

Service Level Agreement between



And Community Pharmacy

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

For the Provision of a

Locally Commissioned Pharmacy Enhanced Service for Alcohol Screening, Brief Advice and Interventions

Version 2

Date of issue: 25/07/2016

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SERVICE LEVEL AGREEMENT

1. INTRODUCTION

- 1.1 This document defines the service requirements for the provision of a Locally Commissioned Pharmacy Enhanced Service for Alcohol Screening, Brief Advice and Interventions ('the service') by the Community Pharmacy ('the pharmacy') that must be met in order to receive payment in line with the Service Level Agreement from Lifeline for provision of the service as stated in the Service Specification.
- 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, 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 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 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 transaction' basis. 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.

- 8.5 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.
- 8.6 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 Local Pharmaceutical Committee (LPC) representing 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 the service specification.
- 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

**Locally Commissioned Pharmacy Enhanced Service for
Alcohol Screening, Brief Advice and Intervention**

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 Pharmacy Enhanced Service for Alcohol Screening, Brief Advice and Intervention

Part A - INTRODUCTION

1. Background

- 1.1 Hazardous and harmful drinking creates a huge burden on the health and wider public sector both in terms of the cost of treating alcohol related diseases and the impact on hospital and primary care demand. Often patients continue to be treated for problems such as high blood pressure, depression or anxiety without ever having the contributing factor of alcohol addressed. If hazardous and harmful drinking is identified and brief advice is offered, it could lead to a reduction in future alcohol related health problems, which could save on treatment costs. This could decrease pressure on the NHS through a reduction in repeat admissions and consultations. For every £1 spent on alcohol services, it is estimated that £5 will be saved across health and the wider public services.
- 1.2 Hazardous and harmful drinking is associated with a wide range of problems, including physical health problems such as cancer and heart disease. In addition, alcohol is involved in a wide range of other social and health issues such as offending behaviours, not least domestic violence; suicide and deliberate self-harm; child abuse and child neglect; mental health problems; and homelessness.
- 1.2 Those with co-existing problems, including people with mental health problems, people with learning disabilities, some older people, and some with social and housing problems, may be particularly vulnerable.
- 1.3 The evidence base indicates that much of this harm is preventable. The introduction and development of comprehensive integrated local alcohol intervention systems considerably benefits hazardous, harmful and dependent drinkers, their families and social networks, and the wider community.
- 1.4 The level of Alcohol-related Harm in Tameside is significant and is considerably worse than the national average and this harm is felt across all areas of the Public Sector and impacts on all sections of our society. Tameside is disproportionately adversely impacted by Alcohol-related Harm.
- 1.5 14,200 adults in Tameside are dependent drinkers, over 11,500 high risk drinkers, nearly 35,000 increasing risk drinkers and 46,000 are binge drinking.
- 1.6 Alcohol-related harm costs Health, Social Care and Criminal Justice almost £100 million a year in Tameside alone – or £448 for every man, woman and child who lives here.
- 1.7 Too few people access support - Alcohol is by far the most significant local Substance Misuse need, but less than 5% of dependent drinkers in the Borough are accessing treatment and support, which is significantly less than the national average (6.9%), Department of Health guidance (10-20%), and the guidelines provided by the National Institute for Health and Clinical Excellence (NICE) (14.3%).
- 1.8 Tameside has some of the highest rates of Alcohol-related and Alcohol-attributable hospital admissions in the Country and this has trebled over the last 10 years and 70% of attendances at A&E in the early hours and 40% of weekend attendances caused by alcohol.
- 1.9 The peak age of death from alcohol-related or alcohol-specific conditions in Tameside is 50-54 years for males and 60-64 years for females.

- 1.10 However, the review also found that most healthcare professionals have yet to incorporate identification and the delivery of brief advice for hazardous and harmful drinking into their routine practices with GPs in particular tending to miss most hazardous and harmful drinkers presenting to their practices.

2.0 Aims and intended service outcomes

- 2.1 To improve access to and choice of alcohol screening and intervention support services closer to peoples' homes.
- 2.2 To provide quicker access to early assessment of potential alcohol related harm.
- 2.3 To provide an early intervention to reduce the number of people who may become alcohol dependent.
- 2.4 To reduce alcohol related illnesses and deaths by helping people to reduce or give up drinking.
- 2.5 To help service users access additional treatment by offering timely referral to specialist services where appropriate.
- 2.6 To minimise the impact on the wider community by reducing the levels of alcohol related crime and anti-social behaviour, thereby improving community safety.

PART B THE SERVICE

3.0 Service outline

- 3.1 Pharmacies will screen and provide one to one support and advice to people over 18 years of age on their alcohol use.
- 3.2 The screening will include an assessment of the person's drinking habits using the alcohol assessment tool AUDIT C and, as appropriate, followed by the AUDIT (FULL). See Appendix 2. for audit pathway and Appendix 3 for AUDIT C and AUDIT (FULL) questions.
- 3.3 The service will identify higher-risk and increasing-risk drinking and provide brief interventions to motivate individuals to take positive action and help them modify their drinking patterns, in conjunction with Lifeline.
- 3.4 The interaction will include:
- an explanation of daily benchmarks and what a unit of alcohol is;
 - an explanation of the benefits of stopping or reducing drinking alcohol;
 - an explanation of the categories of drinker and where the person fits within the categories;
 - followed by either :
 - delivery of brief advice
 - brief intervention
 - referral to Lifeline Services.
- 3.5 People not wishing to initially engage or those who choose not to complete the programme may be offered appropriate health literature or referral to an alternative service.

3.6 This Enhanced Service is to be provided in addition to the Essential service 'Promotion of healthy lifestyles (Public Health)' (ES4).

4.0 Accredited Pharmacies

4.1 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.

4.2 The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service are aware of and act in accordance with local protocols and NICE guidance.

5.0 Exclusion Criteria

5.1 Under 18 years of age

6.0 Screening Using AUDIT C and FULL Audit Tools

6.1 The screening may be undertaken by an appropriately trained pharmacist or an appropriately trained pharmacy staff member. 'Appropriately trained pharmacy staff member' is defined as a member of staff who has attended training and who the responsible pharmacist deems competent to undertake the screening.

6.2 The following Alcohol Use Disorders Identification Test (AUDIT) scores require the identified action:

- AUDIT 0-8: Acceptable drinking. Reinforce drinking guidelines
- AUDIT 9-15: Hazardous drinking. Provide brief advice or brief intervention
- AUDIT 16-19: Harmful drinking. Provide brief intervention
- AUDIT 20+: Dependant drinking. Provide advice and refer to specialist services.

6.3 Management

- AUDIT 0-8 (acceptable drinking):
Those drinking at acceptable levels should receive positive encouragement and may benefit from the drinking guidelines being reinforced.
- AUDIT 9-15 (hazardous drinking):
Those drinking at hazardous levels will benefit from an explanation of the link between alcohol consumption and provision of supporting Patient Information Leaflet (PIL) or equivalent supporting patient information.
- AUDIT 16-19 (harmful drinking):
Those drinking at harmful levels will benefit from brief interventions. Brief interventions may be provided in house by suitably skilled staff.
- AUDIT 20+ (dependent drinking):
A dependent drinker will benefit from referral to specialist alcohol services.

6.4 Completion of Intervention - The intervention will be deemed complete once –

- Alcohol consumption has been assessed using validated tools – AUDIT C / AUDIT
-
- An intervention of proven effectiveness has been provided in line with the pathway for alcohol services:
 - AUDIT 0-8: Acceptable drinking. Reinforce drinking guidelines
 - AUDIT 9-15: Hazardous drinking. Provide brief advice or brief intervention
 - AUDIT 16-19: Harmful drinking. Provide brief intervention
 - AUDIT 20+: Dependant drinking. Refer to specialist services.

7.0 Brief Advice

7.1 Brief advice should be provided for any patient with an AUDIT score of 9-15 (hazardous drinking), unless the decision is taken to step-up and provide a brief intervention and to any patient who has an AUDIT score 20+ (dependent drinking) who will also be referred on to Lifeline Specialist Services (See Appendix 1.).

7.2 The brief advice may be undertaken by an appropriately trained pharmacist or an appropriately trained pharmacy staff member. 'Appropriately trained pharmacy staff member' is defined as a member of staff who has attended training and who the responsible pharmacist deems competent to undertake the screening.

7.3 The advice should include information about:

- Sensible drinking levels
- Ways of reducing harmful drinking
- Information on local and national support services
- Understanding alcohol units
- Provision of leaflet(s) / written information, as appropriate

8.0 Brief Interventions

8.1 Brief interventions may be provided following an AUDIT score of 9-15 (hazardous drinking) and must be provided following an AUDIT score of 16-19 (harmful drinking).

8.2 Brief intervention may be undertaken by an appropriately trained pharmacist who has the appropriate competences. NB. Under the terms of this specification other staff members should NOT undertake this higher level of intervention.

8.3 Brief Interventions are designed to support harmful drinkers who do not require a structured care/management plan. When a patient has complex needs e.g. associated risk factors, multiple needs, poly-substance misuse or AUDIT score 20+ the patient should be referred to Lifeline Services as described below.

8.3 In the participating pharmacy the move through identification to brief interventions may occur in a single encounter when the member of staff undertaking the identification is appropriately competent.

8.4 The Brief Intervention should involve a motivational interview with any follow up support or monitoring being undertaken by Lifeline Services.

8.5 Brief Intervention interview will involve the following, as appropriate:

- Explore current drinking behaviour and how alcohol has influenced behaviour
- Provide personalised feedback on risk and harm to themselves and their families
- Provide information about alcohol which will include alcohol units, safe reduction planning, healthy drinking limits and the physical effects of drinking alcohol at unsafe levels
- Provide the opportunity to set personal goals
- Increase the patient's confidence in being able to reduce their alcohol consumption
- Develop a plan to achieve goals with an emphasis on the individual's personal responsibility for change
- Explore how to avoid lapse and how to deal with a lapse
- Provision of leaflet(s) / written information, as appropriate
- Signpost to additional support
- Provide patients not yet ready to change with a route back to services.

9.0 Referral to Lifeline Services

10.0

9.1 When a patient has complex needs e.g. associated risk factors, multiple needs, poly-substance misuse and / or AUDIT score 20+ the patient should be referred to Lifeline Services as described in Appendix 1.

10.0 Payment Structure

10.1 Screening using AUDIT C and full AUDIT tools (as appropriate), brief advice and any referral **£3**

10.2 Brief Intervention **£10**

10.3 Payments will be made monthly in arrears.

PART C MONITORING OR REVIEW

11.0 Monitoring

11.1 The Pharmacy will be required to collect the following information at each interaction:

- Basic anonymous information from the patient
- Registered GP Practice
- Score(s) for AUDIT C and AUDIT (FULL), as appropriate
- Brief interventions undertaken as appropriate
- Onward referrals undertaken as appropriate.

11.2 Recording of required monitoring information will be via a web-based system and will be recorded in a timely manner.

11.3 '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.

11.4 The pharmacy is required to have suitable computer equipment and internet access to facilitate timely inputting of information.

12.0 Review

- 12.1 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.
- 12.2 Service reviews are undertaken where and when required, including those investigating service user / patient satisfaction of services.

PART D COMPETENCIES, TRAINING, POLICIES AND ACCREDITATION

12.0 Competencies and Training

- 12.1 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.
- 12.2 It is a requirement for the Pharmacist(s) and / or Pharmacy Technician(s) at each pharmacy to complete the CPPE Declaration of Competence statement 'Alcohol Use Identification and Brief Advice 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 certificates on completion.
- 12.3 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 training and the importance of maintaining confidentiality.

13.0 Policies

- 13.1 There is a professional requirement for all participating Pharmacies to put in place and operate written standard operating procedures covering this locally commissioned enhanced service.
- 13.2 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.

14.0 Accreditation

- 14.1 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.
- 14.2 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.
- 14.3 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.

Appendix 1.

Referral Pathways- to follow



To refer via the phone: **0161 672 9420 select Option 1.**

To refer via e-mail: Referrals@lifelinetameside.org.uk

To refer via secure e-mail Tameside.service@lifeline.cjsm.net

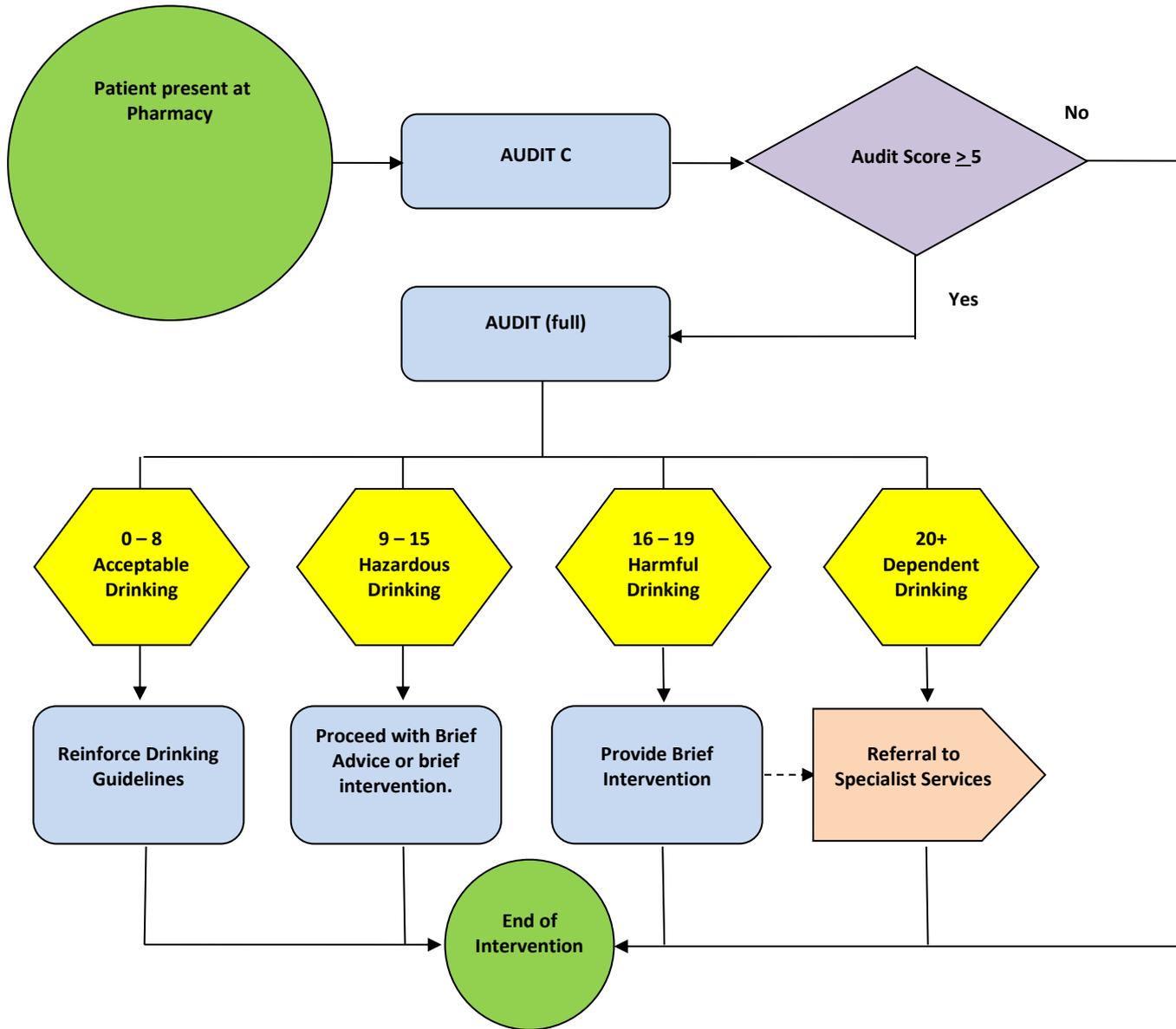
To refer via fax: **0161 672 9425.**

Other useful contact details are 0161 672 9420:

- Option 2 – queries in relation to Adults
- Option 3- queries in relation to Young Persons
- Option 4 – queries in relation to Clinical or prescription queries
- Option 5- If you are a professional and know who you would like to speak to
- Hold to speak to the operator for any other queries.

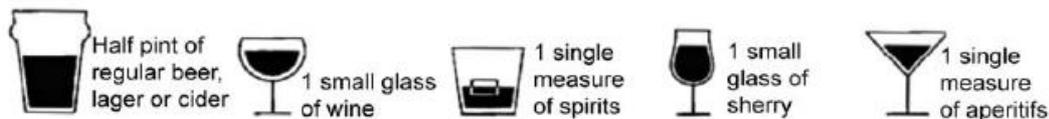
Appendix 2

Alcohol Screening, Brief Advice and Intervention Pathway



Appendix 3. Alcohol Use Disorders Identification Test (AUDIT) Screening Tools

This is one unit of alcohol...



...and each of these is more than one unit



AUDIT – C

Questions	Scoring system					Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	1 - 2	3 - 4	5 - 6	7 - 9	10+	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

Scoring:

A total of 5+ indicates increasing or higher risk drinking.
An overall total score of 5 or above is AUDIT-C positive.



Score from AUDIT- C (other side)



Remaining AUDIT questions

Questions	Scoring system					Your score
	0	1	2	3	4	
How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in the last year		Yes, during the last year	

Scoring: 0 – 7 Lower risk, 8 – 15 Increasing risk, 16 – 19 Higher risk, 20+ Possible dependence

TOTAL Score equals
AUDIT C Score (above) +

