Central Lancashire

Community Pharmacy Needle Exchange Service
Service Level Agreement

Services Covered
Supply of needle exchange equipment and paraphernalia, information and advice related to injecting drug use.

Screening and referral into specialist drug treatment agencies and other health/social care

Duration of Agreement

Commissioner
Lancashire Care NHS Foundation Trust
Bickerstaffe House
53 Garstang Road
Preston
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Commissioner Contact

Contractor


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Community Pharmacy Contractual Framework

1 INTRODUCTION

1.1 This document sets out a service specification for a community pharmacy needle exchange service (The “Service”). The Service will be provided by the ‘Contractor’ to drug users (“Service Users”) in Central Lancashire who are requiring sterile needles, syringes, injecting paraphernalia, harm reduction advice and referral from a safe environment. The commissioning body that is responsible for the Service is Lancashire Care NHS Foundation Trust (the “Purchaser”).

1.2 Any contractual agreement undertaken between the Purchaser and the Contractor assume the Contractors compliance with obligations and responsibilities as set out in The New Contract for Pharmacy, the RPSGB Code of Ethics and any locally set clinical governance and quality standards as agreed between the Contractor and the Purchaser.

1.3 For the purposes of this Service Specification, “The Service” includes the provision of needles, syringes and related paraphernalia, information, advice, screening and referral for injecting drug use related issues. The provision of such service is a public health initiative designed to reduce the harm caused by drug use to individuals, families and the wider communities.

1.4 This service specification will, as required, be subject to continued review and amendment in consultation between the Purchaser and the Central Lancashire Local Pharmacy Committee representing the interests of Contractors. The Contractor will co-operate fully with this review.

1.5 The purchaser will insure that the contractor is aware and can have access to relevant policies if requested.

2 AIMS AND INTENDED SERVICE OUTCOMES

2.1 To assist the service users to remain healthy until they are ready, able 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 paraphernalia and other support
   • by promoting safer injecting practices
   • by providing and reinforcing harm reduction messages including safe sex advice and advice on overdose prevention (e.g. risks of poly-drug use and alcohol use)

2.3 To improve the health of local communities by preventing the spread of blood-borne infections by ensuring the safe disposal of used injecting equipment.

2.4 To help service users access treatment where appropriate by offering referral to health and social care professionals and specialist drug and alcohol treatment centres within the Central Lancashire Client Journey – Integrated Care Pathway (e.g. key working, prescribing, hepatitis B immunisation, hepatitis and HIV screening, primary care services etc).

2.5 To operate a non discriminatory and equal access policy to service provision.

2.6 To maximise the access to services for Service Users, paying special care to the highly socially excluded.

2.7 To provide a convenient needle exchange service without an appointment being necessary during all opening hours.

2.8 To target priority groups in the local community:
   • services users who are not in touch with any other services
   • women
injectors who are under represented in services: women, stimulant injectors, minority ethnic groups, steroid injectors, younger injectors but not under 18’s, injectors in rural areas
poly drug users, paying specific attention to alcohol use
severe drug dependence
frequent injectors
people recently released from prison
people who have left tier 4 services
people who spend more time with injectors
homeless or people in poor accommodation
those with a sexual partner who is an injector
people who have dropped out of treatment
injectors who have to travel to other areas for clean equipment

3 STRATEGIC OBJECTIVES

3.1 The Purchaser is committed to commissioning services that fulfil the requirements of the national drugs strategy, whilst meeting local need. Key aims of service commissioning are to:
Discourage people from misusing drugs and enable those who wish to stop to do so.
Ensure that communities have access to accurate information about the risks of drug misuse.
Increase the safety of communities from drug related crime.
Reduce the harm drug misuse causes to individuals and to communities.
Reduce the accessibility and availability of drugs to young people.
Protect communities from the health risks, and other damage associated with drug misuse, including the spread of communicable disease such as HIV, or Hepatitis.

3.2 It is recognised that this strategy can only be achieved through multi agency co-operation at all levels.

4 SERVICE PROVISION

4.1 The pharmacy will provide a range of equipment as deemed appropriate by the Purchaser following national legislation and local policy:
4.2 The pharmacy will provide a Tier 2 open access service delivered in line with the Lancashire Drug and Alcohol Action Team (LDAAT) framework.
4.3 The pharmacy will provide an introduction of the scheme to customers and the issue of Information leaflets for Needle Exchange Programme users regarding services on offer.
4.4 The pharmacy will facilitate the Service User’s access to a user-friendly, non-judgmental, client-centred and confidential service utilising where appropriate a quiet discreet area.
4.5 The pharmacy will facilitate the Service User’s access to a point for the disposal of used equipment and reiterate the importance of returning and discuss incentive schemes in situ.
4.6 Record all returns; service users should be asked to take return equipment and deposit in a large yellow sharps bin.
4.7 The pharmacists will ensure that sharps bins will be removed by a waste disposal collection agency. Date of removal recorded. Needle exchange co-ordinator to be contacted of any problems or missed collections.
4.8 The pharmacist will provide at least one sharps bin with every transaction, maximum 60 needles = 3 bins.
4.9 The pharmacy will allow the provision of up to 60 needles in one visit and the direction that this is reliant upon returns being made to the pharmacist.
4.10 The pharmacist will provide filters and citric in the same quantities as needles and syringes and condoms as requested.
4.11 The pharmacist will promote hand washing by all staff involved.
4.12 The pharmacy will facilitate the Service User’s access to appropriate health promotion materials.
4.13 The pharmacy will facilitate the Service User’s access to information and advice on minimising harm, general health and health promotion.

4.14 The pharmacy will facilitate the Service User’s access to referral to other health and social care professionals and screening and referral into specialist drug and alcohol treatment services where appropriate.

4.15 The pharmacy will promote safe practice to the user, including advice on storage and handling of equipment, on sexual health and STIs, HIV and Hepatitis C transmission and Hepatitis B immunisation.

4.16 The pharmacist will provide an explanation of opening times and arrangements for Bank Holidays and the most appropriate times of day to attend in order to try and avoid busy Pharmacy hours. Information should be displayed on the pharmacy window for other services available when the pharmacy is closed.

4.17 The pharmacist will provide an explanation of the purpose of monitoring information and what it is used for.

5 CONTRACTORS OBLIGATIONS

The Contractor will ensure that:

5.1 Quality through appropriate clinical governance arrangements, policy and procedure implementation as set out in National Contractual Framework for Community Pharmacy and to the Purchasers reasonable requirements.

5.2 The part of the pharmacy used for provision of the Service provides a sufficient level of privacy and safety.

5.3 Pharmacists and staff involved in the provision of the Service have relevant knowledge and are appropriately trained in the operation of the service

5.4 Pharmacists and staff involved in the provision of the Service are conversant with and operate a Needle Exchange Scheme.

5.5 A safe place to store equipment and returns is allocated for safe onward disposal. The storage containers provided by the clinical waste disposal service will be used to store returned used equipment. Staff should work within “The Waste Management Policy” set out by LCFT.

5.6 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 procedure should be in place. Staff should work within the “Needle or Body Fluid Contamination Accidents Policy” set out by LCFT.

5.7 Records are maintained as provided by the Purchaser, to ensure effective ongoing service delivery and audit.

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

5.9 The pharmacy clearly displays the national scheme logo or a local logo indicating participation in the service. This can be ordered through the Pharmacy Services Coordinator for Substance Use.

5.10 The pharmacy clearly signposts Service Users to other available needle exchange services for when the pharmacy is closed.

5.11 Staff involved in the delivery of the Service should be offered immunisation for Hepatitis B.

5.12 Access to records and documents containing information relating to Service Users will be restricted to authorised personnel and that information will not be disclosed to a third party. The Contractor will ensure compliance with the Data Protection Act, Caldicott and other legislation covering access to confidential patient information. Pharmacists will only share information with other health care professionals and agencies in line with RPSGB ‘Medicines, ethics, & Practice A Guide For Pharmacists’

6 STAFF TRAINING AND COMPETENCIES

The following are training and competencies that community pharmacists have or need to develop within the pharmacy, to offer a needle exchange service
Training

6.1 Staff will be offered an Induction Pack consisting of: harm reduction information, advice leaflets, a list of appropriate contact details, a list of rolling training dates, appropriate harm reduction assessments and order forms.

Competencies

6.2 In information management to:
- Establish and maintain appropriate information related to injecting drug use and other relevant local services
- Operate Standard Operational Procedure for Needle Exchange
- Correctly process documentation for needle exchange scheme
- Provide appropriate records for audit and evaluation

6.3 In communication to;
- Provide information and advice in a manner appropriate to the needs of the Service User

6.4 In problem solving to:
- Recognise and define actual or potential problems in the Service User’s lifestyle or quality of life in relation to the Service
- Identify best option for information, advice and referral based on appropriate evidence, sound analysis and taking account of the Service User’s wishes
- When necessary refer the Service User to a more appropriate source of help or information
- Take responsibility for advice and information proffered to Service User

6.5 In working with others to:
- Contribute to the Service in accordance with the law, RPSGB Code of Ethics and with any other relevant codes of conduct or practice, including systems of clinical governance
- Respect and observe patient confidentiality
- Behave in a manner that instils confidence in others involved in the service, especially the Service User
- Support, collaborate with, delegate to and supervise other staff in an appropriate manner for the provision of the Service
- Use knowledge and skills effectively to facilitate learning of other staff in relation to the Service.

6.6 In personal skills development to;
- Recognise personal and professional limitations in regards to the needle exchange scheme
- Identify priorities for staff training and development for the Service
- Record learning activities in relation to the Service

6.7 In achieving concordance in drug therapy to;
- Elicit, listen to, respect and reflect the Service User’s concerns of his/her drug use and use this to ascertain most appropriate action for further information, advice or referral
- Explain clearly the harm reduction messages associated with injecting drug use and provision of sterile equipment
- Identify factors that might discourage Service User for practicing harm reduction methods and seek to remove or ameliorate those factors by simple measures or suggestions

7 THE PURCHASERS OBLIGATIONS

7.1 THE PURCHASER will facilitate at least one contractors meeting per year to promote service development and update the knowledge of pharmacy staff.

7.2 THE PURCHASER will provide specialist training for pharmacy support staff.

7.3 THE PURCHASER will inform staff of Legislation in relation to the provision of a Needle Exchange Programme, local and nation policies and guidelines on evidence-based practice.

7.4 THE PURCHASER will provide signposting to relevant training for pharmacists involved in the needle exchange scheme.

7.5 THE PURCHASER will ensure the supplier provide all the injecting equipment and associated materials and will commission a clinical waste disposal service for each participating pharmacy. The frequency of waste collection will be agreed to ensure there is not an unacceptable build up of clinical waste on the pharmacy premises.
7.6 THE PURCHASER will provide a framework and appropriate administration systems for the monitoring recording of relevant service information for the purposes of audit and the claiming of payment.

7.7 THE PURCHASER will provide details of relevant referral points and pathways in line with the Care Pathway, which pharmacy staff can use to signpost service users who require further assistance.

7.8 THE PURCHASER will provide the Record Sheets and Guidelines for referral into Central Lancashire Drug and Alcohol Services.

7.9 THE PURCHASER will obtain or produce health promotion material relevant to the service users and make this available to pharmacies.

7.10 THE PURCHASER will ensure that there is regular communication by visiting the Pharmacy on a monthly basis and ensure staff are aware that the Needle Exchange Co-ordinator can always be contacted.

8 INTERAGENCY WORKING

8.1 The Service is part of a Central Lancashire wide harm reduction provision for drug users and as such is commissioned to work closely with other harm reduction service providers and treatment agencies. For the Service to operate effectively it is essential that good working relationships are developed and maintained, particularly with the supplier, the waste disposal service and Central Lancashire Community Drug Service and also with other complementary service Contractors within Central Lancashire. The Contractor will be expected to develop its own working links with local health and social care agencies.

9 PATIENT ELIGIBILITY FOR THE SERVICE

Eligibility for the Service will be as follows:

9.1 The Contractor must ensure that the planning and delivery of its Services is directed towards meeting the needs of Central Lancashire's culturally diverse communities. All aspects of the Service will be sensitive to the individual needs of Service Users. Their cultural, religious and linguistic needs should be recognised and met, utilising resources and specific services for support where appropriate. Staff should work in line with the “Equal Opportunity Policy” and “Equality and Diversity Scheme” set out by LCFT.

9.2 Pharmacists retain the right to refuse to serve Service Users. Service Users may be excluded if they pose a serious risk to staff, other Service Users and members of the public. As with any other customer the police may be called.

10 QUALITY OF SERVICE

10.1 The Purchaser will expect evidence of the Contractors’ full compliance with; The New Contract for Community Pharmacy, the Purchasers clinical governance and quality standards arrangements and other reasonable future arrangements deemed necessary as and when required.

10.2 All clinical governance, reported incidents and patient safety standards in regards to this enhanced service will be monitored and audited on an annual basis by the Purchaser or the Purchaser preferred agent.

10.3 The Contractor will ensure and provide evidence that the Purchaser is indemnified against any claim arising from a patient or any person acting on behalf of the patient arising from the provision of the Service.

10.4 The Contractor will provide and maintain a safe and suitable environment for Service Users and comply with all relevant statutory requirements, legislation, Department of Health Guidance and professional codes of practice and all health and safety regulations.

10.5 The Contractor will effectively manage any complaints or incidents within PCT complaints procedure protocols and guidelines. Staff should work in line with the “Untoward Incident Policy and Reporting Procedure” set out by LCFT.
10.6 Incidents and near misses will be reported directly to the Purchaser using appropriate Accident Incident Report (AIR) forms

11 MONITORING OF SERVICE

11.1 Monitoring will inform an integral part of the contract review and determine whether the Contract continues or is terminated. Accordingly, the Contractor will supply details to the Purchaser through monthly returns of completed ‘Record Sheets’ and other related forms currently within service or deemed appropriate to introduce to the Service in the future for continuous service improvements.

12 PERFORMANCE STANDARDS

12.1 The Contractor ensures the pharmacy has appropriate health promotion material available for the user group and displays or promotes its uptake.
12.2 The Contractor reviews its standard operating procedures in line with the Purchasers requirements as negotiated with the LCFT on behalf of the Contractor.
12.3 The Contractor adopts and implements the assessment and screening tools and referral and care pathways for the service users.
12.4 The Contractor complies with the monitoring and administration requirements, keeping accurate records and forwarding them monthly to The Purchaser
   o Number of needles/equipment supplied
   o Numbers of individuals using service (by gender and age)
   o Return rate of used equipment
   o Referrals and advice
   o Drug of choice
12.5 The Contractor ensures training standards are maintained as stipulated in this contract
12.6 The Contractor can demonstrate that the rate of return of used equipment meets locally agreed targets.
12.7 The Contractor facilitates service user feedback and uses it to improve service delivery where appropriate.

13 SERVICE MANAGEMENT

13.1 Core opening hours will be those normally operated by the pharmacy
13.2 Pharmacists will not be limited to numbers of clients that they ‘take on’ at any one time, but must manage their client numbers according to local community and pharmacy needs.
13.3 Pharmacists retain the right to refuse to serve a needle exchange client. Service users may be excluded if they pose a serious risk to staff, other service users and members of the public. As with any other customer the police may be called. Staff should work in line with “The Management of Violence and Aggression Policy” as set out by LCFT.
13.4 At least three months notice must be given by either party to terminate or change this Service Level Agreement. The Purchaser retains the right to withdraw the scheme at anytime if it is deemed unsuccessful.
13.5 The Services will form part of an area wide network of similar schemes, which are coordinated by Central Lancashire Primary Care Trust.
13.6 The pharmacy will inform the Purchaser within one working day of serious untoward incidents. Staff should work in line with the “Serious Incident Reporting and Management Procedure” as set out by LCFT.

14 SERVICE DEVELOPMENT

14.1 Service Development will be negotiated on an annual basis with the Purchaser.

15 CARE MANAGEMENT
15.1 Contractors who provide both needle exchange and supervised consumption services will work to a separate Service Level Agreement for the supervised consumption service.

16 METHOD OF PAYMENT

16.1 Payments to the Contractor will be made in accordance with the formula and will be subject to such amendments as are agreed from time to time between the Purchaser and the Local Pharmacy Committee (LPC) representing the interests of Contractors.

16.2 Payment for the Service will be made in accordance with this agreement and paid quarterly on receipt of the appropriately completed “Record Sheets”.

16.3 In addition retainers will be paid on an annual basis following evidence that the Contractor complied with the annual audit agreement and that the Service meets with this specification.

16.4 The current payments to pharmacies engaged in this scheme are:

£1.00 for every exchange made above 50 exchanges
£0.25 for every return occasion
£250 retainer fee for every year the Pharmacy stays in the Service

17 AUTHORISATION

For and on behalf of the Purchaser For and on behalf of the Contractor

Name…………………………………... Name…………………………………...
Signed………………………………. Signed ………………………………….

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Position

Date

Pharmacy address and stamp:

Please sign, date and keep one copy of this contract for your files. Sign, date and use your pharmacy stamp on the second copy and post to: Uday Gohil, Needle Exchange Coordinator, Bickerstaffe House, 53 Garstang Road, Preston, PR1 1LB.