

Service Agreement between



And Community Pharmacy

Start date 1st April 2016
End date 31st March 2018

For the Provision of a

Drug Misuse Service

Version 1

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SERVICE LEVEL AGREEMENT

1. INTRODUCTION

- 1.1 This document defines the service requirements for the provision of a Drug Misuse Service ('the service') by the Community Pharmacy ('the pharmacy') that must be met in order to receive payment in line with the Service Level Agreement in Part A) from Lifeline for provision of the service as stated in the Service Specification in Part B). The service will be provided to drug users ("Service Users") in Tameside who are requiring sterile needles, syringes, injecting paraphernalia, harm reduction advice and signposting to other relevant health and social agencies and / or accessing supervised consumption services for replacement medications.
- 1.2 Any contractual agreement undertaken between Lifeline and the pharmacy assumes understanding and compliance with Best Practice Guidance for commissioners and providers of pharmaceutical services for drug users (NTA, 2006), compliance with GPhC Code of Ethics and any locally set clinical governance and quality standards as agreed by the Pharmacy and Lifeline.
- 1.3 This service specification will, as required, be subject to continued review and amendment in consultation between Lifeline and Local Pharmaceutical Committee (LPC) representing the interests of pharmacies. The Pharmacy will be expected to cooperate fully with this review.

2.0 FUNDING CONDITIONS

- 2.1 Payment will be made subject to Lifeline being satisfied that the service has been provided in accordance with the requirements of this Agreement monthly in arrears by Lifeline, upon receipt of an invoice that will be produced directly from the web-based monitoring tool by the Pharmacy and Shared Care Coordinator and sent directly to Lifeline.
- 2.2 Lifeline has the option to terminate funding and demand repayment should the pharmacy:
- Fail to comply with the requirements of the Specification in Part B or breach any of the Conditions contained in this Agreement
 - Fail to remedy a default to Lifeline's satisfaction within a reasonable period of time following service of a default notice
 - Enter into receivership or become insolvent
 - Withdraw, for any reason, the provision of the service.

3.0 QUALITY STANDARDS

- 3.1 The pharmacy will demonstrate a relevant quality assurance standard to Lifeline, or will work towards achieving such a standard within an agreed timescale.
- 3.2 Lifeline expects the pharmacy to be able to provide evidence of full compliance with the obligations set out in this Service Level Agreement, Lifeline's clinical governance and quality standards arrangements, and other reasonable future arrangements deemed necessary as and when required.
- 3.3 All clinical governance, reported incidents and patient safety standards in regard to this enhanced service will be monitored and audited.
- 3.4 The pharmacy will ensure that Lifeline is indemnified against any claim arising from a service user or any person acting on behalf of the service user arising from the provision of the service.
- 3.5 The pharmacy will provide and maintain a safe and suitable environment for Service Users, comply with all statutory requirements, legislation, Department of Health Guidelines, Professional Codes of Practice and all Health and Safety Regulations.
- 3.6 Incidents and near misses should be reported to Lifeline that relate directly to Lifeline Service Users.

4.0 EXIT STRATEGIES AND SUSTAINABILITY

4.1 The pharmacy accepts that Lifeline is unable to guarantee future funding and may, owing to budgetary considerations, be obliged to reduce funding by the giving of not less than one month's notice. Such reductions shall be timed to cause least disruption for service users. If Lifeline invokes this clause to reduce payment then the pharmacy shall be entitled to cease providing the service without further notice at its sole discretion and incurring no penalty.

5.0 ACCOUNTABILITY TO POLICY AND PERFORMANCE BOARDS

5.1 Representatives of the pharmacy may be required to attend the Policy and Performance Meetings and shall be obliged to attend to answer questions relating to the service and to account for funding received. These meetings will be held at a time and place that do not disrupt the provision of the pharmacy's services.

6.0 CONFIDENTIALITY AND PROVISION OF INFORMATION.

6.1 The pharmacy undertakes that they:

- Shall keep confidential all information concerning service users.
- Shall keep safe at all times all papers and documents placed in their possession concerning service users.
- Shall comply with the requirements of all legislation relevant to the service and in particular with the Data Protection Act 1998, Human Rights Act 1998 and Freedom of Information Act 2000.

6.2 Lifeline may require the pharmacist to supply it with any relevant information required to carry out monitoring and evaluation of the service. Any service user information supplied can be anonymised where appropriate and will not be used for any purpose other than monitoring, evaluation and validation.

7.0 EQUAL OPPORTUNITIES

7.1 The Pharmacy will adopt an equal opportunities policy relating to service provision, staffing and management of the organisation, which is consistent with the definition of Discrimination stated below, and which complies with all relevant statutory obligations. Staff should work in line with their own organisation's "Equal Opportunity Policy" and "Equality and Diversity Scheme". All aspects of the Service will be sensitive to the individual service needs of Service Users. Their cultural, religious and linguistic needs should be met and recognised, utilising resources and specific services for support where appropriate.

7.2 Discrimination - Through either direct or indirect action, giving less favourable treatment or applying an unjustified requirement because of age, race, gender, disability, sexual orientation, marital status, blood borne virus status, irrelevant convictions, ethnic origin or religious belief.

8.0 PAYMENT AND DEFAULT

8.1 Payment will be made to the Pharmacy for professional services provided on a 'per harm reduction transaction' or 'supervised consumption' basis as appropriate. See details contained within service specification.

8.2 Failure by the Pharmacy to comply with the terms of this Agreement may result in the payment being withdrawn and/or Lifeline being entitled to repayment.

8.3 Lifeline shall be entitled to suspend payment and/or vary the amount of the payment if it considers the Pharmacy has committed a serious breach of the Agreement and shall forthwith notify the Pharmacy in writing accordingly.

- 8.4 Without prejudice, if the Pharmacy fails to comply with the provisions of this Agreement Lifeline may serve a default notice stating the action required to remedy the default within a period of time (to be specified by Lifeline) in which to take the action. If the Pharmacy remains in default following the expiry of the period specified Lifeline may proceed to terminate the Agreement.
- 8.5 The service and payment may be varied or discontinued if:
- (i) The Pharmacy and Lifeline agree, or
 - (ii) A change in Lifeline service priorities is required either by changes in legislation or by other circumstances, including the cessation or reduction of the budget or other changes in Lifeline service priorities that require either reduction in funding or discontinuation of funding. If Lifeline invokes this clause to reduce payment then the pharmacy shall be entitled to cease providing the service at its sole discretion and incurring no penalty. Any changes to payment formula will be agreed with the LPC who represent the interests of contractors.

9.0 ARBITRATION

- 9.1 Any dispute, which cannot be resolved by negotiation, shall be referred to a nominated arbitrator for example the Chair of the Local Law Society.

10.0 NOTICES

- 10.1 Notices may be given by Lifeline or the Pharmacy either personally or by recorded delivery post to any address given for that purpose. A notice given by post will be deemed to have been given the first working day after it was posted.

11.0 TERMINATION

- 11.1 This Agreement will end at the end of the Term or earlier:
- (i) On the dissolution of the Pharmacy
 - (ii) On the expiry of at least one month's notice given by the Pharmacy to Lifeline of its intention to terminate the Agreement
 - (iii) On the expiry of at least one month's notice given by Lifeline to the Pharmacy of its intention to terminate the Agreement
 - (iv) On absence of regular accredited Pharmacist, Pharmacy Manager or Dispensing Technician to oversee the service.

12.0 THIRD PARTY RIGHTS

- 12.1 Nothing in this Agreement confers or purports to confer on any third party any benefit or any right to enforce any term of this Agreement.

13.0 SEVERABILITY

- 13.1 If any provision of this Agreement is held invalid, illegal or unenforceable for any reason by any court of competent jurisdiction, such provision shall be severed and the remainder of the provisions hereof shall continue in full force and effect as if this Agreement had been executed with the invalid illegal or unenforceable provision eliminated. In the event of a holding of invalidity so fundamental as to prevent the accomplishment of the purpose of this Agreement Lifeline and the Pharmacy shall immediately commence good faith negotiations to remedy such invalidity.

14.0 WAIVER

- 14.1 The failure of Lifeline to insist upon strict performance of any provision of this Agreement or failure to exercise any right or remedy to which it is entitled hereunder shall not constitute a waiver thereof and shall not cause a diminution of the obligations of the pharmacy under this Agreement or otherwise.

- 14.2 A waiver of any default shall not constitute a waiver of any subsequent default. No waiver of any of the provisions of this Agreement shall be effective unless it is expressly stated to be a waiver and communicated by Lifeline to the pharmacy in writing.

ACCREDITATION

- 15.1 Accreditation for the Pharmacy to provide the service is based on the presence and control of an accredited Pharmacist, Pharmacy Manager or Dispensing Technician as defined in Part B).
- 15.2 Accreditation for the Pharmacy to provide the service will cease and the service suspended if there is no regular accredited person available to oversee the service. Service may recommence on installation of a regular accredited person.
- 15.3 It is the responsibility of the Pharmacy to ensure that an accredited person is available to oversee the service on a regular basis and if not Lifeline should be informed.

16.0 AUTHORISATION

This Agreement is authorised by the following:-

Date: 8th August 2016

Signed by: *Kylie Thornton*

Name: Kylie Thornton

Position: Senior Service Manager

For and on behalf of Lifeline



Date:

Signed by:

Name:

Position.

Pharmacy Name
And Address

For and on behalf of the Pharmacy

SERVICE SPECIFICATION

Locally Commissioned Enhanced Service for Drug Misuse

1. Background

- 1.1 The Drug Misuse Service is a service encompassing both needle exchange and supervised consumption provision which aims to provide equity of service provision to service users and patients with substance misuse problems.
- 1.2 Community Pharmacies providing the Drug Misuse Enhanced Service have to provide both needle exchange and supervised consumption services to fulfil the requirements of the service specification.
- 1.3 The Lead Provider for Drug and Alcohol Services in Tameside is Lifeline Project who will oversee and monitor the Service in conjunction with Tameside and Glossop CCG.

PART A – NEEDLE EXCHANGE

2. Introduction

- 2.1 This service specification is intended for the provision of needle exchange services from the Community Pharmacy. The Community Pharmacies providing these services are often in contact with drug misusers who are not in touch with other specialist drug treatment services.
- 2.2 Injecting is the most hazardous way of taking drugs. It is the main source of both the short- and long-term risks of drug related death.
- 2.3 Injecting drug use is an important risk factor for a number of infectious diseases, including hepatitis A, B and C, HIV, as well as bacterial infections (including life-threatening septicaemia) and fungal infections.
- 2.4 Needle exchange and harm reduction initiatives are developed within a wider approach that advocates the following goals:
 - Stopping sharing injecting equipment
 - Moving from injectable to oral drug use
 - Decreasing drug misuse
 - Promoting recovery.
- 2.5 Needle exchange facilities are harm reduction initiatives and should be easily accessible, low-threshold services. Needle exchange facilities are also important public health measures. They have a health remit, as well as a social welfare role within the wider community.
- 2.6 The provision of these services includes the distribution and collection of sterile injecting equipment and their safe disposal, and the ongoing provision of a range of other harm reduction and health promotion support for the users of services.
- 2.7 Preventing the spread of blood-borne viruses is viewed as being a major contribution to individual and public health.

3. Aims

- 3.1 To maximise the access and retention of all injectors, especially the highly socially excluded.

- 3.2. To improve the health of local communities by preventing the spread of blood-borne viruses and by reducing the rate of discarded used injecting equipment.
- 3.3. To contribute to the reduction of drug-related deaths (immediate death through overdose and long-term such as blood-borne infections) and reduce the rate of blood-borne infections among drug (mis) users.
- 3.4. This service supports compliance with Needle and Syringe Programmes: Providing People Who Inject Drugs with Injecting Equipment (PH52), published by National Institute for Health and Clinical Excellence in March 2014.

4. Objectives

- 4.1 To offer user-friendly, non-judgmental, service user-centred and confidential harm reduction focused service.
- 4.2 To reduce the rate of sharing and other high risk injecting behaviours by providing sterile injecting equipment and other support.
- 4.3 To promote safer injecting practices.
- 4.4 To provide and reinforce harm reduction messages.
- 4.5 To help service users access drug treatment to refer to other specialist drug and alcohol treatment services.
- 4.6 To help service users access other health and social care and to act as a gateway to other services, especially blood borne virus testing, vaccination and treatment.
- 4.7 To ensure the return and safe disposal of used injecting equipment.

5. Description of the Service Provided

- 5.1 Payment will be made to the Pharmacy on a per harm reduction interaction basis. The payment schedule will be in two parts:
 - Part 1. £1.50 per supply of equipment and harm reduction interaction
 - Part 2. £0.50 per recorded amount of returns and harm reduction interaction.
- 5.2 Payments will be made based on activity reported via the web based recording system.
- 5.3 The harm reduction interaction will be initiated by the service user and will include all of the following service offered by the Pharmacy, as appropriate:
 - Distribution of a range of free sterile needles, syringes and equipment as appropriate
 - Consistent efforts to maximise return of used injecting equipment and safe disposal of used injecting equipment
 - Information on the risks of unsafe disposal of injecting equipment
 - Risk reduction advice and health promotion. This includes advice on a range of issues including the prevention of drug-related death, safer injecting technique, overdose prevention, blood-borne infections, contraception and safer sex, alcohol misuse, nutrition etc
 - Referral to other treatment services
 - Advice/interventions that prevent or curtail transition into injecting. These interventions should be targeted at current injectors and current smokers of substances than can be injected

- Advice/interventions on drug-related harm that does not involve injecting (e.g. harm related to smoking crack)
- Encouraging uptake of Hepatitis B vaccination and screening for Hepatitis C
- Recording of required monitoring information relating to the harm reduction interaction on web-based system in a timely manner (*Refer to Specification Part C for further information*).

6. Injecting Equipment

6.1 Injecting equipment to be distributed as part of this specification complies with Misuse of Drugs Act 1971, Section 9A exemptions:

- Hypodermic syringes

Plus articles exempt if they are dispensed by a doctor, a pharmacist or someone working lawfully within drug treatment services:

- Swabs
- Utensils for the preparation of a controlled drug (citric acid and filters).

6.2 Equipment to be supplied to service users as part of this service will be provided to Pharmacies free of charge via suppliers commissioned by Lifeline Project.

6.3 Equipment can be provided to the following cohorts:

- Intravenous drug users, including but not exclusive to, opiates, stimulants and new psychoactive substances (NPS)
- Performance enhancing drug users, including but not exclusive to, steroids and tanning products.

7. Confidentiality and Provision of Information

7.1 Needle exchange services are anonymous and confidential and the Pharmacy will keep confidential all information concerning service users. If the Pharmacy wishes to discuss issues relating to injecting drug use and the service user, permission must be gained from the service user before discussing.

7.2 The Pharmacy should comply with the requirements of all legislation relevant to the service and in particular with the Data Protection Act 1998, Human Rights Act 1998 and Freedom of Information Act 2000.

8. Returned Injecting Paraphernalia

8.1 It is of vital importance that service users are encouraged to return their used equipment in the sharps bins provided.

8.2 Needle exchange waste will be collected from the pharmacy as part of the schedule for collection of pharmacy waste.

8.3 Any pharmacy providing the service can accept back sharps (needle exchange or patient sharps e.g. diabetic sharps) in a bin up to 1L size as part of the standard service.

9. Exclusions

- 9.1 Needle exchange and harm reduction initiatives are open access services, and people should only be excluded for behaviour that has breached accepted rules and standards at the discretion of the service but within a structure of service users' rights and responsibilities.
- 9.2 Referral to alternative services should be made where possible.

10. Young People and Needle Exchange

- 10.1 A person aged 18 years or under who requires treatment for substance misuse will normally access a young person's service. It is recognised, however, that those in the transitional period between childhood and adulthood can develop at different rates, and therefore have different treatment needs.
- 10.2 A young person aged 16 – 18 years and requesting the services of needle exchange may access the service but should also be referred to young persons' services via the Single Point of Access and supplied with appropriate literature.
- 10.3 It is not appropriate, in the first instance, for the Pharmacy to provide needle exchange services to any young person under the age of 16. They should be referred direct to young persons' services via the Single Point of Access and supplied with appropriate literature.

11 Access and Referral Pathways

- 11.1 Access to needle exchange facilities and harm reduction initiatives is voluntary.
- 11.2 The services provided by the Pharmacy form an integral part of primary care services for substance misusers and as such, need to have clear links to other aspects of service provision. Pharmacies should provide, as a minimum, written information about harm reduction and harm reduction services (e.g. advice, information and support agencies) to facilitate referral to these agencies whenever appropriate.
- 11.3 Direct input from the pharmacist or other pharmacy staff is recommended, wherever possible. Liaison is encouraged, within the bounds of local information sharing guidelines, with the whole range of health and social care organisations and refer to existing schemes (e.g. health centres, GPs, the probation service, the children and young people services, substance misuse treatment services via Single Point of Access etc).
- 11.4 The Pharmacy should actively encourage service users to undertake hepatitis B immunisation and complete courses and to undertake hepatitis C screening as appropriate.
- 11.5 The Pharmacy must be willing to participate in health promotion and referral initiatives as appropriate.

PART B – SUPERVISED CONSUMPTION

12 Introduction

- 12.1 Community Pharmacies are ideally placed to link in with the specialist prescribing services to meet the need for supervised consumption, within an agreed and structured protocol.
- 12.2 A valuable supportive relationship often develops between the Pharmacy and the patient. Daily contact allows monitoring of patient compliance and the opportunity to offer timely advice and responses on apparent issues of concern. The Pharmacy thus has an important role to play in monitoring treatment and as a result may contribute to the patient's review by the prescribing service.
- 12.3 The Pharmacy should be aware that supervision might need to be reinstated at times of crisis, relapse or by patient choice, as part of an evolving treatment plan.

13. Aims

- 13.1 The aim of this scheme is to minimise the possible harmful effects of supply of substances liable to misuse by both increasing compliance and reducing supplies leaking into the illicit market.
- 13.2 This service supports compliance with Drug Misuse and Dependence UK Guidelines on Clinical Management, published by the Department of Health and Methadone and Buprenorphine for the Management of Opioid Dependence (TA114) published by National Institute for Health and Clinical Excellence (NICE).

13.3 Objectives

- That there should be well managed models of care pharmacy pathway with associated counselling and care programmes for substance misusers, aimed at immediate harm minimisation, with the ultimate goal of recovery wherever possible
- That there should be greater involvement of primary care professions, such as General Practitioners and Community Pharmacists, in the care of more stable drug misusers
- To ensure that the patient takes the correct dose of medication prescribed by the Clinician
- To ensure that medication prescribed is not inappropriately directed onto the illegal market.

14. Principles of the scheme

- 14.1 Supervised consumption is recommended for new prescriptions for a period of 3 months.
- 14.2 The need for supervised consumption should take into account the patient's social factors, such as employment and childcare responsibilities.
- 14.3 Supervision itself may create secondary dependence. Patients should not see this as a punishment and, once stabilised, patients should be trusted to take home their medication.
- 14.4 Pharmacies are supported from the Prescribing Agency through sharing of information and regular liaison.
- 14.5 The patient enters into a contract with the Pharmacy to ensure appropriate engagement.
- 14.6 There must be a designated private area in the pharmacy i.e. consultation area / room, that has been passed as suitable for delivering professional services, that takes into account both the patients' dignity and that of other pharmacy customers.

15. Payment

- 15.1 Payment will be made to the Pharmacy on a per supervision basis and ONLY for those doses that have been supervised. Note: no payment is to be claimed for on the web-based monitoring tool relating to doses dispensed to be taken home for days on which the pharmacy is closed.
- 15.2 The payment schedule will be as follows:
- (i) Supervision of methadone - £1 per supervision
 - (ii) Supervision of sublingual tablets (i.e. buprenorphine, Subutex, Suboxone) - £2 per supervision.
- 15.3 Payment for service provision by Pharmacies will be calculated from data inputted into the web-based monitoring system on a monthly basis and payments made to pharmacies without the need to submit invoices or payment requests as all reports will be produced and verified by CCG in partnership with Lifeline Project.

16. Prescriber Responsibilities

- 16.1 The Prescriber shall reach an understanding with the patient that their prescriptions will be dispensed at a designated Community Pharmacy. The Prescribing Agency must negotiate the most suitable / convenient pharmacy that is part of the scheme, with the patient.
- 16.2 If the patient has missed three or more consecutive doses or fails to attend regularly to collect their medication the Pharmacy must notify the Prescriber / Prescribing Agency. The Prescriber or Prescribing Agency shall advise whether it is appropriate for the Pharmacy to continue to dispense the dose. Although, the Pharmacy retains ultimate responsibility for whether to supply, or not, any medication from their Pharmacy.
- 16.3 If a patient has missed collecting three or more consecutive doses and it is not possible for the Pharmacy to speak to the Prescriber or Prescribing Agency at that time, as it is outside normal opening hours, the Pharmacy will not dispense the dose.
- 16.4 The Prescriber or Prescribing Agency must provide feedback to Pharmacy, when appropriate, on patient issues flagged up by the Pharmacy.

17. Referral Criteria/Liaison

- 17.1 Patients may be re-referred for supervised consumption if:
- Consumption is erratic
 - There is failure to produce satisfactory urine tests
 - There is concern that the prescribed drug is being diverted or used inappropriately
 - The patient shows a continued and unstable, or unauthorised, pattern of drug misuse.

18 Accredited Pharmacist / Pharmacy Technician Responsibilities

- 18.1 When the patient first attends they should be made aware of:
- Opening hours for patient to access services
 - The Pharmacy's right to contact the prescriber and / or named contact
 - Missed doses cannot be dispensed at a later date
 - Medication will not be automatically dispensed if a patient has missed three or more consecutive doses
 - Medication will not be dispensed if the Pharmacy suspects that there is drug and/or alcohol intoxication (patient asked to return later or contact prescribing agency for assessment)
 - Patient should come in alone

- Acceptable behaviour.

- 18.2 If the Pharmacy suspects the patient is intoxicated (drugs and / or alcohol), then they must exercise clinical judgement on the appropriateness of dispensing the medication at that time. *Appendix C 'Signs and Symptoms of Intoxication' has been included to help in this determination.* Medication must not be dispensed if intoxication is suspected, the patient must be asked to return later or the Prescriber / Prescribing Agency contacted for assessment.
- 18.3 The Pharmacy must contact the Prescriber or Prescribing Agency if the patient fails to attend regularly to collect their medication.
- 18.4 Locum pharmacists must be made aware of this service and the procedures IN ADVANCE of them providing locum cover. It is essential that the service runs smoothly and all records are kept up to date. The presence of a locum pharmacist is NOT a valid reason for the service specification and SOP not to be followed.

19. Dispensing and Supervision

- 19.1 Supervision must never take place in the dispensary or on the shop floor.
- 19.2 Doses of medication can be made up in advance each day (assuming the Pharmacist is in possession of a current prescription). Medication must be dispensed into an appropriate child resistant container labelled in accordance with the requirements of the Medicines Act, and must be stored in the CD cabinet until the patient arrives at the Pharmacy.
- 19.3 When the patient arrives, the accredited Pharmacist or Pharmacy Technician must ensure that the patient is correctly identified, interact with them to determine general health and suitability for collecting medication and receives his/her dose of medication.
- 19.4 The accredited Pharmacist or Pharmacy Technician must show the medication to the patient and confirm strength and dose.

Methadone

- 19.5 Methadone may be consumed directly from the dispensing bottle or may be poured into a cup, as agreed by the patient and accredited Pharmacist or Pharmacy Technician.
- 19.6 The accredited Pharmacist or Pharmacy Technician shall observe the consumption of methadone by the patient. The patient may then be offered a drink of water (also helps prevent tooth decay) and engaged in conversation, this is to ensure that the methadone has been swallowed.

Sublingual Tablets (Buprenorphine, Subutex, Suboxone)

- 19.7 A drink of water can be supplied to the patient to moisten the mouth (this aids dissolution of the tablet).
- 19.8 The accredited Pharmacist or Pharmacy Technician will place the tablet(s) into a pot and hand to the patient. The accredited Pharmacist or Pharmacy Technician will then observe the patient placing the tablet(s) under the tongue to dissolve. If required the accredited Pharmacist or Pharmacy Technician can ask to observe the tablets in situ under the tongue before they begin to dissolve (to ensure tablets have been placed under the tongue). The patient must be observed until the tablet(s) have dissolved; the patient must then open his / her mouth to confirm the tablet(s) has dissolved.
- 19.9 Patients must not bring their own drinks into the pharmacy
- 19.10 All labels must be removed from the patients' dispensed containers, or have the patient name obliterated indelibly, before throwing away, to maintain confidentiality.

19.11 After each dispensing the Pharmacy must then record the required monitoring information relating to the supervision on web-based system in a timely manner (*Refer to Specification Part C for further information*) as well as making the appropriate entries into the CD register and on the prescription. It is imperative that full details are recorded, including where there have been any issues causing concern.

19.12 Any use of needle exchange facilities must not be recorded outside of the needle exchange scheme monitoring requirements.

19.13 If the patient declines any medication, the Pharmacy should contact the Prescribing Agency for further advice.

20. Practical Aspects

- 20.1 Consider contacting the Prescriber / Prescribing Agency if:
- The patient appears ill
 - The patient misses three consecutive doses
 - Patient does not consume whole dose
 - The patient tries to avoid supervision of procedure
 - The patient appears to be intoxicated with alcohol or illicit drugs
 - The behaviour of the patient is unacceptable, e.g. shoplifting/verbal and/or physical abuse
 - There is any doubt whether it is safe to supply the dose.

NOTE:

- Missing doses may result in a drop in opiate tolerance with increased risk of accidental overdose
- Patients stable on medication should be alert and coherent
- Only you can decide what behaviour is unacceptable.

PART C – MONITORING AND REVIEW

21 Monitoring and Review

21.1 The Pharmacy will be required to collect basic anonymous information from service users / patients at each visit, as an integral part of the service specifications.

21.2 Recording of required monitoring information relating to the harm reduction interaction or supervision of medication will be via a web-based system and will be recorded in a timely manner.

'In a timely manner' is defined as: at the time of interaction with the service user / patient or within the same day as the interaction, if necessary the following day after the interaction.

- 21.3 The Pharmacy will commit to completing on the web-based recording system for each interaction:
- All Mandatory Fields
 - For needle exchange interactions, the Intervention carried out (even if this is to state 'None' – no intervention carried out at this interaction)
 - Updating Client Details records as requested to do so as part of a rolling programme.

- 21.4 The pharmacy is required to have suitable computer equipment and internet access to facilitate timely inputting of information.
- 21.5 Entering details of needle exchange equipment supplied will alter the electronically managed stock control system for the pharmacy which will in turn trigger the ordering of further needle exchange stock as required. It is important that the pharmacy accurately records information relating to equipment supplied so that stock levels can be accurately maintained.
- 21.6 Payment for service provision by Pharmacies will be calculated from data inputted into the web-based monitoring system on a monthly basis and payments made to pharmacies without the need to submit invoices or payment requests as all reports will be produced and verified by CCG in partnership with Lifeline Project.
- 21.7 Post Verification Monitoring and Visits and Service Reviews are undertaken where and when required, including those investigating service user / patient satisfaction of services.

PART D - COMPETENCIES, TRAINING, POLICIES AND ACCREDITATION

22. Competencies and Training

- 22.1 Training events will be held regularly and will be available to all pharmacists and pharmacy staff, even if they are not currently involved in provision of the service.
- 22.2 Training for pharmacists and pharmacy staff will include health and safety plus appropriate related topics including basic drugs awareness, referral, health promotion, approach to treatment, local issues / developments and national guidance.
- 22.3 It a requirement for the Pharmacist(s) and / or Pharmacy Technician(s) at each pharmacy to complete the CPPE Declaration of Competence statements:
 - a) To provide supervised consumption service
 - b) To provide a needle and syringe programme service
 within 6 months of commencing service provision. The CCG in conjunction with Lifeline Project must be furnished with a copy of the self-declaration documentation on completion.
- 22.4 It is the responsibility of the accredited Pharmacist(s) / Pharmacy Manger / Dispensing Technician(s) of the participating pharmacy to ensure their staff has been provided with appropriate health and safety training, including the safe handling of injecting equipment, an overall understanding of the service and its harm reduction ethos and the importance of maintaining confidentiality.

23. Policies

- 23.1 There is a professional requirement for all participating Pharmacies to put in place and operate written standard operating procedures (SOPs) covering this locally commissioned enhanced service.
- 23.2 The Pharmacies must have written policies on health and safety, including blood spillage / needle stick injuries based on up-to-date information. (*See Appendix A.*)
- 23.3 All pharmacy staff involved in provision of this service must be provided with information about blood borne viruses and encouraged to undertake hepatitis B immunisation. Records must be kept of immunisation status of all staff; an Employee Declaration Form must be signed by all staff involved in the service (*See example form, Appendix B.*)

23.4 All policies must have a named person with responsibility for implementation and monitoring and dates for review. It is the responsibility of the Pharmacy to ensure that the scheme runs according to the policies and procedures.

24 Accreditation

24.1 It is the responsibility of the Pharmacy to ensure that an accredited person is available to oversee the service on a regular basis and if not the CCG in conjunction with Lifeline Project must be informed.

24.2 Accreditation for the Pharmacy to provide the service will cease and the service suspended if there is no regular accredited person available to oversee the service. Service may recommence on installation of a regular accredited person.

24.3 Before commencement of service provision it will be necessary to confirm with the CCG in conjunction with Lifeline Project that all accreditation requirements for the Pharmacy have been fulfilled and that the Pharmacy has been added to the list of accredited sites. The pharmacy will then be issued with log in details for the web-based monitoring system and any needle exchange equipment required will be ordered.

Drug Misuse Enhanced Service

In Pharmacy Service Specification and Standard Operating Procedure (SOP) Signature Sheet

Pharmacy Name

Pharmacy Address

.....

.....

I confirm that I have read, understand and agree to work within the service specification and pharmacy standard operating procedure to provide the Service for Community Pharmacy Dispensing Service for the Community Optometry Minor Eye Conditions Service:

Name	Signature	Date

Needle Exchange Health and Safety Policy

Offering drug treatment and harm reduction services to the patients does not usually compromise the health and safety of the staff and other customers. By treating the patients with courtesy and establishing mutual respect, the risk of violence or intimidation is very small.

Blood-borne infection is the main area of risk. It is estimated that a needle stick injury creates a 1 in 3 chance of hepatitis B infection, a 1 in 30 chance of acquiring hepatitis C and a 1 in 300 chance of acquiring HIV. Vaccination against hepatitis B and strict adherence to a standard operating procedure will minimise the risks. There are as yet no vaccines for hepatitis C or HIV.

The risk of having a needle stick injury or coming into contact with contaminated and/or clinical waste is very small if your staff are properly trained to deal with discarded sharps and body fluid spillage.

1. Dealing with Discarded Sharps

If any discarded needles, syringes or any other contaminated sharps are found, the pharmacist on duty must be informed immediately.

The following procedure (1.3 - 1.13) is only applicable to removing sharps on the premises. Discarded contaminated sharps found external to the premises (e.g. in the rear garden) should be reported immediately to the local Environmental Health Department. Do not attempt to touch or remove the sharps.

Only appropriately trained staff that are fully vaccinated against hepatitis B and understand this procedure should deal with these incidents.

Customers and all other staff must be warned not to touch or attempt to move such items and should stay well clear from the affected area.

Any cuts or abrasions on the skin must be covered with waterproof and breathable dressing.

When dealing with these incidents, appropriate protective disposable gloves, apron and goggles should be worn.

The sharps should only be removed with tweezers to a sharps container. The area should then be wiped with an appropriate disinfectant or a solution of bleach.

Ensure that the manufacturers' guidelines are followed when using disinfectant or bleach. Also ensure that the area is well ventilated whilst doing this. It may also be necessary to test the products on a small area of surface to ensure that the floor or work surface is not damaged in any way.

Once the area has been adequately cleaned, any swabs or wipes used should be treated as contaminated clinical waste, and disposed of into a sharps container.

Personal protective equipment should only be removed at the end of the procedure and must also be disposed of as contaminated clinical waste into a sharps container.

After removal of all personal protective equipment the hands should be thoroughly washed with bactericidal soap and water.

Finally the incident should be recorded within the pharmacy Accident Book.

2. Dealing with Body Fluid Spillage

On discovery of any kind of body fluid spillage e.g. blood, vomit etc., the pharmacist on duty must be informed immediately.

Persons clearing up the spillage must understand this procedure and be fully vaccinated against hepatitis B. Customers and all other staff must stay well clear from the affected area.

Any cuts or abrasions on the skin must be covered with a waterproof and breathable dressing.

When dealing with these incidents, appropriate protective disposable gloves, apron and goggles should be worn.

A sharps container should be carried by the handle to the location of the spillage.

Soak up as much of the spillage as possible, using absorbent material e.g. paper towels.

All used absorbent materials should be immediately 'double bagged' within two sealed plastic bags and placed in a sharps container.

After collecting all the spillage, the area affected should be sprayed with disinfectant or wiped with a bleach solution. Ensure that all manufacturers' guidelines are followed while using these products, and that the area is well ventilated.

Once the area has been adequately cleaned, any material or equipment used should be treated as contaminated clinical waste and be placed in the sharps container.

Personal protective equipment should only be removed at the end of the procedure and must also be disposed of as contaminated clinical waste into a sharps container.

On removal of all personal protective equipment the hands should be thoroughly washed with bactericidal soap and water.

The incident must be recorded within the pharmacy Accident Book.

3. Required Equipment

The following items should be available for dealing with contaminated waste:

Disposable latex gloves

Disposable non-latex gloves for staff who are allergic to latex

Disposable goggles

Disposable apron

A long tweezer (or 'Reacher')
A disinfectant spray or bleach

4 Needle Stick Injury

In the unlikely event of a needle stick injury, the following procedure should be followed.

The wound should be encouraged to bleed immediately.

The affected area should be washed thoroughly with bactericidal soap and water.

For further advice and any necessary treatment, immediately attend A&E contact:

Note: Prophylactic treatment is required within **1 hour** of incident.

The incident should be recorded within the pharmacy Accident Book.

The CCG in conjunction with Lifeline Project should be informed immediately.

5 Spillage Contact to Skin, Eyes or Mouth

In the very unlikely incident where splashes of blood or other body fluid spillage get in the eyes or mouth, or get in contact to the skin, this procedure should be followed.

The affected area should be irrigated with copious amount of water.

If the skin is affected, it should be washed with bactericidal soap and water.

For further advice and any necessary treatment, contact A&E:

Note: Prophylactic treatment is required within **1 hour** of incident.

The incident should be recorded within the pharmacy Accident Book

6 Dealing with Abusive Patients

Inviting drug users into the pharmacy does not necessarily increase the risk of disturbance or violence. Past experience shows that such risk can be minimised by treating all patients with due respect and courtesy.

As an employee you have a responsibility never to place yourself, your colleagues or members of the public at risk.

Your workplace should be an environment where discussions about fear and other problems are not to be seen as marks of failure but as part of good practice.

Develop your own communication technique. It will help you to deal with verbal abuse without causing further aggression. Talk yourself out of problems.

Pacify rather than provoke the Patients who are focusing their aggression on you.

Stop and assess the situation. Think before you speak - consider the consequence of what you are about to say.

Consider whether the hostility is directed at you, the pharmacy or the individual themselves and try to react accordingly.

If you are in danger decide whether it is possible to leave the situation without further endangering yourself.

Consider whether another employee could handle the situation more effectively.

Never underestimate a threat of any kind and do not respond aggressively.

Stay calm; speak gently, slowly and clearly. Do not argue or be enticed into further argument. Avoid taking an aggressive stance (e.g. hands on hips or leaning forward).

Do not hide behind your authority, status or jargon. Tell them who you are, ask the person's name and attempt to discuss the problem with them as reasonable adults.

Keep your distance and try to avoid looking down on the aggressor.

Never touch an aggressor unless in self-defence. Remember the law – you are allowed to use **reasonable force** to defend yourself, or to make a citizens arrest.

Encourage the person to move - to go for a walk and think about the problem or offer to compromise and talk through it.

If the threat of violence is imminent, try to keep away from potentially dangerous locations or articles.

If you have a CCTV System attempt to stand where it is filming.

Make a mental note of potential escape routes. Keep yourself between the aggressor and a door or barrier, such as a desk.

Never turn your back – move gradually backwards if you need to escape.

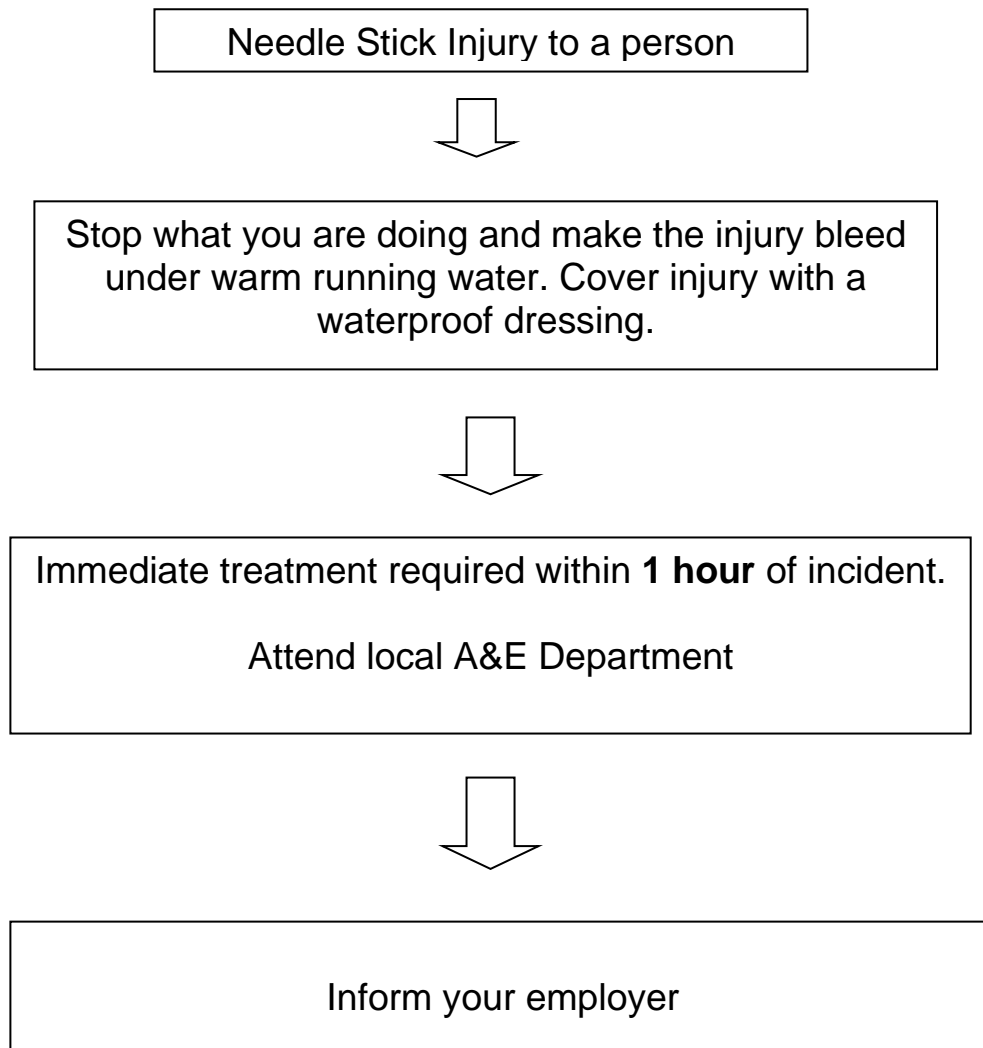
If you manage to calm a situation down – do not let it flare up again. Choose your words and actions carefully, making a cautious but confident approach.

Go to the assistance of a colleague, but stay in the background.

Note: if this is a patient receiving prescribed medication you can contact the prescriber who can advise the patient about appropriateness of their behaviour in the future.

7. Needle Stick Injury Emergency Escalation Procedure

Although safety policies and procedures on the use of sharps are continually being monitored and improved, the risk of a needle stick injury can never be completely eliminated. In the rare event that that such an incident occurs, the following emergency escalation procedure should be followed



Appendix B
Hepatitis B Immunisation
Employee Declaration

Please sign the appropriate part of the declaration below and retain it within your pharmacy

1. I confirm that I have read and understood the information provided on hepatitis B and will undertake a course of Hepatitis B immunisation. I understand it is my personal responsibility to ensure I complete this course.

Signature _____ Print Name _____ Date _____

Or

2. I confirm that I have read and understood the information provided on hepatitis B and I understand that if I choose not to receive the Hepatitis B immunisation as recommended and participate in the needle exchange service I will be doing so entirely at my own risk.

Signature _____ Print Name _____ Date _____

Or

3. I confirm that I have read and understood the information provided on hepatitis B and can confirm that I have already been immunised against the Hepatitis B virus.

Signature _____ Print Name _____ Date _____

Appendix C

Signs and Symptoms of Intoxication

Alcohol

Slurred speech
Blood shot eyes
Dilated pupils with sluggish response to light
Loss of co-ordination
Smell of alcohol on breath
Drowsiness and sedation especially if taken with another depressant e.g. benzodiazepines
Lateral nystagmus (spontaneous, rapid, rhythmic eye movements)
Irritability

Opiates and Benzodiazepines

Drowsiness and sedation especially if taken with another depressant e.g. alcohol
Loss of co-ordination
Slurred speech
Droopy eyelids
Dizziness
Poor comprehension
Irritability
Pinpoint or constricted pupils
Sedation and drowsiness especially when taken with other depressants (e.g. benzodiazepines, alcohol, barbiturates)
Slow speech

Stimulants (Amphetamine and Cocaine)

Dilated pupils
Brisk reflexes
Fine tremor of limbs
Blurred vision
Irrational behaviour
Confusion
Sweating