

## Community Pharmacy TB DOT Service

### Service Specification

<b>Service Specification No.</b>	Aiv
<b>Service</b>	Community Pharmacy Directly Observed Therapy Service for Tuberculosis Treatment in Community Pharmacy (TB DOT Service)

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<b>Provider Lead</b>	Community Pharmacy
<b>Period</b>	1 <sup>st</sup> April 2023 – 31 <sup>st</sup> March 2025
<b>Date of Review</b>	March 2023

<b>1. Population Needs</b>						
<p><b>1.1 National/local context and evidence base</b></p> <p>Population Needs</p> <p>In England TB has been identified as a public health priority due to the health, social and economic burden of the disease. On average TB cases with social risk factors (current drug and/or alcohol misuse, homelessness, and imprisonment) were less likely to complete treatment and more likely to have poorer outcomes compared to those with no social risk factors.<sup>1</sup></p> <p>Over a three year period In Bristol, incidence rates of TB are significantly higher than the England average. The rate of TB in Bristol (2018-20) is 10.1 notified cases per 100,000 population compared to 8.0 per 100,000 nationally, and 3.5 per 100,000 South West average. <sup>1</sup> The North Somerset rate is lower at 2.8 per 100,000<sup>2</sup> and South Gloucestershire is 4.2 per 100,000<sup>3</sup>.</p> <p>If untreated, a person with infectious (active) pulmonary TB infects on average 10-15 people every year. Expert opinion suggests that the average number of contacts for each case of TB is seven, although this will be influenced by level of perceived risk in the community from each case (for example in the management of incidents or outbreaks).</p> <p>There is an established TB service within Sirona operating across BNSSG which leads on the clinical management of cases, contact tracing and works with Public Health England in response to more complex TB incidents or outbreak situations. The TB Service is supported by UHB Avon TB Consultant.</p> <p>This Pharmacy Service is in place to support by providing supervised consumption of antimicrobial therapy.</p> <ol style="list-style-type: none"> <li>1. Bristol Health Protection Annual Report 2022 <a href="https://www.bristol.gov.uk/files/documents/5941-2021-22-bristol-city-council-health-protection-report/file">https://www.bristol.gov.uk/files/documents/5941-2021-22-bristol-city-council-health-protection-report/file</a></li> <li>2. <a href="#">North Somerset Insight Joint Strategic Needs Assessment 2022</a></li> <li>3. <a href="#">Tuberculosis in England 2021 report</a></li> </ol>						
<b>2. Outcomes</b>						
<p><b>2.1 <u>NHS Outcomes Framework Domains &amp; Indicators</u></b></p> <table border="1"> <tr> <td>Domain 1</td> <td>Preventing people from dying prematurely</td> <td>X</td> </tr> <tr> <td>Domain 2</td> <td>Enhancing quality of life for people with long-term conditions</td> <td>X</td> </tr> </table>	Domain 1	Preventing people from dying prematurely	X	Domain 2	Enhancing quality of life for people with long-term conditions	X
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Domain 2	Enhancing quality of life for people with long-term conditions	X				

Domain 3	Helping people to recover from episodes of ill-health or following injury	X
Domain 4	Ensuring people have a positive experience of care	X
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	X

### 3. Scope

#### 3.1 Aims and Intended Service Outcomes

- 3.1.1 To support services providing care for patients with Tuberculosis (TB).
- 3.1.2 To ensure that patients prescribed antimicrobial therapy for the treatment of TB can have their treatment supervised by a healthcare professional when this is appropriate.
- 3.1.3 To reduce pressure on TB services by delegating supervision of consumption of antimicrobial treatment to community pharmacists where possible.
- 3.1.4 To improve the patient experience by making it possible for supervision to take place at the patient's local designated community pharmacy.

#### 3.2 This service should benefit patients:

- 3.2.1 When the patient needs to have their TB treatment supervised
- 3.2.2 It will be less intrusive compared to observations in the patient's home

#### 3.3 Scope of Service

- 3.3.1 The service facilitates the appropriate supervision of medication consumption by enabling the pharmacy contractor to charge the commissioner a fee for the dispensing (including consumables) and the supervision of the antimicrobial therapy for the treatment of TB prescribed on FP10(HP) prescriptions by secondary care.
- 3.3.2 This service does not amend in any way the essential pharmaceutical services regulations that the pharmacy must comply with under their terms of service with NHS England. Note the section on instalment dispensing however.
- 3.3.3 All legal and ethical decisions on the part of the pharmacist remain as outlined in current RPS and GPhC guidance
- 3.3.4 Only antimicrobials prescribed on form FP10(HP) for specific named patients will be eligible under the scheme
- 3.3.5 Numbers of patients who may use this service are likely to be small. Pharmacy staff may receive communication from TB Service staff or Avon LPC requesting that they refer appropriate patients to the pharmacy. If the pharmacy contractor does not wish to provide the service, they should make this clear at this point

If the pharmacy contractor agrees to provide the service and there is a need for a patient to be referred to them;

- 3.3.6 They will undertake training about the TB medications they will be providing and the DOTS. This training is supported by the TB Specialist Nurses and Avon LPC and will be delivered to providers at the point they accept a patient referral.
- 3.3.7 The TB service will provide support to pharmacists and review the patient's progress with the pharmacy regularly and act as a point of contact for any concerns about the patient.
- 3.3.8 They will ensure that all staff working in the pharmacy are aware that they will be participating, and how the scheme will run.

### 3.4 Population covered

- 3.4.1 Patients seen by local specialist TB services

### 3.5 Any acceptance and exclusion criteria and thresholds

3.5.1 Only patients that are exempt from NHS prescription charges will be referred into this scheme using an FP10(HP) prescription

3.5.2 Any patient that is exempt from NHS prescription charges must be asked for proof of their exemption, and sign the relevant form to state that they are exempt from charges. Proof of exemption is not mandatory, but it must be requested.

3.5.3 Any patient who would usually pay a prescription charge (i.e. not exempt) will be managed by specialised services and not referred into the scheme

3.5.4 Pharmacy staff will submit a claim to the commissioner via PharmOutcomes so that remuneration for the service can be provided

## 4. Applicable Service Standards

Tuberculosis (TB): action plan for England, 2021 to 2026

<https://www.gov.uk/government/publications/tuberculosis-tb-action-plan-for-england/tuberculosis-tb-action-plan-for-england-2021-to-2026>

NICE Guidance NG33 Tuberculosis 2016 <https://www.nice.org.uk/guidance/ng33>

## 5. Applicable quality requirements

### 5.1 Applicable Quality Requirements (See Schedule 4A-C)

5.1.1 The pharmacy is happy to liaise with staff at specialist TB services or BNSSG ICB to audit the service so that informed decisions can be made about how to improve it

### 5.2 Clinical Incident Reporting

5.2.1 Contractors must feedback any adverse incidents that occur to the commissioner via PharmOutcomes, the BNSSG Datix system or directly via [bnssg.pc.contracts@nhs.net](mailto:bnssg.pc.contracts@nhs.net)

<https://bnssg-datix.scwcsu.nhs.uk/>

5.2.2 Any serious incidents will be dealt with in accordance with the relevant provider/commissioner policies

### **5.3 Complaints Procedure**

**5.3.1** Any complaints from patients should be dealt with via the pharmacy's own standard complaints procedure in the first instance. If the complaint is not resolved, the patient should direct their complaint to the BNSSG ICB Customer Services Team:

Tel: 0117 900 2655 or 0800 073 0907

Email: [bnssg.customerservice@nhs.net](mailto:bnssg.customerservice@nhs.net)

Write to:

Customer Services Team

NHS Bristol, North Somerset and South Gloucestershire ICB

360 Bristol – Three Six Zero,

Marlborough Street,

Bristol,

BS1 3NX

## **6. Location of Provider Premises**

**The Provider's Premises are located at:**

### Other local policies to note:

BNSSG CCG Adults and Children Safeguarding Policy <https://bnssg.icb.nhs.uk/library/adults-and-childrens-safeguarding-policy/>

BNSSG CCG Mental Capacity Act and Deprivation of Liberty Safeguards Policy <https://bnssg.icb.nhs.uk/library/mental-capacity-act-and-deprivation-liberty-safeguards-policy/>

### Payment Schedule

BNSSG ICB will pay participating community pharmacies the following payments for the service provided

A one off payment of £100 if there is service provision within the 12 month period to cover the cost of training, audit, signposting and data collection.

- Daily dispensing fee of the medications required
  - Dispensing fee including container and consumables £1 per medicine per day
- Supervision of consumption will be paid at
  - £5 per day in the initial phase (two months)
  - £2.50 per day in the continuation phase (four months)
- Dispensing fees are payable 7 days per week
- Supervision fees are payable 6 days per week
- Where pharmacies are closed on a Sunday, the patient will receive their Sunday dose to take away on Saturday (as well as their observed Saturday dose)

### Invoicing

Pharmacies must complete a PharmOutcomes TB DOT Service template for each supply. A monthly invoice will be generated automatically and sent to BNSSG ICB each calendar month (in arrears), checked and then submitted for payment. Claims for payment should only be made through PharmOutcomes unless otherwise advised.

Quality Requirements

<u>Quality Requirement</u>	<u>Threshold</u>	<u>Method of Measurement</u>	<u>Consequence of Breach</u>	<u>Timing of application of consequence</u>
All patients referred to the pharmacy staff are either accepted onto the scheme, or where this is not possible, a prompt response is given that the referral has been declined.	100%	Patient feedback  Provider feedback	Discussion with pharmacy manager	Within one week
All pharmacies that provide this service attend the relevant training sessions			Escalation to area manager or other contractor representative if necessary	Within two weeks
Pharmacy staff ensure that supervised consumption takes place in a consultation room and that a supply of drinking water is provided			Escalated to superintendent pharmacist if necessary	Within one month
Pharmacy staff ensure that they notify the TB service if a patient does not attend for their supervised consumption			Contract terminated if necessary (in the case of repeated breaches)	Within three months
Additional data will be captured via PharmOutcomes				