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NHS Standard Contract 2023/24

Particulars (Shorter Form)

ref: 2023/24 HWE ICB CP UTI

Hertfordshire and West Essex ICB Community
Pharmacy Infection Management Contract for Urinary
Tract Infections

Version 2, November 2023

Prepared by: NHS Standard Contract Team, NHS England
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(please do not send contracts to this email address)

Contract Reference	2023/24 HWE ICB CP UTI
DATE OF CONTRACT	17 May 2023
SERVICE COMMENCEMENT DATE	17 May 2023
CONTRACT TERM	Commencing from 20 November 2023 Term until 31 March 2024 or until national specification is available for participation locally, whichever is sooner. Pharmacies may not participate in both schemes simultaneously and are only able to claim under one scheme at a time.
COMMISSIONERS <i>Note: contracts signed before the formal establishment of the relevant successor ICB(s) must list and be signed on behalf of the relevant CCGs</i>	Herts and West Essex ICB The Forum Marlowes, Hemel Hempstead HP1 1DN (ODS QM7)
CO-ORDINATING Commissioner <i>See GC10</i>	Herts and West Essex ICB (ODS QM7)
PROVIDER	[REDACTED] (ODS [REDACTED]) Principal and/or registered office address: [REDACTED] [Company number: [REDACTED]]

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CONTRACT

Contract title: Hertfordshire and West Essex ICB Community Pharmacy Infection Management Service Specification for Urinary Tract Infections

Contract ref: 2023/24 HWE ICB CP UTI

This Contract records the agreement between the Commissioners and the Provider and comprises

1. these **Particulars**, as completed and agreed by the Parties and as varied from time to time in accordance with GC13 (*Variations*);
2. the **Service Conditions (Shorter Form)**, as published by NHS England from time to time at: <https://www.england.nhs.uk/nhs-standard-contract/>;
3. the **General Conditions (Shorter Form)**, as published by NHS England from time to time at: <https://www.england.nhs.uk/nhs-standard-contract/>.

Each Party acknowledges and agrees

- (i) that it accepts and will be bound by the Service Conditions and General Conditions as published by NHS England at the date of this Contract, and
- (ii) that it will accept and will be bound by the Service Conditions and General Conditions as from time to time updated, amended or replaced and published by, NHS England pursuant to its powers under regulation 17 of the National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012, with effect from the date of such publication.

IN WITNESS OF WHICH the Parties have signed this Contract on the date(s) shown below

SIGNED by

Signature

Rachel Hawksworth for
and on behalf of
Hertfordshire and West Essex
Integrated Care Board

.....Assistant Director for Primary Care
Contracting.....
Title

.....
Date

SIGNED by

Signature

[INSERT AUTHORISED SIGNATORY'S NAME] for
and on behalf of
[INSERT PROVIDER NAME]

.....
Title

.....
Date

SERVICE COMMENCEMENT AND CONTRACT TERM	
Effective Date <i>See GC2.1</i>	Commencing 1.11.23
Expected Service Commencement Date <i>See GC3.1</i>	Commencing 1.11.23
Longstop Date <i>See GC4.1</i>	TBC
Contract Term	Commencing 1.11.23 Term until 31.3.24 or until national specification is available for participation locally, whichever is sooner.
Commissioner option to extend Contract Term <i>See Schedule 1C, which applies only if YES is indicated here</i>	YES
Notice Period (for termination under GC17.2)	One (1) month
SERVICES	
Service Categories	Indicate <u>all</u> categories of service which the Provider is commissioned to provide under this Contract. <i>Note that certain provisions of the Service Conditions and Annex A to the Service Conditions apply in respect of some service categories but not others.</i>
Continuing Healthcare Services (including continuing care for children) (CHC)	No
Community Services (CS)	Yes
Diagnostic, Screening and/or Pathology Services (D)	Yes
End of Life Care Services (ELC)	No
Mental Health and Learning Disability Services (MH)	No
Patient Transport Services (non-emergency) (PT)	No
GOVERNANCE AND REGULATORY	
Provider's Nominated Individual	[REDACTED] Email: [REDACTED] Tel: [REDACTED]
Provider's Information Governance Lead	[REDACTED] Email: [REDACTED] Tel: [REDACTED]

Provider's Data Protection Officer (if required by Data Protection Legislation)	[REDACTED] Email: [REDACTED] Tel: [REDACTED]
Provider's Caldicott Guardian	[REDACTED] Email: [REDACTED] Tel: [REDACTED]
Provider's Senior Information Risk Owner	[REDACTED] Email: [REDACTED] Tel: [REDACTED]
Provider's Accountable Emergency Officer	[REDACTED] Email: [REDACTED] Tel: [REDACTED]
Provider's Safeguarding Lead (children) / named professional for safeguarding children	[REDACTED] Email: [REDACTED] Tel: [REDACTED]
Provider's Safeguarding Lead (adults) / named professional for safeguarding adults	[REDACTED] Email: [REDACTED] Tel: [REDACTED]
Provider's Child Sexual Abuse and Exploitation Lead	[REDACTED] Email: [REDACTED] Tel: [REDACTED]
Provider's Mental Capacity and Liberty Protection Safeguards Lead	[REDACTED] Email: [REDACTED] Tel: [REDACTED]
Provider's Freedom To Speak Up Guardian(s)	[REDACTED] Email: [REDACTED] Tel: [REDACTED]
CONTRACT MANAGEMENT	
Addresses for service of Notices <i>See GC36</i>	Co-ordinating Commissioner: Herts and West Essex ICB Address: The Forum, Marlowes, Hemel Hempstead, HP1 1DN Email: hweicbhv.primarycare@nhs.net Provider: [REDACTED] Address: [REDACTED] Email: [REDACTED]
Commissioner Representative(s)	Mefino Ogedegbe Address: The Forum, Marlowes, Hemel Hempstead, HP1 1DN Email: hweicbhv.medicinesoptimisationteam@nhs.net Tel: 01707 685000
Provider Representative	[REDACTED] Address: [REDACTED] Email: [REDACTED] Tel: [REDACTED]

SCHEDULE 1 – SERVICE COMMENCEMENT AND CONTRACT TERM

A. Conditions Precedent

The Provider must provide the Co-ordinating Commissioner with the following documents and complete the following actions:

- | |
|--|
| <ol style="list-style-type: none">1. Evidence of appropriate Indemnity Arrangements2. Evidence of CQC registration -(Not applicable as is a pharmacy service who are inspected by the General Pharmaceutical Council) |
|--|

C. Extension of Contract Term

To be included only in accordance with the Contract Technical Guidance. Either include the text below or delete it and state Not Applicable.

1. The Commissioners may exercise the option to extend the Contract Term by up to one (1) year
2. If the Commissioners wish to exercise the option to extend the Contract Term, the Co-ordinating Commissioner must give written notice to that effect to the Provider no later than one (1) month before the original Expiry Date.
3. The option to extend the Contract Term may be exercised:
 - 3.1 only once, and only on or before the date referred to in paragraph 2 above;
 - 3.2 only by all Commissioners; and
 - 3.3 only in respect of all Services.
4. If the Co-ordinating Commissioner gives notice to extend the Contract Term in accordance with paragraph 2 above, the Contract Term will be extended by the period specified in that notice and the Expiry Date will be deemed to be the date of expiry of that period.

SCHEDULE 2 – THE SERVICES

A. Service Specifications

The Hertfordshire and West Essex ICB (HWE ICB) Community Pharmacy Patient Group Direction for Urinary Tract Infections aims to provide eligible patients who are registered with a General Practitioner (GP), in the HWE ICB area with access to support for the treatment of the following:

- *Treatment of Simple Lower urinary tract infection (UTI) in non-pregnant women aged 16 years to 64*

The service will be provided through community pharmacies contracted to NHS England situated in the Herts and West Essex ICB area who have signed this local service agreement to provide this service. Patients participating in this scheme will be registered with a GP Practice commissioned by HWE ICB

2.1 Aims of the scheme

The overall aim of the scheme is to ensure that patients, where appropriate, can be referred to a pharmacy and consult with a pharmacist, can access self-care advice or can be supplied with antibiotics for the treatment of uncomplicated urinary tract infections women aged 16 years to 64 years if clinically indicated and have no contraindications. This provides an alternative location from which patients can seek advice and treatment, rather than seeking treatment via a prescription from another provider.

The aims of the service are:

- To educate patients to seek advice and treatment from the most appropriate healthcare setting
- To improve patient's access to advice and appropriate treatment via community pharmacy
- To reduce GP and NHS 111 acute appointment workload allowing greater focus on more complex and urgent medical conditions
- To educate patients with aim of reducing requests for inappropriate supplies of antibiotics
- To promote the role of the pharmacist and self-care
- To improve working relationships between doctors and pharmacists

The service is offered as an alternative for appropriate patients to access healthcare. Patient may choose to refuse this service and continue to access

treatments in the same way as they have done previously.

2.2 Patient eligibility

This scheme is available to patients who are registered with a GP, contracted to HWE ICB. Inclusion criteria are defined in the HWE ICB approved patient group directions for nitrofurantoin and trimethoprim and reflect the Public Health England publication: [Diagnosis of urinary tract infections - Quick reference tool for primary care.](#)

Patients can access the scheme at a pharmacy participating in the service.

Patients will be asked by the pharmacy to confirm their registration with the GP Practice before any supply is made.

Pharmacists are encouraged to use Summary Care Records (SCRs) to check the patient's GP practice if there is uncertainty or where they need to check the practice, the personal demographic service (PDS) look up on PharmOutcomes can also support this (<https://phpartnership.com/certificate>).

Patients not registered with a GP practice as described above, should be advised appropriately and if antibiotic treatment or other Prescription Only Medicine (POM) is thought to be required, they should be signposted to an appropriate provider.

2.3 Claiming prescriptions

Patients accessing the scheme who are entitled to free prescriptions will receive medication free of charge. All current NHS prescription exemptions (including those with valid pre-payment certificates) are applicable, and the patient must be asked to provide evidence of their exemption. This information must be recorded on PharmOutcomes.

Patients who are not exempt from prescription charges will pay a prescription charge for each item supplied under the patient group directions (PGDs) in this service.

2.4 Scheme Requirements

The service can only be provided from community pharmacies in Herts and West Essex ICB that have been commissioned to deliver the service and that have appropriately trained staff to provide the service.

The pharmacy must be compliant with and be able to demonstrate compliance with all Essential Services within the [Community Pharmacy Contractual Framework \(CPCF\)](#).

The pharmacy must have a Standard Operating Procedure (SOP) or follow its

company SOP to cover the service which must be available to staff at all times.

Patients can access the scheme by presenting at any participating pharmacy or after referral from a GP or NHS 111 via CPCS (Community Pharmacist Consultation Service) and pharmacies participating in this service must be signed up to deliver CPCS. A list of community pharmacies participating in the UTI service will be made available to local GP practices.

All documentation pertaining to the service will be available on PharmOutcomes.

2.5 Community Pharmacist training requirements

The pharmacist will need to log in to the Centre for Pharmacy Postgraduate Education (CPPE) website and access the [Declaration of Competence \(DoC\)](#) section to download the DoC Self-Assessment Framework for Minor Ailments. (The UTI service is a Level 2 Minor Ailments Service involving supply of POM medication under a PGD).

The Commissioner training requirements relating to the service are;

Qualifications and professional registration

- Current contract of employment within a Local Authority or NHS commissioned service or an NHS Trust/organisation
- Registered healthcare professional listed in the legislation as able to practice under Patient Group Directions

Initial training

The registered healthcare professional authorised to operate under this PGD must have:

- undertaken appropriate training and successfully completed the competencies to undertake clinical assessment of individuals leading to diagnosis of the conditions listed. Minimum recommended training is completion of the [RCGP eLearning Urinary Tract Infections](#) (webinar, presentation, quiz and podcast are free to access) and completion of ICB led training.
- undertaken appropriate training and successfully completed the competencies for the identification of sepsis
- undertaken appropriate training for working under PGDs for the supply and administration of medicines. Recommended training - [eLfh PGD elearning programme](#)

- completed locally required training (including updates) in safeguarding vulnerable adults

Competency assessment

- Individuals operating under this PGD must be assessed as competent or complete a self-declaration of competence to operate under this PGD
- Staff operating under this PGD should review their competency using the [NICE Competency Framework for health professionals using patient group directions](#)
- Individuals operating under this PGD should follow the national guidance for [diagnostic](#) (UKHSA) and [management](#) (NICE) of urinary tract infections in the UK
- Individuals operating under this PGD must be familiar with the product and alert to changes in the Summary of Product Characteristics (SPC)
- Individuals operating under this PGD must have access to the PGD and associated online resources

Ongoing training and competency

- Individuals operating under this PGD are personally responsible for ensuring they remain up to date with the use of all medicines and guidance included in the PGD - if any training needs are identified these should be discussed with the senior individual responsible for authorising individuals to act under the PGD and further training provided as required
- It is the responsibility of the individual to keep up-to-date with continued professional development (CPD)
- Organisational PGD and/or medication training as required by employing organisation.

The pharmacist must confirm on the CPPE website that they have completed and signed the Minor Ailments Declaration of Competence (DoC), as described above, that is recorded on PharmOutcomes. The DoC must be reviewed at a minimum annually. A review must also be undertaken whenever there is a change in the service specification or the supporting Patient Group Directions or whenever any training competency requirements expire.

The accuracy of the DoC is the pharmacist's professional responsibility.

All pharmacists working at participating pharmacies and providing the scheme should ensure that they continue, through continuing education and CPD, to keep up to date with guidance issued around of the treatment of simple UTIs.

It is expected that at a minimum, the main pharmacist and one relief pharmacist have undertaken the relevant training as described and have access to a copy of the service specification, prior to working in a pharmacy commissioned to deliver this service.

2.6 Duties of Community Pharmacies

2.6.1. Consent

The pharmacist must complete one consultation and follow-up record for every patient.

The consultation and follow-up should be recorded on PharmOutcomes during the consultation.

The details of the consultation should be entered onto PharmOutcomes live or as soon as possible after the consultation has taken place and in all cases within two working days.

Patient consent should be captured electronically on PharmOutcomes at the time of the consultation.

The consent process also clarifies that they are consenting not only to the service but also that the pharmacy team member will contact them in five (5) days for a short follow-up conversation. In the case of deferred treatment, the follow up will be five (5) days after actual supply. The patient's preferred contact details should be recorded in the PharmOutcomes consultation record and a suitable time to call agreed.

The PharmOutcomes system will send a secure email to the patient's GP to inform them if there has been a supply made under a PGD so that the information can be added to the patient's medical record. Where a secure email address is not available for a practice the PharmOutcomes system will inform the pharmacy that they have to inform the practice using a different, secure method.

GP practice staff will be required and responsible for updating the patient's clinical record with details of the consultation and medication list to reflect that an antibiotic has been supplied from another setting as soon as practically possible.

2.6.2 Consultation

- All initial consultations must be carried out by an appropriately trained pharmacist in a consultation room.
- The patient must attend the pharmacy in person in order receive a consultation and if appropriate a supply of medication.

- The pharmacist must be familiar with the PGDs and urinary diagnosis protocol involved in this service and where a dipstick is required, how to interpret the result.
- The pharmacist must carry out a professional consultation with reference to the appropriate PGDs which should involve:
 - Patient assessment
 - Identify any concurrent medication or medical conditions, which may affect the treatment of the patient. This should involve access to the patient's SCR, where appropriate and with patient consent.
 - Provision of advice. As part of the advice, they must explain that many conditions resolve without antibiotic treatment, this will help reinforce the message on the need to reduce antibiotic usage.
 - If appropriate, the patient may be supplied with an OTC product. In line with [NHS Guidance on OTC products](#), patients would be expected to purchase the OTC product. Patients exempt from prescription charges should NOT be referred to a GP to request a prescription as this would not be in line with NHS or ICB guidance.
 - Supply of appropriate antibiotic medication, only if clinically appropriate, using the Patient Group Direction and appropriate to the patient's condition
 - The pharmacist may advise deferred antibiotic treatment; in this case they would complete the consultation and the data would be recorded on PharmOutcomes
 - Inform the patient's GP of the supply within two (2) working days from when the supply takes place.
 - Where a pharmacy sees a message on PharmOutcomes to say that the notification cannot be sent electronically they must print out the notification and the information must be sent to the practice within two (2) working days of the supply taking place (with due regard to information governance).
 - If the GP practice is not able to receive PharmOutcomes notifications the pharmacist is advised to contact the practice to confirm the NHS mail address they wish to use.
 - The patient should be asked to pay the prescription levy charge or declare the exemption applicable, which must be recorded on PharmOutcomes.
 - The consultation and supply should be recorded on the pharmacy Patient Medication Record (PMR) system.
 - The pharmacist must record if the patient was referred into the service via CPCS or via self referral.
 - It is submission of the consultation details onto PharmOutcomes that triggers payment for the consultation.
 - Patients will be asked to rate their satisfaction relating to the service at the time of the consultation using a scale of 1-5 with 1 being dissatisfied and 5 being very satisfied

2.6.3. Follow-Up

2.6.3.1 Deferred Antibiotic treatment

- The pharmacist may advise deferred antibiotic treatment; in this case they would complete the consultation and the data would be recorded on PharmOutcomes.
- If the patient agrees to defer treatment the pharmacist should determine that they could be treated under the service PGDs if they do return. If they are excluded from a PGD supply, they should be advised to see their GP if they need treatment after waiting the agreed timescale agreed in the deferment conversation.
- If the patient could be treated via the service and returns after waiting the appropriate amount of time the pharmacist can then dispense the medication without having to repeat the consultation, although all due regard to the PGD conditions of supply must be undertaken, and the supply would be recorded on PharmOutcomes in the Deferred Treatment Module which then forms part of the PharmOutcomes patient record.
- In the consultation module, where a patient agrees to defer treatment, that option should be selected and the PharmOutcomes module will then allow the original consultation to be saved and any deferred supply must be added to the Deferred Treatment Module to record the supply. The pharmacy may refer to the original consultation to re-check inclusion and exclusion criteria, but the actual supply must be entered in the Deferred Treatment Module. This ensures that the number of patients returning for deferred treatment can be monitored and ensures that the pharmacy is paid for the drug supplied after the patient agreed to defer supply.

2.6.3.2 5 day follow up

- The patient must be made aware that in order to access the service they must agree to having a follow up conversation five (5) days after the initial consultation or deferred supply. This conversation does not have to be with the pharmacist that initially carried out the consultation but must be with a trained pharmacy team member.
- The follow up will consist of a number of questions specified in this service specification and will usually take place over the telephone (although if the patient prefers it could be face- to face in the pharmacy). In the case of deferred treatment, the follow up will be 5 days after actual supply. Follow-up questions that are required are listed in Appendix 1.
- The follow up should be recorded onto PharmOutcomes as soon

as possible after the conversation has taken place and in all cases in two (2) working days.

- Recording the follow up consultation in PharmOutcomes triggers the payment for this part of the service.
- It is understood that some patients may not be contactable, but because the pharmacist will have explained to the patient that this is a requirement of the service during the initial consultation and also have confirmed the appropriate contact telephone number and best time to call, this should be the exception. A trained pharmacy team member is required to try to contact the patient 3 times at different times of the day. If an answer phone message is left for the patient asking them to call back it is acceptable to make only two attempts to call. If after 3 attempts, or two as above, they have been unable to contact the patient, they are able to record this as “Lost to follow up” within the PharmOutcomes 5-day follow-up module and this will then generate payment of the follow up fee.

2.6.4 Urgent referral to GP or other healthcare professional

In a situation where a patient presents with a symptom(s) that requires referral to their GP or other healthcare professional (urgent or otherwise), the pharmacist must escalate as per their normal processes.

This information will also need to be recorded within PharmOutcomes.

The patient must confirm that they understand the urgency with which they need to seek healthcare support.

The patient must be made aware that the referral does not guarantee an instant GP appointment.

If the patient is symptomatic, but is excluded under the PGD, the pharmacist must escalate back using the escalation process that is in place for CPCS locally, making all reasonable attempts to contact the patients GP practice (or 111) to arrange for an appointment.

If the patients GP practice is closed and/or the symptoms are sufficiently severe to warrant a referral to a doctor, the patient must be advised to contact 111 or attend A&E immediately if required.

If the symptoms appear life threatening the pharmacist must dial 999 and provide the responders with any relevant information.

2.6.5 Record Keeping and Labelling Requirements

- A record of every consultation with or without PGD supply, any deferred treatment supplies and all follow-ups must be made on PharmOutcomes.

- Only consultations and any supplies recorded on PharmOutcomes will comply with record keeping requirements and follow-ups recorded on PharmOutcomes will be used to measure activity and will result in payments being made for the service.
- If, after completing the patient examination, the pharmacist considers that no treatment is required they should give the patient appropriate advice and record on PharmOutcomes that they have done so.
- If the pharmacist considers that the most appropriate treatment for the patient is advice and supply of an OTC medication, they should record the consultation on PharmOutcomes and select the correct consultation outcome from the drop-down list in the module.
- If the pharmacist considers that the most appropriate treatment for the patient is advice and supply of an antibiotic, they should record the consultation on PharmOutcomes. A checklist of exclusion and inclusion criteria relating to the PGDs for UTIs must be completed.
- If the pharmacist considers that the most appropriate treatment for the patient is advice with a deferred antibiotic supply, they should record the consultation on PharmOutcomes and complete the relevant questions in the module. The final part of the PGD questions, which relate to the actual supply of the antibiotic, would not be completed until the patient returns after the appropriate waiting period to collect their antibiotic. The PharmOutcomes module will allow the consultation to be saved and it should be noted that the patient has agreed to defer treatment. Details of the deferred supply may be added later using the Deferred Treatment Module. It is important that the correct process is followed if/when the patient returns for the antibiotic in order that the deferred supply is recorded, and the correct invoice produced. If a pharmacy goes back into the original consultation record and adds the later supply of deferred meds, the system may not pick this up for invoicing purposes.
- For some patients it may be appropriate to give them advice and recommend an OTC product as well as to supply an antibiotic (either on first consultation or a deferred supply).
- A record of any medication supplied as part of the Community Pharmacy UTI service should be documented in the PMR on the pharmacy IT system.
- All supplies must be labelled in line with the labelling requirements for a *dispensed medicine* as stated within [The Human Medicine Regulations 2012 schedule 25 part 1](#).

All records electronically or otherwise must be kept in accordance with NHS record keeping and Community Pharmacy Information Governance requirements. Recommendations for the retention of pharmacy records for

minor clinical interventions are two (2) years. This includes the patient consent record.

2.7 Incident reporting & complaints

All incidents relating to the service should be recorded as part of the pharmacy's clinical governance procedures and reported to the Commissioner.

Pharmacies will be expected to follow their normal or company process for complaints in accordance with NHS policy. Where issues arise relating to a patient complaint they should be reported to the Commissioner and the pharmacy would be expected to review their service provision so that improvements can be made following significant events or errors.

Pharmacies should also note that by signing up to participate in this scheme they are entering into an agreement to offer a service with HWE ICB. The Provider will co-operate with any Commissioner-led assessment of the service with prior notice.

2.8 Quality and Monitoring

HWE ICB will be responsible for production, approval and updating the agreement and PGDs for this service.

HWE ICB will be responsible for ensuring timely payments are made to Community Pharmacies for any consultations and supplies under this service and will be responsible for dealing with payment-based queries for this aspect of the service.

HWE ICB, will undertake regular audits of the scheme, including review of consultation data, antibiotic prescribing rates and budget analysis. Post payment verification checks may also be made.

Towards the end of the review period the service will be evaluated to consider its usefulness with a view to extend the service.

Service evaluation will be carried out by the Commissioner using Pharmoutcomes which will include quarterly reports developed from the Provider data recorded evaluating patient outcomes, adverse effects and antimicrobial usage. Antimicrobial usage will be reported back to local and regional bodies quarterly as required to assure antimicrobial stewardship.

Aspects of the service to be audited include:

- The volume of individuals assessed using the PGD
- The population demographics of patients using the service.
- The volume supplied medication via PGD
- The volume receiving TARGET UTI patient information
- Individual outcome at day 5 as per service specification
- The number of escalations to other clinicians
- Any reported clinical incidents and the findings from their subsequent investigation.
- The types and effectiveness of secure digital referral routes deployed.

- Impact on health inequalities (linking to post codes of those diagnosed)
- Service user experience / satisfaction
- Operational efficiency and identified issues with the running of the service, which may prompt changes to its design/future development
- The cost of implementation including time and resource(s) required.
- The impact on local antimicrobial prescribing rates

Appendix 1

5 day follow up questions:

1. Have your symptoms resolved? **(Y/N) [If no, please refer to a pharmacist at this stage]**
2. Did you follow the advice given by the pharmacist **(Y/N)**
3. If applicable, have you taken the self-care medication advised by the pharmacist? **(Y/N)**
4. If applicable, have you taken the antibiotics provided by the pharmacist and completed the course? **(Y/N)**
5. If you needed to come back to collect deferred antibiotics, how long did you wait? **<12 hours, 12-24 hours, 1-2 days, 3 days or more**
6. Have you contacted your GP or any other Health Care Professional for this condition since seeing the pharmacist 5 days ago? If yes, who did you contact? **(Y/N) GP/Out of hours/NHS 111/A&E/other (who)**
7. If the answer to the above question is yes, please briefly explain why. **[free text]**
8. On a scale of very satisfied to dissatisfied with 5 being very satisfied and 1 being dissatisfied, how satisfied were you with this service? **1 2 3 4 5**

Please ensure that the record is entered into the PharmOutcomes service module as soon as possible and within two (2) working days of the consultation and two (2) working days of follow up conversation
www.pharmoutcomes.org

SCHEDULE 2 – THE SERVICES

Ai. Service Specifications – Enhanced Health in Care Homes

Not applicable

SCHEDULE 2 – THE SERVICES

B. Indicative Activity Plan

Not Applicable
(Zero based contract)

D. Essential Services (NHS Trusts only)

Not Applicable

G. Other Local Agreements, Policies and Procedures

Not Applicable

J. Transfer of and Discharge from Care Protocols

Not Applicable

K. Safeguarding Policies and Mental Capacity Act Policies

A copy of the provider safe-guarding policy and mental capacity act policy to be provided.

[Hertfordshire Multi-Agency Adult Safeguarding Policy](#)

SCHEDULE 3 – PAYMENT

B. Locally Agreed Adjustments to NHS Payment Scheme Unit Prices

For each Locally Agreed Adjustment to NHS Payment Scheme Unit Prices which has been agreed for this Contract, copy or attach the completed publication template required by NHS England, or state Not Applicable. Additional locally agreed detail may be included as necessary by attaching further documents or spreadsheets.

Templates for locally-agreed adjustments are available at <https://www.england.nhs.uk/pay-syst/nhs-payment-scheme/>

Not Applicable

C. Local Prices

Payment

Community Pharmacy Hertfordshire will hold the funds and make the payments to the Provider in accordance with the terms of this agreement. HWE ICB will be responsible for all payments that are owed to the Provider and shall ensure timely payments are made to community pharmacies for any consultations and supplies.

Urinary Tract Infection (UTI) Community Pharmacy Service payments:

The pharmacy will be paid according to the following schedule.

Activity payments will be made when clients have been seen and the consultation +/- the 5-day follow-up entered onto the PharmOutcomes system and submitted – regardless of whether any medication was supplied.

Consultation & Consumables

Referral via CPCS £6 (in addition to £14 CPCS consultation fee). Self-referral to community pharmacy will be paid at £20 for the initial consultation. This fee includes consumables, labelling medication, on-costs, sample bottles and UTI test strips.

Follow up

Fee for follow up appointment at 5 days for each patient - £5.00

Medication

The commissioner will pay for the cost of the medicines at drug tariff cost price + VAT (where applicable) for the month that it was dispensed. Additional drug tariff expenses are not chargeable as they are included in the consultation fee (e.g. broken bulk, costs of oral syringes etc)

Initial payment for competency training and clinical waste

Payment of £90 per contracted pharmacy (£40 for clinical waste management and £50 for competency training) to be claimed via PharmOutcomes. This payment will be approved once the pharmacy has recorded and claimed for their first consultation.

Example payment schedule for supply of nitrofurantoin 100mg MR:

Consultation fee and payment for consumables = £20 (£6 from ICB AND £14 CPCS referral fee)

PLUS

Medication cost reimbursement = Cost for 6 x nitrofurantoin MR 100mg capsules Feb 2023 Drug Tariff £4.07

PLUS

5-day follow up call payment = £5

MINUS

Prescription levy charge = £9.35 (if applicable)

TOTAL

Where payments are claimed for a prescription charge this amount is removed from the £29.07 because it comes into the pharmacy via another payment method.

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D. Expected Annual Contract Values

<p>As per payment schedule. Cost is per activity. This is a zero based contract and providers are paid for activity per patient.</p>

SCHEDULE 4 – LOCAL QUALITY REQUIREMENTS

Not applicable. As specified in the service specification

SCHEDULE 6 – CONTRACT MANAGEMENT, REPORTING AND INFORMATION REQUIREMENTS

A. Reporting Requirements

	Reporting Period	Format of Report	Timing and Method for delivery of Report
National Requirements Reported Centrally			
1. As specified in the Schedule of Approved Collections published at: https://digital.nhs.uk/isce/publication/nhs-standard-contract-approved-collections where mandated for and as applicable to the Provider and the Services	As set out in relevant Guidance	As set out in relevant Guidance	As set out in relevant Guidance
National Requirements Reported Locally			
1. Activity and Finance Report (<i>note that, if appropriately designed, this report may also serve as the reconciliation account to be sent by the Provider under SC36.11</i>)	As specified in the service specification	As specified in the service specification	As specified in the service specification
B. Service Quality Performance Report, detailing performance against National Quality Requirements, Local Quality Requirements and the duty of candour	As specified in the service specification	As specified in the service specification	As specified in the service specification
2. Complaints monitoring report, setting out numbers of complaints received and including analysis of key themes in content of complaints	As specified in the service specification	As specified in the service specification	As specified in the service specification
C. Summary report of all incidents requiring reporting	As specified in the service specification	As specified in the service specification	As specified in the service specification
Local Requirements Reported Locally			
Insert as agreed locally	As specified in the service specification	As specified in the service specification	As specified in the service specification

SCHEDULE 6 – CONTRACT MANAGEMENT, REPORTING AND INFORMATION REQUIREMENTS

E. Provider Data Processing Agreement

Where the Provider is to act as a Data Processor, insert text locally (mandatory template drafting 'Schedule 6E Provider Data Processing Agreement' available via <http://www.england.nhs.uk/nhs-standard-contract/>).

If the Provider is not to act as a Data Processor, state Not Applicable

Not Applicable

SCHEDULE 7 – PENSIONS

Not Applicable

SCHEDULE 8 – TUPE*

Not Applicable

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This publication can be made available in a number of alternative formats on request

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