

**SERVICE LEVEL AGREEMENT FOR PHARMACIST PARTICIPATING IN THE
CALDERDALE PHARMACY NEEDLE AND SYRINGE PROGRAMME**

1. Introduction

This agreement shall serve as the formal contract between Calderdale Recovery Steps (CRS) and the pharmacy contractor in section 1.2 below, for the provision of the Calderdale Drug and Alcohol Service (CDAS) Needle and Syringe Programme (NSP). Pharmacy contractors are reminded that this is a highly confidential scheme.

The terms and conditions as set out in this agreement shall exist between CRS (Lead Contractor for Calderdale Drug and Alcohol Service [CDAS]) and the following pharmacist/company. The latter will be referred to in this document as “The Pharmacy contractor”.

1.2 PLEASE PRINT IN BLOCK CAPITALS

Pharmacy Name:

Address: (see appendix 1.4)

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Telephone No:

Fax No:

ODS Code:

2. Aim of the service

2.1 The aim of the service is to provide:

- An accessible community needle exchange to injecting drug users with respect, confidentiality and professional discretion
- Safe disposal facilities for used injecting equipment hence to reduce contaminated equipment found in Calderdale
- Health education to injecting users
- A point of referral for suitable clients to access community treatment

3. The service

3.1 The pharmacy contractor is expected to operate the scheme in accordance with the Code of Ethics and Professional Standards as laid down by the General Pharmaceutical Council (GPhC).

3.2 The Pharmacy contractor, and responsible pharmacist on duty at the time of service provision has, and shall hold, the responsibility for providing the service described in this document. CRS/CDAS, whilst retaining its discretion, allows within the parameters of this agreement, that pharmacy staff may undertake the work upon the Responsible Pharmacists' behalf. This shall only be the case if the necessary procedures have been

explained to the member of the pharmacy team and the responsible pharmacist/pharmacy contractor has determined that the member of the pharmacy team that carries out the task is competent to do so. The pharmacy staff should refer the client to the pharmacist when the client requires or requests to assess the condition of the service user and/or provide 1-to-1 health advice including advice to service users about safer injecting techniques, overdose risks or drug related infections and illnesses.

4. Terms of contract and Remuneration

4.1 The duration of this contract and service level agreement will be from 12th **December 2016** however the payment structure will be reviewed at three month intervals and may be subject to change at six months following a review of financial information. Any changes will be made in consultation with the LPC.

4.2 Payment will be made as follows:

£1.10 will be paid per transaction (a transaction equates to any paraphernalia dispensed within the specified limits, no more than 10 One Hit Kits & 5 Fitness Packs to be taken in one exchange).

CRS/CDAS will make payment in the month following that within which the claim is submitted. Claims will be electronically generated using PharmOutcomes subject to claims being made within a calendar month of a transaction.

CRS/CDAS are unable to process claims that are more than one month late, unless in exceptional circumstances.

4.3 The exchange packs will be supplied **free of charge to the pharmacy** from Frontier Medical Supplies and are issued **free of charge to clients**.

4.4 The pharmacy must have standard operating procedures for this service

5. Record keeping (CRS will provide an exchange menu to record the relevant information prior to transfer of the information onto PharmOutcomes).

5.1 The pharmacist and pharmacy staff will be responsible for recording transactions on PharmOutcomes system. Each transaction/ exchange must be recorded onto PharmOutcomes. The record must be completed in order to receive payment. This includes keeping an accurate account of transactions, any sharps bins returned, if additional advice given to clients and/or referral made to CRS.

Pharmacies are required to maintain records of supply and exchange of injecting equipment in order that the service can be monitored and evaluated. The record on PharmOutcomes is the enduring record.

Poor record keeping and recording onto PharmOutcomes may result in late payment or non-payment and possibly a withdrawal of scheme.

6. Stock, orders & distribution

Stock ordering will be manually placed with CDAS/CRS Administrator Lisa Stocks by email pharmacy.exchange@calderdalerecoverysteps.org.uk. Using CDAS Needle Exchange Stock forms (Appendix 1).

CRS/CDAS will need to obtain the current stock levels of each pharmacy.

Pharmacies will need to submit needle exchange orders in good time to allow for order processing and delivery timescales and prevent shortages of stock and all orders received will be processed on Monday of each week (Tuesday where a Bank Holiday has occurred).

6.1 Distribution

Requests for large numbers of equipment (more than 5 Fitness packs or more than 10 of the other kits) are to be queried with the client and dealt with at the discretion of the pharmacist. If clients require a lot of equipment they can be given the contact details for Lisa Stocks at Calderdale Recovery Steps.

6.2 Stock Management; (Drugs and Alcohol National Occupational Standards – **DANOS**)

- You will check that adequate stock of injecting equipment is maintained
- You will check that injecting equipment is stored safely and securely
- You will carry out the exchange process discretely and give out injecting equipment in a dispensing bag to maintain confidentiality
- You will not handle returned injecting equipment, but direct individuals to place returned injecting equipment in the sharps bins themselves
- You will check that the sharps bins are correctly assembled and are not overfilled
- You will adhere to your organisation's needle exchange policies and procedures
- You will deal with any spillage and discarded needles and syringes using appropriate materials.

6.4 Logo & Promotion of Service

The National Needle and Syringe logo should be displayed in a prominent position where possible, at all times. CRS/CDAS will provide additional promotional information within the packs. The Scheme will be advertised in places such as GP surgeries, local drug service (CRS), probation etc.

CRS/CDAS will also provide leaflets and posters for pharmacies to promote the service.

7.0 Restrictions and security

7.1 Under 18's

If pharmacists or staff suspects that a client may be under 18 years of age then they should seek confirmation of age with ID. Needle exchange for under 18's - the pharmacy must try to obtain details from the young person about their injecting behaviour and either make a referral to Branching Out or in extreme circumstances, where an injecting history is established and it is deemed that there are acute risks involved with not supplying equipment, a limited supply of equipment can be provided, as long as no Child Protection issues have been identified that indicate that this would be inappropriate and that the young person has been able to demonstrate their competence to consent to the treatment. Anyone under the age of 16 should be refused a needle exchange. Under such circumstances the decision on what action to take lies with the responsible pharmacist.

7.2 Clients should be treated fairly. If for any reason a client does not abide by policy and pharmacy rules and does not respond to verbal warnings, a ban can be imposed on individual clients and he/she referred to the CRS/CDAS. A written explanation could be provided to the client on why this course of action is necessary. This may be done by giving the client a copy of the list of reason codes provided with the appropriate reason(s) ticked:

- 00 Shoplifting
- 01 Violent or threat of violence
- 02 Abusive language
- 03 Threatening or disruptive behaviour
- 04 Drunk
- 05 Any racial abuse
- 06 Other (please state)

All of the above apply to action of client against staff and or customers. Pharmacies should keep information of other services providing needle exchange. Each pharmacy will be provided with an up-to-date list of all other needle exchange services available in Calderdale.

7.3 Information has been provided for pharmacies participating in the substance misuse scheme from the Local Security Management specialist regarding safety in the workplace and tackling violence/nonphysical violence. All staff members should be explained to in full the policy and working procedures within the pharmacy. For further security advice please check www.cfsms.nhs.uk

7.4 The exchange packs will be supplied **to pharmacies** and are issued **free of charge to clients**. All counter staff and pharmacists should treat all clients with respect.

8. Returns

- 8.1 Pharmacists and staff **must always request and encourage returns** of used equipment. However, the supply of sterile injecting equipment is **not** conditional on returns on each visit.

Pharmacy staff must endeavour to improve the return rate of used equipment

Pharmacists and staff should never handle used injecting equipment, but request the clients place return directly in the large sharps bin provided. The opening in the large sharps bin must be large enough to accommodate returned equipment; any forcing is dangerous and can lead to injury.

Sharps bins must be stored away from the general public area. A spare large sharps bin must at all times be kept on the premises.

9. Clinical Waste Collection (used equipment)

- 9.1 Collection of full sharps bins will be managed by *Phs*. Bins taken away will be replaced with an equivalent sized bin. The pharmacists are required by law to sign a transfer note, a copy of which is kept on file and retained for three years. No one else must collect clinical waste without a licence. Sharps bins for disposal are to be kept away from the general public.

- 9.2 Sharps bins are for the disposal of used needles and provisions only from needle exchange clients and not sharps from other patients e.g. diabetics. Using sharps bins to discard pharmaceutical waste is not only a breach of contract, but against the law.

Any problems, concerns or queries relating to the provision or collection of sharps bins by *Phs* should be referred to Lisa Stocks at CRS/CDAS and she will process them.

10. Health and Safety

- 10.1 Hepatitis B

All staff issuing or accepting returns of needles and syringes are advised to receive immunisation against Hepatitis B. It is the responsibility of the pharmacy to ensure that staff delivering needle exchanges have the appropriate vaccinations for Hepatitis B.

CRS/CDAS can provide the participating NSP pharmacy with a letter that can be taken to the GP regarding the Hepatitis B vaccination if required.

- 10.2 Needle Stick Injury Policy

All Pharmacies will have a needle stick injury policy in place and available to all staff.

11. Support Mechanism & Training

- 11.1 Underpinning Knowledge

Pharmacists and technicians can use Declaration of Competence to demonstrate their competency to provide the service.

Non-registered pharmacy staff should complete CPPE online Substance Misuse training through the <http://www.thelearningpharmacy.com/content/about.asp>

11.2 Calderdale CDAS workshops

Ongoing training and educational opportunities will be offered to all Pharmacy staff in order to support the delivery of the needle exchange scheme and ensure good practice is embedded in delivery. Pharmacy staff participating in this scheme will be provided with the details of Frontier's Needle Exchange E-learning facility as an optional training opportunity.

All new pharmacy staff joining the scheme will be visited for an induction onto the scheme in addition to the above.

Responsible pharmacist has a duty to ensure that staff involved in the needle exchange service have relevant knowledge and are appropriately trained in the operation of the service and operate within local protocols.

11.3 Core Competencies as within the DoC are met.

12. Quality Indicators

- 12.1. The pharmacy should have appropriate health promotion material available for the user group and promote its uptake. All promotional material will be ordered as outlined in Appendix 1.
- 12.2. The pharmacy should review its standard operating procedures and the referral pathway for the service on an annual basis.
- 12.3. Pharmacists and staff involved in the provision of the service should have undertaken CPD relevant to the service.
- 12.4 The pharmacy participates in an annual organised audit of the service provision by CDAS, CPWY approved.

13. Locum

It is the pharmacist's duty to ensure that locum staff are aware that the scheme is running. Staff should be explained the policy and working procedures of the scheme. If a locum is covering, all necessary orders should be telephoned through prior to their arrival and a designated person made aware of the order.

14. Insurance

Pharmacists must ensure and will be responsible for ensuring that the appropriate arrangements are made to cover the service, and the staff who are employed in its function.

15. Cultural Awareness and Equal Opportunity

- 15.1 All staff involved should be aware of the different requirements represented by different groups, such as any special needs in terms of language, sensory/physical impairment, literacy or other cognitive difficulties.
- 15.2 The service should be provided in a way that takes into account these issues and does not discriminate on the grounds of gender, race, disability, sexual orientation, religious beliefs or present lifestyle.

16. Confidentiality

- 16.1. Pharmacists are reminded that confidentiality is paramount to the success of the scheme. Pharmacy staff must be made aware of the importance of confidentiality when dealing with clients using the service.
- 16.2 Pharmacists retain the right to refuse to serve a service user. If a pharmacist feels that there is a threat to staff or any other customers, this should be the primary concern. As with any other customer, the police may be called. A breach of confidentiality may be appropriate under these circumstances.

17. Termination of contract

- 17.1. This agreement may be terminated by CRS/CDAS by giving three months' notice in writing to the pharmacist at any time in the event of any of the following:
 - The pharmacist ceasing to, or threatening without good reason to cease to, carry out all or part of the agreed obligations and responsibilities as constituted at the start of this contract.
 - The pharmacist being in breach of contract after prior notice has been given by CRS/CDAS to that effect, and which notice has given the pharmacist reasonable opportunity to rectify the problem, if rectifiable.
 - Any other unforeseeable events, which deem the scheme inoperable.
 - If issues arise relating to governance or safety, CRS/CDAS can suspend/ terminate the contract with immediate effect.
- 17.2. This agreement may be terminated by the pharmacist by giving one month notice in writing to CRS/CDAS.
- 17.3. Termination of this agreement by either party, whether by expiry or early determination, shall not affect any monies owed up to the date of termination provided that the terms and conditions of the scheme have been met and the scheme forms have been completed and returned.
- 17.4. This agreement may be terminated, in any event, by either side giving three month's notice in writing to the other.
- 17.5. CRS/CDAS is required to give three month's notice of termination of participation in the scheme in writing to any pharmacies found to be unsuitable or under-utilised, however this will not occur prior to remedial action and support for the pharmacy

Appendix 1: Support Available to Pharmacists

1. Optional Training: www.frontier-group.co.uk/learning/
2. Harm Reduction and Needle Exchange Worker for CRS/CDAS is available for advice.
3. Signature Document
4. Order Form
5. The following is a list of contacts:

For general and training enquiries	Lisa Stocks Harm Reduction and Needle Exchange Coordinator Lisa.stocks@calderdalerecoverysteps.org.uk
For client support	Calderdale Drug & Alcohol Service (CDAS) 01422 415550

Appendix 1.2

We agree to comply with the specifications in this service level agreement.

Name of participating pharmacy:

Address:

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Name of Pharmacist:

Signature:

Date:

Scheme Co-ordinator:

Signature:

Date:

Start of contract:

Contract expires/renewed:

NB: This service level agreement will be reviewed December 2017.

Appendix 1.3

NEEDLE EXCHANGE STOCK ORDER

Item	Units per box	Number of boxes required
1ml One Hit Kit	100 kits per box	
2ml One Hit Kit (orange)	100 kits per box	
2ml One Hit Kit (blue)	100 kits per box	
Fitness Pack	50 packs per box	
Sharp Safe	50 packs per box	

Please place your order at CRS by email to pharmacy.exchange@calderdalerecoverysteps.org.uk

Appendix 1.4

Individual Pharmacy Details

Boots Limited, 7-11 Market Street, Halifax, HX1 1PB

Boots Limited, Units 1 & 2 Valley Road, Hebden Bridge, HX7 7BB

Boots Limited, Odd Fellows Hall, Bridge Street, Todmorden, OL14 5AQ

Brighouse Pharmacy, 24 Church Lane, Brighouse, HD6 1AT

Brook Pharmacy, 236 Queens Road, Halifax, HX1 4NE

Cohens Pharmacy, The Boulevard Medical Practice, 116 Saville Park Road
Halifax, HX1 2ES

King Cross Pharmacy, 206 King Cross Road, Halifax, HX1 3JP

Living Care Pharmacy, Horne Street, Halifax, HX1 4NE

Living Care Pharmacy, 49 Sandbeds Road, Halifax, HX2 0QL

Living Care Pharmacy, 173B Spring Hall Lane, Halifax, HX1 4JG

Lloyds Pharmacy, 13-15 Ryburn Buildings, Sowerby Bridge, HX6 3AH

Mixenden Pharmacy, Mixenden Stones, Mixenden, Halifax, HX2 8RQ

Queens Road Pharmacy, 238 Queens Road, Halifax, HX 1 4NE

Rowlands Pharmacy, 201 Keighley Road, Illingworth, Halifax, HX2 9LL

Ryburn Pharmacy, 79 Elizabeth Street, Elland, HX5 0JH

Sowerby Bridge Pharmacy, Unit 4a Station Road, Sowerby Bridge, HX6 3AA

Tesco Pharmacy, Haugh Shaw Road, Halifax, HX 1 3TU

Wellcare Pharmacy, 2 Castle Avenue, Rastrick, HD6 3HT