



CONTRACT AGREEMENT

Between

Bury Council
1st Floor,
3 Knowsley Place
Duke Street
Bury
BL9 0EJ

(Named Commissioner: Sarah Turton)

s.turton@bury.gov.uk

And

Insert Pharmacy Name and Address

**For the Locally Enhanced Service
Needle and Syringe Exchange Programme
2023/24**

1. Service description

- 1.1 Pharmacies will provide access to sterile needles and syringes, and associated materials, for example condoms, citric acid and swabs as well as sharps containers for return of used equipment.
- 1.2 Pharmacies will offer a user-friendly, non-judgmental, client-centred and confidential service.
- 1.3 The Pharmacy will promote safe injecting practice to the user as well as encouragement to switch to non-injecting methods of drug taking.
- 1.4 Pharmacies will provide safe disposal of used equipment returned by the service user.
- 1.5 Pharmacies will provide appropriate health promotion materials, including harm reduction information on use of performance enhancing substances, to service users.
- 1.6 The Pharmacy will provide support and advice to the user, including referral to other health and social care professionals and specialist substance misuse treatment services where appropriate.
- 1.7 The Pharmacy will provide information and advice on the safe disposal of equipment.
- 1.8 The Pharmacy will provide advice and information on: sexual health and STIs; HIV and Hepatitis C transmission; and, Hepatitis A and B immunisation.

2. Aims and intended service outcomes

- 2.1 To assist the service users to remain healthy until they are ready and willing to cease injecting and ultimately achieve a drug-free life with appropriate support.
- 2.2 To protect health and reduce the rate of blood-borne infections and drug related deaths among service users by:
 - reducing the rate of sharing and other high-risk injecting behaviours;
 - providing sterile injecting equipment and other support;
 - promoting safer injecting practices;
 - promoting safer non-injecting methods of drug taking; and
 - providing and reinforcing harm reduction messages advice on overdose prevention (e.g. risks of poly-drug use and alcohol use) including safe sex advice.

- 2.3 To improve the health of local communities by preventing the spread of blood-borne infections by ensuring the safe disposal of used injecting equipment.
- 2.4 To help service users access treatment by offering referral to specialist community based recovery orientated substance misuse treatment services and health and social care professionals where appropriate.
- 2.5 To aim to maximise the access and retention of all injectors, especially the highly socially excluded.
- 2.6 To help service users access other health and social care and to act as a gateway to other services for example key working, prescribing, hepatitis B immunisation, hepatitis and HIV screening, primary care services, including flu vaccinations.

3. Service outline

- 3.1 The pharmacy must be registered with Bury Council to provide needle and syringe exchange programme.
- 3.2 The pharmacy providing this service must have a designated pharmacist who has signed a declaration to confirm adherence to the terms and conditions of the Council's needle and syringe exchange service.
- 3.3 Designated pharmacists that meet the competencies detailed in the '[Declaration of Competence for pharmacy services – Needle and Syringe Programme Service](#)' and have completed the self-declaration for the service level may provide the needle and syringe exchange programme.
- 3.4 The declaration of competence should be retained in the pharmacy and this will be tracked via the PharmOutcomes system.
- 3.5 Before making this declaration of competence the following must be completed:
 - a. The distance learning package 'Substance Use and Misuse' e-course is available from the Centre for Postgraduate Pharmaceutical Education (CPPE). This is available online and takes approx. 10 hours. Information is available from <https://www.cppe.ac.uk/programmes/l/substance-e-02>

And

The CPPE assessment 'Substance Use and Misuse – delivering Pharmacy services' ¹

1. As training packages are updated or replaced from time to time, participating pharmacists will undertake to complete any appropriate new or updated package as soon as reasonably convenient.

b. The Contractor is required to ensure that all pharmacists involved in the provision of NSP services have the relevant qualifications, registrations and / or accreditations and must have completed relevant Centre for Pharmacy Postgraduate Education (CPPE) learning:

- CPPE safeguarding children and vulnerable adults e-learning module 3 and the associated learning
- CPPE substance use and misuse (modules 1-4) and the associated learning
- CPPE Declaration of Competence for NSP (It is recommended that all registered pharmacy technicians complete the same declaration)

c. The Contractor is required to ensure that all pharmacists (including locums) have completed and signed the relevant declaration of competence statement. Copies should be kept on file and made available to the Commissioner on request. Guide to DOC <https://www.cppe.ac.uk/services/docs/doc%20how%20to%20use%20guide.pdf>

- 3.6 The declaration of competence must be completed at least every two years, or sooner if guidance / training changes.
- 3.7 The Substance Misuse in General Practice website is also a useful source of information and guidance and contains discussion groups to support those working with substance users. This can be found at [Addiction Professionals](#)
- 3.8 The designated pharmacist has a duty to ensure that pharmacists involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service.
- 3.9 The Council recommends that pharmacists involved in the provision of the service should have completed the CPPE distance learning package, Declaration of Competence and assessment outlined above. They should also be familiar with relevant national and local guidance.
- 3.10 Locums have a responsibility to ensure their own relevant knowledge and training in the operation of the service. The Lead pharmacist should have and be able to provide assurance regarding locum pharmacists undertaking the service.

General requirements:

- a. The Contractor is required to ensure compliance with the requirements for clinical governance set out in The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013¹ including:
- b. Ensuring the premises are maintained in accordance with the approved particulars for premises
- c. The Contractor is required to have a clinical governance lead for the pharmacy.

d. The Contractor is required to ensure that all pharmacists (including locums) have completed and signed the relevant declaration of competence statement. Copies should be kept on file and made available to the Commissioner on request.

- 3.11 The pharmacy will maintain a list of pharmacists that have provided this service for a period of 2 years and with this retain a copy of their signed self-declaration of competence and training records. This will be available for post payment verification checks and act as an assurance to Bury Council that only competent staff deliver the service.
- 3.12 Designated pharmacists participating in this service will be expected to take on the number of clients that they feel appropriate for their pharmacy within the parameters of good practice, taking into account all of their community responsibilities.
- 3.13 The pharmacy must inform the Council immediately if the designated pharmacist leaves employment with the pharmacy or changes role. Pharmacies without an appropriately commissioned designated pharmacist e.g. if previous designated pharmacist leaves, will be given 30 days to establish another designated pharmacist for the service. Transaction and annual retainer fees will not be paid if the pharmacy fails to establish a replacement designated pharmacist.
- 3.14 A Standard Operating Procedure (SOP) for the service must be in place in the pharmacy, and the designated pharmacist must ensure that all dispensary staff, including locums, are aware of the content of the SOP and have signed to confirm their understanding.
- 3.15 The part of the pharmacy used for provision of the service must provide a sufficient level of privacy and safety. Transactions should preferably take place within a designated area.
- 3.16 The pharmacy will allocate a safe place to store equipment and returns for safe onward disposal. The storage containers provided by the specialist community based substance misuse service, should be used to store returned used equipment. These must be filled to three quarter level and then securely sealed and stored in the designated area for clinical waste until collection by the commissioned clinical waste disposal service.

The pharmacy contractor should ensure that their members of staff are made aware of the risk associated with the handling of returned used equipment and the correct procedures used to minimise those risks. The needle stick injury procedure (**Management of Incidents with Blood/Other Body Fluids**) must be clearly displayed, and should be followed in the event of an injury.

3.17 Clinical Incidents and reporting

Pharmacies have a legal obligation to use an approved incident reporting system. Contractors should record, report, and respond to incidents in a manner that complies with the requirements set out in the approved particulars, including but not limited to:

1. Maintaining a patient safety incident log

2. Reporting patient safety incidents to the National Patient Safety Agency (NPSA), via the National Reporting and Learning Service (NRLS). The Contractor is required, as part of this contract, to inform Bury Council of any and all incidents relating to the NSP service.

Infection control:

The Contractor will maintain their premises to a high standard of cleanliness in order to minimise the risk of healthcare acquired infection for staff and customers.

3.18 Appropriate protective equipment, including gloves, overalls and materials to deal with spillages, should be readily available close to the storage site.

3.19 Staff involved in the delivery of this service should be offered immunisation for Hepatitis B.

3.20 The Pharmacist will be provided with exchange packs (two types of packs) and associated materials.

Red pack (A) will contain:

10 x 1ml BD microfine syringes
10 swabs
10 filters
10 citric acid sachets
1 condom
1 safer injecting leaflet
1 sharps bin

Blue pack (B) will contain:

10 x 1ml syringes
10 blue needles
10 swabs
10 filters
10 citric acid sachets
1 condom
1 safer injecting leaflet
1 sharps bin

Other injecting equipment may also be given on request. This includes sterile pans used for preparing drugs.

A 'pick and mix' of injecting equipment plus health promotional advice will also be made available to clients where a full red or blue pack is not required.

Any variation in packs can be requested from the needle exchange co-ordinator at the specialist community based substance misuse service.

If a service user does not return any used needles, it is recommended that a maximum of three safer injecting packs are given out at any one time.

Service users should never be refused any safer injecting packs.

Service users must be encouraged to return used needles in the sharps bins provided in the exchange packs.

- 3.21 If a service user is under 18, he/she should be referred to young people's treatment provider. No injecting equipment should be dispensed to a service user who is under 18 years of age. The pharmacy staff should follow the local safeguarding procedure.
- 3.22 The specialist community substance misuse service, will commission a clinical waste disposal service for each participating pharmacy. The frequency of waste collection will depend upon the storage capacity available within individual pharmacies. Collections will be available on demand to ensure there is not an unacceptable build up of clinical waste on the pharmacy premises. Requests for collections must be made to the substance misuse service. The pharmacy must ensure that waste associated with the needle exchange service is kept separate from other pharmaceutical waste (which is collected under a separate arrangement).
- 3.23 The pharmacy should clearly display the national scheme logo indicating participation in the service.
- 3.24 The specialist community based substance misuse service will provide details of relevant referral points which pharmacy staff can use to signpost service users who require further assistance. Health promotion material relevant to the service users must also be displayed.
- 3.25 The pharmacy will provide healthy lifestyle support to the client and pro-actively offer or signpost to services which promote health and wellbeing and prevent ill health e.g. sexual health services, including Chlamydia and Gonorrhoea screening; smoking cessation; and to the specialist community based substance misuse service for support around alcohol and drug use.
- 3.26 Pharmacists will share relevant information with other health care professionals and agencies, in line with locally determined confidentiality arrangements.
- 3.27 The pharmacy will operate a robust adult and child safeguarding procedure in line with locally agreed inter-agency safeguarding policy and procedures.

<https://theburydirectory.co.uk/services/bury-multi-agency-safeguarding-hub-mash-team>
- 3.28 The pharmacy is responsible to complete risk assessments where appropriate.

3.29 The pharmacy is responsible to ensure they have appropriate insurance cover.

4. Key Performance Indicators

Key Performance Indicator	Description
All pharmacies providing this service must have a 'designated pharmacist'.	The designated pharmacist must sign on behalf of the pharmacy to provision of the service in accordance with the terms & conditions stated in the service specification.
Designated pharmacists will complete the relevant self-declaration of competence.	Before making this declaration of competence the relevant training must be completed.
Pharmacists involved in this service will be competent and have completed all relevant training.	The pharmacy will maintain a list of pharmacists that have provided this service for a period of 2 years and with this retain a copy of their signed self-declaration of competence and training records. This will be available for post payment verification checks and act as an assurance to Bury Council that only competent staff deliver the service.
The pharmacy must demonstrate that pharmacists and staff involved in the provision of the service have undertaken CPD relevant to this service.	100% of pharmacy staff involved in the provision of this service must be appropriately trained, and training or CPD records must be available.
The pharmacy must review its standard operating procedures and the referral pathways for the service on an annual basis.	The pharmacy must demonstrate that SOPs and referral pathways relating to this service are reviewed and updated on an annual basis.

The pharmacy has appropriate health promotion material available for the user group and promotes its uptake.	Health promotion materials must be promoted within the pharmacy, and all staff (including locums) must be aware of local services for substance misusers and be able to signpost service users to these.
The pharmacy can demonstrate that the rate of return of used equipment meets locally agreed targets.	100% of return transactions must be recorded on PharmOutcomes.
The pharmacy will evidence the range of interventions provided to service users.	The pharmacy will demonstrate provision of advice and information to service users around a range of public health issues such as safer injecting practice; safe disposal of equipment; sexual health; screening for BBVs; etc, as outlined in the agreement
The pharmacy must ensure waste transfer and consignment notes relating to this service are maintained in accordance with Environment Agency regulations.	The pharmacy must demonstrate that 100% of waste transfer and consignment notes relating to this service are stored for the minimum number of years and are available upon request.
All claims for service provision must be submitted to the Council no later than five working days following the month end that the claims relate to.	The pharmacy must demonstrate that 100% of claims for service provision are submitted to the Council no later than 5 working days following the month end that the claim relates to.
The pharmacy participates in an annual audit of service provision.	As notified, on an annual basis.
The pharmacy co-operates with any locally agreed Commissioner assessment of service user experience.	As and when required.

5. Payment for the service

- 5.1 Each pharmacy will receive an annual retainer fee of £428 (to be paid annually in arrears, pro-rata for part or full months during periods of less than 12 months) plus a fee for each transaction of £1.63 (VAT exempt). A transaction is any amount of equipment given out at any one time. The Pharmacist should encourage clients to take a week's 9 supply in line with NICE guidance. The quantity dispensed should not be subject to an arbitrary limit, but rather, should meet individual needs. Exemption of VAT applies as the service delivery is pharmacist-led.
- 5.2 Payment of the annual retainer will be dependent upon the timely submission of monthly invoices, accompanying data and supporting evidence of compliance with the terms of the contract. If data is not received by the 5th working day following the month to which the claims relate – 1/12th of the annual retainer payment will be deducted. i.e. if a pharmacy submits data late for 6 out of 12 months – it will only receive 50% of the annual retainer payment.
- 5.3 The service will only be considered to have commenced once the first transaction has taken place.
- 5.4 Any claims submitted more than 30 days following the month end to which the claims relate will not be paid.
- 5.5 One transaction is defined as one client visit to return and/or collect equipment, irrespective of the number of used needles or containers returned, or the number of exchange packs issued.
- 5.6 Contractors will be paid via PharmOutcomes.
- 5.7 Pharmacies without an appropriately commissioned designated pharmacist e.g., if previous manager leaves, will be given 30 days to establish another designated pharmacist for the service. Transaction and annual retainer fees will not be paid if the pharmacy fails to establish a replacement designated pharmacist.
- 5.8 All claims must be made using the PharmOutcomes system.

6. Contract Monitoring

- 6.1 Pharmacists are responsible for the maintenance of each service user's Patient Medication Record recorded on PharmOutcomes.
- 6.2 PharmOutcomes will also be used for monitoring and audit purposes and for the purpose of remuneration.
- 6.3 Waste transfer and consignment notes must be held for the minimum periods specified in national legislation and guidelines.
- 6.4 The Bury Council Officer responsible for contract monitoring will review and analyse the data collected on PharmOutcomes quarterly and contact each pharmacy to identify or resolve any barriers to service delivery and to identify best practice. Other relevant

information may also be requested, for example, training records or logs of compliments and complaints. In addition, Bury Council may undertake spot questionnaires and random auditing (LPC to be made aware in advance).

- 6.5 Appendix 1 (Recording Sheet) must be used in the event of system failure. Information to be added to PharmOutcomes when the system resumes.

7. Exit Clause

7.1 Bury Council reserves the right to withdraw the service from a pharmacy:

- If a site fails to comply with the terms of the Agreement.
- If there are prolonged periods of time where sites are unable to provide the scheme.

If the Council decides to discontinue the service for other reasons, it will give 30 days notice to contractors

7.2 Community Pharmacies reserve the right to leave the service at any point, however 30 days notice must be given to Bury Council.

Important Additional Information

(Please see updated versions where applicable)

A full copy of the 'Drug Misuse and Dependence – Guidelines on Clinical Management' can be found at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/673978/clinical_guidelines_2017.pdf

NICE public health guidance on needle and syringe programmes, (NICE public health guidance 52, issued March 2014. Available at:

<https://www.nice.org.uk/guidance/PH52>

8. Agreement

We agree to work within the guidelines laid out within this 2023/24 specification for needle and syringe exchange and provide evidence of compliance to Bury Council during clinical governance/annual reviews and on request ad hoc throughout the year.

Termination of the contract by either party will be in writing with a minimum notice period of one month.

Bury Council reserves the right to terminate the contract immediately in exceptional circumstances in respect of inappropriate clinical conduct or if there is a suspected risk to patient safety, the public interest or suspected criminal or professional misconduct.

This service level agreement will sit as an appendix within the signed header contract between the pharmacy and CPGM Healthcare (CHL). The signing of the header contract shows agreement with the service level agreement that sits within it. When a service level agreement is updated, this will be reflected in the header contract and the pharmacy will be notified by CPGM Healthcare (CHL). It is the pharmacies responsibility to ensure they read and agree with the updated service level agreement and work within these guidelines.

SLA start date: 13/02/23

SLA expiry date: 13/02/24

