

APPENDIX A – SERVICE 2

SERVICE SPECIFICATIONS: PHARMACY STOP SMOKING SERVICES,

Service Specification No.	PH/P SS
Service	Pharmacy - Stop Smoking
Authority Lead	Penny Marno (Public Health Consultant)
Provider Lead	Name of Pharmacy Manager
Period	1 <sup>st</sup> April 2022 to 31 <sup>st</sup> March 2026 (option to extend for a further two years 1+1).
Date of Review	1st October 2023

1. Population Needs

**1.1 National/Local Context and Evidence Base**

Smoking remains the main cause of preventable disease and premature death in the UK, with an estimated 74,600 deaths attributed in 2019. This is a decrease of 3% from 2018 (77,000) and 9% from 2009 (82,000). Smoking rates are reducing with the number of adult smokers decreasing from 39% in 1980, 20% in 2012 down to 14.1% in 2019 (ONS, 2019).

Overall smoking prevalence in adults in Swindon in 2019 was 13.1% down from 17.7% in 2017. The England average smoking prevalence in adults in 2019 was 13.9%, so Swindon is below the England average.

Smoking amongst routine and manual workers in Swindon was also down in 2019 to 19.8% (from 29.4% in 2012, 24.3% in 2014). The England average smoking prevalence in routine and manual workers in 2019 was 23.2%.

Smoking kills half of all long-term users and is the biggest single cause of inequalities in the death rates of rich and poor - smoking prevalence rates are significantly higher amongst those in the routine and manual socio-economic classification.

In 2019/20 there were estimated to be 506,100 hospital admissions attributable to smoking. This is similar to 2018/19 when it was 504,200 and higher than 2009/10 when it was 461,700 (an increase of 10%). In 2019/20 this represented 4% of all hospital admissions (down from 5% in 2009/10), and 25% of hospital admissions for conditions that can be caused by smoking (down from 31% in 2009/10). Smoking costs the NHS approximately £2.7 billion a year for treating disease caused by smoking.

Smoking had been identified as the primary reason for the gap in healthy life expectancy between the rich and poor. Smoking is the major cause of lung cancer and chronic obstructive pulmonary disease and a major cause of strokes, coronary heart disease, and other circulatory disease such as peripheral vascular disease, as well as cancers of the mouth, oesophagus, bladder, kidney and pancreas. It is linked to cancer of the stomach, liver and nose, and to leukaemia. Smoking is also indicated in many other serious illnesses such as asthma, osteoporosis, increased risk of miscarriage, low birth weight, and sudden infant death. Smoking can also complicate surgical procedures and

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recovery. It is estimated that smoking is attributable for 86% of deaths from lung cancer, 86% of deaths from chronic obstructive pulmonary disease (bronchitis and emphysema) and 12.5% of deaths from heart and circulatory diseases.

Women who smoke during pregnancy have a substantially higher risk of spontaneous abortion (miscarriage) than those who do not smoke. Smoking can also cause complications in pregnancy and labour, including ectopic pregnancy, bleeding during pregnancy, premature detachment of the placenta and premature rupture of the membranes.

Smoking prevalence in pregnant women in Swindon at the time they delivered their babies was 11.1% in 2019. This is higher than the England average of 10.4% and reducing smoking at the time of delivery remains a priority for Swindon.

Current and former smokers are more likely to require primary care services than those who have never smoked, with reported costs of approximately 1.1 billion to primary care in 2015:

Primary care event	Estimated smoking-related burden
GP visit	£794 million
Practice nurse visit	£111.7 million
Prescriptions	£144.8 million
Total	£1.1 billion

In England, around 60% of smokers want to quit, 10% of whom intend to do so within 3 months. Currently, around half of all smokers in England try to quit unaided using willpower alone, despite this being the least effective method. Getting support can greatly increase a person's chances of quitting successfully. There is NHS Local Stop Smoking Services Delivery and Guidance and NICE Guidance (DH 2011, DH 2012, NICE 2021) for the delivery of stop smoking services to support those who want to give up smoking to quit.

## 2. Key Service Outcomes

### 2.1 Key Service Outcomes

To provide a high quality stop smoking support service to enable people in Swindon to quit smoking. Outcomes will contribute to a reduction in smoking prevalence rates.

In addition it will protect the health of those who don't smoke, particularly children, by reducing exposure to second hand smoke.

## 3. Scope

### 3.1 Aims and Objectives of Service

The overall aim of this locally commissioned service is to support the reduction of smoking prevalence in Swindon and to reduce health inequalities, by enabling clients to access high quality stop smoking support which best fits their needs.

Objectives are to:

1. provide a readily accessible quality service for smokers who want to quit

2. improve access to and choice of stop smoking services, including access to pharmacological and non-pharmacological stop smoking aids.
3. encourage brief interventions with smokers to be regularly carried out and recorded and appropriate referral for smokers that want to quit.
4. ensure that robust data is collected by the Stop Smoking Service to enable accurate and timely measurement of outcomes, to assess effectiveness and cost effectiveness of the stop smoking intervention.

### **3.2 Service Description/Pathway**

This service specification reflects the provision of one-to-one stop smoking support. This service specification has been agreed with the Swindon and Wiltshire Pharmaceutical Committee.

The Stop Smoking Service is one in which the community pharmacy provider will:

1. Provide one-to-one support and advice to people who want to give up smoking, for a maximum of 8 weeks according to the NHS Local Stop Smoking Services Delivery and Guidance and NICE Guidance (DH 2011, DH 2012, NICE 2021). All staff providing one-to-one support must be accredited to National Centre for Smoking Cessation and Training (NCSCCT) Level 2 accessed and [here](#) details are also available through the LPC website. Local training for new practitioners and Best Practice events are available free of charge and promoted via Eventbrite. To become a stop smoking practitioner as part of a recognised stop smoking service in Swindon, advisors will need to have completed both the NCSCCT online training and attended the local training. Where staff have previously completed locally accredited training, a period of 12 months will be permitted to complete the NCSCCT online courses.
2. Refer to specialist stop smoking services if appropriate.
3. Ensure all pharmacy staff conduct brief interventions with smokers and are aware of the AAA Model (Very Brief Advice (AAA) – 30 seconds to save a life). See Appendix 1.
4. Accurately inform patients about NRT, bupropion (Zyban) and Varenicline (Champix) and arrange supply as appropriate to patients being supported by the Pharmacy Stop Smoking Advisor in line with NICE Guidance (NICE 2021).
5. Provide one or more pharmacy-based Stop Smoking Advisors with dedicated time to carry out one-to-one stop smoking interventions with patients and to ensure that there is a trained stop smoking advisor engaged in the pharmacy regularly. Evening and weekend availability of the service is valued.
6. Notify Swindon Borough Council Public Health immediately if the only trained stop smoking advisor leaves the pharmacy. The pharmacy contractor will have three months to ensure that a trained advisor is available for the service

### **Service Specification**

- a. The part of the pharmacy used for provision of the service provides a sufficient level of privacy and safety: - the pharmacy based stop smoking advisor and the service user must be able to sit comfortably together, and the conversations between the advisor and service user cannot be over heard by members of the public or other pharmacy staff.
- b. Access routes to this service will be determined locally, and could include:
  - i. *Self-referral by client*
  - ii. *Pharmacy referral as a result of the 'NHS Health Checks, Promotion of Healthy Lifestyles (Public Health)' or 'Signposting' Essential Services;*

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*iii. Swindon Stop Smoking Service helpline.*

*iv. referral by another health or social care worker;*

- c. The pharmacy would have to confirm the eligibility of the person to access the service. This service is for people registered with a Swindon GP (excluding Elm Tree Surgery). If an individual is neither resident in Swindon nor registered with a Swindon GP but routinely works in Swindon, and they cannot conveniently access services in their home area, then they may access this service.
- d. If an individual is neither resident in Swindon nor registered with a Swindon GP but routinely works in Swindon, and they cannot conveniently access services in their home area, then they may access this service.
- e. If considered appropriate, the pharmacy based stop smoking advisor may supply Nicotine Replacement Therapy (NRT), at the cost of an NHS prescription charge for each item dispensed (or free of charge for service users that are exempt from charges) according to the protocol in Appendix 2. The prescription charge(s) should be taken at the initial consultation and then at each supply.
- f. Service users who are exempt from prescription charges should sign the exemption certificate that can be printed from Pharmoutcomes and mirrors that found on a standard prescription.
- g. Combination NRT has been shown to have an advantage over using just one product and is also considered to be cost effective. It can, therefore, be used when considered clinically appropriate. When using combination therapy please ensure that the quantity supplied of the supplementary NRT product meets their clinical need. (The majority of patients will not require the full dose).
- h. Support will be given at weekly visit to the pharmacy for the first 4 weeks and then fortnightly for a further 4 week period according to the protocol in Appendix 2. Alternatively, clients can be referred to the Swindon Stop Smoking Service for further support following the 4-week follow-up appointment.
- i. It is expected that any Stop Smoking Advisor dealing with clients under 18 years old will have a valid Disclosure Barring Service (DBS) certificate and will have undertaken foundation child protection training.
- j. The Great Western Hospital has a specialist practitioner for pregnant women. Pregnant women should only receive a single form of NRT and should be encouraged to enrol on the specialist stop smoking support programme provided by the Great Western Hospital (corinne.mildiner@nhs.net).
- k. Providers will need to share relevant information with other health care professionals and agencies, in line with locally determined confidentiality arrangements. At the first stage in their consultation all clients should be made aware that the details of their quit attempt will be passed in confidence to Stop Smoking Service at Swindon Borough Council for monitoring purposes only.
- l. The pharmacy based stop smoking advisor will request consent to allow contact by the Stop Smoking Service and obtain patients consent accordingly.
- m. The pharmacy must maintain appropriate records to ensure effective ongoing service delivery and audit. Records and documentation will be confidential and should be stored securely whilst at the pharmacy premises.
- n. The trained advisor must ensure that a completed record consisting of the minimum data set as defined within the 'NHS smoking cessation services: service and monitoring guidance' and must be recorded on the database system Pharmoutcomes.
- o. All records and forms should be retained in line with national governance standards.

- p. The pharmacy will have available appropriate health promotion material for service users and actively promote its uptake and is able to discuss the contents of the material with the service user where appropriate. Information on health promotion material can be obtained from the Swindon Stop Smoking Service.
- q. The pharmacy should adhere to a carbon monoxide monitor infection control protocol, an example of which is given in Appendix 3.
- r. Pharmacies with an appropriately trained prescribing pharmacist who are independent prescribers of Varenicline will be paid £20 for an initial assessment via Pharmoutcomes.

### **Swindon Stop Smoking Service**

Contact details are:

Tel: 01793 465512

Text: 07341 077530

Email: [swindon.stopsmoking@nhs.net](mailto:swindon.stopsmoking@nhs.net)

Swindon Stop Smoking Service  
Public Health  
Swindon Borough Council  
Wat Tyler West – 4<sup>th</sup> Floor  
Beckhampton Street  
Swindon  
Wiltshire  
SN1 2JG

### **3.3 Population Covered**

This service is for people registered with a Swindon GP (excluding Elm Tree Surgery).

If an individual is neither resident in Swindon nor registered with a Swindon GP but routinely works in Swindon, and they cannot conveniently access services in their home area, then they may access this service.

### **3.4 Any Acceptance and Exclusion Criteria and Thresholds**

The client must not be currently registered with any other Stop Smoking Practitioner or other Stop Smoking Service (e.g. group support)

### **3.5 Interdependencies with other Services**

The Swindon Stop Smoking programme is delivered by a variety of different providers. In order to ensure the programme is as effective and achieves optimal outcomes providers will maintain efficient working relationships with a range of agencies to enhance the quality of service delivered. This includes but is not restricted to:

- Community pharmacies
- Community Health and Wellbeing Team, which includes Social Prescribers and Community Navigators and is part of Public Health
- Acute hospitals
- General Practices

The Provider is expected to actively participate in local Stop Smoking networks, training and audit programmes where applicable.

### 3.6 Any Activity Planning Assumptions

As this is a demand led service no activity planning assumptions have been made.

If the provider, for whatever reason, is unable to provide Stop Smoking services at any point during the contract period they must inform the Commissioner at the earliest opportunity and refer all requests for service to the Stop Smoking service at Swindon Borough Council.

## 4. Applicable Service Standards

### 4.1 Applicable National Standards e.g. NICE

Department of Health (2011). Local Stop Smoking Services: Local Delivery and Monitoring Guidance 2011/12. Tobacco Programme, Department of Health. Gateway reference 15502. [www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_125389](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_125389)

Department of Health (2012). Stop Smoking Service: monitoring and guidance update. Tobacco Policy Team. Gateway reference 17904. <https://www.gov.uk/government/publications/guidance-for-providing-and-monitoring-stop-smoking-services-2011-to-2012>

Jarvis M, Wardle J (1999) Social patterning of individual health behaviours: the case of cigarette smoking. In: Marmot M, Wilkinson R, editors. Social determinants of health. Oxford: Oxford University Press.

National Centre for Smoking Cessation and Training (NCSCT) (2014). *Local Stop Smoking Services: Service and delivery guidance 2014*. Available at: [https://www.ncsct.co.uk/publication\\_service\\_and\\_delivery\\_guidance\\_2014.php](https://www.ncsct.co.uk/publication_service_and_delivery_guidance_2014.php)

National Institute for Health and Clinical Excellence (2021). Tobacco: preventing uptake, promoting quitting and treating dependence [NG209] Available at: <https://www.nice.org.uk/guidance/ng209>

National Institute for Health and Clinical Excellence (2010). How to stop smoking in pregnancy and following childbirth. Public health guideline [PH26] Available at: <https://www.nice.org.uk/guidance/ph26>

Public Health England (2017) Reducing health inequalities: system, scale and sustainability. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/731682/Reducing\\_health\\_inequalities\\_system\\_scale\\_and\\_sustainability.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/731682/Reducing_health_inequalities_system_scale_and_sustainability.pdf)

Public Health England (PHE) (2021) *Vaping in England: evidence update February 2021*. Available at: <https://www.gov.uk/government/publications/vaping-in-england-evidence-update-february-2021/vaping-in-england-2021-evidence-update-summary>

Royal College of Physicians (2018) *Hiding in plain sight: Treating tobacco dependency in the NHS*. Available at: <https://www.rcplondon.ac.uk/projects/outputs/hiding-plain-sight-treating-tobacco-dependency-nhs>

West R, McNeill A, Raw M. Smoking cessation guidelines for health professionals: an update. *Thorax* 2000; **55(2)**: 987-999.

### 4.2 Applicable Local Standards

Service provision cannot be subcontracted to other parties and claims made on this basis will not be paid.

We advise that National Centre for Smoking Cessation and Training (NCSCT) Accreditation to be achieved before attending any local training. For more information see [http://www.ncsct.co.uk/publication\\_training-and-assessment-programme.php](http://www.ncsct.co.uk/publication_training-and-assessment-programme.php)

#### **4.3 Data Requirements**

Data reporting is provided by the Swindon Stop Smoking service commissioned database - Pharmoutcomes.

### 5. Location of Provider Premises

#### **The Provider's Premises are located at:**

Services must have a Swindon address and postcode and predominantly serve the population of Swindon.

### 6. Required Insurances

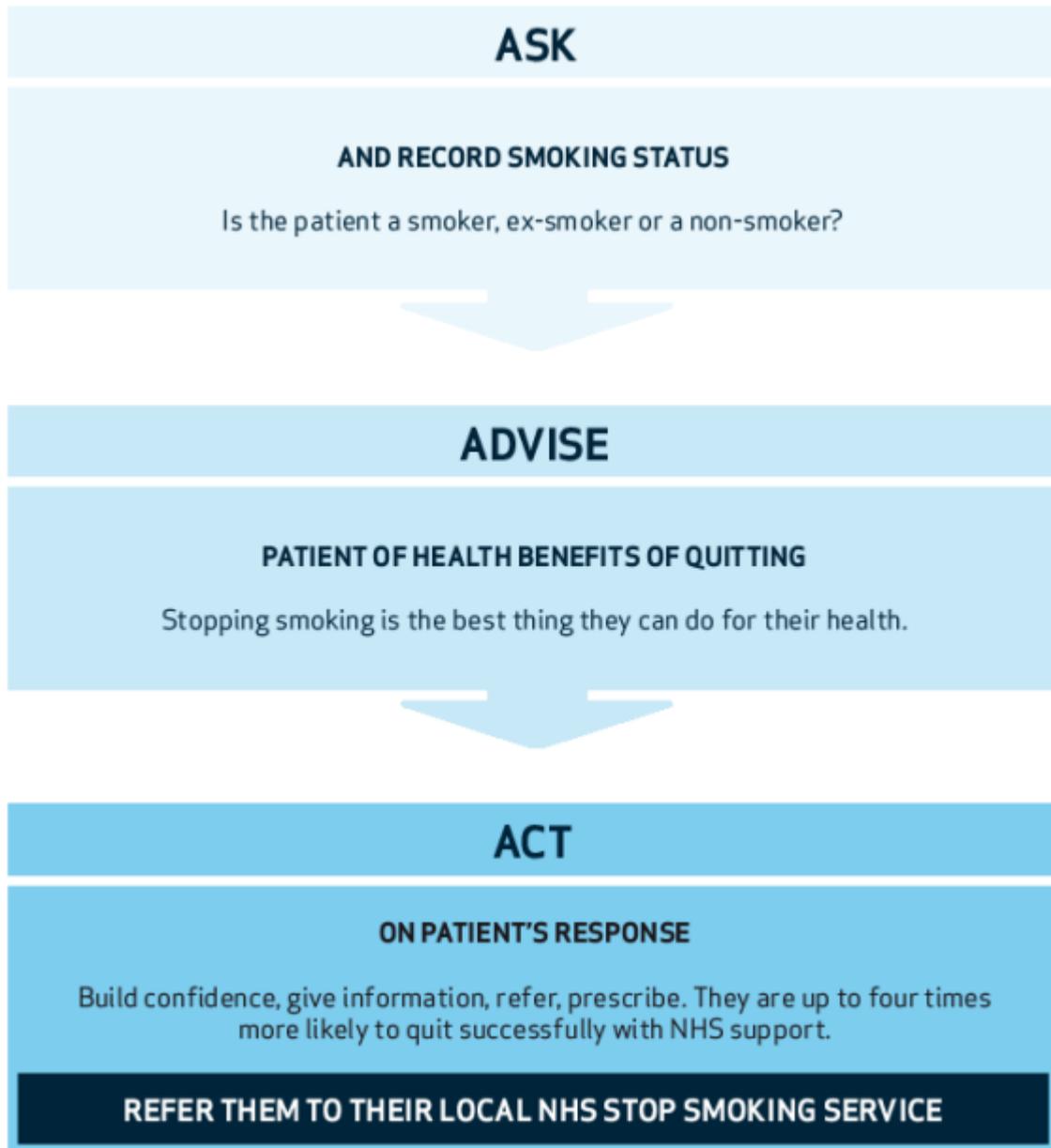
#### **6.1 The following minimum insurances are required:**

Employers Liability Insurance - £5 million

Public Liability Insurance - £5 million

Professional Indemnity Insurance (including Medical Malpractice) - £5 million

**Appendix 1 – Service 2: Very Brief Advice (AAA) – 30 seconds to save a life**



**Appendix 2 – Service 2: Service Protocol**

**Community Pharmacy Service Specification – Stop Smoking Service**

**The initial assessment**

The initial consultation should include:-

- An assessment of the person's readiness to make a quit attempt.
- An assessment of the person's willingness to use appropriate treatments.
- A carbon monoxide (CO) test and an explanation of its use as a motivational aid.
- A description of the effects of passive smoking on children and adults;
- An explanation of the benefits of quitting smoking.
- A description of the main features of the tobacco withdrawal syndrome and the common barriers to quitting.
- Identify treatment options that have proven effectiveness.
- A description of what a typical treatment programme might look like, its aims, length, how it works and its benefits; maximise commitment to the target quit date.
- Application of appropriate behavioural support strategies to help the person quit; and conclude with an agreement on the chosen treatment pathway.
- Ensuring the person understands the ongoing support and monitoring arrangements.
- An explanation that the Nicotine Replacement Therapy (NRT) will be provided weekly for the first 4 weeks of treatment, and then fortnightly for a further 4 weeks if considered appropriate.
- Obtaining consent for the weekly visits for 4 weeks and the 52 week follow-up by the Swindon Stop Smoking Service.
- If considered appropriate, the pharmacy based stop smoking advisor may supply (or supervise the supply of) one week's supply of an appropriate NRT.
- Completion of a declaration of exemption from prescription charges or payment of prescription charges as appropriate. Each form of NRT will require a standard prescription charge.
- Making an appointment for follow-up in one week's time.
- People not wishing to initially engage may be offered appropriate health literature or referral to an alternative stop smoking service, and asked to return when they do wish to set a quit date.

Supply of treatment must be recorded on the person's pharmacy medication record. Consideration should be given to communicating this information to the person's GP where clinically appropriate.

**Week 1-3 Follow-Up Assessments**

Follow-up assessments, in line with NICE guidelines, should be agreed with the person.

The follow-up assessments should include:-

- Continued application of appropriate behavioural support strategies to help the person quit.
- Ensuring the person understands the ongoing support and monitoring arrangements.
- A carbon monoxide (CO) test and an explanation of its use as a motivational aid, if wanted by the service user.
- A further supply of one week of NRT treatment should be made at these consultations.
- Service users who choose not to complete the programme should be offered appropriate health literature or referral to an alternative stop smoking service.
- Making an appointment for follow-up in one week's time.
- Completion of the monitoring form.

**The Week 4 "Quit" Assessment**

The Week 4 assessment consultation should include:-

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- Self-reported smoking status.
- A CO test for validation.
- A successful quitter is as defined by the DH stop smoking guidelines, as one who has not smoked at all in the 2 weeks prior to the 4 week follow up visit.
- Continued application of appropriate behavioural support strategies to help the person quit;
- Completion of the monitoring form
- Advise on the next steps:
  - Client continues to see the pharmacy stop smoking advisor for a further 4 weeks
  - Client referred to the Swindon Stop Smoking Service
  - Client continues with a self-maintenance programme.

### **The Week 5-8 Follow-Up Assessments**

Where appropriate, the quitter can be seen fortnightly for two further visits (up to 8 weeks from initial quit date) if further support seems necessary. The format of the visits should be the same as the Week1-3 Follow-Up Assessments, and two weeks supply of NRT may be supplied at each visit.

5-8 week follow up does not require clients to have quit completely at 4 weeks, provided the client is showing a reduction in smoking, willingness to change and commitment to the quit attempt.

If, at the final assessment, the client requires further stop smoking support, he/she should be referred to the Swindon Stop Smoking Service.

**Appendix 3 – Service 2: Carbon Monoxide Monitor Protocol**

**Straws/mouthpieces**

Single-use only, change for every patient/client and dispose of as soiled. Ask the client to put their own tube into machine and remove after use and dispose of safely in a clinical waste bag.

**Plastic adaptor/D-piece**

The adaptor contains a one-way valve that prevents inhalation from the monitor. They should be changed if visibly soiled, after use with patients with known communicable conditions and then according to the manufacturer's guidance as follows:

- Micromedical: the adaptor should be discarded and replaced every six months
- Bedfont (Pico): the adaptor should be discarded and replaced monthly.

Record every time this is done and diarise the replacement date. They cannot be cleaned or sterilised.

Contact the Stop Smoking Service at Swindon Borough Council for supplies of adaptors/D-pieces.

**Cleaning**

The monitors should be wiped down using non-alcohol wipes, ideally at the end of every session. (Never use alcohol or products containing alcohol or other organic solvents as these vapours will damage the carbon monoxide sensor within the instrument).

**Repair**

Contact the Stop Smoking Service at Swindon Borough Council to discuss any repairs

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**APPENDIX B – SERVICE 2  
CONDITIONS PRECEDENT**

1. Provide the Authority with a copy of the Provider's registration with the GPhC where the Provider must be so registered under the Law.
2. Copies of valid insurance certificates covering the duration of the contract period.  
  
Employers Liability Insurance - £5 million  
  
Public Liability Insurance - £5 million  
  
Professional Indemnity Insurance (including Medical Malpractice) - £5 million

**APPENDIX C – SERVICE 2  
QUALITY OUTCOMES INDICATORS<sup>1</sup>**

**Quality standards for services**

- The pharmacy has appropriate health promotion and service material available for users and promotes its uptake.
- The pharmacy reviews its standard operating procedures and the referral pathways for the service on an annual basis.
- The pharmacy can demonstrate that staff involved in the provision of the service have undertaken CPD relevant to this service.
- The pharmacy can demonstrate that service and monitoring guidelines as stated here and in training, are followed throughout the provision of this service.
- The four-week quit rate meets the local standards.
- The pharmacy participates in any SBC organised audits of service provision and update training.
- The pharmacy co-operates with any locally agreed SBC-led assessment of service user experience.

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<sup>1</sup> These are suggested indicators based on evidence of good practice and national standards and guidance. Their inclusion is for local determination.

**APPENDIX D – SERVICE 2**

**SERVICE USER, CARER AND STAFF SURVEYS  
Patient Satisfaction**

The provider will support Swindon Borough Council in a patient feedback survey which will meet the national requirements around privacy and dignity and access to services.

**APPENDIX E – SERVICE 2  
CHARGES**

This agreement is to cover the 12 months commencing 1<sup>st</sup> April 2022. On agreeing a service specification with Swindon Borough Council Public Health, the Provider will receive the following payments per service user:

1. Initial Assessment £15
2. Initial Assessment for Pharmacies who are independent prescribers for Varenicline £20
3. Week 1-3 Follow-Up Assessments (maximum of 3) £5
4. Week 4 Week “Quit” Assessment £5
5. Week 5-8 Follow-Up Assessments (maximum of 2) £5
6. Maximum for 8-weeks course £45

Swindon Borough Council, Public Health will reimburse the pharmacy for the cost of NRT supplied including the VAT costs.

The materials and equipment required, including CO monitors, disposable mouth straws and D-pieces, are supplied free of charge to the pharmacy by Swindon Borough Council.

The Provider will be paid quarterly from claims raised on the Pharmoutcomes system.

**APPENDIX F – SERVICE 2  
SAFEGUARDING POLICIES**

The Provider shall ensure all staff are aware of and 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 the **Policy and Procedure for safeguarding adults at risk in Swindon – Swindon Safeguarding Partnership** [https://safeguardingpartnership.swindon.gov.uk/swindonlscb/info/1/swindon\\_lscb/15/adult\\_safeguarding](https://safeguardingpartnership.swindon.gov.uk/swindonlscb/info/1/swindon_lscb/15/adult_safeguarding)

This should include understanding safeguarding referral procedures and referral pathways to social care.

**APPENDIX G – SERVICE 2  
INCIDENTS REQUIRING REPORTING PROCEDURE**

The provider will be required to produce a six monthly summary report providing full details of all complaints and how they were resolved.

The provider will adhere to the national regulations on the management of complaints. Any complaints received related to the service, and any responses will be copied to the commissioner at the time they are dealt with.

The Provider will have awareness of and will respond to infectious diseases, outbreaks and other threats to health. A clinical governance report will be submitted to the Commissioner on an annual basis and full details of any Serious Untoward Incidents (SUIs) will be communicated without delay to the commissioner.

**APPENDIX H – SERVICE 2  
INFORMATION PROVISION**

The Provider may be requested to participate in an audit of service users' survey by the Swindon Stop Smoking Service.

The Provider may be requested to provide a copy of their patient medication records to assist in the monitoring arrangements.

**APPENDIX I – SERVICE 2  
TRANSFER OF AND DISCHARGE FROM CARE PROTOCOLS**

The Swindon Stop Smoking Service may conduct a 52 week follow up to see if the client has still quit smoking.

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**APPENDIX J – SERVICE 2  
SERVICE QUALITY PERFORMANCE REPORT**

The Provider will work with Swindon Borough Council with regard to service quality issues.

**APPENDIX K – SERVICE 2  
DETAILS OF REVIEW MEETINGS**

Pharmacies will agree to partake in a minimum of one review meeting per year.

**APPENDIX L – SERVICE 2  
AGREED VARIATIONS**

**SERVICE SPECIFICATIONS: PHARMACY NHS HEALTH CHECKS PROGRAMME**

Service Specification No.	PH/HEALTH CHECKS 2
Service	Pharmacy - Health Checks
Authority Lead	Penny Marno (Public Health Consultant)
Provider Lead	Name of Pharmacy Manager
Period	1 <sup>st</sup> April 2022 to 31 <sup>st</sup> March 2026 (option to extend for a further two years 1+1).
Date of Review	1st October 2023

## 1. Population Needs

### 1.1 National/Local Context and Evidence Base

The NHS Health Check Programme is a public health programme for people aged 40 -74 which aims to keep people well for longer. The NHS Health Check should be offered to all eligible people once every five years. It is a risk assessment and management programme to prevent or delay the onset of diabetes, heart and kidney disease and stroke. Together diabetes, heart and kidney disease and stroke make up a third of the difference in the life expectancy between the most deprived areas and rest of the country. The programme also aims to reduce levels of alcohol related harm and to raise awareness of the signs of dementia in those aged 65-74 and highlight where people can go for help.

It is mandatory for LAs to offer and provide NHS Health Check risk assessments. Legal duties exist for local authorities to make arrangements to ensure:

Those eligible aged 40-74 to be offered a NHS Health Check once in every 5 years, and for each person to be recalled every 5 years if they remain eligible. In Swindon the NHS Health Check programme is provided by:

- GP Practices
- Pharmacies

## 2. Key Service Outcomes

**2.1** The service will support delivery against the Public Health Outcome Framework measure:

- Take up of NHS Health Check Programme by those eligible (Health Check take up)

In addition it will contribute to the delivery of the following outcomes to improve health in the local population:

- To reduce under 75 mortality rate from all cardiovascular disease considered preventable.
- To improve the recording of Diabetes
- To reduce excess weight in adults
- To increase physical activity in adults
- To reduce smoking prevalence in adults
- To reduce health inequalities

### 3. Scope

#### 3.1 Aims and Objectives of Service

The NHS Health Check Programme aims to keep people well for longer by preventing or delaying the onset of diabetes, heart and kidney disease and stroke. The programme also aims to reduce levels of alcohol related harm and to raise awareness of the signs of dementia and where people can go for help.

The NHS Health Check Programme will achieve this by:

- Offering an NHS Health Check to all eligible adults between the age of 40 -74 once every five years. 20% of the eligible population should be invited annually.
- Ensuring the uptake of this offer
- Explaining the outcome of the risk assessment to the individual giving them their cardiovascular risk score and the results of other tests.
- For health checks delivered outside the GP practices the results must be sent to the individuals GP.
- Offering brief intervention and advice to individuals with regard to smoking, weight management, physical activity, alcohol consumption, non-diabetic hyperglycaemia intensive lifestyle intervention.
- Signposting people to additional support regarding lifestyle as required.
- Raising awareness of dementia and signposting
- Referring on for static and anti-hypertensive therapies if required.

The requirements of the programme are outlined in the document NHS Health Check Programme Best Practice Guidance (October 2019) and Quality Assurance Standards for NHS Health Checks (July 2020). The provider must keep up-to-date with relevant evidence and national guidance relating to NHS Health Checks and update its programme as appropriate.

#### 3.2 Service Description/Pathway

The NHS Health Check Programme comprises 4 key elements:

- The Invitation Process – Call and Recall Process

- The Risk Assessment
- Communication of Risk
- Risk Management

Pharmacies will only be involved in the Risk Assessment and Communication of Risk elements of the programme. However, it is useful for them to understand all elements of the programme.

### **3.2.1 The Invitation Process (Call and recall process)**

The GP practice will manage a systematic invitation process. Practices should call patients for their Health Check in the year of their 40<sup>th</sup>, 45<sup>th</sup>, 50<sup>th</sup>, 55<sup>th</sup>, 60<sup>th</sup>, 65<sup>th</sup>, and 70<sup>th</sup> birthdays. This should approximate to 20% of the eligible population per year. Eligible individuals should be offered an NHS Health Check once every five years.

Pharmacies will not be providing the invitation process, however we have included the details of the process for your information. It is important that pharmacies providing health checks are aware of the eligibility criteria set out in section 3.3. and 3.4 below.

For all eligible patients (please refer to section 3.3 and 3.4) , practices should send the national leaflet in the appropriate format (easy read or translated versions) with information about the NHS Health checks programme (available to order from <https://www.healthcheck.nhs.uk/commissioners-and-providers/delivery/invitation-letter-and-results-card/>) alongside an initial invitation letter (see 3.2.1.1 below for sample invitation letter). The invitation letter should give patients the opportunity to choose to have their health check at the practice or at a participating pharmacy.

For individuals who do not respond to the invitation, two additional attempts should be made to contact the patient either by text, letter, phone call or any other appropriate method of communication over the next three months. At least one of the attempts to contact the patient should be made by telephone. If the patient does not respond to all three attempts at contact, the patient can be coded as unable to contact or declined a check. This patient will then be recalled at their next appropriate birthday.

In addition to national guidance, first degree<sup>2</sup> relatives of patients with Heart Disease can also request an NHS Health Check. Working in co-operation with secondary care, an information leaflet will be distributed to cardiac patients within Great Western Hospital (see 3.2.1.2). This leaflet will explain the family links for cardiac disease and encourage patients to speak to their first degree relatives about requesting a Health check via their GP Practice.

Opportunistic checks can be offered to eligible patients who are unlikely to respond to an invitation so long as they have not received a health check within the last five years. It is the pharmacist responsibility to ensure that individuals are eligible (See section 3.3 and 3.4 below).

### **Out of Hours Services**

We ask that some NHS Health checks are provided out of hours in evenings and weekends.

#### **3.2.1.1 Sample invitation letter**

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<sup>2</sup> First degree relative would include mother, father, brother, sister.

Your ref:.....(nhs number)

Dear xxxx,

**We are inviting you to book a free NHS Health Check.** These checks are being offered to people aged between 40 and 74 once every five years. The aim is to find out your risk of developing heart disease, stroke, kidney disease or diabetes.

Following the health check you will receive **free advice, based on your results**, with ideas about what you can do to stay healthy. If we find any warning signs, then we can give you ideas that will help you prevent the onset of these conditions.

The enclosed leaflet has more information about your NHS Health Check and how it could benefit you.

**Please call to arrange an appointment at a time to suit you.** On the back of this letter is a list of places and times where you can have your check, and you should ring whichever you choose.

The health check will take between 20 and 30 minutes and is based on straightforward questions and measurements such as your age, sex, family history, height, weight and blood pressure. There will also be a simple blood test to measure your cholesterol level.

Please bring this letter with you to your health check.

Yours sincerely

Xxxxxxxxxxxxxxxxxx

(Name of G.P.-GP wherever possible- to go here)

*If you have any concerns about the Health Check please contact our Health Check Manager on\_\_\_\_\_.*

### 3.2.1.2 Sample leaflet for Heart Disease patients



You were admitted to the Great Western hospital with a heart problem and may be aware that this can run in families.

**To reassure or help your family**, we would like to offer them **a free NHS Health Check**. This will check their risk of developing heart disease as well as other health problems.

The health check will take about 30 minutes and is based on straightforward questions and measurements, such as height and blood pressure. The health check also normally includes a **free cholesterol check**.

Following the health check they will receive **free advice, based on their results**, with ideas about what they can do to stay healthy. By acting now they may be able **reduce their risk of heart disease** and other health problems.

**If you give this letter to your family** members, they can take it to their GP who will help them arrange an NHS Health Check at a convenient time and place.

If they want further information about heart disease, you can try NHS Choices ([www.nhs.uk](http://www.nhs.uk)) or the British Heart Foundation ([www.bhf.co.uk](http://www.bhf.co.uk)). The hospital rehabilitation team can also offer advice, on 01793 604020 (GWH switchboard number)

### **3.2.2 The Risk Assessment**

Pharmacies will use PharmOutcomes which has been designed to ensure that the health check is consistently delivered throughout the Swindon area and that the patient has not already had a health check in a community venue. They should also check with the patient to ensure they have not received a check in their GP Practice. Training on using PharmOutcomes will be supplied, either on site or in group sessions.

The risk assessment requires a number of tests and measures to be carried out and information collected as set out below. (See data entry template in 4.2.1).

- Age
- Gender
- Smoking status
- Family history of coronary heart disease
- Ethnicity
- Body mass index (height and weight) (BMI)
- Cholesterol level: total cholesterol and HDL cholesterol
- Blood pressure, systolic (SBP) and diastolic (DBP)
- Physical activity level – General Practice physical activity questionnaire (GPPAQ) result
- Cardiovascular risk score using Q-risk 2 (see Risk Algorithm section below)
- Alcohol Use Disorders Identification Test (AUDIT-C) score (see Section 4.2.2)

In addition, those aged 65-74 should be made aware of the signs and symptoms of dementia and signposted to their GP if they are concerned. An NHS Health Check information sheet on Dementia should be handed out patients 65 years and over. These are available from Public Health Dept SBC or can be downloaded or ordered from <https://www.healthcheck.nhs.uk/commissioners-and-providers/marketing/dementia-resources/>. Those providing the health check should also complete the on-line dementia training tool available on the same link.

The risk assessment should be undertaken in line with NHS Health Check Programme Best Practice Guidance (October 2019) and Quality Assurance Standards for NHS Health Checks (July 2020).

## Risk Algorithm

QRISK2 (2018) should be used for the calculation of the risk, this simple calculation is available at <https://qrisk.org/three/> . (For screen print please see below)

## Near Patient Testing

A random (non-fasting) cholesterol test is required under the NHS Health Check Programme. All pharmacies participating in the Public Health NHS Health Check Service will use a Point of Care Testing machine for measurement of Cholesterol. This will enable the check (including calculation and communication of risk) to be undertaken in a single visit. Manufacturer training, equipment support and participation in a quality assurance programme are available to pharmacies (all pharmacies must participate in the quality control scheme to ensure on-going precision and accuracy of patient results). Pharmacies will be responsible for calibration and maintenance in line with quality standard 4. Near Patient testing consumables will be purchased by the pharmacies and this has been factored into the tariff attached to the testing.

Any adverse incident should be reported to the programme coordinator and the manufacturer. Any adverse incident is an event that causes, or has the potential to cause, unexpected or unwanted effects involving the accuracy and/or safety of devices users (including patients) or other persons.

Providers should ensure that point of care testing (see standard 5):

- Should only be used by healthcare professionals and staff who have been trained (by a competent trainer) to use the equipment.
- An individual is identified as the named point of care coordinator
- That an appropriate internal quality control process is in place as outlined in the MHRA guidelines on Point of care Testing

- That each point of care test location is registered in and participating in an appropriate EQA programme through an accredited (CPA or ISO 1743) providers that report poor performance to the National Quality Assessment Advisory Panel (NQAAP) for Chemical pathology.
- This should be done through the RIQAS Point of Care Scheme process (or equivalent).
- The safety, both of those taking blood and carrying out the tests, and of the individual who is having their NHS Health check, is paramount. There is a need for clearly defined procedures for infection control, storage and disposal of clinical waste, needle stick injuries and spillages. As part of this, appropriate hand washing facilities nearby or within any room where blood is taken or handled is required. All staff should be aware of these procedures and also be aware of their hepatitis B status and ensure they are up to date with hepatitis B vaccinations.

### **Recording Health Check results**

All health check results should be recorded on PharmOutcomes.

### **3.2.3 Communicating the results to Patients**

All individuals who undergo a NHS Health Check must have their cardiovascular risk score calculated and explained in such a way that they can understand it. The use of a risk engine to calculate the individuals' risk of developing cardiovascular disease in the next ten years is required and anyone who undergoes a NHS Health check must have their cardiovascular risk score communicated to them. The communication should be face to face. The person having their check should also be told their BMI, cholesterol level, blood pressure and AUDIT score.

Staff delivering the NHS Health Check should be trained in communicating, capturing and recording the risk score and results, and understand the variables the risk calculators and use to equate the risk.

When communicating individual risks, staff should be trained to:

- Communicate risk in everyday, jargon-free language so that individuals understand their level of risk and what changes they can make to reduce their risk.
- Use behaviour change techniques (such as motivation interviewing) to deliver appropriate lifestyle advice and how it can reduce their risk.
- Create a two-way dialogue to explore individual values and beliefs to facilitate a client-centred risk-reduction plan.
- Individuals receiving a NHS Health Check should be given adequate time to ask questions and obtain further information about their risk and results. Appropriate written information should also be provided.
- A copy of the Q-risk score should be given to the patient

This should include personalised written feedback explaining their:

- BMI

- Cholesterol level
- Blood pressure
- Audit-C
- Q-risk risk score and what their means
- Lifestyle advice given
- Referrals onto lifestyle or clinical services

**The communication of the risk and what it means for the individual is of paramount importance.**

### 3.2.4 Risk Management

The NHS Health Check Programme is a preventative programme which is intended to help people stay healthy for longer. The risk management element of the programme, through the provision of lifestyle interventions is important if the programme is to benefit the public. The person undertaking the Health Check should deliver this element of the programme through brief interventions advice described above.

Those who have concerns about dementia should be referred to their GP for follow up and referral to the memory clinic where appropriate.

Lifestyle interventions please refer to the Best Practice Guidance chapter 4 and Quality standard 7

Everyone who has an NHS Health Check, regardless of their risk score, should be given clinically appropriate lifestyle advice, to help them manage and reduce their risk. Individual-level behaviour change interventions can be delivered through different methods, including:

- brief advice,
- brief interventions
- motivational interviewing

The approaches are not mutually exclusive, brief interventions may contain brief advice and may use a motivational interviewing approach.

This includes providing evidence-based and accessible:

- stop-smoking services
- physical activity interventions
- weight management interventions
- alcohol-use interventions

When appropriate, individuals should be provided with local information on lifestyle services (see below). For those with an Audit C Score  $\geq 5$  should go on to have the full Audit undertaken. Those with a score  $\geq 8$  can be offered advice to reduce their alcohol consumption. For individual's scoring 20 or more on AUDIT, referral to alcohol service should be considered.

Health Check providers may want to promote the NHS Better Health site. <https://www.nhs.uk/better-health/> which has many resources to help individuals improve their lifestyle.

Dementia leaflet should be given to those age 65 -74 years see above. Those who have concerns about dementia should be referred to their GP for follow up and referral to the memory clinic where appropriate.

Resources to facilitate the communication of risk are available from the NHS Health Check website.

[http://www.healthcheck.nhs.uk/commissioners\\_and\\_healthcare\\_professionals/national\\_resources/](http://www.healthcheck.nhs.uk/commissioners_and_healthcare_professionals/national_resources/)

### **3.2.5 Communicating the results to the Patients GP practice**

Pharmacies providing NHS Health Checks should securely communicate results of to the patient's GP on the same day as the health check was carried out using Pharmoutcomes. Patient information should only be kept by the patient's GP. All information held by the pharmacy should be held on Pharmoutcomes.

### **3.2.6 High Risk Management**

#### **High Risk - additional testing and clinical follow up**

**This element of the programme should be undertaken by the GP practice following the initial health check.** GP practices should aim to record the results sent by alternative health check providers onto their clinical system and act upon the results within two to five working days. Practices should have a protocol in place for timely referral of patients where abnormal parameters are identified.

Where patients are deemed to be at high risk, they should be encouraged to make an appointment with their GP to discuss initiation on pharmacological intervention and / or any follow up investigations/referrals that are recommended.

Timely access to further diagnostic testing should take place as outlined in the best practice guidance at the following thresholds:

1. Following the diabetes filter, undertaken as part of the risk assessment, blood glucose test; either fasting or plasma glucose or HbA1c (glycated haemoglobin) for all identified as high risk. Indicated by either:
  - a. BP  $\geq$  140/90 mmHg or where the SBP or DBP exceeds 140 mmHg or 90mmHG respectively
  - b. BMI  $\geq$  30 or 27.5 if individuals from the Indian, Pakistani, Bangladeshi, or other Asian and Chinese ethnicity categories.

Individuals identified with pre-diabetes need to be reviewed a least annually.

2. Assessment for Hypertension by GP practice or Community Pharmacy Hypertension Case Finding Advanced service where indicated by:
  - a. BP  $\geq$  140/90 mmHg
  - b. Or where the SBP or DBP exceeds 140 mmHg or 90mmHG respectively

Individuals diagnosed with hypertension to be added to the hypertension register and treated through existing care pathways. They should be reviewed in line with NICE guidance, including provision of lifestyle advice.

3. Assessment for chronic kidney disease by GP practice team when indicated by:
  - a. BP  $\geq$  140/90 mmHg
  - b. Or where the SBP or DBP exceeds 140 mmHg or 90mmHG respectively

All who meet these criteria to receive serum creatinine test to estimate glomerular filtration rate (eGFR).

4. Assessment for familial hypercholesterolemia by GP practice team when indicated by:
  - a. Total cholesterol > 7.5 mmol/L
5. Alcohol risk assessment use of full AUDIT C when indicated by:
  - a. AUDIT C Score > 5

If the individual meets or exceeds the AUDIT threshold of 8, brief advice given. For individual's scoring 20 or more on AUDIT, referral to alcohol service should be considered.

6. Where the individual's BMI is in the obese range as indicated by:
  - a. BMI  $\geq$ 27.5 in individuals from the Indian, Pakistani, Bangladeshi, other Asian and Chinese ethnicity categories
  - b. BMI  $\geq$ 30 individuals in other ethnicity categories
  - c. Then a blood sugar test is required.

For all, systems and process should be in place to ensure follow up test(s) are undertaken and results received and communicated to patients.

Providers will ensure that they follow the most up to date NHS Health Check Programme Best Practice Guidance (October 2019) and Quality Assurance Standards for NHS Health Checks (July 2020)HS Health Checks Programme Best Practice Guidance currently March 2016 (DH, PHE) and meet the quality standards<sup>Error! Bookmark not defined.</sup>

**Appropriate follow up for all if CVD assessed as greater than 20%**

### **3.3 Population Covered**

Those aged 40 – 74 registered with a Swindon GP practice or resident in Swindon in the Borough of Swindon, who do not have one or more of the exclusion criteria.

### **3.4 Any Acceptance and Exclusion Criteria and Thresholds**

**Exclusion criteria. Those with:**

- Coronary heart disease
- Chronic kidney disease (CKD)

- Diabetes
- Hypertension
- Atrial fibrillation
- Transient ischaemic attack
- Hypercholesterolemia
- Heart failure
- Peripheral arterial disease
- Stroke

As defined by the GP Quality Outcomes Framework (QOF) register

Also excluded are people:

- Being prescribed statins
- Who have previously had an NHS Health Check or any other check undertaken through the health service in England and found to have a 20% or higher risk of developing cardio vascular disease over the next 10 years.

Practices are also advised to consider excluding patients who are receiving palliative care.

Patients with Learning Difficulties are likely to be offered an annual GP Health Check therefore this should be combined with the NHS Health Check where possible.

### **3.5 Interdependencies with other Services**

The NHS Health Check programme is delivered by a variety of different agencies. In order to ensure the programme is as effective and achieves optimal outcomes providers will maintain efficient working relationships with a range of agencies to enhance the quality of service delivered. This includes but is not restricted to:

- Community pharmacies
- GP practices
- Public Health
- Health Ambassadors
- Stop smoking services
- CGL alcohol service
- Physical activity and healthy weight programmes
- POCT kit provider

The Provider is expected to actively participate in local health check networks, training and audit programmes where applicable.

### **3.6 Any Activity Planning Assumptions**

It is intended that any pharmacy taking part in this schedule would achieve a minimum of one check per week or 50 per year. Where a pharmacy is unable to fulfil this obligation they should inform the commissioner at the earliest opportunity.

## 4. Applicable Service Standards

### 4.1 Applicable National Standards e.g. NICE

The service is underpinned by the following:

- NHS Health Check Best Practice Guidance – March 16 Final Version
- NHS Health Check Programme Standards - Feb 2014
- NHS Health Check IG and data flow pack
- NHS Health Check Learner Handbook
- NHS Health Check Assessor Handbook
- The NHS Health Check Competency Framework

All guidance is available at [www.healthcheck.nhs.uk](http://www.healthcheck.nhs.uk)

### 4.2 Applicable Local Standards

Pharmacies should record all NHS Health Check data on Pharmoutcomes. The template below is just for information.

### 4.3 Applicable Training and Local Standards

4.2.1 It is the responsibility of the Pharmacist to ensure all staff undertaking NHS Health Checks have received appropriate training and have been signed of as competent against the NHS Health Check Competency Framework.

<http://www.healthcheck.nhs.uk/document.php?o=664>

The NHS Health Check website has considerable resources for training and support for health checkers and practices are encouraged to use the assessor and learner workbooks to provide evidence that staff providing the checks are competent. Training guidance and both assessor and learner workbooks can be found on the NHS Health Check Website

[http://www.healthcheck.nhs.uk/commissioners\\_and\\_providers/guidance/national\\_guidance1/](http://www.healthcheck.nhs.uk/commissioners_and_providers/guidance/national_guidance1/)

Swindon Borough Council can request that pharmacies complete an annual training audit. In addition:

- At least one member of staff undertaking NHS Health Checks should attend annual update training and cascade the training to other members of staff.
- All staff undertaking Point of Care Testing should have received training and be deemed competent at using the CardioChek machine.
- NHS health checkers should have received training in brief interventions and motivational interviewing.

NHS health checkers should have completed the on-line dementia training tool. [http://www.healthcheck.nhs.uk/commissioners\\_and\\_healthcare\\_professionals/national\\_resources/dementia\\_resources/](http://www.healthcheck.nhs.uk/commissioners_and_healthcare_professionals/national_resources/dementia_resources/).

#### 4.4 Data Requirements

Pharmacies will use the Pharmoutcomes template on the system to record data on NHS Health Checks they provide. Swindon Borough Council will extract the data required from the system so Pharmacies will not be required to submit data on a quarterly basis. Pharmacies are required to complete the data recording outlined in the template in 4.2.1. In addition SBC will request evidence that quality assurance checks are being completed on the Point of Care Testing kit, staff meet the competency standards and Health Checks are only being completed on eligible individuals. (See appendices C and H)

### 5. Location of Provider Premises

#### The Provider's Premises are located at:

Services must have a Swindon address and postcode and predominantly serve the population of Swindon.

### 6. Required Insurances

#### 6.1 The following minimum insurance cover is required:

Employers Liability Insurance - £5 million

Public Liability Insurance - £5 million

Professional Indemnity Insurance (including Medical Malpractice) - £5 million

**APPENDIX B – SERVICE 4**

**CONDITIONS PRECEDENT**

1. Provide the Authority with a copy of the Provider's registration with the GPhC where the Provider must be so registered under the Law
2. Copies of valid insurance certificates covering the duration of the contract period.
  - Employers Liability Insurance - £5 million
  - Public Liability Insurance - £5 million
  - Professional Indemnity Insurance (including Medical Malpractice) - £5 million

APPENDIX C – SERVICE 4

QUALITY OUTCOMES INDICATORS<sup>3</sup>

**Monitoring and Evaluation**

Monitoring and evaluation of the pharmacy NHS Health Checks will be undertaken by SBC using PharmOutcomes. Pharmacies may be asked to provide evidence to show that quality assurance standards are being met. This will include quality assurance with regard to the POCT equipment and protocols for communicating results to GP practices. Pharmacies also need to ensure that individuals receiving a NHS Health Check are eligible.

Quality Outcomes Indicators	Threshold	Technical Guidance Reference	Method of Measurement	Consequence of Breach
Percentage of individuals having a health check who are eligible	100%	NHS Health Check Programme Standards – July 2020	Clinical Audit	Remedial Action Plan
Percentage of results communicated to GP practices within 2 days Percentage of results communicated to GP practices within 5 days	90% 100%	NHS Health Check Programme Standards – July 2020	Clinical Audit	Remedial Action Plan
Risk Assessment – Equipment used Ensure all equipment used for NHS Health check is fully functional, used regularly, CE marked, validated, maintained and is recalibrated according to the manufactures instructions	All equipment used	NHS Health Check Programme Standards – July 2020 Standard 4	Audit	Remedial Action Plan in line with MHRA Medical devices safety standards.
Quality Control for point of care testing kit criteria met	100%	NHS Health Check Programme Standards – July 2020 Standard 5	Audit	Remedial Action Plan

<sup>3</sup> These are suggested indicators based on evidence of good practice and national standards and guidance. Their inclusion is for local determination.

**SWINDON BOROUGH COUNCIL: PUBLIC HEALTH SERVICES CONTRACT:**

<p>Risk assessment results communicated face to face to all individuals receiving a health check accompanied by written tailored information provided at the time of the check. These should include Cardiovascular risk score, BME, cholesterol level, blood pressure and AUDIT score.</p>	<p>100%</p>	<p>NHS Health Check Programme Standards – July 2020 Standard 6</p>	<p>Audit</p>	<p>Remedial Action Plan</p>
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**APPENDIX D – SERVICE 4**

**SERVICE USER, CARER AND STAFF SURVEYS**

**Patient Satisfaction**

The provider will implement a patient feedback survey which will meet the national requirements around privacy and dignity and access to services. This should be completed on a regular basis and must be made available to the commissioner upon request, within one months' notice.

**APPENDIX E – SERVICE 4**

**CHARGES**

**Payments**

Payments will be made on a quarterly basis based on information entered into PharmOutcomes. Pharmacies will receive £20 per health check to include the point of care testing consumables.

**APPENDIX F – SERVICE 4**

**SAFEGUARDING POLICIES**

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 the **Policy and Procedure for safeguarding adults at risk in Swindon – Swindon Safeguarding Partnership**

[https://safeguardingpartnership.swindon.gov.uk/swindonlscb/info/1/swindon\\_lscb/15/adult\\_safeguarding](https://safeguardingpartnership.swindon.gov.uk/swindonlscb/info/1/swindon_lscb/15/adult_safeguarding)

This should include understanding safeguarding referral procedures and referral pathways to social care.

**APPENDIX G – SERVICE 4**

**INCIDENTS REQUIRING REPORTING PROCEDURE**

The provider will adhere to the national regulations on the management of complaints. Any complaints received related to the service, and any responses will be copied to the commissioner at the time they are dealt with.

The Provider will have awareness of and will respond to infectious diseases, outbreaks and other threats to health. A clinical governance report will be submitted to the Commissioner on an annual basis and full details of any Serious Untoward Incidents (SUIs) will be communicated without delay to the commissioner.

**APPENDIX H – SERVICE 4**

**INFORMATION PROVISION**

Information on the outcome of health checks will be taken remotely from Pharmoutcomes, Pharmacies will not need to provide additional information.

Pharmacies will need to provide information on the timeliness of data transfer to GP and quality assurance of POCT on an annual basis.

Pharmacies will work with public health and GP practice to ascertain the eligibility of individuals for whom they have provided a health check.

The quality indicators are outlined in Appendix C.

On an annual basis SBC may request evidence of competency of staff undertaking the health checks as outlined in Appendix B

**APPENDIX I – SERVICE 4**

**TRANSFER OF AND DISCHARGE FROM CARE PROTOCOLS**

Providers of NHS Health Checks outside the practice should inform the individuals GP practice on the outcome of the Health Check, using the template in section 4.2 above, on the day the health check was completed or within two working days at the latest.

Once the pharmacy has recorded data on an individual's health check on the Pharmoutcomes system and transferred data from the template to GP practices, they should not hold any personal data on NHS Health Checks.

**APPENDIX J – SERVICE 4**

**SERVICE QUALITY PERFORMANCE REPORT**

**Programme Quality Assurance**

Each Provider will be responsible for quality assuring the provision of health checks carried out by staff in line with the programme Quality Standard (NHS Health Check Programme Best Practice Guidance (October 2019) and Quality Assurance Standards for NHS Health Checks (July 2020).

NHS Health Checkers are encouraged to take part in any Health Check forums and keep themselves informed of updates in the service in conjunction with the NHS Health Check Coordinator.

**APPENDIX K – SERVICE 4**

**DETAILS OF REVIEW MEETINGS**

Pharmacies will agree to partake in a minimum of one review meeting per year.

**APPENDIX L – SERVICE 4**  
**AGREED VARIATIONS**

## Appendix A – Service 6

All subheadings for local determination and agreement.

Service Specification No.	
Service	<b>Pharmacy - Needle and Syringe Exchange Service</b>
Authority Lead	<b>Clive Hallam (Public Health Swindon Borough Council)</b>
Provider Lead	<b>Fiona Castle</b>
Period	1 <sup>st</sup> April 2022 to 31 <sup>st</sup> March 2026 (option to extend for a further two years 1+1).

### 1. Population Needs

#### 1.1 National/Local Context and Evidence Base

Needle and syringe programmes are free-to-access services which provide sterile injecting equipment to people who inject drugs. Drug injecting covers a range of substances including illicit ones such as heroin and crack cocaine, but also substances like non-prescribed performance and image-enhancing drugs. The aim of the service is to reduce a range of harms caused by unsafe practices and sharing, particularly the spread of viruses such as hepatitis and HIV and infections arising from risky injecting behaviours.

The true extent of injecting drug use is difficult to determine, however local prevalence rates in Swindon estimate the number of Opiate and Crack users to be 1075 (confidence interval 932 – 1294) (based on 2016-17 validated figures). The 2020 British crime survey (ONS 2021) reports that 0.1% of people aged 16 to 59 ever used heroin.

Public Health publication, Shooting Up<sup>4</sup>, indicated there has been an increase nationally in the number of bacterial infections in people who inject drugs. This was often as a result of increased risky injecting behaviour such as groin injecting, especially among older people whose vein health was poorer, but was also related to overuse of acidifier when mixing heroin for injecting. It also noted an increase in sharing of equipment which led to an increase in transmission of blood-borne viruses such as hepatitis B and C.

Approximately 1 in 10 People who inject Drugs (PWIDs) are admitted to hospital each year with bacterial infections. These are typically related to sore, open wounds or abscesses at the injecting site. While the contributory factors are not well known it is believed they are related to unsterile injecting situations and/or poor general hygiene, homelessness being a particular threat in this case. Frequency of injecting and the career length of injecting are also contributing factors, which place undue pressure on vein health. Acidifiers were identified by Care and Prevent (National Institute for Health Research (NIHR)) conducted research between October 2017 and March 2019 into PWIDs and the incidence of skin and soft tissue infections (SSTIs), which identified a 65% lifetime likelihood of SSTI and a 46% likelihood of hospitalisation as a result. Overuse of acidifiers, particularly citric acid, is a significant factor in these findings and can also lead to riskier behaviour, e.g. femoral injecting.

PWIDs are also susceptible a range of viral infections including hepatitis C (HCV). HVC chronic infections are reducing slowly, over time, however there is still a large body of people whose status is unknown and it is estimated that 1 in 4 PWIDs are currently infected with HCV. The lack of appropriate settings for people who inject drugs to be treated is demonstrated by no indicated reduction in new HCV infections over recent years. HCV can be transmitted via shared injecting equipment and also by sexual contact or sharing of equipment like razors and toothbrushes. Although HIV rates remain relatively low among PWIDs in the UK, there is concern that rates may be rising.

Direct sharing of needles and syringes in a four week period was reported in 18% of people responding to the UAM survey of 2018. This rose to 39% of PWIDs when including all equipment used for injecting.

<sup>4</sup> Shooting Up: Infections among people who inject drugs in the UK, 2018, An update, Dec 2019

This has remained static since 2008, indicating a key requirement for education within the cohort. Reuse of old injecting equipment was also noted as a factor in a small but significant proportion of people (<15%) in the survey.

The risk of death among people who inject drugs is high, at over 1% per year, and over ten times higher than for the general population (Bargagli et al. 2006; Gossop et al. 2002; Degenhardt et al. 2006). Trends in drug-related poisonings continue to increase with 2,996 drug poisoning deaths in 2020 related drug misuse, up from 2,516 in 2017 and accounting for a rate of 52.3 deaths per million people. National targets to reduce drug-related mortality have not been met (Morgan et al. 2006; 2008). Males continued to account for the most deaths compared to females by a ratio of over 2 to 1. Opiate overdose and death accounted for 64.5% of all deaths where a drug type was recorded on the death certificate.

Needle and syringe programmes (NSPs) need to be considered as part of a comprehensive substance-misuse strategy that covers prevention, treatment and harm reduction.

The provision of Needle and Syringe Programmes is supported by guidance from NICE and Department of Health and Social Care and Public Health England. NICE guidance PH52 Needle and Syringe Programmes forms the basis of this specification.

## 2. Key Service Outcomes

### 2.1 Insert any locally agreed outcomes and quality requirements which are NOT Quality Outcomes Indicators which should be set out in Appendix C (*Quality Outcomes Indicators*)

The service will support delivery against the two main substance misuse Public Health Outcome Framework<sup>5</sup> measures:

- Successful completion of drug treatment
- People presenting with HIV at a late stage of infection

In addition it will protect health and reduce the rate of blood-borne infections and drug related deaths among service users and protect the wider Swindon population 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 including safe sex advice and BBV immunisation advice.
- Giving advice on overdose prevention (e.g. risks of poly-drug use and alcohol use)

## 3. Scope

### 3.1 Aims and Objectives of Service

The Needle and Syringe Programme service aims to:

- Reduce the incidences of blood-borne viruses among people who inject drugs (PWIDs) and the wider community
- Improve health and wellbeing in people who inject drugs by reducing sharing and providing appropriate messages on safer injecting and health and wellbeing
- Signpost people who inject drugs in an unsafe way, e.g. groin or neck injecting, care and management of wounds resulting from unsafe injecting behaviour
- Help users to access treatment by offering referral to specialist drug and alcohol treatment centres and health and social care professionals where appropriate.

- Maximise the access and retention of all injectors to treatment and support, especially the highly socially excluded
- Help service users access other health and social care and to act as a gateway to other services (e.g. key working, prescribing, hepatitis B immunisation, hepatitis and HIV screening, primary care services etc.).
- Actively encourage the return for disposal of used equipment in a safe manner
- Reduce wastage from the discarding of unused injecting equipment
- Provide easy access and a user-friendly service for all injecting drug users.
- Collect and submit routine information for monitoring and evaluation purposes.

Service objectives include:

- The service will be made available, free of charge, to all PWIDs particularly those not in contact with other services.
- Referral of those PWIDs who are or appear to be, under 18 years of age, to the Swindon Walk in Centre, where a full assessment can be undertaken in conjunction with Swindon's Young People's Substance Misuse Service (SYPSMS) also known as U-Turn.
- People under 18 years of age are not expected to be served by the community pharmacy scheme unless there has been a full assessment and the supply has been agreed by SYPSMS.
- Pharmacies will offer a user-friendly, non-judgmental, client-centred and confidential service.
- The pharmacy should ensure that all users of the scheme are treated, as any customers are, in a non-stigmatising and respectful way.
- Pharmacy staff should regularly offer (PWIDs) health promotion advice. Over the counter sales and signposting should be offered as essential services under the NHS pharmacy contractual framework.
- The pharmacy will provide support and advice to the patient, including referral to primary care or specialist centres where appropriate.
- The regular contact with health care professionals will also help service user access further advice or assistance when required.
- Pharmacists should be prepared and able to answer simple harm reduction questions from users e.g. injection technique and sites.
- The pharmacy contractor agrees to ensure that there is a trained pharmacist(s)/registered pharmacy technician engaged in the pharmacy for the majority of the time that the pharmacy is open.
- The pharmacy will connect with Swindon's specialist needle exchange run by the main treatment provider
- Ensuring that those individuals engaged in risky injecting behaviour (e.g. groin or neck injecting) or sharing/re-using equipment are properly supported in conjunction with the main drug and alcohol treatment provider
- Overall responsibility for the service remains with the "responsible pharmacist" at all times. The trained pharmacy technician is to ensure consistency in pharmacies where there is no regular pharmacist.
- If the trained pharmacist(s)/registered pharmacy technician leaves the pharmacy, the pharmacy contractor will need to notify Public Health Swindon immediately. The pharmacy contractor will have three months to train a new pharmacist/registered pharmacy technician for the service.

### 3.2 Service Description/Pathway

The service will provide open access, cost-effective, high quality provision of needles and syringes, advice and information.

The Service specification is as follows:

- The pharmacy should clearly display the national scheme logo or a local logo indicating participation in the service.
- The part of the pharmacy used for provision of the service provides a sufficient level of privacy:
  - the conversations between the pharmacist or any member of staff and service user cannot be over heard by members of the public or other pharmacy staff.
- The pharmacy shall provide a service allowing a client access to a range of injecting equipment including but not limited to, needles, syringes for injecting a variety of substances and ancillary equipment including, e.g., citric acid, sharps bins, swabs, spoons, etc. Pack contents may vary

over time and could also include other associated materials, for example condoms, acidifer, and sterile water. Lead Pharmacists/Technicians should ensure they, and all staff involved in running the service, including locums, are aware of pack contents.

- Used equipment should be returned by the service user for safe disposal. This should be encouraged at all opportunities but a lack of return shall not prevent access to clean equipment.
- People who inject drugs who are returning equipment that is not in a personal sharps bin may either be provided one or asked to place their equipment in the pharmacy's sharps bin
- The pharmacy will allocate a safe place to store equipment and returns for safe onward disposal. The storage containers provided by the –Public Health commissioned clinical waste disposal service will be used to store used equipment
- Should a person who injects drugs request more than one pack, staff should give out the number requested and record as a single transaction
- The pharmacy shall work with the treatment service outreach team to ensure they are abreast of the latest advice and information and are able to publicise this in relation to:
  - Injecting site integrity and health and techniques to maintain health and wellbeing
  - Blood-borne virus risk factors and techniques to reduce exposure
  - The risks associated with use of acidifiers, particularly citric acid, the promotion of Vit C over citric acid and advice on amounts to use
- The pharmacy contractor should ensure that their staff (including locums) 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 (see Appendix F for sample of needle stick procedure)
- Appropriate protective equipment, including gloves, overalls and materials to deal with spillage, should be readily available close to the storage site
- Staff involved in the delivery of this service are strongly advised to be vaccinated against Hepatitis B as outlined in Appendix F. Pharmacy staff should seek vaccination via their GP. Should pharmacy staff experience any difficulty in obtaining vaccination via their GP it can be made available through the CCG Pharmaceutical Advisor (PharmaceuticalAdvisor@SwindonCCG.nhs.uk)
- Pharmacists will share relevant information with other health care professionals and agencies, in line with locally determined confidentiality arrangements

Public Health Swindon will:

- Provide the needle and syringe programme equipment and associated materials in line with local need and will commission a clinical waste disposal service for each participating pharmacy. The frequency of collections will be specified by the pharmacy to ensure there is not an unacceptable build-up of clinical waste on the pharmacy premises and that waste is removed in a timely manner. The contact details for this service are attached (Section 3.5).
- Require the recording of relevant service information for the purposes of audit and claiming of payments to be entered on the PharmOutcomes Database.
- Provide details of relevant points which pharmacy staff can use to signpost service users who require further assistance.
- Make available health promotional materials relevant to the service users and making this available in the exchange packs

The pharmacy contractor has a duty to ensure:

- That the Pharmacists and staff involved in the provision of the service (including locums) have relevant knowledge and are appropriately trained in the operation of the service
- Pharmacists and other pharmacy staffs involved in the provision of the service (including locums) are aware of, and operate within, local protocols
- There is an appropriate standard operating procedure and risk assessment in place for the delivery of this service

### 3.2.1 Service Levels

- Participating pharmacists and pharmacy technicians must have satisfactorily completed the following, within the last two years:-
  - Most recent CPPE Substance Use and Misuse open learning
  - Attendance at CPS contractor meetings organised by –Public Health Swindon to promote the needle & syringe scheme and update the knowledge of the pharmacy staff

The pharmacy contractor:

- Should provide evidence the above training has been completed by all participating staff within three months of the start of participation in the service.
- Can demonstrate that pharmacists and staff involved in the provision of the service have undertaken CPD relevant to this service and are aware of, and operate within, local protocols.
- This is to ensure that they are aware of current legislation, relevant risks and their management, the ethos of harm reduction and the evidence base for needle and syringe programmes. The latter are important in order to justify service provision to other pharmacy customers who may not understand the importance of the service and also for staff engagement. The basic rules of the service that are common to all Providers and how to conduct this programme should be covered along with training on basic sexual health and offering safer sex advice, overdose prevention and response, implementing user-friendly communication strategies and options for referrals
- The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service.
- The pharmacy contractor has a Standard Operating Procedure (SOP) and the referral pathways for the service in line with RPSGB guidelines, and this SOP is reviewed on an annual basis.
- A participating pharmacy contractor must have in place in their pharmacy suitable procedures and appropriately trained staff to ensure that the good practice detailed in this service specification operates in their absence.
- The pharmacy has appropriate –Public Health Swindon provided health promotional materials available for the service users and actively promotes its uptake and is able to discuss the contents of the material with the service user, where appropriate.
- The pharmacy has details of relevant referral points which pharmacy staff can use to signpost/refer service users who require further assistance
- The pharmacy contractor participates in any organised audit of the service provision.
- The pharmacy contractor co-operates with assessments of service user experience.

### **3.2.2 Service Protocol**

- Pharmacies participating in the needle and syringe programme should display the exchange logo sticker in their window.
- Pharmacy staff involved in the implementation of the programme should be offered vaccination against Hepatitis B before participating in the scheme.
- Pharmacies are expected to participate in the collection and submission of data for monitoring and evaluation purposes.

#### **Initial Visit**

- When a customer asks to join the scheme for the first time they should be given or shown a copy of the "Customer's Guide to the Exchange Scheme" (Appendix D).
- It should be explained that the customers will be asked their date of birth at each exchange. This information will only be used to assess how many people are using the scheme.
- Pharmacy staff should record the details of every exchange/issue of packs on the PharmOutcomes Database.
- Customers requesting more than one pack may be given multiple packs in one exchange to meet their needs.
- As part of the initial contact with a new customer the importance of returning used equipment in the sharps bin provided should be emphasised but the supply of new needles and syringes should not be withheld in the absence of any returns.
- Offer information and advice on overdose prevention and response, sexual health and hepatitis B immunisation.

#### **Subsequent Customer Visits**

- The customer should be asked their date of birth and should be asked to place their used sharp container into the large sharps box in the pharmacy. Customers who do not return their used works may still be issued with clean syringes and needles but should be encouraged to return their used works to the pharmacy, another pharmacy in the scheme or the main treatment provider's hub at Temple Chambers, Regent Street, Swindon.
- Customers who return used syringes in containers other than the ones issued should be reminded that they should use the containers provided. Syringes should not however be removed from alternative containers and placed into individual bins. The whole container should be placed in the larger bin and a new bin issued for next time.

- Customers who return loose used syringes should be advised that this is NOT allowed. In this situation the pharmacist should provide a sharps bin from a pack in order for the customer to store them appropriately before being passed to the pharmacist for safe disposal..
- In all cases the customer should be asked to personally place their returned container directly into the pharmacy sharps bin, making sure that it has been locked first.

**UNDER NO CIRCUMSTANCES SHOULD ANY MEMBER OF STAFF TOUCH ANY USED SYRINGES THAT ARE NOT IN A SHARPS CONTAINER.**

- If under extreme circumstances it is necessary to handle used syringes directly, this should only be done when wearing the gloves and using forceps. (Provided in the pack for the handling of used sharps.) Under no circumstances should the needles be touched with bare hands.
- The used syringes should be immediately placed in the pharmacy sharps bin. The gloves should be discarded into the disposal bin and the forceps should be cleaned with the wipe provided. Hands should be washed in soap and water.
- In the case of a needle-stick injury or blood spillage, action should be taken following the guidance for dealing with needle-stick injuries or blood spillage (Appendix F).
- The customer should be asked approximately how many syringes have been returned, or the number estimated and recorded on the Record Sheet attached. The date and number of packs issued should also be recorded. Every exchange or issue should be recorded on the Record Sheet.
- Offer information and advice on overdose prevention and response, sexual health and hepatitis B immunisation.

**Supplies of Clean Equipment and Collection of Waste:**

- To obtain new supplies of syringe and needle packs, participating pharmacies should contact:

C&P Medical Trading Ltd  
Unit 1 Avro Business Centre  
Avro Way, Bowerhill Estate  
Melksham, Wiltshire SN12 6TP

Telephone 01225 707188

- Pharmacies, especially those exchanging a large number of packs, are encouraged to organise a regular delivery at monthly intervals to suit their requirements.
- The supplier records the number and type of packs supplied to each pharmacy and notifies this information to Public Health at the end of each month.
- The collection of the used pharmacy sharps bin will be arranged at a frequency to suit the pharmacy. The contractor for the collection of the pharmacy sharps bin is:

PHS  
wiltshire@phs.co.uk  
01204 704633

- The large bin in the pharmacy should be taken away sealed.
- Clean injecting equipment and the pharmacy sharps box for returned equipment must be stored in a safe place to which the public do not have direct access. Clean and used equipment should be stored in separate areas of the pharmacy.

### 3.3 Population Covered

*(Insert details of population area to be covered)*

The service must operate an open access policy regardless of residence of the patient.

### 3.4 Any Acceptance and Exclusion Criteria and Thresholds

Where users become disruptive an exchange can be refused. It may be appropriate in some circumstances to advise clients not to attend the pharmacy in future. In these cases information regarding alternative needle exchange schemes should be given.

### 3.5 Interdependencies with other Services

The Needle and Syringe Programme will maintain efficient working relationships with allied services, agencies and stakeholders to enhance the quality of service delivered. Specifically, linkages will be maintained with other Pharmacies, Swindon Drugs and Alcohol Team (Swindon Borough Council), wider Local Authority services, GP's, Adult Drug Treatment Services, Swindon Young People's Substance Misuse Service, Health Promotion, other sexual health and secondary health service providers for use when relevant. In the event of any difficulties please use the Needle and Syringe Programme Contact Information in the table below.

–Public Health Swindon will arrange at least one contractor meeting per year to promote service development and update pharmacy staff with new developments, knowledge and evidence.

#### Needle and Syringe Exchange Scheme Contact Information

<b>Queries, Service delivery &amp; Clinical Waste Collection</b> <b>Contract Issues:</b> Mussah Dube-Mnungo Commissioning Officer – Substance Misuse Wat Tyler House West Beckhampton Street Swindon, SN1 2JG	<b>Public Health Lead:</b> Richard Steptoe Public Health Specialist for substance misuse Wat Tyler House West Beckhampton Street Swindon, SN1 2JG
<b>Clinical Waste Collection:</b> PHS <a href="mailto:wiltshire@phs.co.uk">wiltshire@phs.co.uk</a> 01204 704633	<b>Exchange Pack Suppliers:</b>  C&P Medical Trading Ltd Unit 1 Avro Business Centre Avro Way, Bowerhill Estate Melksham, Wiltshire SN12 6TP Telephone 01225 707188 Mobile: 07540 124293

### 3.6 Any Activity Planning Assumptions

*(Insert details of activity planning assumptions if applicable)*

## 4. Applicable Service Standards

### 4.1 Applicable National Standards e.g. NICE

The service is underpinned by the following:

- PH52 Needle and Syringe programs NICE (2014)
- Community engagement. NICE public health guidance 9 (2008).
- Interventions to reduce substance misuse among vulnerable young people. NICE public health guidance 4 (2007).
- Drug misuse: opioid detoxification. NICE clinical guideline 52 (2007).
- Drug misuse: psychosocial interventions. NICE clinical guideline 51 (2007).
- Naltrexone for the management of opioid dependence. NICE technology appraisal 115 (2007).
- Methadone and buprenorphine for the management of opioid dependence. NICE technology appraisal 114 (2007).
- Peginterferon alfa and ribavirin for the treatment of mild chronic hepatitis C. NICE technology appraisal 106 (2006).
- Adefovir dipivoxil and peginterferon alfa-2a for the treatment of chronic hepatitis B. NICE technology appraisal 96 (2006).
- Interferon alfa (pegylated and non-pegylated) and ribavirin for the treatment of chronic hepatitis C. NICE technology appraisal 75 (2004).

## 4.2 Applicable Local Standards

*(Insert local standards if applicable)*

## 4.3 Data Requirements

–Public Health Swindon will:

- require the recording of relevant service information to be entered on the PharmOutcomes Database for the purposes of audit, equalities monitoring and claiming of payment. In the absence of PharmOutcomes or other suitable electronic transfer, the DAAT will specify reverting to paper copies being submitted.
- provide up to date details of other services that pharmacy staff can use to refer service users who require further assistance. The information should include the location, hours of opening and services provided by each service Provider.
- be responsible for the promotion of the service locally, including the development of publicity materials, which pharmacies can use to promote the service to the public.
- be responsible for the provision of health promotion material, relevant to the service users and make this available to the pharmacies.
- Include monitoring of quality indicators of pharmacy contractors in contract monitoring visits undertaken jointly by Public Health and the Drug Treatment Team. The contractors will be requested to complete a Community Pharmacy Assurance Framework (CPAF) for this enhanced service (Appendix C)

The pharmacy contractor may also be requested to:

- Participate in an audit of the service by the SBC - DAAT or the Drug Treatment Team.
- Provide a copy of their PharmOutcomes patient exchange records to assist in the monitoring arrangements.

## 5. Location of Provider Premises

**The Provider's Premises are located at: SEE TABLE INCLUDED BEFORE APPENDIX A**

Services must have a Swindon address and postcode and predominantly serve the population of Swindon.

## 6. Required Insurances

### 6.1 If required, insert types of insurances and levels of cover required

Employers Liability Insurance	£5 million
Public Liability Insurance	£5 million
Professional Indemnity Insurance (including Medical Malpractice)	£5 million

## **APPENDIX B PHARMACY**

### **CONDITIONS PRECEDENT**

1. Provide the Authority with a copy of the Provider's registration with the GphC where the Provider must be so registered under the Law
2. The pharmacy contractor has a Standard Operating Procedure (SOP) and the referral pathways for the service in line with RPSGB guidelines, and this SOP is reviewed on an annual basis. Please provide a copy of your SOP.
3. Participating pharmacists and pharmacy technicians must have satisfactorily completed the following, within the last two years:-
  - Most recent CPPE Substance Use and Misuse open learning.
  - Attendance at CPS contractor meetings organised by the SBC - DAAT to promote the needle & syringe scheme and update the knowledge of the pharmacy staff.

The pharmacy contractor should provide evidence the above training has been completed by all participating staff within three months of the start of participation in the service. Please provide a copy of your most recent CPPE Substance Use and Misuse Open Learning completion.

4. The pharmacy contractor can demonstrate that pharmacists and staff involved in the provision of the service have undertaken CPD relevant to this service and are aware of and operate within local protocols.
5. Copies of valid insurance certificates covering the duration of the contract period.
  - Employers Liability Insurance - £5 million
  - Public Liability Insurance - £5 million
  - Professional Indemnity Insurance (including Medical Malpractice) - £5 million

**APPENDIX C PHARMACY  
COMMUNITY PHARMACY ASSURANCE FRAMEWORK**

**Service description**

To provide a needle & syringe programme for injecting drug users, to assist the service users to remain healthy until they are ready and willing to cease injecting.

**Aims and intended outcomes**

The overall aim of this service is 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 other support
- By promoting safer injecting practices
- By providing and reinforcing harm reduction messages including safe sex advice, BBV Immunisation advice and advice on overdose prevention (e.g. risks of poly-drug use and alcohol use)

Self Assessment Form Received by SBC DAAT:

Pharmacy:

<b>Service Specification Quality Indicators</b>	<b>Pharmacy response</b>	<b>Comment</b>	<b>Notes</b>	<b>–Public Health verification at monitoring visit</b>
Does the pharmacy display a logo indicating participation in the service (5.1)	<input type="checkbox"/> Yes <input type="checkbox"/> No		Contact CSP if the logo has not been provided.	
Does the pharmacy have an area which offers a suitable level of privacy (5.2)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have a written SOP in place for the service which is reviewed annually (6.7)	<input type="checkbox"/> Yes <input type="checkbox"/> No		Is there a current SOP signed by all relevant staff to say they have read it, understand it, and will follow it, and is it being followed?	
Does the pharmacy keep a record to ensure effective ongoing service delivery and audit (7.2)	<input type="checkbox"/> Yes <input type="checkbox"/> No		The pharmacy should keep copies of needle exchange recording sheet.	
Date of last review of SOP	(Date)		Within the last two years.	
Have all pharmacists/pharmacy technicians completed CPPE distance learning course on Substance Misuse within the last two years	<input type="checkbox"/> Yes <input type="checkbox"/> No		The pharmacy should keep copies of the certificates of any courses undertaken by the staff.	
The pharmacy contractor can demonstrate that all staff involved in the service have relevant training and they undertake CPD. (6.8, 6.9)	<input type="checkbox"/> Yes <input type="checkbox"/> No		The pharmacy should keep copies of the certificates of any courses undertaken by the staff.	
Does the pharmacy have appropriate health promotional materials (6.5)	<input type="checkbox"/> Yes <input type="checkbox"/> No		Please contact the CSP for appropriate materials.	

**Monitoring Visit**

Agreed action plan	Timescale <sup>(6)</sup>

Date:

Pharmacy:

Signature of Contractor or Representative:

Date:

Signature of –Public Health representatives:

Date:

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<sup>6</sup> Normally, a minimum of three months is allowed for remedial action, unless there would be grave danger to the public. If there is such a danger, then Fitness to Practise procedures should be pursued as soon as possible.

## APPENDIX D PHARMACY

### CUSTOMER GUIDE TO THE NEEDLE EXCHANGE SCHEME

Thank you for enquiring about the Community Pharmacy Needle & Syringe Exchange Scheme, a free and confidential service.

You may obtain a full list of pharmacies in Swindon that will exchange needles and syringes from the following:

**Public Health Swindon  
Wat Tyler House West,  
Beckhampton Street,  
Swindon SN1 2JG  
Tel: 01793 466042**

#### How to Obtain Equipment for the First Time

- You can find out which pharmacies are in the Scheme from one of the drug agencies or by looking for the logo which will be displayed in the pharmacy window.
- Go to a pharmacy of your choice and ask to speak to the pharmacist
- You are free to go to any pharmacy in the scheme.
  - You are free to attend as many pharmacies as many times during their normal working hours as appropriate to your need
- Tell them you would like some clean needles and syringes.
- You will be given a pack of syringes and needles and a plastic disposal container for your used works.

You will NOT be asked your full name or address, however we may request non-identifiable information, which you are under no obligation to give. Providing this will help to improve our service to you our client – for more information on how information is used please contact Public Health Swindon.

You will be asked your date of birth. Information will only be used to find out how many people are using the Scheme and may help us to determine the effectiveness of the service.

If you are, or appear to be under 18 years old, or are unable to provide evidence you are over 18, the pharmacy will be unable to serve you. Under 18's should obtain clean injecting equipment from Swindon Walk In Centre (SWIC), Carfax Street Swindon.

#### How to obtain more equipment

- Go back to the pharmacy and tell them your date of birth.
- You will be asked to place your plastic disposal container with your used works in a disposal box.
- Tell them roughly how many works you have returned and how many you require.
- You will then be issued with new packs of syringes and needles.

It is important for the health and safety of the pharmacy staff, the general public and yourself to try and return all used works in the plastic disposal containers supplied. Pharmacy staff are not allowed to handle loose works.

The Exchange points will only accept used works in these containers.

Not all pharmacies in Swindon take part in the needle and syringe scheme.

If you have any questions about the Programme ask at one of the Exchange points or at one of the drug agencies. The drug agencies will also provide equipment and advice. The pharmacy can also provide advice on overdose prevention and response, safe sex and sexual health and hepatitis B immunisation.

## APPENDIX E PHARMACY

### CHARGES

- For new providers, in the first year of delivering the service the pharmacy contractor will receive £210 to cover –Public Health specific training for pharmacy contractors new to the scheme.
- The pharmacy contractor will received the following payments per service user:
- The payment for each exchange will be **£1.50**.
- –Public Health will pay the setup and training fee on submission of a claim form (See below - Needle and Syringe Exchange record & claims Forms) from the pharmacy contractor to the person detailed on the claim form.
- Pharmacists are required to complete the PharmOutcomes Database each month, stating the number of exchanges undertaken that month. These should be submitted monthly **by the 5<sup>th</sup> day of the following the month**.

## Needle and Syringe Exchange Record & Claim Forms

**From**

Pharmacy name.....

Tel. No.....

**Swindon Borough Council Drug and Alcohol Action Team  
Needle Exchange Training and Set up Claim Form  
Local Enhanced Service 2010-2012**

Pharmacy Name and Address: <i>(or official stamp)</i>	<b>Please submit claim form</b> <b>By post: DAAT Administrator, Drug and Alcohol Team, Wat Tyler House West, Beckhampton Street, Swindon, SN1 2JG</b>  <b>Or by fax to: 01793 466484</b>
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Copies of the following documents have been attached to confirm quality indicator.

- Certificate of Completion of CPPE distance learning course substance Use and Misuse completed in last two years\*
- Certificate of attendance at Drug Treatment Team (CRI) training.

\*Provide copies for all trained pharmacists/technicians at the pharmacy.

- (a) I declare that the information on this form is true and complete and that the activity claimed has been carried out and not claimed before.
- (b) I understand that if I provide false or misleading information I may be liable to prosecution or civil proceedings. I understand that the information on this form may be provided to the Counter-Fraud and Security Management Service, a division of the NHS Business.
- (c) Records of this work will be kept by the service Provider.

Total value this claim	£210
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Signed..... Date .....

Print Name ..... Position.....

What name would you like to appear on the cheque and where would you like us to send it? [Please print]

<i>Office use only</i>	
Claim authorised.....	Date.....

## **APPENDIX F PHARMACY**

### **SAFEGUARDING POLICIES**

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 the **Policy and Procedure for safeguarding adults at risk in Swindon and Wiltshire**

<http://www.swindon.gov.uk/sc/Health%20Document%20Library/Information%20-%20Policy%20and%20Procedures%20Safeguarding%20Adults%20at%20Risk.pdf>. This should include understanding safeguarding referral procedures and referral pathways to social care.

#### **Needle-stick Injury and Blood Spillage Guidance Example**

Please note – this is sample guidance – in the first instance you should refer to your internal policies and procedures, where these are absent this guidance is provided as an example.

The procedures in the Needle and Syringe Programme have been designed so there should be no health risk to the staff involved in the scheme. The operation of the scheme should ensure that staff do not have contact with contaminated needles and syringes, however all staff should be instructed about the risk of needle-stick injuries, infection and surface contamination.

The pharmacy should ensure that it has access to the relevant Infection Control Guidelines for Community Settings, Guidance on accessing these can be found at GOV.UK

Your pharmacy should have a policy for needle-stick injuries and blood spillages. If your pharmacy does not have a policy the following guidelines may be of use.

The blood born viruses hepatitis B, hepatitis C and HIV can pose a significant risk to staff. The risk is negligible when exposure involves intact skin, minimal with exposure to mucous membranes but significant in the case of penetration of the skin or in the case of exposure through cuts or breaks in the skin.

#### **Hepatitis B**

Hepatitis B (HBV) is a cause of liver disease. The risk of acquiring HBV following sharps injury is around 1 in 3 when the source is a known hepatitis patient. However there is a vaccine to protect against hepatitis B for all staff who are exposed to blood or body fluids or who deal with sharps in their work. For your protection we strongly advise you to be vaccinated against hepatitis B. Provided you develop antibodies to the vaccine (which is determined by a blood test at the end of the course of treatment) the vaccination will protect you from hepatitis B.

#### **Hepatitis C**

Hepatitis C (HCV) is a blood born virus capable of causing liver disease and at present there is no vaccine for protection. The risk of acquiring HCV infection following a needle-stick injury is around 1 in 30.

#### **HIV**

HIV is a blood-borne virus which affects the immune system and can cause AIDS. The risk of acquiring HIV infection following a needle-stick injury is around 1 in 300. There are effective drugs available which can control the HIV infection. Post exposure prophylaxis (PEP), if commenced within the first hours after exposure, reduces the risk of HIV infection by 80%.

#### **Action to be taken in case of needle-stick injury**

Encourage wound to bleed freely, do not suck it.

Wash thoroughly with soap and cold water. Use plenty of water to wash splashes of blood or body fluids from the eyes or mouth.

Apply a waterproof dressing.

Inform the pharmacist

Report to the Accident and Emergency Department of nearest hospital within 60 minutes, take the sharp with you.

Record in the incident book at first opportunity after receiving treatment

### **Action to be taken in case of blood, used needle and body fluid spillages**

**Deal with spillages quickly and effectively. For spillages of high risk body fluids such as blood, method one below is recommended. For spillages of lower risk spillages such as vomit use method two.**

#### **1 Hypochlorite method**

- Wear protective clothing and soak up excess fluid using disposable paper towels
- Cover area with towels soaked in 10,000 parts per million of available chlorine e.g. Milton, leave for a least 2 minutes.
- Remove organic matter using paper towels and discard as clinical waste
- Clean area with detergent and hot water dry thoroughly
- Clean the bucket/bowel in fresh supply of hot soapy water and dry
- Discard protective clothing as clinical waste
- Wash hands

**NOTE: This method may remove colour from soft furnishings.**

#### **2 Detergent and water method**

- Wear protective clothing and mop up organic matter with paper towels
- Clean surfaces thoroughly with detergent, hot water and paper towels or disposable cloths
- Rinse the surface and dry thoroughly
- Dispose of all waste materials as clinical waste
- Clean the bucket/bowl in fresh hot soapy water and dry
- Discard protective clothing as clinical waste
- Wash hands

#### *References:*

Health and Safety Executive (1999) *Control of Substances Hazardous to Health Regulations*

UK Health Departments (1998) *Guidance for clinical health care workers: protection against infection with blood borne viruses.*

Health Protection Agency South West: *Infection Control Guidelines for Community Setting*

## **APPENDIX G4 PHARMACY**

### **INCIDENTS REQUIRING REPORTING PROCEDURE**

The Provider will be required to produce a six monthly summary report providing full details of all complaints and how they were resolved.

The Provider will have awareness of and will respond to infectious diseases, outbreaks and other threats to health. Full details of any Serious Untoward Incidents (SUIs) will be communicated without delay to the commissioner. Richard Steptoe, Public Health Specialist for Substance Misuse – [rsteptoe@swindon.gov.uk](mailto:rsteptoe@swindon.gov.uk)

## APPENDIX H PHARMACY INFORMATION PROVISION

### Activity Plan

On a monthly basis, the Provider will be required to submit records of needle exchanges to PharmOutcomes whereupon the Provider will be reimbursed the stated fee per exchange.

The Provider will also report on a range of activity to the Commissioner on a monthly/quarterly/six-monthly/annual basis (*delete as appropriate*). The Provider will meet annually, with the Commissioner to review performance.

The submitted record to include:

- Date of Needle Exchange
- Anonymised client information (there are recognised difficulties collecting some of these elements, pharmacists are asked to use best endeavours to gain accurate information)
  - Client Initials
  - Date of Birth
  - Gender
  - Ethnicity
  - Sexuality
  - First part of Post Code
- Number and type of needle packs given to client
- Estimated number of needles returned
- Additional interventions given to the client i.e. safer injecting practices, safer sex advice, injection site monitoring

Processing payment of tariffs will not be able to proceed without an error free submission, and could result in non-payment.

Please inform Public Health if there is a problem in submitting files for more than a three month period, the DAAT will process backdated payments of up to six months, and up to 1 year in exceptional circumstances.

Please contact [publichealth@swindon.gov.uk](mailto:publichealth@swindon.gov.uk) for all queries.

## **APPENDIX I PHARMACY**

### **TRANSFER OF AND DISCHARGE FROM CARE PROTOCOLS**

As an anonymous service clients, are not discharged from services, however pharmacies should ensure that clients using Needle and Syringe Exchange are aware of treatment and recovery services available for drug misuse.

**APPENDIX J PHARMACY**  
**SERVICE QUALITY PERFORMANCE REPORT**

Please see assurance framework in Appendix C

**APPENDIX K PHARMACY**  
**DETAILS OF REVIEW MEETINGS**

–Public Health Swindon should arrange at least one contractor meeting per year to promote service development and update pharmacy staff with new developments, knowledge and evidence.

**APPENDIX L4 PHARMACY**

**AGREED VARIATIONS**

*Insert agreed Variations*

## APPENDIX A: Service 7

### SERVICE SPECIFICATIONS

All subheadings for local determination and agreement.

Service Specification No.	
Service	<b>Pharmacy - Supervised Consumption Service/s</b>
Authority Lead	<b>Clive Hallam (DAAT – Swindon Borough Council)</b>
Provider Lead	<b>Fiona Castle</b>
Period	1 <sup>st</sup> April 2022 to 31 <sup>st</sup> March 2026 (option to extend for a further two years 1+1).

#### 1. Population Needs

##### 1.1 National/Local Context and Evidence Base

Methadone and buprenorphine (oral formulations), using flexible dosing regimens, are recommended as options for maintenance therapy in the management of opioid dependence.

The decision about which medication to use should be made on a case by case basis, taking into account a number of factors, including the person's history of opioid dependence, their commitment to a particular long-term management strategy, and an estimate of the risks and benefits of each treatment made by the responsible clinician in consultation with the person. If both drugs are equally suitable, methadone should be prescribed as the first choice.

Methadone and buprenorphine should be administered daily, under supervision, for at least the first 3 months. Supervision should be relaxed only when the patient's compliance is assured. Both drugs should be given as part of a programme of supportive care. 'Supervision of consumption by an appropriate professional provides the best guarantee that a medicine is being taken as prescribed.'<sup>7</sup>

Diamorphine is the most widely misused opiate, and its misuse can lead to accidental overdose. Injecting diamorphine may also be associated with the spread of blood-borne viruses such as HIV and hepatitis B or C. The mortality risk of people dependent on illicit diamorphine is estimated to be around 12 times that of the general population. Psychiatric comorbidity – particularly anxiety, but also affective, antisocial and other personality disorders – is common among opioid-dependent people. Supervised consumption is a key tool therefore in ensuring the safety of the individual and minimising the risk of toxicity.

Associated social problems include marital and relationship breakdown, unemployment, homelessness, and child neglect, which often results in children being taken into the care system. There is also a clear association between illicit drug use and crime. Some opioid-dependent people become involved in crime to support their drug use. It is estimated that half of all recorded crime is drug related, with associated costs to the criminal justice system in the UK estimated at £1 billion per annum in 1996.

The National Drug Treatment Monitoring System (NDTMS) estimates that in 2019–20 there were 140,599 people who used opiates in contact with drug treatment services in England. There are about 35,000 people in prisons in England and Wales at any time who misuse illicit drugs. In one UK survey,

<sup>7</sup> Drug misuse and dependence: UK guidelines for clinical management, Dept. Health. 2017

21% of prisoners had used illicit opioids at some point during their sentence, and 10% had used illicit opioids during the previous week.

## 2. Key Service Outcomes

### 2.1 Insert any locally agreed outcomes and quality requirements which are NOT Quality Outcomes Indicators which should be set out in Appendix C (*Quality Outcomes Indicators*)

The service will support delivery against the two main substance misuse Public Health Outcome Framework<sup>8</sup> measures:

- Successful completion of drug treatment

In addition it will protect health and reduce the rate of blood-borne infections and drug related deaths among service users and protect the wider Swindon population through reducing the risk of diversion of medication.

## 3. Scope

### 3.1 Aims and Objectives of Service

- The overall aim of this service is to ensure that, where appropriate, pharmacists supervise the consumption of prescribed medicines to ensure that the dose has been administered to the patient. This is an enhancement to normal instalment dispensing.
- Examples of medicines which may have consumption supervised include methadone and other licensed medicines used for the management of opiate dependence.
- Compliance with the agreed treatment plan is promoted by: dispensing in specified instalments (doses may be dispensed for the patient to take away to cover days when the pharmacy is closed), ensuring each supervised dose is correctly consumed by the patient for whom it was intended.

The aims of a community pharmacy based supervised consumption service include:

- ensuring the patient receives the prescribed dose
- reducing diversion of prescribed doses
- providing an opportunity for the pharmacist to make a regular assessment of patient compliance with treatment and of their general health and wellbeing
- providing an opportunity for the pharmacist to build a therapeutic relationship with the patient that is beneficial to promote health and harm reduction
- reducing the risks of drug related overdose and deaths
- minimising the risk of accidental consumption by children

Service objectives include:

- Pharmacies will offer a user-friendly, non-judgmental, client-centred and confidential service.
- Health advice, over the counter sales and signposting should be offered within essential services of the NHS Community Pharmacy contractual framework.
- Provide professional support to service user through regular contact with community pharmacist. Pharmacists are the only members of the team who see patients daily.
  - The regular contact with health care professionals will also help service user access further advice or assistance when required.
  - Provide professional support to service user through regular contact with community pharmacist. Pharmacists are the only members of the team who see patients daily.

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1 Public Health Outcomes Framework 2013-16

<http://www.phoutcomes.info/search/drug#gid/1/pat/6/ati/102/page/0/par/E12000009/are/E06000030>

- Maintain open communication with prescriber and key worker about service users' general wellbeing. Though supervised consumption is the visible and remunerated part of the service, of equal importance is the communication of concerns to prescribers or key workers.
- Provide feedback to treatment teams about missed doses when requested by the Treatment Service and if necessary on a regular basis. After three missed doses a previously safe dose may be dangerous due to reduced tolerance.
- Overall responsibility for the dispensing and supervision of the medication lies with the Responsible Pharmacist at the time of the supervised consumption.
- The trained pharmacy technician is to ensure consistency and contact with other members of the treatment teams in pharmacies where there is no regular pharmacist.
- The pharmacy contractor agrees to ensure that there is a trained pharmacist(s)/registered pharmacy technician engaged in the pharmacy for the majority of the time that the pharmacy is open.
- If the trained pharmacist(s)/registered pharmacy technician leaves the pharmacy, the pharmacy contractor will need to notify the Public Health immediately. The pharmacy contractor will have three months to train a new pharmacist/registered pharmacy technician for the service.

### 3.2 Service Description/Pathway

The Service Specification is as follows:

- The part of the pharmacy used for provision of the service provides a sufficient level of privacy, protecting the dignity of the service user. The conversations between the pharmacist and service user cannot be over heard by members of the public or other pharmacy staff.
- The Treatment Service (which includes the prescriber and key worker) will liaise with the pharmacy before a new service user is referred to a pharmacy for instalment prescribing with supervised consumption.
- The pharmacy will liaise with the Treatment Service where a service user presents at their pharmacy without advanced knowledge.
- In line with the Drug Misuse and Dependence: Guidelines on Clinical Management (DH, 2017), all new service users being prescribed an opioid substitute should normally be supervised for the first three months of their treatment (Nice TA 114).
- The requirement for supervision should be reviewed with the prescriber after the initial three-month period. If further supervision is required, this will be reviewed monthly thereafter.
- The delivery of the service is based on the development of mutual trust and openness between the practitioners and the service user. It is important for the service user to know that the supervision is being carried out to protect their health and wellbeing and to ensure that they are benefiting from the programme and that supervision will be suspended at the earliest opportunity, given due regard for risk and safety of the individual, their significant others and the wider community.
- If the pharmacy is aware a service user's GP is prescribing independently (i.e. in isolation, with no involvement with the treatment service), the pharmacist will notify:
  - the treatment service immediately and
  - the Public Health Specialist for Substance Misuse at Public Health via [publichealth@swindon.gov.uk](mailto:publichealth@swindon.gov.uk)
- Doses should be supervised according to the protocol in Appendix I.
- Pharmacists will share only clinically relevant information with other health care professionals and agencies.
- Pharmacists will record details of any missed or withheld doses and share this information with the Treatment Team if the pharmacist feels that it is necessary to inform the prescriber/key worker. This might include where the service user regularly misses particular days in a week or there are repeated patterns of missing two days over a week or longer periods.
- The pharmacist must inform the treatment service if and when three consecutive doses have been missed.
- After three missed doses no further doses should be given without clarification from the prescriber/key worker.

- Pharmacists will make a clinical judgement as to when it may be appropriate to withhold a dose, e.g. during dose titration, e.g. if:
  - the patient is intoxicated with drugs or alcohol,
  - there are signs of overdose, or
  - the pharmacist has cause for concern about the patient's safety or the safety of others
- Pharmacists should feel able to discuss any concerns regarding the service user's health or wellbeing with the prescriber/key worker.
- Pharmacists should not inform the prescriber/key worker if service users on opiate substitutes are also collecting needles for intravenous drug use as this may lead to disengagement and the re-use of needles. However the pharmacist should encourage the service user to discuss their injecting behaviour with their key worker.
- The pharmacist and staff should be supportive to service users and should maintain a friendly but professional relationship with the patient.
- Pharmacists should report to the **cdreporting.co.uk** any issues or incidents incurred, including near misses, prescription problems, and supply issues.
- If the pharmacist is unable to supply the medication for whatever reason they should contact the treatment team, ensuring that the service user is directed to an alternative pharmacy or back to the treatment team. For example if a service user presents a prescription that the pharmacy is not expecting, and there are insufficient stocks to supply that service user taking into account the other service users that the pharmacy is supplying.
- A written standard operational procedure should be in place in the pharmacy and all staff, including locum pharmacists, should be made aware of the contents. It should be displayed or form part of the induction for all new staff and locum pharmacists

The procedure should include:

- Maintenance of records, including the Controlled Drugs Register
- Identification of patient
- Details of preparation of daily dose
- Discreet and efficient supervision of consumption
- Disposal of waste
- Doses to be take away on pharmacy closed days
- When to contact prescriber/key worker
- It is important that the dose is ready for the service user within a reasonable time frame on arrival in the pharmacy by the service user. The process should be as discreet and efficient as possible, maintaining the service user's dignity.
- Waste should be disposed of safely and steps taken to minimise the risk of infection through meticulous hygiene and vaccination of staff.
- In addition to the legal requirements of Patient Medication Records and Controlled Drug Register. The pharmacy should maintain appropriate records including: name of key worker, details of interventions with treatment services, date of birth and details of missed and withheld doses for each patient. This will ensure effective ongoing service delivery and audit: A suggested method for this is to update these fields in PharmOutcomes.
- Exemption from supervision can only be made with direct prior agreement between pharmacy and key worker. The key worker should telephone the pharmacy if a representative needs to collect a dose on behalf of service user. The representative should supply the pharmacy with a form signed by the patient allowing collection of the dose (Appendix I).
- Pharmacists should maintain close links with prescribers and key workers.
- Currently there is no local agreement in place to allow pharmacists to supply methadone / Subutex, which has been prescribed for supervised consumption, to the police for patients in custody.

### 3.2.1 Service Levels

- Participating pharmacy contractors must have in place in their pharmacy:
  - A Declaration of Competence for the lead pharmacist and lead technician
  - Suitable standard operating procedures and appropriately trained staff to ensure the good practice detailed in this service specification operates in their absence

- The pharmacy has appropriate health promotional materials available for the service users and actively promotes its uptake and is able to discuss the contents of the material with the service user, where appropriate.
- The pharmacy has details of relevant referral points which pharmacy staff can use to signpost/refer service users who require further assistance
- The pharmacy contractor reviews its Standard Operating Procedures and the referral pathways for the service on an annual basis.
- The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service have:
  - relevant knowledge and are appropriately trained in the operation of the service
  - have undertaken CPD relevant to this service and are aware of and operate within local protocols
  - adhere to the 'Standard for Instalment Dispensing' in the Royal Pharmaceutical Society of Great Britain Medicine Ethics and Practice – A Guide for Pharmacists
- From time to time Public Health Swindon may undertake a survey of practice with service users and pharmacies to ascertain the level of service being carried out on its behalf and identifying good practice, areas of improvement and any learning needs related to service.
- The pharmacy contractor co-operates with any assessments of service user experience.

### 3.3 Population Covered

*(Insert details of population area to be covered)*

The service must operate an open access policy regardless of residence of the patient.

### 3.4 Any Acceptance and Exclusion Criteria and Thresholds

The pharmacist should be satisfied that at the point of contact the patient is not ill or intoxicated. If the pharmacist considers the patient is grossly intoxicated the dose will be withheld and the key worker or prescriber contacted. Inappropriate behaviour in the pharmacy will also be notified to the patient's key worker.

### 3.5 Interdependencies with other Services

The Provider will maintain efficient working relationships with allied services, agencies and stakeholders to enhance the quality of service delivered. Specifically, linkages will be maintained with other Pharmacies, Public Health Swindon (Swindon Borough Council), wider Local Authority services, GP's, Adult Drug Treatment Services, Swindon Young People's Substance Misuse Service (U-Turn), Health Promotion, other sexual health and secondary health service providers for use when relevant.

–Public Health Swindon shall arrange at least one contractor meeting per year to promote service development and update pharmacy staff with new developments, knowledge and evidence.

### 3.6 Any Activity Planning Assumptions

***This service is open to all individuals aged 18 and over, who***

- ***Live in the borough of Swindon Borough Council***
- ***Are actively injecting substances and***
- ***May be in contact with Swindon's Adult drug treatment services and***
- ***May be in receipt of Opioid Substitution Therapy which requires supervised consumption***

#### 4.1 Applicable National Standards e.g. NICE

The service is underpinned by the following:

- PH52 Needle and Syringe programs NICE (2014)
- Community engagement. NICE public health guidance 9 (2008).
- Interventions to reduce substance misuse among vulnerable young people. NICE public health guidance 4 (2007).
- Drug misuse: opioid detoxification. NICE clinical guideline 52 (2007).
- Drug misuse: psychosocial interventions. NICE clinical guideline 51 (2007).
- Naltrexone for the management of opioid dependence. NICE technology appraisal 115 (2007).
- Methadone and buprenorphine for the management of opioid dependence. NICE technology appraisal 114 (2007).
- Peginterferon alfa and ribavirin for the treatment of mild chronic hepatitis C. NICE technology appraisal 106 (2006).
- Adefovir dipivoxil and peginterferon alfa-2a for the treatment of chronic hepatitis B. NICE technology appraisal 96 (2006).
- Interferon alfa (pegylated and non-pegylated) and ribavirin for the treatment of chronic hepatitis C. NICE technology appraisal 75 (2004).

#### 4.2 Applicable Local Standards

*(Insert local standards if applicable)*

#### 4.3 Data Requirements

Public Health Swindon will:

- Require relevant service information to be entered on the PharmOutcomes database for the purposes of audit, claiming of payment and equalities monitoring. In the absence of PharmOutcomes or other suitable electronic transfer, Public Health will specify reverting to paper copies being submitted.
- Provide up to date details of other services which pharmacy staff can use to refer service users who require further assistance. The information should include the location, hours of opening and services provided by each service Provider.
- Be responsible for the promotion of the service locally, including the development of publicity materials, which pharmacies can use to promote the service to the public.
- Be responsible for the provision of health promotion material, relevant to the service users and make this available to the pharmacies.
- Monitoring of quality indicators of pharmacy contractors will be included in any regular contract monitoring visit undertaken jointly by SBC – DAAT and the Drug Treatment Team. The contractors will be requested to complete a Community Pharmacy Assurance Framework (CPAF) for this enhanced service Appendix C.
- From time to time request the pharmacy contractor to participate in an audit or service users survey of the service by SBC – DAAT.
- Require the pharmacy contractor to provide copies of their PharmOutcomes patient records to assist with local monitoring arrangements.

#### 5. Location of Provider Premises

**The Provider's Premises are located at: SEE TABLE INCLUDED BEFORE APPENDIX A**

Services must have a Swindon address and postcode and predominantly serve the population of Swindon.

## 6. Required Insurances

### 6.1 If required, insert types of insurances and levels of cover required

Employers Liability Insurance	£5 million
Public Liability Insurance	£5 million
Professional Indemnity Insurance (including Medical Malpractice)	£5 million

## APPENDIX B PHARMACY

### CONDITIONS PRECEDENT

1. Provide the Authority with a copy of the Provider's registration with the GphC where the Provider must be so registered under the Law
2. The pharmacy contractor has a Standard Operating Procedure (SOP) and the referral pathways for the service in line with RPSGB guidelines, and this SOP is reviewed on an annual basis or as agreed with the contracting pharmacy. Please provide a copy of your SOP.
3. Participating pharmacists and pharmacy technicians must have satisfactorily completed the following, within the last two years:-
  - Most recent CPPE Substance Use and Misuse open learning or be able to declare a competency to a standard agreed with Public Health Swindon.
  - Attendance at CPS contractor meetings organised by the SBC - DAAT to promote the needle & syringe scheme and update the knowledge of the pharmacy staff.

The pharmacy contractor should provide evidence the above training has been completed by all participating staff within three months of the start of participation in the service. Please provide a copy of your most recent CPPE Substance Use and Misuse Open Learning completion.

4. The pharmacy contractor can demonstrate that pharmacists and staff involved in the provision of the service have undertaken CPD relevant to this service and are aware of and operate within local protocols.
5. Copies of valid insurance certificates covering the duration of the contract period.
  - Employers Liability Insurance - £5 million
  - Public Liability Insurance - £5 million
  - Professional Indemnity Insurance (including Medical Malpractice) - £5 million

**APPENDIX C PHARMACY**  
**Community Pharmacy Assurance Framework for this enhanced service**  
**Enhanced Service – Supervised Consumption**

**Service Description**

The supervision of consumption of prescribed medicines to for the management of opiate dependence to service users. This is an enhancement to the normal instalment dispensing.

**Aims and intended outcomes**

The overall aim of this service is to ensure that, where appropriate, pharmacists supervise the consumption of prescribed medicines to ensure that the dose has been administered to the patient, in the correct dose and has been fully consumed by the patient.

- Compliance with the agreed treatment plan is promoted by: dispensing in specified instalments (doses may be dispensed for the patient to take away to cover days when the pharmacy is closed), ensuring each supervised dose is correctly consumed by the patient for whom it was intended.
- The intended effects are:
  - ensuring adherence to the clinical treatment plan where the patient is receiving and taking the prescribed dose
  - an opportunity to regularly assess the patient's compliance with treatment and of their general health and wellbeing
  - a reduction of diversion of prescribed medicines onto the illicit drugs market
  - a reduction of the risk of accidental exposure to the supervised medicines
  - a reduction in drug related overdose and deaths

Self Assessment Form Received by SBC - DAAT:

Pharmacy:

Service Specification Quality Indicators	Pharmacy response	Comment	Notes	–Public Health verification at monitoring visit
Does the pharmacy have an area which offers a suitable level of privacy (5.1)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Does the Pharmacy liaise with the treatment service if a service user presents without advanced knowledge (5.3, 5.3)	<input type="checkbox"/> Yes <input type="checkbox"/> No		Please report to CSP any concerns if the Treatment Service are not liaising with the pharmacy	
Do you have contract with the service user that are regularly reviewed, and especially if there has been a breach of agreement?(5.6, 5.7, 5.8)	<input type="checkbox"/> Yes <input type="checkbox"/> No		Is there a file containing copies of contracts with service users.	
Do you have a written SOP in place for the service which is reviewed annually (5.20, 6.3, 6.6)	<input type="checkbox"/> Yes <input type="checkbox"/> No		Is there a current SOP signed by all relevant staff to say they have read it, understand it, and will follow it, and is it being followed?	
Does the pharmacy keep a record to ensure effective ongoing service delivery and audit (5.23)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Date of last review of SOP	(Date)			
Have all pharmacists/pharmacy technicians completed CPPE distance learning course on Substance Misuse within the last two years	<input type="checkbox"/> Yes <input type="checkbox"/> No		The pharmacy should keep copies of the certificates of any courses undertaken by the staff.	

Service Specification Quality Indicators	Pharmacy response	Comment	Notes	–Public Health verification at monitoring visit
The pharmacy contractor can demonstrate that all staff involved in the service have relevant training and they undertake CPD. (6.7, 6.8)	<input type="checkbox"/> Yes <input type="checkbox"/> No		The pharmacy should keep copies of the certificates of any courses undertaken by the staff.	
Does the pharmacy have appropriate health promotional materials (6.4)	<input type="checkbox"/> Yes <input type="checkbox"/> No		Please contact the SBC - DAAT for appropriate materials.	

**Monitoring Visit**

Agreed action plan	Timescale <sup>(9)</sup>

Date:

Pharmacy:

Signature of Contractor or Representative:

Date:

Signature of –Public Health representatives:

Date

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<sup>9</sup> Normally, a minimum of three months is allowed for remedial action, unless there would be grave danger to the public. If there is such a danger, then Fitness to Practise procedures should be pursued as soon as possible.

**2014/15  
PUBLIC HEALTH SERVICES CONTRACT**

**APPENDIX D PHARMACY**

**Pharmacy Patient Contract for supervised consumption of Methadone and Subutex  
(buprenorphine)**

We are pleased to welcome you to the Swindon Treatment and Recovery Service and wish you all the best with your treatment. We aim to offer you a discreet and efficient service that supports you in achieving your treatment goals. This 'agreement' sets out the arrangements for the service. Your key worker will go through each of the points and explain anything you are unsure about. We hope the scheme proves helpful to you.

<b>Prescriber / Key Worker</b>		<b>Client</b>	<b>Pharmacist</b>
<ul style="list-style-type: none"> <li>• Will speak to your pharmacist when necessary to support the client treatment</li> <li>• Will offer information and advice on health related matters</li> <li>• Arrange prescriptions to be available promptly before or just after the current one finishes.</li> <li>• Will help in selection of the most appropriate pharmacy – base on location to home/work, some are open late or 7 days a week. It may not be possible to offer first choice of pharmacy.</li> </ul>		<ul style="list-style-type: none"> <li>• Will aim to arrive in the pharmacy &amp; treatment appointments at the arranged time or telephone to inform if there are any problems arriving on time.</li> <li>• Will not turn up intoxicated (drugs or drink).</li> <li>• Will consent to the prescriber, keyworker and pharmacist to share any information which affects treatment.</li> <li>• Will ensure that up to date contact details are shared i.e. let keyworker and pharmacist know if moving.</li> </ul>	<ul style="list-style-type: none"> <li>• Will need to arrange with you the best time to pick up your medication</li> <li>• Will let you know how long you will need to wait, it may not be possible to serve you quickly in busy times as we do need to update your records each time you visit before you leave.</li> <li>• Will, if they feel that giving you your dose will put your health at risk, ask you to return later</li> <li>• Will speak to your keyworker/ prescriber if they feel that there are any concerns about your health</li> <li>• Will offer information and advice on health related matters</li> </ul>
Other requirements specific to individual client:			
Signature Prescriber:	Signature Keyworker:  Name:	Signature:  Name:	
Contact Details:		Contact Details:	Contact Details:

**Treatment Regime**

Supervised / Non Supervised \* delete as appropriate

Time to arrive at pharmacy is between ..... to ..... (Quieter pharmacy may be able to offer a wider window)

Days to pick up or be supervised Mon, Tues, Wed, Thurs, Fri Sat Sun \* delete as appropriate

This agreement will be review regularly and every time there is a change in treatment regime, change of pharmacy or keywork.

Date next review:

Three copies, one for keyworker/prescriber, client, & pharmacist.

**2014/15  
PUBLIC HEALTH SERVICES CONTRACT**

**APPENDIX E PHARMACY**

**CHARGES**

- The pharmacy contractor will receive the following payments per service user:
- The Pharmacy will receive **£1.75 per client per dose supervised**.
- Pharmacists are required to complete the computerised PharmOutcomes client record daily. This will form the client record and serve as the invoice for payment at the end of each month. Client records should be emailed to Public Health by the 5<sup>th</sup> of the following month.
- Any incomplete PharmOutcomes records not received after this date may be subject to delays in payment, and claims will only be paid if a signed Service Level Agreement has been received by Public Health.

**2014/15  
PUBLIC HEALTH SERVICES CONTRACT**

**APPENDIX F PHARMACY**

**SAFEGUARDING POLICIES**

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 the **Policy and Procedure for safeguarding adults at risk in Swindon and Wiltshire**

<http://www.swindon.gov.uk/sc/Health%20Document%20Library/Information%20-%20Policy%20and%20Procedures%20Safeguarding%20Adults%20at%20Risk.pdf>. This should include understanding safeguarding referral procedures and referral pathways to social care.

**2014/15  
PUBLIC HEALTH SERVICES CONTRACT**

**APPENDIX G PHARMACY**

**INCIDENTS REQUIRING REPORTING PROCEDURE**

Pharmacists should report to the cdreporting.co.uk net safe haven fax: 0300 4211853) any issues or incidents incurred, including near misses, prescription problems, and supply issues.

The Provider will be required to produce a six monthly summary report providing full details of all complaints and how they were resolved.

The Provider will have awareness of and will respond to infectious diseases, outbreaks and other threats to health. Full details of any Serious Untoward Incidents (SUIs) will be communicated without delay to the commissioner:

**Richard Steptoe**  
**Public Health Specialist for Substance misuse**  
**[rsteptoe@swindon.gov.uk](mailto:rsteptoe@swindon.gov.uk)**

Or their successors, which will be communicated with participating schemes in a timely manner.

**2014/15  
PUBLIC HEALTH SERVICES CONTRACT**

**APPENDIX H PHARMACY**

**INFORMATION PROVISION**

**Activity Plan**

On a monthly basis, the Provider will be required to submit records of supervised consumptions to PharmOutcomes whereupon the Provider will be reimbursed the stated fee per supervision.

The Provider will also report on a range of activity to the Commissioner on a monthly basis. The Provider will meet annually, with the Commissioner to review performance.

The submitted record to include:

- Date of supervised consumption
- Anonymised client information (there are recognised difficulties collecting some of these elements, pharmacists are asked to use best endeavours to gain accurate information)
  - Client Initials
  - Date of Birth
  - Gender
- Whether dose was supervised, take out dose, refused supply or did not attend

Processing payment of tariffs will not be able to proceed without an error free submission, this will resulting in non-payment.

Please inform the DAAT if there is a problem in submitting files for more than a three month period, the DAAT will process backdated payments of up to six months, and up to 1 year in exceptional circumstances.

Please contact Richard Steptoe Public Health Swindon [rsteptoe@swindon.gov.uk](mailto:rsteptoe@swindon.gov.uk) for all queries.

**2014/15  
PUBLIC HEALTH SERVICES CONTRACT**

**APPENDIX I PHARMACY**

**SERVICE PROTOCOL FOR SUPERVISED ADMINISTRATION**

**Initiating Supervision**

When it is decided that supervised consumption is required, the prescriber or key worker will contact the patient's chosen pharmacy. The prescriber/key worker will also explain to the service user that supervised consumption will be a requirement of treatment.

The prescriber will issue a prescription that complies with legal requirements, stating that consumption will be under supervision and giving details of weekend take home doses.

The key worker will issue the service user with 3 copies of the contract (see Appendix D) that the service user will present to the pharmacist at the first supervised consumption visit. The contract will have been signed by the service user key worker and require a signature by the pharmacy. The pharmacy will retain a copy, the service user will retain a copy and return the third copy to the key worker.

If the pharmacy is aware that the service user's GP is prescribing independently (i.e. in isolation, no involvement with a treatment service), the pharmacist should notify:

- prescriber
- treatment service
- Public Health Specialist for Substance Misuse at Public Health Swindon on [rstepoe@swindon.gov.uk](mailto:rstepoe@swindon.gov.uk).

**Supervision of prescribed medicines**

Supervised consumption should take place in a designated area of the pharmacy, which allows privacy. The process should be as discreet and efficient as possible, maintaining the patient's dignity.

It is important that the dose is ready within a reasonable time after the service user's arrival in the pharmacy.

On arrival in the pharmacy the identity of the patient should be checked, the patient should be allowed to check the name and quantity of their prepared dose.

The pharmacist should be satisfied patient is not ill or intoxicated. If the pharmacist considers the patient is grossly intoxicated the dose will be withheld and the key worker or prescriber contacted. Inappropriate behaviour in the pharmacy will also be notified to the patient's key worker.

Doses should be taken and supervised as appropriate for the particular drug to ensure the drug is fully ingested before leaving the premises.

Dispensing bottles may be re-used for the same patient for one week, if disposable cups are used. The disposable cups should be rinsed and discarded. If the service user has drunk from the bottle it should be rinsed, the label removed and the bottle discarded.

**Doses taken away**

Doses taken away for the pharmacy closed days should be in a labelled container with a child resistant closure if appropriate. If more than one dose of a liquid is put in a container it is important to give the patient a suitable measuring device to ensure they can accurately measure their daily dose.

**Prescriptions ending**

Inform the service user when their current prescription is coming to an end. A reminder from you will help to ensure that the drug agency and GP appointments are kept. It also avoids problems when a service user tries to collect a prescription that has finished. The pharmacist should check the continuity of scripts and contact the relevant prescriber if scripts are missing.

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**Missed Doses**

Pharmacists will record details of any missed doses and share this information with the Treatment Team when requested or if the pharmacist feels that it is necessary to inform the prescriber/key worker. Do not give methadone or Subutex to a patient after three missed days, or if you have concerns about their health or wellbeing, without consultation with their key worker. The pharmacist should consider informing the treatment service when they note unusual patterns of behaviour which may signal non-compliance of their clinical plan.

**Cessation of supervision**

Planned cessation of supervision is a clinical decision based on observation, progress and agreement. Part of this process will be discussion between the pharmacy and the prescriber/key worker. Pharmacists will maintain close links with prescribers and key workers. All services user in receipt of supervised consumption should be reviewed quarterly to determine if supervised dispensing remains appropriate.

If the pharmacy determines that they must suspend supervising doses for a particular client, the prescriber and key worker must be notified immediately.

**Records**

Record should be kept daily in the CD register, the prescription and the PharmOutcomes Database. In addition to the legal requirements of Patient Medication Records and Controlled Drugs Register, the pharmacist will ensure the PharmOutcomes Database has the following details entered: name of the key worker, details of interventions with treatment services, date of birth, gender, MUR offered and missed doses of each patient.

**Drug Specific Issues**

***Buprenorphine***

For Buprenorphine (Subutex), each day's dose should be packed separately, do not put a week's supply in one box and pop a tablet out daily (Pharmaceutical Society).

The tablets should be removed from their foil into a paper cup for the patient to place in their mouth.

The tablets may take up to 10 minutes to dissolve in the mouth, though it is thought that most of the active ingredient is absorbed in the first 3 minutes. Offering a drink of water before the tablet is put under the tongue can accelerate the process.

After the dose has been swallowed, the pharmacist should offer a drink of water to the client – this ensures that the does has not been held in the mouth. A sticky residue may remain which contains no active ingredients.

**Espranor**

Espranor is a supra-lingual version provided as a wafer which is placed on the patient's tongue. This will dissolve in approximately two minutes. It is not interchangeable with other buprenorphine products.

The following advice relates to Espranor 8mg oral lyophilisate.

Administration is oromucosal. The oral lyophilisate should be taken from the blister unit with dry fingers, and placed whole on the tongue until dispersed, which usually occurs within 15 seconds, and then absorbed through the oromucosa. Swallowing should be avoided for 2 minutes. The oral lyophilisate should be taken immediately after opening the blister. Patients should not consume food or drink for 5 minutes after administration.

Physicians must advise patients that the oromucosal route of administration is the only effective and safe route of administration for this medicinal product. If the oral lyophilisate, or saliva containing buprenorphine are swallowed, the buprenorphine will be metabolised and excreted and have minimal effect.

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***Metadone***

Daily doses can be prepared in advance of the service user's arrival, or when the service user arrives in the pharmacy. The daily amount should be measured, checked and poured into a container, capped and labelled.

After the dose has been swallowed, the pharmacist should offer a drink of water to the client – this ensures that the dose has not been held in the mouth and also serves to remove the sucrose content of the methadone mixture from the patient's teeth. If the patient declines a drink it is helpful to engage in conversation to ensure the dose has been swallowed. Entry in the CD register should be made on the day of dispensing.

**Authorisation of Collection Form**

Swindon Drug and Alcohol Action Team

***Authorisation for a representative to collect methadone/Subutex for a patient***

Name..... (name of patient)

To the pharmacist at:

..... (Name of pharmacy)

It has been agreed by my key worker:

..... (Name of key worker)

That my representative collects my dose of \_\_\_\_\_ for the following date(s)

..... (Name of representative)

The reason for this collection is as follows:-  
If more than one dose is required please give reason.

Signature of patient.....

Signature of Representative.....

**Pharmacist it is important that you confirm this authorisation with the named key worker.**

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APPENDIX J PHARMACY  
SERVICE QUALITY PERFORMANCE REPORT**

Please see assurance framework in Appendix C

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**APPENDIX K PHARMACY**

**DETAILS OF REVIEW MEETINGS**

Public Health Swindon will arrange at least one contractor meeting per year to promote service development and update pharmacy staff with new developments, knowledge and evidence. This will generally be in Quarter 3 (Oct-Nov) of the financial year.

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APPENDIX L PHARMACY

AGREED VARIATIONS

*Insert agreed Variations*