage, as required by Community Unit Managers, clinicians or hospital/clinic managers.

All other duties relevant to ensure the continued supply of medicines to peripheral hospitals/clinics will be undertaken.

INDIRECT SERVICES

1. Purchasing and Stock Control

Systems will comply with Standard 4 of the Standards Document. The existing three-tier structure for purchasing medicines will continue. The top 300 high cost, high turnover items will be purchased through the Regional Drug Purchasing Centre. The charge for these items will continue to be invoice price, including VAT plus an average 4% loading to cover overheads on purchasing, including the DHA's return on capital invested.

A further range of 600 lines will continue to be purchased through pharmaceutical wholesalers. The charges for medicines provided on the regional call-off contract or from the pharmaceutical wholesalers will be the invoice price including VAT.

Although it is the aim of service managers to maintain stocks within pharmacy departments at or below existing levels, we recognise the need to balance this with service levels. As such, stocks will, if necessary, be allowed to increase to take account of inflation and/or increased demand so that service levels do not deteriorate.

2. Drug Information

The Drug Information Service will be provided in accordance with Standard 13 of the Standards Document. The service will be manned by 0.65 WTE Staff Pharmacist, answering 1,000 enquiries per year and providing up to six active information bulletins. If the workload varies by ± 5% then the bulk issue and dispensing fees will be adjusted accordingly.

3. Clinical Economy

The clinical economy service at QAH will be provided (see Standard 7). Clinical economy services seek to promote the rational and economic use of medicines by monitoring their use and provision of information and guidance to prescribers, pharmacists and nurses. Clinical Economists are involved in the maintenance and biennial review and reprinting of the Hospital Prescribing Formulary. Clinical Economists are responsible for monitoring and reporting to the Drug and Therapeutics Committee the level of prescribing of non-formulary medicines.

Clinical Economists are responsible for monitoring the prescribing of clinical teams, particularly those who are overspending their allocation with a view to identifying areas where economies can be effected by changing clinical practice.

DOH800198-0015

A report of the Clinical Economists' activities is included in the Pharmaceutical Services Manager's four-monthly report to the DGM and is more widely available upon request.

Current short term objectives of the Clinical Economists include provision of ward/clinical pharmacists' information packs on one target pharmaceutical product per month on which significant savings can be made.

The service will be manned by 0.5 WTE Principal Pharmacist.

4. **Quality Control and Quality Assurance**

A quality assurance service will be provided which complies with Standard 26 of the Standards Document.

In addition to providing quality assurance support to the Regional Pharmaceutical Manufacturing Unit, the cost of which is included in the cost of the product, the Regional Quality Control Service, provides the following services for which the medicines budget managers are charged:

4.1 Quality assurance support of the regional call-off contract.

4.2 Spot check quality control on 20 dispensed medicinal products per year.

4.3 Quality control follow-up on any product which, according to the user, is not of a required quality.

EXTRA SERVICES

Services described as such in the attached schedule are those extra Ward or Clinical Pharmacy services that have been negotiated specifically for the wards or departments to which they relate.

COSTS OF THE SERVICE

The agreed costs of services detailed in this contract are specified in the attached schedule of costs.

SPECIAL CONDITIONS

1. The conditions in this section of the contract refer to all previously described services to which they relate.

2. The agreed level of service may not be changed, by either side, without prior notice and agreement. Notice must be in writing and offered one month prior to the intended change. However, it is recognised that the nature of the services provided to community based units may be, necessarily, varied at short notice but any such changes may not compromise defined minimum standards.

3. Services that are requested as 'Extra Services' and subject to additional payment will be provided for a minimum of six months. If either side wish to terminate said services earlier than six months, a financial penalty will apply. The purchaser of the service may be liable to continue to pay for the extra service for the remainder of that period. Conversely, if the pharmaceutical service is unable to meet the extra commitment the purchaser shall be compensated for the loss of service. This compensation shall not exceed the total cost of the specific extra service contracted for.

4. The level of service defined in the Standards Document will form the minimum for Pharmaceutical Services in this District Health Authority.

5. Unless otherwise agreed, the pharmacy staff providing services will not be specified by grade or position. It will be the responsibility of Pharmacy Service Managers to provide staff of adequate experience. The policy of rotating staff and movement of staff to new positions will mean that the grade of staff may change without notice. Such a change will also apply to meet the demands of staff sickness and annual leave.

   The cost of staff will be applied according to grade, but will never exceed the cost of pharmacists at Grade D. Staff above this grade will only be paid for by special arrangement between vendor and purchaser.

6. The schedule for stock replenishment, using ward boxes, allows for their collection by hospital portering staff on the agreed days. Boxes must be ready for collection on those days and in a fit and proper state to be handled safely by such staff. They will be returned to the ward on the agreed day.

7. As a general policy, 'to–follow' items will be supplied as soon as possible. However, the Pharmacy cannot take responsibility for the failure of wholesalers or manufacturers to supply. Every effort will always be made to obtain supplies or equivalent treatments negotiated with clinicians.

8. Pharmacy retains the right to distribute pack sizes of the most appropriate size. Requests for large scale or bulk dispensing packs will not be met.

9. The existing distribution of Outstation Emergency Boxes, Midwives Boxes and Dental Boxes will continue to be maintained at the level currently in force.

10. The normal opening hours of the Pharmacy will be considered as the 'normal working day' for all its activities, except for the specifically organised 'Out–of–hours' service by pharmacists.

11. Costs for the service are based on the previous year's workload data and will be fixed for the period of the Contract. They will not normally be changed at intervals of less than 6 months and should coincide with each new Contract. If however, costs or workloads change by more than ±10% a revision of service charge may be necessary. A statement of charges will be available upon request or supplied automatically every month.

DOH800198-0017

Every effort will be made to keep budget managers and clinicians informed of their spending and a policy of close liaison and co-operation will be sought.

12. A mechanism for complaint or compensation shall exist.

    Complaint about the service should be addressed to immediate superiors of the staff providing the service. In respect of hospital pharmacy services, this shall be the Principal Pharmacist. If the purchaser is not satisfied, he/she may apply in writing to the District Pharmacy Services Manager. If still not satisfied, the purchaser may ultimately seek the intervention of the Unit General Manager.

13. The services detailed in this contract may be changed without notice if the safe provision of medicinal treatment for patients becomes compromised.

DOH800198-0018

SCHEDULE B - QUALITY ASPECTS AND MONITORING ARRANGEMENTS

The District Pharmacy Services Manager will have a responsibility to monitor the standard of pharmaceutical services. In general these will include:

1. Ensuring that quality audit systems, specified by the RHA, are in place and regularly monitored and updated.

2. Ensuring that Service Contracts specify services of a standard which complies with the Rphos' Standards for Pharmaceutical Services document.

3. Ensuring that standards specified in Service Contracts are monitored and maintained.

4. Ensuring that Service Contracts specify services which meet the needs of patients served.

5. Ensuring that services are provided in such a way as to provide best value for money.

SCHEDULE OF SERVICES TO BE MONITORED BY THE DISTRICT PHARMACY SERVICES MANAGER

1. Direct Dispensary Services

Service levels for Bulk Issues, Inpatient Dispensing and Outpatient Dispensing will be monitored in each Department to establish service levels. These will be calculated as follows:

$$\frac{\text{Number of items Bulk Issued in full}}{\text{Total number of Bulk Issue requests made}} \times 100\%$$

$$\frac{\text{Number of Inpatient Items Dispensed in full}}{\text{Total number of Inpatient Items requested}} \times 100\%$$

$$\frac{\text{Number of Outpatient Items Dispensed in full}}{\text{Total number of Outpatient Items requested}} \times 100\%$$

Each dispensary should measure 100 successive issues per week in each category. Service targets should be set initially at 99%, with minimum acceptance levels of 98%. Non–formulary products should be excluded from this service.

Patient satisfaction surveys should be carried out – 100 successive patients every three months using the Regional Survey Forms.

2. Outpatient waiting times should be monitored on a rolling programme one day each week, rotating through different days, including weekends if appropriate. Waiting times should be analysed in one hour or half hour blocks throughout the day and waiting times more than twice the average should be investigated. 95% of patients should wait less than 10 minutes.

3. Stock Control Systems – Stores and Dispensaries

Theoretical computer stock levels should be monitored against turnover as part of month–end routines. The following stockturns should be achieved:

DHA as a whole	8.67
District Store	8.67
DGH Dispensary	12.00

Smaller specialist dispensaries will vary according to turnover and range of products provided. A busy Eye Department may achieve 16–20 and maintain service levels; a small psychiatric department may do well achieving 8. Appropriate stock turns should be determined locally, balancing stock turn and the service levels in 1. above.

DOH800198-0020

4. Dispensing Errors

All dispensing errors detected inside and outside the pharmacy should be analysed routinely. Action levels should be set at 100 per 100,000 detected within the pharmacy and 20 per 100,000 for items leaving the pharmacy.

Analysis of errors against a standard questionnaire should be carried out routinely to identify causes of problems and to assist in overcoming them.

5. Patient/Customer Perceptions of a Service

These should be monitored on a regular basis. Contracts should define the number of customers to be surveyed in a given time period and set action limits on the general level of satisfaction obtained.

	Number of Persons Questioned	Action Limit Total Satisfaction with Service
Outpatients	100 patients every 3 months	98%
Inpatients	100 patients every 3 months	98%
Nurses	One Ward Sister per week.	98%
	One nurse actively involved in medicine ordering for wards per week.	98%
Doctors	One consultant per week.	98%
	One Junior Doctor.	98%

6. Patient Recall of Prescribing Directions

Patients who are to self-administer medicines should be questioned about their recall of prescribing directions on leaving the pharmacy or immediately prior to discharge from the ward.

	Number of Persons Questioned	Total Recall of Prescribing Instructions
Outpatients	100 every six months	
Inpatients	100 every six months	

DOH800198-0021

7. Effectiveness of other Clinical Services

Clinical interventions and other outcomes should be recorded routinely by clinical pharmacists and the records should be monitored weekly by clinical service managers. This monitoring process should be integrated into the routine role development and appraisal system for individual clinical pharmacists and training provided if performance is inadequate.

8. Other Services

The list of services to be monitored is endless. The basics, such as service levels, stock levels and waiting times are easy to measure and have the benefit that they are understood by managers and customers alike. The patient/ customer perceptions surveys have the benefit of bringing the customer into sharp focus. The development of true outcome measures will come with time but are much more difficult to establish and validate – probably all we can do is use simple measures on a wide basis and check actual outcome on a much smaller sample in the hope that some correlation can be obtained. For specialist services national guidance is available from the RPhOs' Specialist Sub–Groups.

NB This list is for guidance only and not intended to be prescriptive or comprehensive.