

Community Pharmacy Contractual Framework Enhanced Service – Needle Syringe Programme (1st March 2018 – 28th February 2020) Reach Out Recovery, Birmingham

1. Service description

- 1.1 Pharmacies will provide access to sterile needles and syringes, and sharps containers for return of used equipment. Associated paraphernalia such as vitamin C powder and swabs to promote safe injecting practice and reduce transmission of infections by substance misusers will be provided.
- 1.2 Pharmacies will offer a user-friendly, non-judgmental, client-centred and confidential service.
- 1.3 Used equipment is normally returned by the service user for safe disposal.
- 1.4 The service user will be provided with appropriate health promotion materials.
- 1.5 The pharmacy will provide support and advice to the user, including referral to other health and social care professionals and specialist drug treatment services where appropriate.
- 1.6 The pharmacy will promote safe practice to the user, including advice on sexual health and STIs, HIV and Hepatitis C transmission and Hepatitis B immunisation.
- 1.7 The service includes provision for users of steroids and image enhancing drugs (SIEDs).
- 1.8 The service includes the provision of take-home naloxone for the reversal of opioid overdose.

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;
 - ◆ by providing sterile injecting equipment and other support;
 - ◆ by promoting safer injecting practices; and
 - ◆ by providing and reinforcing harm reduction messages.
- 2.3 To improve the health of local communities by preventing the spread of blood-borne infections by providing a safe and effective route for the disposal of used injecting equipment.
- 2.4 To help service users access treatment by offering referral to CGL adult substance misuse 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.
- 2.7 To reduce the number of drug-related deaths associated with opioid overdose.

3. Service outline

- 3.1 The part of the pharmacy used for provision of the service provides a sufficient level of privacy and safety.
- 3.2 Clients must be treated with respect and courtesy. Any aggressive or inappropriate behaviour displayed by the service users must be reported to CGL and/or the police.

- 3.3 Needle exchange packs are supplied free of charge to anyone over 18 years of age. Those under 18 should be referred for assessment to Forward Thinking Birmingham 0300 300 0099.
- 3.4 The service is delivered by an Accredited Pharmacist who is responsible for providing the services at the pharmacy in keeping with the local guidelines. If the accredited pharmacist permanently leaves the pharmacy in question, CGL must be informed within 14 days to ensure that a new accredited pharmacist is trained as soon as is feasible.
- 3.5 The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service.
- 3.6 The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service are aware of and operate within local protocols.
- 3.7 The pharmacy will allocate a safe place to store equipment and returns for safe onward disposal. The storage containers provided by CGL via Sustainable Waste commissioned clinical waste disposal service will be used to store returned used equipment.
- 3.6 The pharmacy contractor should ensure that their staff are made aware of the risk associated with the handling of returned used equipment and the correct procedures used to minimise those risks. A needle stick injury Standard Operating Procedure (SOP) should be in place and visible to all staff. Used needles and sharps boxes must not be handled directly by any pharmacy staff. Sharps bins should be offered to clients to deposit used 'works' directly into.
- 3.7 The pharmacy should maintain appropriate records to ensure effective ongoing service delivery and audit. Each client record should be completed in full. These records must be maintained electronically via the PharmOutcomes website in a timely manner. Client records that are incomplete may result in non-payment of fees for those clients.
- 3.8 Appropriate protective equipment, including gloves, overalls and materials to deal with spillages, should be readily available close to the storage site.
- 3.9 The pharmacy should clearly display the national scheme logo and, where available, a local logo indicating participation in the NSP service.
- 3.10 It is strongly recommended that staff involved in the delivery of this service should be offered immunisation for Hepatitis B.
- 3.11 Pharmacists will share relevant information with other health care professionals and agencies, in line with locally determined confidentiality arrangements.
- 3.12 CGL will arrange at least one contractor meeting per year to promote service development and update the knowledge of the named pharmacist. Attendance is mandatory.
- 3.13 CGL will provide the exchange packs and associated materials and will commission a clinical waste disposal service for each participating pharmacy. The ordering of packs should be organised by the pharmacy so that appropriate stock control is maintained and to ensure there is not an unacceptable build up of clinical waste on the pharmacy premises.
- 3.14 Packs should be ordered on a weekly basis as needed. Orders should be placed directly with Frontier Medical (01495 235800) and will be delivered within 5 working days. Pharmacies should hold approximately two weeks' worth forward stock.
- 3.15 Contractors are responsible for ensuring they have sufficient sharps bins in the pharmacy to enable them to deal with demand and not put staff at risk. Collection of sharps bins will be managed by Sustainable Waste on a scheduled collection basis. Contractors should contact CGL directly should they feel these collections need review.
- 3.16 CGL will provide an electronic framework for the recording of relevant service information for the purposes of audit and the claiming of payment via the PharmOutcomes website.

- 3.17 CGL will provide details of the relevant referral point which pharmacy staff can use to signpost service users who require further assistance.
- 3.18 CGL will produce health promotion material relevant to the service users and make this available to pharmacies.
- 3.19 All service users in contact with opioids are to be offered training in recognising the symptoms of opioid overdose, how to respond appropriately and how to administer naloxone. The training can be delivered by any member of the pharmacy team who has been appropriately trained and has been deemed competent to do so by the pharmacist in charge. Once completed, a take-home naloxone kit may be issued to the service user.
- 3.20 The pharmacy should hold at least one naloxone kit in stock.

4. Quality Indicators

- 4.1 The contractor will ensure availability of written information and leaflets in the pharmacy relevant to the service, substance misuse and drug treatment as made available by CGL.
- 4.2 The contractor will have standard operating procedures and a risk assessment in place specific to their individual premises. The pharmacist will review the risk assessment on an annual basis.
- 4.3 The named pharmacist will attend training and accreditation events organised by CGL.
- 4.4 The pharmacy can demonstrate that pharmacists (including locums) and staff involved in the provision of the service have undertaken CPD relevant to this service and are familiar with the requirements of this service specification.
- 4.5 The accredited pharmacist must have successfully completed the CPPE course "Substance Use and Misuse" (Pharmacist Version). The completion certificate for this course must be no more than three years old. In addition, the lead pharmacist must have completed and submitted the relevant CPPE declaration of competence.
- 4.6 The pharmacy can demonstrate that the return of used equipment is discussed at each contact and that all returns are recorded on PharmOutcomes.
- 4.7 The pharmacy undertakes the exchange in an area that ensures a sufficient level of privacy and safety.
- 4.8 The pharmacy co-operates with any local assessment of service and service user experience, including use of "mystery customers".
- 4.9 The pharmacy provides harm reduction information to each client that accesses the service.
- 4.10 Staff involved in the delivery of training for the take-home naloxone programme have been signed off by the contractor as competent to do so using protocols agreed by CGL.
- 4.11 Where possible, the contractor should ensure that the pharmacy is staffed by a regular pharmacist/s. Should a participating pharmacy be in a position where the pharmacy will be run on different locum pharmacists for more than a month, CGL must be informed. CGL has the right to withdraw the service from a pharmacy that is not staffed with regular pharmacists. Alternatively, CGL may impose additional conditions on the pharmacy in order for the pharmacy to remain providing the service.
- 4.12 The contractor must have a system in place that ensures that messages are checked on a regular basis (at least weekly) on PharmOutcomes and actioned appropriately as this is the primary communication tool between CGL and Birmingham pharmacies.
- 4.13 The contractor should ensure that there are adequate support staff, including staff specifically trained to support this service in the pharmacy at all times in order to support the pharmacist (including locum pharmacist) in the operational elements of the service and to help ensure the safe and smooth running of the service.

- 4.14 Please note that it is a requirement of the scheme that the pharmacy has in place a child protection / safeguarding policy and that all staff are aware of the content and adhere to it.
- 4.15 The contractor will ensure that appropriate professional indemnity insurance is in place.
- 4.16 It is a requirement for pharmacies signing up to this agreement to comply with all the requirements of the essential services of the NHS Community Pharmacy Contractual Framework.

5. Funding and Claiming Procedure

- 5.1 The scheme will be funded on a payment-for-activity basis at the rate of £1.50 per intervention. There is no restriction on the number of packs that may be supplied to each client. In addition, a fee of £5 will be paid for any client that the pharmacist refers into treatment via PharmOutcomes.
- 5.2 Contractors will be reimbursed the cost of each take-home naloxone kit (currently Prenoxad @ £15.30 each), together with a fee of £10 to cover time involved training each client. Please note that the brand of naloxone (and therefore the price) may be subject to change within the term of this contract if new naloxone products become available. The pack must be labelled with the client's name and the date of supply.
- 5.3 Fees will be paid on the basis of submitted claims usually via BACS into a bank account specified by the contractor.
- 5.4 All claims should be submitted via the PharmOutcomes website. Activity should be recorded on the day of the supply (or, at the very latest, by the next working day). Please note that any claims not entered by the close of business on the last day of each month will not be paid.
- 5.5 Contractors are responsible for entering accurate claims data on the correct website <https://pharmoutcomes.org>. Any claims entered on any other website (including others operated by PharmOutcomes such as test websites) will not be paid.
- 5.6 Payment for this service will only be made where the named Pharmacist holds the relevant CPPE certificate in substance misuse and is accredited to provide the service by the CGL. Any change in the Named Pharmacist must be notified to the CGL in advance of the change where possible, but no later than 14 days after the change has occurred. The new pharmacist will be included on the next available accreditation event. Attendance is compulsory for the scheme to continue at that pharmacy.
- 5.7 Use of the service will be reviewed on a regular basis and the service may be redeployed to an alternative location by CGL if uptake of the service is low.
- 5.8 Either party wishing to terminate this agreement must give one month's notice in writing. However, CGL reserves the right to suspend or terminate the service at short notice following a significant event or serious incident (for example, following a fitness to practice incident).

6.0 Governance

- 6.1 It is implicit in the service being provided that it is delivered to the standard specified, and complies with the legal and ethical boundaries of the profession.

- 6.2 During the course of any visit to the pharmacy by representatives of CGL, issues may be identified that will require corrective action in order to maintain the integrity of the service. The process will be as follows:
- The CGL representative will identify any issues and will agree with the accredited pharmacist (or responsible pharmacist in their absence) what corrective action needs to be taken. The timescales will be agreed according to the level of risk.
 - CGL will send a written report to the named pharmacist within two weeks of the visit summarising what action needs to be taken and by when.
 - The CGL representative will contact the pharmacy again once the agreed timescales have elapsed to confirm that the corrective action has been taken.
 - If any further action needs to be taken, this will be documented and new timescales agreed.
 - If the issues remain unresolved after this, the option to withdraw the service from the pharmacy may be exercised.
- 6.3 Please note that the pace with which the process progresses will be determined by the level of risk. In addition, any serious professional matters identified may be escalated to Public Health England and/or the GPhC.

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Reach Out Recovery, Birmingham**

I have received a copy of the above specification and agree to provide the Needle Syringe Programme service to this specification.

Name of accredited pharmacist:

Date:

Signature of accredited pharmacist:

Pharmacy Name:

Pharmacy Stamp:

Please return this completed form (scanned to email) to Emma Walker by 23rd February 2018.

emma.walker@cgl.org.uk Thank you.