

SCHEDULE 2 THE SERVICES

PART 1: SERVICE SPECIFICATION

COMMUNITY PHARMACY SUPERVISED CONSUMPTION AND NEEDLE EXCHANGE SERVICES

1. GENERAL PRINCIPLES

1.1 To commission services of consistent high quality and to ensure that all services are:

- Safe – ensuring that the services are as safe as they must be
- Effective – focused on delivering best outcomes for Service Users
- Personalised – meets the needs of individuals
- Fair – available to all, taking account of personal circumstances and diversity

2. SERVICE AIMS

2.1 The overarching objective is to offer every support for people to choose recovery as an achievable way out of dependency as set out in the National Drug Strategy (2010).

This is achieved in part, through the provision of a full range of appropriately delivered, recovery focused, quality treatment services which are appropriate for the diverse needs of all substance misusing individuals, including those who require maintenance, those who desire abstinence, stimulant users, homeless and vulnerably accommodated Service Users, transient individuals, offenders and those with offending histories, black and ethnic minority Service Users including new arrivals and those with mental health difficulties.

Commissioning of services aims to ensure prompt access to treatment for all Service Users in line with National Treatment Agency and Drug Interventions Programme maximum waiting times. The Sheffield DAAT Adult Treatment Plan is an annually published document which sets out the treatment priorities and commissioning intentions of the Sheffield Safer and Sustainable Communities Partnership

Services are commissioned as part of a Sheffield Alcohol Treatment System for Adults and the Provider must work in partnership with DAAT and other providers to develop integrated care pathways. This will involve multi disciplinary working, information sharing and care co-ordination across organisational boundaries, including with criminal justice agencies.

3. SUPERVISED CONSUMPTION AND NEEDLE EXCHANGE SERVICES

3.1 Supervised Consumption Service

Community pharmacy contractors are required to provide a service to monitor the consumption of methadone and other medicine used for the management of opiate dependence. This includes:

- Supervised consumption of oral methadone and other drugs
- Prescription support to drug users collecting their dispensed prescription for methadone and other drugs
- Feedback to prescribers
- Recording of client information for all clients as detailed in section 7 of this contract.

The aims of supervised consumption include:

- To assist the service user to remain healthy until they can, with appropriate support, achieve a drug-free life
- To ensure compliance with the agreed treatment for opiate dependence plan by:
 - Dispensing in specified instalments
 - Ensuring each supervised dose is correctly consumed by the patient for whom it was intended
 - To feed back to prescribers where an individual misses three consecutive doses or where there is concern about any health or social issues
- To reduce the risk to the local communities of diversion of prescribed medicines onto the illicit drugs market
- To provide service users with regular contact with health care professionals and help them to access further advice or assistance

3.2 **Needle Exchange Service**

The aims and objectives of needle exchange services and harm reduction initiatives in Sheffield are:

- To offer user-friendly, non-judgmental, client-centred and confidential services
- To assist service users to remain healthy until they are ready and willing to cease injecting and ultimately achieve a drug-free life with appropriate support
- To reduce the rate of sharing and other high risk injecting behaviours by providing sterile injecting equipment and other support
- To reduce the rate of blood-borne infections among drug misusers
- To reduce drug-related deaths (immediate death through overdose and long-term such as blood-borne infections)
- To promote safer injecting practices
- To provide focused harm reduction advice and initiatives, including advice on overdose prevention, e.g. risks of poly-drug use and alcohol use
- To provide and reinforce harm reduction messages
- To provide sexual health advice and interventions
- To help service users access drug treatment and to refer them to other specialist drug and alcohol treatment services
- To help service users access other health and social care services and to act as a gateway to other services, e.g. key working, prescribing, Hepatitis B immunisation, Hepatitis and HIV screening and primary care services, etc.
- To facilitate access to primary care where relevant
- To ensure the safe disposal of used injecting equipment
- To aim to maximise the access and retention of all injectors, especially those who are not in regular contact with other drug agencies, through the low-threshold nature of service delivery and interventions provided
- To prevent initiation into injecting and to encourage alternatives to injecting
- 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

4. **GUIDELINES FOR SERVICE DELIVERY**

- 4.1 All services must be delivered in line with Models of Care for Drug Misuse as set out in Schedule 3 of this contract and all Providers should be familiar with Towards Successful Completions – A Good Practice Guide (NTA 2009)

There must be an expectation that service users motivated to engage with Tier 2 services have the capacity to progress through the treatment system and rebuild drug

free lives. All interventions must be offered within the framework of recovery and drug free completion of treatment and must support drug misusing individuals' progress through the treatment system and reintegration into society.

5. CLINICAL GUIDELINES

5.1 Community pharmacy services will be provided in line with relevant clinical and best practice guidelines and national, regional and local strategy and policy directives including *Models of Care for Drug Misuse*, Best Practice Guidance for Commissioners and Providers for Pharmaceutical Services for Drug Users (NTA, 2006), NICE guidelines and technology appraisals and *Drug Misuse and Dependence UK Clinical Guidelines* (2007)

5.2 Locally Identified Need

The Provider must be aware of locally identified need as expressed in the Sheffield DAAT Annual Needs Assessment (Drugs). The Annual Needs Assessment (Drugs) guides commissioning and Pharmacies must ensure they are appropriately represented during this process.

5.3 DAAT Strategies, Protocols, Pathways and Guidance

Pharmacy representation will be required to contribute to the development and review of relevant local strategies, protocols, pathways and guidance notes including locally agreed detoxification guidelines.

6. SCOPE

6.1 Supervised Consumption Service

The community pharmacy supervised consumption service will be available to all service users who are receiving treatment for their substance misuse from an NHS prescribing service.

6.2 Needle Exchange Service

Needle exchange facilities are available to all adult injectors. Special attention should be given to service users who are not in touch with other drug and alcohol misuse treatment services.

Special attention should also be given to injectors who are under-using the services; this includes but is not limited to:

- Women
- Amphetamine and cocaine/crack injectors
- Minority ethnic injectors
- Younger injectors (see below for more information)
- Sex workers
- Steroid Users

In addition, injectors who have characteristics associated with high-risk injecting practices should also be targeted. They include:

- Poly-drug users (including use of opiates, stimulants, benzodiazepine and alcohol)
- People with severe drug dependence
- Frequent injectors
- People who have spent time in prison, especially those recently released from prison
- People who are homeless or in insecure accommodation
- Those with a sexual partner who is an injector

- Injectors who have to travel to other areas to receive clean injecting equipment.
- Primary stimulant injectors

6.3 **Mental Health & Dual Diagnosis**

Service Users identified as having possible or probable mental health difficulties will be supported to access a mental health assessment. All dual-diagnosis clients will be care-coordinated by Sheffield Health and Social Care NHS Foundation Trust.

6.4 **Vulnerable Homeless**

Vulnerable people including the transient, homeless, and vulnerably accommodated will be engaged by the Provider ensuring that a range of methods to effectively engage and communicate with these Service Users and to maximise their treatment benefits and outcomes, are developed.

6.5 **Diverse Populations**

The Provider will ensure services are appropriate to meet the needs of diverse populations.

6.6 **Abstinent Service Users**

Service Users who desire abstinence are to be supported to access appropriate treatment interventions. Pharmacies will also be required to provide information to service users in order to inform client choice on the treatment options available.

7. **SERVICE DESCRIPTION**

7.1 Community pharmacy contractors who wish to take part in the provision of services will register with the Service Administrator. The Service Administrator will provide a range of back up services and will also be responsible for informing prescribing agencies of service availability across the city when, for any reason, pharmacies are forced to close during their usual opening times e.g. severe weather.

The provision of supervised consumption and needle exchange services will be funded on a transactional basis as set out in Schedule 2, part 3.

7.2 **Supervised Consumption Service**

Supervised consumption is provided in conjunction with Community Prescribing Services as an integral part of stabilisation and maintenance regimes.

Where a prescription calls for methadone or buprenorphine to be consumed in the pharmacy, the prescribed quantity should be provided to the client in a properly labelled container, with the top removed prior to handing over. The client should consume the item in front of the pharmacist. The pharmacist will ensure that the dose has been consumed and will record if there are any concerns.

As described in Drug Misuse and Dependence: UK clinical guidelines on clinical management (DH 2007), pharmacies should report to the prescribing agency where:

- The pharmacist is aware that an individual is failing to comply with treatment, for example, where pick-ups are missed
- There are concerns about an individual's health or wellbeing
- The service user attends the pharmacy in a state of intoxication

Prescribing agencies must be informed of an individual's failure to collect their medication no later than after the **third** missed dose.

7.3 Needle Exchange Service

All needle exchange providers will offer the following services:

- The distribution of a range of free, sterile needles and syringes
- The safe disposal of used injecting equipment
- Advice on safer injecting practices, e.g. risks of sharing or lending and borrowing injecting equipment, filters, spoons and water and safer injecting advice
- Advice on the storage and handling of injecting equipment
- Advice on risks of unsafe disposal of injecting equipment
- Basic advice on overdose prevention and response
- Advice on injecting specific drugs, e.g. stimulants, steroids, etc
- Consistent service provider effort to maximise return of used injecting equipment
- Periodic development of a range of harm reduction and health promotion campaigns
- Information on the range of services provided by the needle exchange, other drug treatment services and other health and social care services
- Referral to other services including drug treatment services
- Information on the reasons for providing injecting equipment, and the risks of unsafe sexual and injecting practices, e.g. local and systemic infections, including HIV, HBV & HCV, venous and arterial thrombosis, abscesses, damaged blood vessels, TB and endocarditis

Distribution of other appropriate harm minimisation injecting paraphernalia to drug misusers, including sterile water ampoules, swabs, spoons, bowls and citric acid, will be according to agreements made with the Commissioners. DAAT will order and pay for needle exchange equipment on behalf of the pharmacies. Pharmacies will be responsible for ensuring adequate supplies are maintained at all times.

In line with NICE guidance which states, “All programmes should.....provide as many needles and syringes and other injecting equipment as someone needs” Pharmacies must provide service users with sufficient equipment to meet their needs. The DAAT or Service Administrator may carry out spot-checks, service user consultation and audits in order to ensure that amount of equipment given to service users is appropriate. It would be best practice to ask service users to complete a request form detailing their requirements. A needle exchange request form is attached (Appendix A)

Community pharmacies should provide, as a minimum, relevant written harm reduction information, and information on other harm reduction services and advice, information and support agencies. Direct input from the pharmacist or other pharmacy staff on harm reduction is recommended, wherever possible. Pharmacies should have directories of up-to-date drug (and alcohol) treatment services in Sheffield, with clear information on referral and eligibility criteria.

7.4 Data Collection

Pharmacies will be required to maintain accurate electronic records for all service users.

7.4.1 Supervised Consumption Service

The DAAT intend to support the rollout of the Pharmaceutical Services Negotiating Committee (PSNC) endorsed Pharmabase system. There will be a three month period, following commencement of this contract to allow transfer of client details onto the new system, after which period all payments made to pharmacies will be according to activity reported to Pharmabase.

Pharmacies will be required to register all individuals who use the pharmacy for supervised consumption. Pharmacies can decide whether to maintain a paper-based

registration document and also input collection activity onto Pharmabase, particularly whilst Pharmabase is being developed, or use Pharmabase for all data collection. The registration information which must be recorded is:

- Name, address, date of birth and gender of client
- Prescriber details
- Whether the individual is a parent, living in a household with a child or whether children regularly visit the household

The following information must be submitted to Pharmabase for each transaction:

- Date of collection and dose
- Record of missed collections
- Changes in medication
- Observations reported to prescribing service

The data reporting requirements will be reviewed annually by the DAAT.

7.4.2 Needle Exchange Service

All needle exchange clients must be reported to NEO and the appropriate information collected.

Where incomplete data submissions are made to NEO, this may result in payment being withheld by DAAT.

Clients new to the needle exchange

All new clients will have a record created on NEO. The information to be collected will include:

- Initials
- Date of birth
- Gender
- Date of first injecting
- Problem substance(s)

Existing Needle Exchange Clients

Once a client is registered with the needle exchange, a client ID is generated which must be used for recording all future transactions

Clients who refuse to give consent for reporting to NDTMS

Where an individual refuses consent to report to NDTMS, this activity must still be reported to NEO as an anonymous transaction. Pharmacies recording an unusually high number of anonymous transactions may be subject to a data quality audit by DAAT or the Service Administrator.

For all clients, the pharmacies must maintain a record of the individual's consent to report to NDTMS and the substances being used.

Transaction information

All transactions, regardless of whether or not consent has been given to report to NDTMS, must be recorded to NEO. The transactional information to be collected is:

- Current treatment status
- Collecting on behalf of
- Quantities of all equipment given out and returned

The reporting capabilities of NEO are set out in Appendix B. By December 2011 all pharmacies will be required to collect sufficient data to enable reporting to NDTMS. Appendix B sets out the current reporting capabilities of NEO and the requirements for NDTMS. Once the Pharmabase system is live, the DAAT will work with the developers of NEO and Pharmabase to identify which system will be used for future data reporting and will inform pharmacies accordingly.

The data reporting requirements will be reviewed annually by the DAAT

7.6 **Payments**

All pharmacies will be remunerated in line with the amounts set out in Schedule 2, part 3 of this contract.

7.6.1 **Supervised Consumption Service**

Payments for the supervised consumption service will be paid according to activity recorded to Pharmabase. The DAAT data team will, on a quarterly basis, access Pharmabase and report the recorded activity to the DAAT Finance Officer in order for payments to be paid directly to Pharmacies.

The DAAT will pay a one-off payment of £2 per individual who is transferring onto Pharmabase but is currently on unsupervised consumption. This payment is to acknowledge that there is an initial, one-off piece of administrative work to be carried out inputting details for clients who will not be funded under the proposed funding model.

Individual pharmacies are responsible for the accuracy of the information provided to Pharmabase. Overpayments identified by DAAT will be clawed back by DAAT from any subsequent payments.

7.6.2 **Needle Exchange Service**

Until the second wave of the Pharmabase system is available, pharmacies will be required to report all activity to NEO.

Payments for the needle exchange service will be paid according to activity recorded to NEO and, once live, Pharmabase. The DAAT data team will, on a quarterly basis, access activity data and report to the DAAT Finance Officer in order for payments to be paid directly to Pharmacies. Community pharmacy contractors will be responsible for issuing VAT invoices to the DAAT on a quarterly basis. The DAAT will **not** pay VAT on needle exchange transactions unless we receive a VAT invoice. All community pharmacy contractors are responsible for providing DAAT with their VAT number and informing DAAT to any changes of their VAT status.

Individual pharmacies are responsible for the accuracy of the information provided. Overpayments identified by DAAT will be clawed back by DAAT from any subsequent payments.

8 **CLINICAL PATHWAY**

8.1 **Supervised Consumption Service**

Pharmacies will offer supervised consumption in line with the collection routine determined by the prescriber.

Where a prescription calls for methadone or buprenorphine to be consumed in the pharmacy, the prescribed quantity should be provided to the client in a properly labelled container, with the top removed prior to handing over. The client should consume the item in front of the pharmacist. The pharmacist will ensure that the dose has been consumed and will record if there are any concerns. Pharmacists providing a supervised consumption service will ensure that an area is provided ensuring sufficient levels of privacy and safety.

In line with local protocols, the pharmacist will provide service users with water to facilitate consumption and reduce the risk of doses being held in the mouth. Any significant comments or observations will be noted and fed back to the prescriber where necessary. Difficult incidents will be reported to the Service Administrator or the prescriber as appropriate.

8.2 Needle Exchange Service

Access to pharmacy needle exchange facilities and harm reduction initiatives is voluntary and open. Referrals are accepted from a wide variety of sources, with self-referral being the most usual route of access, whenever possible and where appropriate, pharmacy service providers should facilitate onward referral to specialist drug treatment services.

All services users accessing Tier 2, including those accessing needle exchange, must be provided with a formal induction to the service. Induction materials should be available in a non-written form where this is required by clients.

Individuals accessing the needle exchange only will have accurate information electronically recorded to NDTMS on the agreed data set. They must regularly and opportunistically, be offered the opportunity to have an informal or formal discussion about accessing structured treatment. If already in structured treatment, they must be offered support to engage with their treatment provider to have their care plan reviewed to ensure their treatment needs are being met; however this offer must be firmly offered within the context of the needle exchange as a confidential service.

9 MAIN SERVICE AREAS

The needle exchange service must be offered by appropriately trained and experienced individuals working in line with NICE guidelines on Needle and Syringe Programmes and best practice as described in the Health Protection Agency, "Shooting Up" report. Accurate information must be reported to NEXMS on the agreed data set for all individuals accessing the needle exchange.

10. ASSESSMENT PROCEDURES

The Drug Strategy 2010 emphasises the need for providers to effectively share information in order to avoid over-assessment of service users. Pharmacies will be required to maintain accurate electronic records of all clients using the service.

10.1 Supervised Consumption Service

As described in Best Practice Guidance for Commissioners and Providers of Pharmaceutical Services for Drug Users (NTA 2006), all service users who are prescribed treatment should have written and structured care plans resulting from assessment, prior to prescribing.

Providers should work with prescribers, key-workers and care co-ordinators to ensure the name of the patient's chosen pharmacy is included in the prescriber's care plan and the pharmacist should liaise with the multidisciplinary team on a regular basis.

10.2 Needle Exchange Service

A care plan for clients of the pharmacy needle exchange facilities is not required. Pharmacy staff should reinforce the harm minimisation message and encourage hepatitis B immunisation and course completion.

11. CARE PLANNING, CARE CO-ORDINATION & MULTI DISCIPLINARY TEAM WORKING

Treatment and other interventions must be provided within a care planned package of care with an identified key worker.

The Service Provider will, in the performance of the services, and with the consent of the Service User co-operate with any other person or organisation which is providing or proposes to provide any community care service, health service or other social support or welfare service to a Service User (whether that service relates to that Service User's substance misuse needs or to any other aspect of their health or welfare) to ensure that the services together meet the Service User's needs and the requirements of any person acting as carer for the Service User.

12. RISK ASSESSMENTS

The Provider must co-operate with multi-agency arrangements for risk assessment, public protection (MAPPA/MARAC) and safeguarding children (MAPLAG) and must have appropriate information sharing arrangements in place.

13. SERVICE DELIVERY

13.1 Operating Hours

Pharmacies will provide a service during their normal opening hours. The Service Administrator will be responsible for co-ordinating pharmacy recruitment to ensure daily provision within the range of 8am-8pm and weekend coverage in areas where needle exchange services are well utilised or there is a known problem with substance misuse.

Bank holiday and out of hours emergency coverage will be required and must be negotiated with DAAT.

Where a Pharmacy is forced to close during normal opening hours, the Service Administrator must be notified as soon as possible and will co-ordinate with participating services appropriate continuity arrangements.

14. ACCESS & EQUITY

14.1 Services must be delivered in suitable premises which are accessible to all Sheffield citizens in line with legislation and best practice in ensuring equitable access as set out in clause 51 of this Agreement.

14.2 Culturally appropriate care

In addition to clause 51 of this Agreement, the Provider must ensure that services are fit for purpose, that staffs undertake diversity training and are culturally aware and able to provide a culturally appropriate, equitable service where members of Black and Minority Ethnic (BME) communities feel respected by staff.

15. WORKFORCE

15.1 The Provider must ensure that services are provided by an appropriately qualified, competent and diverse workforce as set out in clause 11 of this Agreement.

15.2 Provision of this service will require pharmacy contractors to undertake work with vulnerable adults and the dispensing of controlled drugs. The DAAT would strongly recommend that all contractors make full use of criminal records bureau (CRB) checks on their staff to ensure that the service is provided safely and in line with all regulatory standards issued by the General Pharmaceutical Council including 'Standards for pharmacy owners and superintendent pharmacists of retail pharmacy businesses'.

16. OTHER REQUIREMENTS

16.1 Attendance at local meetings and groups

The Provider must attend a range of local meetings and groups including but not exclusive:

- Shared Care Monitoring Group (SCMG) - A nominated representative will attend quarterly on behalf of all Sheffield pharmacies
- Safeguarding Children Leads – A nominated representative will attend quarterly on behalf of all Sheffield pharmacies
- Needs Assessment Expert Group – A nominated representative will attend 3 meetings each year on behalf of all Sheffield pharmacies
- Recovery Task Group – A nominated representative will attend as required on behalf of all Sheffield pharmacies

**SCHEDULE 2
THE SERVICES**

PART 2 Performance Indicators Targets for:

COMMUNITY PHARMACY SUPERVISED CONSUMPTION AND NEEDLE EXCHANGE SERVICES

1. PERFORMANCE INDICATORS AND TARGETS

1.1 Performance indicators and targets for the **first year** of this agreement will be used to set a **baseline** for future activity for the **Community Pharmacy Supervised Consumption and Needle Exchange Services**. Performance indicators and targets for the **first year** of this agreement which **Community Pharmacy Supervised Consumption and Needle Exchange Services** the must achieve are as follows:

Outcome	Demonstrated by
Numbers of individual service users registered for supervised consumption	Pharmabase generated reports Pharmacy invoices
Numbers of individual service users accessing needle exchange services (to be recorded to NEO)	NEO/ Pharmabase reports Pharmacy invoices NEXMS submissions performed by the Scheme Administrator Quarterly Performance Monitoring Framework
In line with NICE , service users of the needle exchange are supplied with sufficient equipment to meet their needs	NEO/ Pharmabase reports Spot-checks Service user consultation Audit reports
100% reporting of third missed dose to the prescribing agency concerned	Audit and Exception reports
Service delivered in line with the National Drug Strategy focus on recovery; MOCDM 2006; NICE guidance and UK Clinical Guidelines 2007.	Quarterly Performance Monitoring Framework Audit and Exception reports
Pharmacies work within safeguarding children protocols and referral pathways agreed with Sheffield DAAT.	Quarterly Performance Monitoring Framework Audit and Exception reports
High quality qualitative and quantitative data provided to the DAAT and the National Treatment Agency through NDTMS, NEXMS; annual Clinical Audits and other mandatory governance and quality assurance schemes as required by the NTA or DAAT.	NDTMS data quality Completion of clinical audits agreed with the DAAT

1.2 The DAAT will on an annual basis undertake a review of the key performance indicators and targets as part of this Agreement.

SCHEDULE 2 THE SERVICES

PART 3 Finance for:

COMMUNITY PHARMACY SUPERVISED CONSUMPTION AND NEEDLE EXCHANGE SERVICES

1. Supervised Consumption Service

1.1 Sheffield DAAT will fund Pharmacies at the following levels:

£1.60 per transaction for the **supervised** consumption of methadone
£4 per transaction for the **supervised** consumption of buprenorphine

Payments for the Supervised Consumption service will be paid according to activity recorded to Pharmabase. The DAAT will pay a one-off payment of £2 per individual who is transferring onto Pharmabase but is currently on unsupervised consumption. This payment is to acknowledge that there is an initial, one-off piece of administrative work to be carried out inputting details for clients who will not be funded under the proposed funding model. The DAAT data team will, on a quarterly basis, access Pharmabase and report the recorded activity to the DAAT Finance Officer in order for payments to be paid directly to Pharmacies.

Individual pharmacies are responsible for the accuracy of the information provided to Pharmabase. Overpayments identified by DAAT will be clawed back by DAAT from any subsequent payments.

A payment of £1 will be made for the reporting of the third missed dose, for both supervised and non-supervised clients, to the prescribing agency. Reporting of the third missed dose is in line with Drug Misuse and dependence: UK guidelines on clinical management (5.5.3.3). In order to report the third missed dose, the first and second missed doses must be logged by the pharmacy but not reported externally and therefore no payment will be made for internal recording of 1st and 2nd missed doses.

2. Needle exchange service

2.1 Until the second wave of the Pharmabase system is available, pharmacies will be required to report all activity to NEO.

Pharmacies which are not VAT registered providing needle exchange services will be paid **£1.60 (exclusive of VAT) per transaction** reported to NEO.

Pharmacies which are VAT registered providing needle exchange services will be paid **£1.92 (inclusive of VAT) per transaction** reported to NEO.

VAT will be paid to each contractor in arrears on a quarterly basis. All contractors will be responsible for ensuring that DAAT are provided with their VAT number and must issue DAAT with a VAT invoice no later than the following dates:

25th March

24th June

24th September

23rd December

Sheffield DAAT will purchase the NEO licence on behalf of pharmacies.

Payments for the needle exchange service will be paid according to activity recorded to NEO and, once live, Pharmabase. The DAAT data team will, on a quarterly basis,

access activity data and report to the DAAT Finance Officer in order for payments to be paid directly to Pharmacies.

Individual pharmacies are responsible for the accuracy of the information provided. Overpayments identified by DAAT will be clawed back by DAAT from any subsequent payments.

3. Enhanced Service - Non-medical Prescribing Clinic

- 3.1 Pharmacies offering a supervised consumption and needle exchange services may also apply to the DAAT for authorisation to provide a non-medical prescribing clinic. Applications must be made to DAAT prior to service commencement. **An annual retainer payment of £1000 per annum will be made for this service.**

In order to qualify for authorisation to provide a supplementary prescribing clinic, the pharmacy must provide evidence that certain criteria have been met. The minimum criteria will be:

- The pharmacist must provide the clinic in agreement with either the Secondary Care Prescribing or GP Deputising Service;
- Prescribing will only be carried out by registered pharmacists who have followed a programme of training in line with the Department of Health curriculum for supplementary prescribing;
- The service model, including access, to be agreed with Sheffield DAAT.
- Sheffield DAAT will analyse service data for any pharmacy contractor applying to provide this service to assure commissioners that this is a viable service and provides value for public money.

Applications which are not approved by DAAT **will not** receive the annual retainer

