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Public Health Enhanced Services

# **Needle & Syringe Programme (NSP) in Community Pharmacy**

2023/24

Service Specification

**APPENDIX A**

# **SERVICE SPECIFICATION**

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| **Service** | Needle & Syringe Programme (NSP) in Community Pharmacy |
| **Authority Lead** | Public Health, St. Helens Council |
| **Provider Lead** | Community Pharmacy |
| **Period** | 1st April 2023 – 31st March 2024 |
| **Date of Review** | Annual |

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| 1. **Population Needs** |
| * 1. **National Context and Evidence Base**   Drug misuse is a major source of harm in our local communities and that range of harm includes drug related crime and anti-social behaviour, deliberate self-harm, suicide, and, short and long-term damage to physical and mental health, harm to unborn babies, child neglect and early mortality, as well as increased risk taking in sexual behaviour. Many accidental injuries and road traffic accidents are attributable to substance misuse and it is linked to negative effects on the economy and incalculable misery for individuals and families.  The national Drug Strategy, From Harm to Hope (2021) aims to build on the prevention of drug misuse, supporting individuals to recover from dependence. This includes an approach that:  • Promotes a smarter, partnership approach  • Has a balance approach across three strands; reducing demand, restricting supply and building recovery.  • Expanding the data collected on levels of drug misuse and recovery from dependence and develop a set of jointly owned outcome measures to drive action across a broader range of local services.   * 1. **National Estimates of Prevalence – Drugs**   Information about the number of people who use drugs, specifically illicit drugs is key to formulating effective policies and to help inform service provision at a local level for tackling drug related harm as it is drugs such as heroin, opiates or crack cocaine that are associated with the highest levels of harm, these are known as OCUs (opiate and/or crack cocaine users).  UK prevalence estimates of OCUs\* are published by Public Health England, the latest estimate indicates that overall in 2016/17 there were 313,971 opiate and/or crack users in England; this corresponds to approximately 8.85 per thousand of the population aged between 15-64 yrs. The true extent of injecting drug use is difficult to determine, therefore PHE have not published the estimated number of injecting drug users for the last five years.   |  | | --- | | ‘OCU’ refers to use of opiates and/or crack cocaine, including those who inject either of these drugs. It does not include the use of cocaine in a powder form, amphetamine, ecstasy or cannabis, or injecting by people who do not use opiates or crack cocaine. Although many opiate and/or crack users also use these drugs it is very difficult to identify exclusive users of these drugs from the available data sources. |  * 1. **Local Context and Evidence Base**   St. Helens experiences significantly high levels of both alcohol and substance (drug) misuse related harm and the scale and challenge that we face in tackling this harm should not be underestimated.  In relation to drugs St. Helens have an entrenched cohort of people wo are addicted to heroin and who are highly resistant to change despite being presented with meaningful recovery options and an environment in which achieving abstinence is considered a credible option. As at Quarter 2 2022/23, **35.7**% of opiate clients currently in treatment have been in treatment for 6 years or more, compared to **34.5**% nationally *(Diagnostic Outcomes Monitoring Executive Summary)*. Many of these people have complex and multiple needs and are still some distance away from achieving recovery goals such as a stable family or fulfilling employment e.g. as at Quarter 2 2022/23, **83.0**% of opiate clients have been identified as having a mental health treatment need compared with the national average of **63.0**% *(Diagnostic Outcomes Monitoring Executive Summary).*  Research suggests that their slow progression may be due to the fact that they have experienced a combination of problems, including long-term social exclusion, very low educational attainment, childhood trauma and neglect (Bramley and Fitzpatrick, 2015); therefore it is essential that drug and alcohol challenges are not addressed in isolation and that all communities and public services tackle these challenges together.  Specialist community substance misuse services in St. Helens are currently delivered by one main provider (Change Grow Live (CGL)) from one main core delivery site (Lincoln House).  The specialist community treatment service work is supported by a range of partners that deliver ‘wraparound’ care, dedicated support for families, carers or significant others that are affected by substance misuse.  The system also consists of support from key primary care GPs and community pharmacists and support from acute services within Whiston Hospital.  Our local vision for the residents of St. Helens is to have a thriving community where health and wellbeing is part of a borough that is well, economically, socially and environmentally; where the harms caused by drug and alcohol misuse is prevented and reducing and where people who are affected by substance misuse can have the support that they need in a timely, effective and responsive way. The service will contribute to this by be being prevention focused and wellbeing centred.   * 1. **Local Estimates**   The latest prevalence estimates available from OHID, produced by Liverpool John Moores University (based on **2016/17** data), indicates that St. Helens had a 15-64-year-old population of **112,079** and has an estimated total number of **1,332** OCUs(with a 95% confidence interval of between 1,009 – 1,643).   |  |  |  | | --- | --- | --- | |  | Estimated Number of Users | Rate per thousand of the population | | OCUs | **1,332** | **11.88** | | Opiate | **1,168** | **10.42** | | Crack | **741** | **6.61** |   St. Helens has a higher estimated rate of both OCU (**11.9** per 1000) and opiate users (**10.4** per 1000) (15-64-year olds) than the North West (10.8 and 9.0 per 1000 respectively) and England (**8.9** and **7.4** per 1000 respectively). However, due to the uncertainty on the statistics, St Helens is not significantly different to the regional and national rates.  Based on the current estimates of prevalence, in 2020 OHID reported the following in relation to un-met need based on 2020 period;   |  |  |  | | --- | --- | --- | |  | St Helens un-met need | *National un-met need* | | Opiate | **42.3%** | ***53.7%*** | | Non-opiate | **36.3%** | ***46.9%*** | | Alcohol | **38.5%** | ***57.8%*** | | Alcohol and non-opiate | **75%** | ***82.4%*** |   During **2021/22** there were a total of **11,084** presentations to Pharmacy NSP sites, equating to a total of **993** individuals.  Of the **933** individuals, **72%** were recorded as PWID (Psychoactive drugs) and **28%** were steroid / IPEDs (Image & Performance Enhancing Drugs).  Of the **993** individuals, **17%** reported being in treatment. |
| 1. **Overview and Service Principles** |
| * 1. Needle Syringe Programmes (NSP) supply needles, syringes and other equipment used to prepare and take illicit drugs. They reduce the transmission of blood-borne viruses (BBVs) including hepatitis B and C, and other infections caused by sharing injecting equipment. They aim to reduce the harm caused by injecting drugs through providing information and advice and acting as a gateway to other services, including drug treatment centres.   2. The needle exchange service may be the only contact some people have with a Healthcare Professional, for example those who inject performance and image-enhancing drugs. Needle exchange services in England are based across a range of services, with pharmacy making up the majority of the sites   3. The provision of needle exchange in pharmacies provides the benefits of increasing the availability of needles exchange packs across a wide geographical area. This provides more flexibility of provision of services not only by area but by longer opening hours. Please refer to **Appendix C** for a map of active NSP pharmacies. |
| 1. **Aims and Intended Service Outcomes** |
| * 1. Providing service users who inject drugs clean needles and syringes simultaneously will assist towards protecting their health until they are ready and willing to cease injecting and ultimately achieve a drug-free life with the appropriate support.   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; * providing sterile injecting equipment and other support; * promoting safer injecting practices; * providing and reinforcing harm reduction messages. * increasing awareness of symptoms of opioid overdose and how to respond in an emergency * providing training in the appropriate use of naloxone in the situation of opioid overdose   1. To improve the health of local communities by preventing the spread of blood-borne infections by providing a safe and effective route for the disposal of used injecting equipment.   2. To help service users access treatment by offering referral to CGL and health and social care professionals where appropriate.   3. To maximise the access and retention of all injectors, especially the highly socially excluded.   4. To help service users access other health and social care providers, acting as a gateway to other services. |
| 1. **Service Outline for the provision of Needles and Syringes** |
| * 1. This service will require use of a consultation area. The consultation room must meet the [General Pharmaceutical Council (GPhC) Standards for Registered Premises](https://www.pharmacyregulation.org/standards/standards-registered-pharmacies) and comply with the minimum requirements set out below: * the consultation room must be clearly designated as an area for confidential consultations * it must be distinct from the general public areas of the pharmacy premises * it must be a room where both the person receiving services and the pharmacist providing those services are able to sit down together and talk at normal speaking volumes without being overheard by any other person (including pharmacy staff), other than a person whose presence the patient requests or consents to (such as a carer or chaperone).   Logo  Description automatically generated   * 1. Pharmacies contracted to provide the Needle Syringe Programme shall display the national logo in a prominent position visible from outside the premises which can be obtained from the NSP supplier, Vernacare, under stock code 016500. Please refer to **Appendix D** for local contact information.   2. The Clinical Lead from CGL will provide details of the relevant referral point which pharmacy staff can use to signpost service users who require further assistance. Please refer to **Appendix D** for local contact information.   3. The pharmacy will have appropriate health promotion material available for the service users of the service and promotes its uptake. The pharmacy should order sufficient materials to ensure continuity of the service. Promotional material on how to access the integrated substance misuse service (CGL), steroids and safer injecting can be obtained from CGL. Please refer to **Appendix D** for local contact information.   4. The pharmacy will provide support and advice to the service user, including referral to other health and social care professionals and specialist drug treatment services where appropriate.   5. The pharmacy will promote safe practice to the user, including advice on sexual health and sexually transmitted diseases, HIV and Hepatitis C transmission, and Hepatitis B immunisation. See **Section 12** on skills, competency framework and required training.   6. All service users accessing the Needle Syringe Programme will be provided with needles and syringes in a suitable bag to the service user at every opportunity.   7. The service also includes provision of needles and syringes for users of steroids and image enhancing drugs.   8. If the service user requests equipment not supplied within the Needle Syringe Programme, the pharmacy will refer them to CGL.   9. Used equipment is normally returned by the service user for safe disposal. The accredited pharmacist will ensure that staff are made aware of the risks associated with the handling of returned used equipment and the correct procedure used to minimise those risks. Please refer to the pharmacy’s own safety guidance. See **Section 10** on Management of Returns of Needle and Syringe equipment.   10. It is the responsibility of the pharmacy contractor to offer immunisation to all participating staff against Hepatitis B involved in the delivery of this service at their own cost. Public Health strongly advises the pharmacy contractor to get participating staff immunised against Hepatitis B who will deliver this service.   11. The pharmacy’s own needle stick injury Standard Operating Procedures should be in place and visible to all staff. Used needles and sharps boxes must not be handled directly by any pharmacy staff. A safe way in which to receive the needle and sharps box should be offered without the need for the pharmacy staff to handle these items and these should be immediately placed in the appropriate disposal bins.   12. Responsibility for the service lies with the accredited pharmacist who should be available for 60% of the time and is responsible for providing the services at the pharmacy in keeping with the local safeguarding policies outlined in **Appendix F**.   13. An accredited pharmacist does not need to undertake the transaction of the Needle Syringe Programme or be present when either transaction occurs. However, the accredited pharmacist will be responsible for ensuring that any staff member undertaking the transaction is trained to the appropriate level as outlined under the requirements of this agreement.   14. Pharmacists and staff involved in the provision of the service must be aware of and operate within this specification.   15. The pharmacy should have an appropriate Complaints Procedure or Policy to deal with complaints. It is expected that the pharmacy will deal with any complaints sensitively and will report any complaints, comments, or concerns to the CGL Clinical Lead. Please refer to **Appendix D** for local contact information.   16. All service users and anyone accessing the service on behalf of someone else should be invited to provide feedback if they wish to, including making anonymous complaints where necessary. Please refer to **Appendix D** for service user feedback. |
| 1. **Brief Harm Minimisation and Health Promotion Interventions** |
| * 1. These will be undertaken by a pharmacist or other competent staff member to help signpost the service user to appropriate information and advice and may encompass areas such as: * safe injecting practices * sexual health promotion * transmission of blood-borne viruses and the benefits of BBV testing and Hep B vaccination * wound site management * nutrition * safe storage and disposal of injecting equipment and substances (e.g. to avoid risk of injury to children) * taking measures to reduce harm and prevent drug-related deaths * prevention of opioid overdose   1. Advice will be consistent with relevant recognised guidelines and good practice and should be supported with appropriate harm minimisation materials or literature signposted by Spectrum. |
| 1. **Ordering of Needles and Syringes** |
| * 1. Vernacare are the supplier of needle and syringe packs. The following items are available:   019015 1ml One Hit Kit 29g fixed head syringe Citric  019027 2ml One Hit Kit- Blue 23g 1 1/4'' blue Citric  019028 2ml One Hit Kit- Orange 25g 1'' orange Citric   * 1. NSP equipment will be ordered via Vernacare using the Fcom portal. Please refer to **Appendix D** for local contact information and the Fcom user guide.   2. All pharmacies will obtain the exchange packs and associated materials through CGL and Sustainable Advantage manage the clinical waste disposal service for each participating pharmacy. The current clinical waste supplier is Citron. This may change over time as Sustainable Advantage regularly retender the contract. The ordering of packs should be organised by the pharmacy so that appropriate stock control is maintained and to ensure there is not an unacceptable build-up of clinical waste on the pharmacy premises. |
| 1. **Data Recording and Information Sharing** |
| * 1. The pharmacy is expected to ensure secure systems and records to prevent misuse of data, and to ensure the confidentiality of service users. In addition, the pharmacy should maintain appropriate records to ensure effective on-going service delivery and audit.   2. The pharmacy will use PharmOutcomes directly to record all transactions within the NSP programme and will create a Client Registration record for new service users. To assist you, a paper copy of the registration form and record sheet are included in **Appendix H**. This information will need to be transferred to PharmOutcomes within 48 hours.   3. Pharmacy staff usually do not notify prescribers or other services of a service user’s use of the Needle Syringe Programme without their permission. However, the 4-way agreement between the service user, prescriber, recovery worker and pharmacist allows for the disclosure to be made in circumstance where a service user uses a needle exchange service at the pharmacy dispensing opiate substitute medication and when a situation arises that puts the service user’s health or others at risk, in which case there will be a duty of care to share information. Circumstances where withholding information or seeking the service user’s permission to share information may put others art risk may include child protection or safeguarding situations   4. Pharmacists may be required to share anonymised information on service user activity and trends with other health care professionals and agencies, in line with locally determined confidentiality arrangements. The Local Pharmaceutical Committee (LPC) will be consulted on the process of this before any requests are made. |
| 1. **Eligibility for Needles and Syringe Programme** |
| * 1. The Needle Syringe Programme is available to all presenting adults (aged 18 and over) who require access to needles and other injecting paraphernalia in relation to illicit intravenous drug use. This will include users of performance-enhancing drugs, including anabolic steroids and growth hormones.   2. Young people under 18 years old should be sign-posted to the Young Peoples Drug & Alcohol Team (YPDAAT).   3. The needle exchange service will not be available to individuals requiring access to needles and other injecting paraphernalia in relation to non-drug misuse related treatment regimens which require regular intravenous administration of prescribed medication e.g. insulin. Separate provision exists for these patient groups. |
| 1. **Accessibility** |
| * 1. This service will be available on an open access basis with no requirement for service users to be referred from another agency.   2. The service user will determine: * which pharmacy they access; * the frequency of engagement; * which interventions they access |
| 1. **Management of Returns** |
| * 1. The responsibility for the costs of sharps and disposal bins lies with CGL who have commissioned their own provider, Sustainable Advantage, to manage returns.   2. Each pack will contain a sharps return bin.   3. Pharmacy staff should encourage a 1-1 exchange (i.e. supplies given out in exchange for a used bin being returned) however failure to return all used equipment should not result in a withdrawal of the service. Insistence on 1-1 exchange can be counterproductive, and consequently it is not necessary for a client to return used equipment in order that they may receive sterile equipment.   4. Pharmacy staff should keep encouraging service users to return their used equipment and should enquire if there is a particular problem that makes it difficult for them to return (for example, lack of transport or fear of police).   5. The pharmacy will allocate a safe place to store equipment and returns for safe onward disposal having regard for the safety of staff and other users of the pharmacy. The storage containers provided by the clinical waste disposal service will be used to store returned used equipment.   6. Appropriate protective equipment, including gloves, overalls, and materials to deal with spillages, should be readily available close to the storage site.   7. Pharmacy contractors are responsible for ensuring they have sufficient space within the disposal bin in the pharmacy to enable them to deal with demand and not put staff at risk. Collection of sharps bins is managed by Sustainable Advantage on a scheduled collection basis. Citron are currently sub-contracted by Sustainable Advantage to collect sharps bins at community pharmacies. |
| 1. **Quality Indicators** |
| * 1. The pharmacy contractor will ensure availability of written information and leaflets in the pharmacy relevant to the service, substance misuse and drug treatment as made available by CGL. Please refer to **Appendix D** for local contact information.   2. Pharmacists will need to meet the expected training requirements as outlined under **Section 12**.   3. The pharmacy contractor for each pharmacy should be able to demonstrate to Public Health upon request that pharmacists (including locums) and staff involved in the provision of the service have sufficient knowledge of the service and are familiar with the requirements of this service specification. This could include but is not limited to pharmacy team meeting minutes, training logs etc.   4. The pharmacy undertaking the NSP must ensure a sufficient level of privacy and safety for its service users.   5. The pharmacy provides harm reduction information to each service user that accesses the service.   6. The pharmacy contractor must have a system in place that ensures that messages are checked on a regular basis (at least weekly) on PharmOutcomes and actioned appropriately as this is the primary communication tool between Public Health and St. Helens pharmacies.   7. The pharmacy contractor should ensure that there are adequate support staff, including staff specifically trained to support the NSP, in the pharmacy at all times in order to support the pharmacist (including locum pharmacist) in the operational elements of the service and to help ensure the safe and smooth running of the service.   8. The pharmacy contractor will ensure that appropriate professional indemnity insurance is in place.   9. It is a requirement for pharmacies signing up to this agreement to comply with all the requirements of the essential services of the [NHS Community Pharmacy Contractual Framework](https://psnc.org.uk/quality-and-regulations/the-pharmacy-contract/). |
| 1. **Skills and Competency Framework Including Required Training** |
| * 1. The accredited pharmacist will ensure that all practitioners and staff engaged in the delivery of this service are competent to do so.   2. The accredited pharmacist must have successfully completed the CPPE declaration of competence which includes the course “Substance Use and Misuse” (Pharmacist Version) and Safeguarding Children and Vulnerable adults which must be updated every two years. The declaration will need to be confirmed on PharmOutcomes, by the accredited pharmacist via enrolment.   3. The accredited pharmacist must meet these minimum requirements within six months of joining or renewing the service, and this will need to be confirmed on PharmOutcomes, via enrolment within this three-month period.   4. Other pharmacy staff delivering the Needle Syringe Programme must have been trained and given relevant information by the accredited pharmacist.   5. The Local Pharmacy Committee (LPC) hold a series of events, which will include matters relating to medicines management, sexual health and sexually transmitted infections, HIV and Hepatitis C transmission, Hepatitis B immunisation and Naloxone. The accredited pharmacist is encouraged to attend a training event on a bi-annual basis (every 2 years). |
| 1. **Absence of Accredited Pharmacist** |
| * 1. The pharmacy contractor has a duty to ensure that staff and other pharmacists, including locums, involved in the provision of the NSP service have relevant knowledge and are appropriately trained in the operation of the service to ensure the smooth continuation of the service in their absence.   2. Where this is not possible and the locum is either expected to be in place for a period of 28 days or more, or is regularly contracted to work at the site on a frequent basis, the service provider will: * notify the CGL Clinical Lead and * ensure that the locum pharmacist has undertaken the relevant training as outlined in this specification. |
| 1. **Payment Arrangements** |
| * 1. All pharmacies are responsible for entering accurate claims data onto [PharmOutcomes](https://pharmoutcomes.org/pharmoutcomes/). Payments will be made monthly upon input of the data onto PharmOutcomes. Invoices will be generated automatically by PharmOutcomes on the 6th of the month. The service contract and financial details will have needed to be completed and returned before any payments will be made.   2. Fees will be paid on the basis of submitted claims into a bank account specified by the pharmacy.  |  |  | | --- | --- | | **Service Provided** | **Fee** | | Monthly retainer | £15 where the count of provisions is 1 or more | | Needle Exchange provision | £2 per provision  Where the count of provisions is 11 or more |   PharmOutcomes will allow data to be entered and claimed retrospectively for 2 months.   * 1. Use of the service will be reviewed on a regular basis and discussed with the LPC, with opportunity for resolution of which the LPC can provide support to the contractor if required. Either party wishing to terminate this agreement must give 30 days’ notice in writing. Public Health reserves the right to suspend or terminate the service at short notice following a significant event or serious incident (for example, following a fitness to practice incident). |
| 1. **Audit** |
| * 1. When the pharmacy is required to participate in an annual audit of service provision, they will be expected to deliver any action points reported on the audit within the agreed timescales.   2. The pharmacy will co-operate with any locally agreed Public Health led assessment of service user experience, based on service user feedback outlined in **Appendix B**. |
| 1. **Governance** |
| * 1. It is implicit that the service provided will be delivered to the standard specified and complies with the legal and ethical boundaries of the profession.   2. Reportable incidents or any concerns on any matters relating to the service should be made to the CGL Clinical Lead. All incidents will be investigated by the Clinical Lead who may require further details from pharmacy staff to help with the investigation. * The pharmacy contractor or accredited pharmacist, alongside the Clinical Lead, will agree on an action plan which will be actioned within an agreed timeframe, where relevant, to safeguard against further incidents of the same nature * If the nature of the concern remains unresolved the Clinical Lead will inform the LPC for advice and will keep the LPC informed on the process. |
| 1. **Updates** |
| * 1. Public Health will inform all pharmacies on any updates relating to NSP and dispensing methods specific to this SLA as and when they arise through direct communication via PharmOutcomes. |

**APPENDIX B**

# **SERVICE USER FEEDBACK**

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| **Service User Involvement** |
| Community Pharmacies will take all reasonable measures to ensure that service users & carers have a right to full involvement in decisions which affect their life, including the choice of a particular form of treatment or care.  The entire model of delivery will be informed by and developed with service user, carer and family involvement. The Pharmacy must ensure that there are both formal and informal mechanisms for finding out what matters to service users, their families, carers and significant others. These mechanisms will supplement existing arrangements such as compliments and complaints reported to Public Health.  Pharmacies are encouraged to invite all service users and anyone accessing the service on behalf of someone else to provide feedback if they wish to, including making anonymous complaints where necessary. Anyone wishing to provide feedback should be asked to scan the attached QR code using the camera a mobile device:    All service user feedback will be compiled into an annual report of service user satisfaction and shared with pharmacies upon request. |

**APPENDIX C**

# **MAP OF ACTIVE PHARMACIES**

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| **Locations of NSP Pharmacies in St. Helens** |
| Should a service user request information regarding pharmacies in St. Helens actively providing the NSP, please share a copy of the attached map.    Service users may also access this map electronically by scanning the attached QR code using the camera on a mobile device. |

**APPENDIX D**

# **LOCAL CONTACT INFORMATION**

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| **Contact Information** |
| **CGL, Clinical Lead Nurse NMP**  Sharon O’ Donnell  [sharon.odonnell@cgl.org.uk](mailto:sharon.odonnell@cgl.org.uk)  **CGL, Service Manager**  Rachel Fance  [rachel.fance@cgl.org.uk](mailto:rachel.fance@cgl.org.uk)  01744 410752  **CGL**  Lincoln House  80 Corporation Street  St Helens  Merseyside  WA10 1UQ  <https://www.changegrowlive.org/integrated-recovery-service-st-helens/info>  **Vernacare, Customer Services Representative** (training requests, product enquiries, etc.)  Jodie Jones  [jodie.jones@vernagroup.com](mailto:jodie.jones@vernagroup.com)  07515 198310  **Vernacare, Customer Care Agent** (Order and delivery enquiries)  Louise Fawcett  [nxsales@vernagroup.com](mailto:nxsales@vernagroup.com)  01495 235800 (option 2)    **Footsteps, Family Support for Drugs and Alcohol abuse**  Peter Street Centre  Peter Street  St. Helens  WA10 2EQ  01744 808212  <https://www.footstepsforfamilies.org.uk>  **Hope Centre, Homelessness Day Centre**  41-43 Corporation Street  St. Helens  WA10 1ED  01744 20032  [info@hopecentre.org.uk](mailto:info@hopecentre.org.uk)  <https://hopecentre.org.uk>  **St. Helens Council, Public Health Practitioner**  Barry Akehurst  [barryakehurst@sthelens.gov.uk](mailto:barryakehurst@sthelens.gov.uk)  [publichealth@sthelens.gov.uk](mailto:publichealth@sthelens.gov.uk) |

**APPENDIX E**

# **CHARGES**

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| **Pharmacy Fees** |
| Payment will be made to the Pharmacy on a per transaction basis as follows:  £2 per transaction with a minimum payment of £15 per calendar month (exempt from VAT).  In the event of nil activity during the calendar month, it is the responsibility of the pharmacy to submit a ‘nil return’ on PharmOutcomes.   |  | | --- | | A client can pick up more than one pack per transaction and the pharmacy is paid on a transactional basis, not on the number of packs a client picks up.  If Pharmacy transactional activity is less than £15.00 in value in that month, the pharmacy will receive a minimum payment of £15.00. |   Payment Notes   * PharmOutcomes enables real time data (including claims) to be seen by both the Pharmacy and the Council. * Payments will be made by the Council monthly in arrears by BACS. * Payment is based on the number of Transactions. * Payment of £2 per Transaction with a minimum payment of £15.00 per calendar month (i.e. if the total cost of transactions is less than £15, the pharmacy will receive a minimum payment of £15). * Payment will be made to the Pharmacy on a per ‘exchange/transaction’ basis. (Please note: payments will not be made on a per ‘pack’ basis). * It is the responsibility of the pharmacy to claim for any minimum payments. * Payment is subject to adherence to the terms of the service specification. * Pharmacies should ensure that all activity is uploaded onto PharmOutcomes by the 6th of each month to enable claims to be processed for payment by the Council from the 10th of each month. * The Council will not reimburse claims for activity that is over 3 months old, so pharmacies need to ensure that activity is uploaded onto PharmOutcomes on a regular basis. |

**APPENDIX F**

# **SAFEGUARDING POLICIES**

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| **Local Safeguarding Information** |
| Safeguarding Policies and reporting will be in line with St. Helens Council Public Health Contract requirements.  The Provider shall ensure all staff are aware of, trained to a level appropriate to their role and abide by guidance and legislation on Safeguarding (children and adults). The Service Provider should ensure that staff are aware of and abide by:  St. Helens Safeguarding Children Board’s Multi-Agency Policy, Procedures and Good Practice Guidance. A copy of the latest Edition is available on the Board’s website (<https://sthelensscb.proceduresonline.com/chapters/docs_library.html>).  St. Helens Safeguarding Adults Board’s Multi-Agency Safeguarding Policy, Procedures and Good Practice Guidance. A copy of the latest Edition is available on the Board’s website (<https://sthelens.gov.uk/article/3523/Safeguarding-Adults-Board>) |

**APPENDIX G**

# **INCIDENTS REQUIRING REPORTING PROCEDURE**

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| **Local Safeguarding Information** |
| **Serious Untoward Incidents (SUIs)**   |  | | --- | | Reporting of SUI will be in line with St Helens Council Public Health Contract requirements. |   The Service Provider must report all serious and untoward incidents, complaints and compliments to Public Health. Whilst compliments and less serious complaints can be reported as part of monthly or quarterly routine data submissions, serious untoward incidents must be reported at the first available opportunity to the Public Health Practitioner and within any case, within 48 hours.  Serious Untoward Incidents include but are not restricted to:   * Incidents which in any way compromise the safety of service users or staff, including incidents of abuse/violence and how managed * Emergencies leading to service restrictions or closures * Staff vacancies causing service disruption (cover or minimum safety)   The Service Provider must deliver a robust Management Board Action Plan to Public Health, detailing the response to the incident and steps that will be taken to remove or minimise future risk.  **Adverse Incident or Near Miss**  In the advent of any ‘adverse incident’ or ‘near miss’ the pharmacy must complete their own appropriate incident reporting form and demonstrate that the pharmacy has learnt from the incident. |

**APPENDIX H**

# **DATA AND INFORMATION PROVISION**

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| **Needle Exchange - Client Registration Form** |
| |  |  | | --- | --- | | Practitioner Name: |  | | Registration Date: |  | | Client unique ID: |  | | Gender: |  | | Ethnicity: |  | | Postcode: |  | | Full postcode provided? |  | | Postal outcode: |  |  |  |  |  | | --- | --- | --- | | Is client in structured treatment? |  | | | First Injected on: |  | | | Last Injected: |  | | | What is the usual source of needles/ paraphernalia? |  | | | Have you ever shared needles? (If yes, counsel on BBV risk) |  | | | Ever shared needles? |  | | | Primary drug use – Tick all that apply: | Declined to respond  Heroin  Cannabis  Crack  Cocaine  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Crack and Heroin  Methadone amps  Amphetamines  Benzodiazepines  Performance Enhancers |   **Hepatitis B Vaccination status**  **Have you been vaccinated against Hepatitis B?**   |  |  | | --- | --- | | Hep B vaccination status: | Vaccinated  Not vaccinated  Declined to respond | | Last BBV test: | Within last month  Last 3 months  Last 6 months  Last Year  More than a year  Never  Declined to respond | | Relevant notes: |  | |

**APPENDIX I**

# **PERFORMANCE MONITORING**

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| **Provider Performance Review** |
| St Helens Council, Public Health shall identify a member of staff who will provide a single point of contact for St Helens for performance and service effectiveness issues. Please refer to **Appendix D** for local contact information.  It is not necessary for Community Pharmacies to attend regular review meetings with Public Health. A Public Health Practitioner will monitor all Enhanced Services activity via PharmOutcomes and service user satisfaction via the feedback received outlined in **Appendix B**.  All messages regarding service activity and service user feedback will be communicated via PharmOutcomes.  The service provider will meet with the Public Health Practitioner to review service performance, if required. The decision to visit a community pharmacy will be determined by feedback from service users, quarterly performance monitoring data, or joint working with the LPC.  It is expected that all outcomes identified in **Section 3** and all of the indicators in **Section 11** are met. |