

Service Level Agreement for the Provision of Substance Misuse Pharmacy Services

Between

Inclusion Drug Service, Cambridgeshire

And

ř ř ř ř ř ř ř ř ř ř ř ř ř ř ř ř ř ř ř .

(name of pharmacy)

CONTENTS

Section 1	Parties
Section 2	Terms of Agreement
Section 3	Objectives
Section 4	Aims and intended service outcomes
Section 5	Provision
Section 6	Responsibilities/Service Outline
Section 7	Joint Responsibilities
Section 8	Default and Termination
Section 9	Financial Arrangements and Duration
Section 10	Freedom of Information Act
Section 11	Signatories to the Agreement
Appendix 1:	Pharmacy Agreement
Appendix 2:	Guidelines for communication between Pharmacist and Inclusion
Appendix 3:	Supervised Methadone/Buprenorphine administration (service user sheet)
Appendix 4:	Pharmacy Needle and Syringe Provision SLA
Appendix 5:	Safeguarding flowchart
Appendix 6:	Payment form
Appendix 7:	Daily individual patient supervised consumption form
Appendix 8:	Needle exchange payment form

Section 1 – Parties

This Agreement for Services is made between the:

Inclusion Drug Service
1a Fortescue Road
Cambridge
CB4 2JS

Inclusion Drug Service
7-8 Market Hill
Huntingdon
PE29 2NR

Inclusion Drug Service
Former Council Offices
Church Terrace
Wisbech
PE13 1BW

and

Pharmacy name:

Pharmacy address:

.....

For the provision of Supervised Consumption on the Premises/Needle and Syringe Provision (delete as appropriate)

Section 2 - Term of Agreement:

- 2.1 This will commence on **1st April 2014** and end on **31st March 2017**
Any contract extension will be by written agreement of the parties only
- 2.2 This Agreement will be reviewed at the 6 month stage and then annually
- 2.3 The contact officers throughout the duration of this agreement are as follows

Substance Misuse Lead Officer	Name: Mark Buitendach, Clinical Manager
Name of Responsible Person (on behalf of Pharmacy)	Name:

- 2.4 Notification will be given by either party if any alterations to the above should occur.

Section 3 – Objectives

- 3.1 This service will require the Pharmacist or delegated member of the Pharmacy’s staff to deliver Supervised Consumption/Needle and Syringe Provision (delete as appropriate)
- 3.2 The Pharmacy will offer a user-friendly, non-judgemental, client-centred and confidential service.
- 3.3 The Pharmacy will provide support and advice to the service user, including referral to primary care or specialist centres where appropriate. Recorded patient consent is required in each instance.

Section 4 – Aims and intended service outcomes

- 4.1 To ensure compliance with the agreed treatment plan by:

- Dispensing in specified instalments (doses may be dispensed for the service user to take away to cover days when the Pharmacy is closed)
- Ensuring each supervised dose is correctly consumed by the service user for whom it was intended.

4.2 To reduce the risk to local communities of:

- Over usage or under usage of medicines
- Diversion of prescribed medicines onto the illicit drugs market
- Accidental exposure to the supervised medicines
- To reduce risk of over or under usage of medicines, prescribers may give consideration to the use of daily dose containers
- Exposure to contaminated needles and syringes
- Support reducing risk and occurrences of Blood Borne Virus Infections and prevalence

4.3 To provide service users with regular contact with health care professionals and to help them access further advice or assistance. The service user will be referred to specialist treatment centres or other health and social care professionals where appropriate and with consent.

Section 5 – Provision

5.1 The supervised administration of prescribed Methadone/ Buprenorphine will be available to service users with Inclusion Cambridgeshire and/or START (Substance Treatment Action and Recovery Team). Needle and Syringe packs will be available to any resident of the county over the age of 18 who is misusing substances.

5.2 The Pharmacist must raise any concerns regarding intoxicated service users, Child Protection and Safeguarding of Vulnerable Adults (SOVA) in line with local protocols (Appendix 5).

Section 6 – Responsibilities/Service Outline

6.1 The part of the Pharmacy used for provision of the service offers a sufficient level of privacy and safety and meets the needs of other locally agreed criteria.

6.2 The Pharmacist will present the medicine to the service user in a suitable receptacle and will offer the service user water to facilitate administration if necessary to do so.

6.3 For supervised consumption terms of agreement are set up between the service user, prescriber, pharmacist and key worker (a four-way agreement as set out in appendix 1 to this agreement) to agree how the service will operate, what constitutes acceptable behaviour by the service user and what action will be taken by the treatment service and Pharmacist if the user does not comply with the agreement.

6.3 The Pharmacy contractor must ensure that any locum community pharmacists employed during their absence are familiar with the terms and working arrangements regarding this contract.

- 6.4 **The community pharmacist must contact the service at the earliest opportunity, on the 1st and 2nd day that a pick up is missed and/or if a service user misses three pick ups or a missed pick up which results in 3 missed doses.** In this instance the Pharmacist must STOP dispensing and the service user should be referred back to the prescribing service to be clinically re-assessed. A fee of £2.00 will be paid to the pharmacy per day for phone calls made rather than per phone call or per service users discussed.

Similarly the pharmacist must STOP dispensing and refer the service user back to Inclusion if they miss an increased/titrating dose where the previous dose was lower and the following dose would be greater.

If a service user regularly misses 1 day pick ups, the Pharmacist should also inform the key worker so that this can be addressed with the service user.

- 6.5 The Pharmacy contractor has a duty to ensure that its staff involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service. Training should encompass a range of training in line with the individuals' professional development and include locally delivered:
- Safer Injecting Training
 - Overdose Awareness
 - Induction to Pharmacy Substance Misuse Services

This training will be organised and delivered to participating Pharmacies by Inclusion. In addition Inclusion will be supporting Pharmacy Professionals continued development through the delivery of a yearly CPD conference. Inclusion will circulate dates in the April of the contracted year and each Pharmacy will be able to claim a retainer fee of £50 for their lead Pharmacist and £50 for one other member of staff, payable following attendance by both staff at the conference.

- 6.6 The pharmacy contractor has a duty to ensure its staff involved in the provision of the service are aware of and operate within this agreement.
- 6.7 The Pharmacist should maintain appropriate records to ensure effective ongoing service delivery and audit.
- 6.8 The individual client supervision record form must be completed every day, including any days when the client fails to attend to receive supervised medication, or they are refused due to being under the influence of alcohol or drugs. (The Pharmacist must ensure that the records are legible and signed).
- 6.9 The monthly claim form (see Appendix 6) shall be completed with the monthly total number of supervisions per client, and forwarded to the address listed by the 15th day of the month as stated in clause 9.2 (Financial arrangements and duration).
- 6.10 We may select random claim forms and audit against the service user supervision record form, which is retained at the Pharmacy.
- 6.11 Pharmacists will share relevant information with other health care professionals and agencies, in line with the confidentiality agreement in the four way agreement (Appendix 1)

- 6.12 Health and safety training must be provided to staff, including training on the handling of equipment.
- 6.13 Pharmacists are encouraged to complete the open learning module, *Substance misuse and opiate treatment: supporting pharmacists for improved patient care*, provided by the Centre for Pharmacy Postgraduate Education (CPPE) in England. Pharmacists who have completed the Part 2 Royal College of General Practitioners (RCGP) in the Management of Drug Misuse in Primary Care may be eligible, in future, to apply for posts as pharmacists with special interest (PhwSI) in drug misuse.
- 6.14 Pharmacies are governed by the Medicines Act 1968 and Medicines, Ethics and Practice Guidance.

Section 7 – Joint Responsibilities

- 7.1 **Medication must not be dispensed to service users if they are judged to be intoxicated with drugs and/or alcohol.** Refusal will be due to risk factors and clinical safety and the decision can be part of consultation with Inclusion. If a service user can return later in the day and is no longer intoxicated, they can be reassessed as to whether it is safe to dispense their medication. The Pharmacist should inform the service user of the risk of overdose as a result of taking medication while intoxicated. It is advised that Pharmacists making decisions not to dispense medication contact Inclusion prior to doing so if possible.
- 7.2 Needle and Syringe provision is delivered to promote engagement with services and to reduce risks to the client. Refusal will be at the Pharmacist's discretion and will be due to risk factors and clinical safety. If the Pharmacist suspects a client is intoxicated the Pharmacist should consider all risks relating to the provision of injecting paraphernalia, but also the risks associated without the client having access to clean and sterile injecting paraphernalia. In all cases the Pharmacist should inform the client of the associated risks of injecting any substance whilst intoxicated.

Section 8 – Default and Termination

- 8.1 Failure to comply with the terms of this agreement may result in the withholding of payment for the service.
- 8.2 Either party giving three months notice may terminate the agreement.

Section 9 – Financial Arrangements and Duration

- 9.1 The fee per supervised administration is as follows:
 - £2.00 for Methadone Mixture
 - £2.00 Buprenorphine, Suboxone

£2.00 per day in which phone calls are made to Inclusion informing of missed pick ups (see Section 6.4)

The fee per Needle Exchange is as follows:

£1.00p per pack provided

- 9.2 The Payment Summary Sheet (see Appendix 6) must be submitted for review and verification by no later than the 15th day of each month. All correct submitted requests for payment will be processed within 30 days of receipt. Any Payment Summary Sheets received after the 15th day of the month will be processed in the following month.

Please send to:

**Cambridgeshire Inclusion
Finance Department
SSSFT
Trust Headquarters
Corporation Street
Stafford
ST16 3SR
Fax: 01785 221514**

- 9.3 Pharmacies delivering the Needle and Syringe Programme will be entitled to claim a £150 retainer fee. This will be paid in two instalments, with the first instalment being payable in each April of the financial year and the second payable on attendance at the yearly local conference.
- 9.3 Fees will be reviewed and agreed annually with all parties for each financial year.

Section 10 - Freedom of Information

- 10.1 The contracting party shall be entitled to publish and/or release any and all terms or conditions of this agreement, the contents of any documents and/or information relating to the formation of this agreement under the provisions of The Freedom of Information Act 2000 (FOIA) as it sees fit;
- 10.2 The Pharmacy contractor shall:
- 10.2.1. co-operate with and supply to it all necessary information and documentation required in connection with any request received by the Contractor under FOIA,
- 10.2.2. supply all such information and documentation at no cost to the Contractor and within seven working days of receipt of any such request.
- 10.3. The Pharmacy contractor shall not publish or otherwise disclose any information contained in this agreement or in any negotiations leading to it without the Council's previous written consent.

Section 11 – Signatories

By signing this document both parties are agreeing to the terms and conditions within the Agreement.

On behalf of Inclusion

Signature:

Name in Full:

Date:

Pharmacy Details

Pharmacy Name:

Signature:

Name in Full:

Date:

Appendix 1: PHARMACY AGREEMENT



CLIENT NAME:

DOB:

Purpose

This is a formal agreement between the Service User, Prescriber, Recovery Worker and Pharmacy. The purpose of this agreement is to ensure all parties are clear on their responsibilities and to ensure adherence to the national framework of Clinical Governance.

Responsibilities:

Service User

- To notify Prescriber/Recovery Worker and the Pharmacist of any changes to personal circumstances.
- To adhere to the guidance list below.
- To engage with Prescribing Service and the Pharmacy.
- To be responsible for own medication and only take as directed.
- To not display any violent, aggressive or abusive behaviour to any party involved in providing treatment.

Prescriber/Recovery Worker

- To act or respond to any reasonable request within a suitable timeframe.
- To ensure Service User dignity, privacy and respect wherever possible.
- To engage and support the Service User as appropriate.
- To openly discuss any concerns with the Service User and Pharmacy.

Pharmacy

- To provide the service as described.
- To provide a service and suitable environment that ensures dignity, privacy and respect wherever possible.
- To engage and support the Service User as appropriate.
- To openly discuss any concerns with the Service User and Prescriber/Recovery Worker.
- To report any concerns to Prescribing Service without delay.

1. My prescription will be decided by my Prescriber, Recovery Worker and me.
2. When attending the pharmacy for the first time
 - I will be expected to show some form of identification.
 - If my prescription is for supervised consumption I will be asked where in the pharmacy I would like to consume my medication.

I also need to be prepared to show some form of identification at any time.

3. I will attend the named pharmacy in person, at the time arranged by the Pharmacist and myself.
4. The Pharmacist, Prescribing Service and Recovery Worker have the right to refuse to see me and will not dispense my medication if they believe I am intoxicated.
5. All parties involved in this treatment plan will be treated with respect and dignity at all times.
6. I understand that I can only obtain prescriptions for my medication from the Prescribing Service named in this contract. I cannot have my medication dispensed by another pharmacy without negotiating this with my Recovery Worker first.

Any changes required due to work or holiday arrangements will need to be negotiated with my Recovery Worker, with at least 14 days notice.

7. I am responsible for all drugs prescribed to me and, if I should lose them or take them other than as directed, they will not be replaced.
8. I understand that I must collect my medication on the specified days. If I am unable to collect my medication I need to notify my Recovery Worker who will advise the Pharmacy. I understand that no-one else can collect my medication unless pre-arranged with my Recovery Worker.
9. It is my responsibility to keep my medication in a safe, locked place and out of reach of children.
10. I understand that if I do not collect my medication for:
 - **three or more consecutive days** if I am on daily pick up or
 - if I miss a pick up resulting in **three missed doses**
 - if I miss an **increasing/titrating** dose

the pharmacy will not dispense my medication until my treatment has been re-assessed. If this happens the Pharmacist will contact the Prescribing Service and I will need to contact my Recovery Worker to have my treatment reviewed.

The Pharmacist will also advise my Recovery Worker if I regularly miss collecting on the specified days.

11. I agree to see my Recovery Worker and Prescriber regularly and will keep all appointments, unless by prior arrangement. If I do not attend appointments my treatment will be reviewed and may be suspended.
12. All persons involved in my treatment are expected to provide this service as discreetly as possible.
13. I understand that information will need to be shared between all those involved in my treatment as outlined below:
 - Recovery Worker.
 - Prescriber.
 - Pharmacist.
14. I understand that agencies involved in my treatment will not share information and knowledge about me without my permission. I understand there are a few exceptional circumstances where agencies involved in my treatment would disclose information to an outside agency without my consent:
 - If it is believed that the welfare and safety of children and/or young people under 18 and/or welfare of vulnerable adults are being put at risk
 - If I express intent to harm myself or agencies involved in my treatment have any concerns about my immediate welfare
 - If I express an intent to harm or cause injury to a third party
 - If the service is instructed by a court of law to reveal information about me

I understand that under normal circumstances, written consent will be obtained from me before the information is disclosed. I understand that no information will be shared with family or friends without my consent.

This agreement will commence on: ă ..

[Prescribing Service to enter start date]

- I will attend the pharmacy named below, at a pre-arranged time if appropriate.

(Pharmacist to state appropriate time) ă

- I have read, and agree to this agreement

SERVICE USER	NAME:	SIGNATURE & DATE
	ADDRESS:	
	PHONE NUMBER:	
PRESCRIBER	NAME:	
	ADDRESS:	
	PHONE NUMBER:	
RECOVERY WORKER	NAME:	
	ADDRESS:	
	PHONE NUMBER:	
PHARMACIST	NAME:	
	ADDRESS:	
	PHONE NUMBER:	

- Recovery Worker to ensure that copies go to:
- Pharmacy
 - Service User (if requested)
 - G.P. (if Service User is in GP Shared Care)
- Original to go into Service User notes

Appendix 2: Guidelines for communication between Pharmacist and Inclusion

The Key worker and Pharmacist should agree on a suitable time to discuss any issues, which arise from the daily dispensing to a client.

The Keyworker and Pharmacist should agree what information is to be communicated. The pharmacist should report to the Keyworker the following issues:

- The community pharmacist must contact the service user's key worker when the 1st and 2nd days missed pick up occurs and ask the appropriate member of staff for advice
- If service user is attempting to avoid supervised consumption
- If three or more consecutive doses are missed (**must STOP dispensing and refer client back to Inclusion**)
- If a dose is missed which was an increased/titrating dose from the previous dose (**must STOP dispensing and refer client back to Inclusion**)
- Unacceptable behaviour
- Intoxication (refer to Section 7.1)
- Changes in health and or welfare concerns
- Problems concerning the prescription
- Safeguarding issues

Protocol for use by Keyworkers

When a decision has been made to prescribe for a patient who requires supervised Methadone/Buprenorphine administration:

1. Explain to the patient what is involved in the supervised consumption of Methadone/Buprenorphine

The main issues to be covered by the Keyworker are:

- Methadone/Buprenorphine to be taken, supervised by the pharmacist
- Missed doses cannot be dispensed at a later date
- The Pharmacist must STOP dispensing Methadone/Buprenorphine if a client has missed three pick ups or a missed pick up resulting in 3 missed doses, and the client should be referred back to Inclusion to be clinically re-assessed.
- Methadone/Buprenorphine will not be dispensed if the service user is judged to be intoxicated with drugs and/or alcohol. The risk of overdose in these circumstances will be explained to the service user. If they can return later in the day when they are no longer intoxicated, they will be reassessed as to whether it is safe to dispense.
- Provide patient information leaflet

2. Select a pharmacy

The service user may choose from the list of participating pharmacists the most convenient pharmacy for them to attend. Prescribers may request a specific pharmacy for the service user based on risk.

3. Check with the pharmacist that they are happy and able to take on a new service user
4. If the pharmacist agrees, basic service user details should be given over the telephone:
 - Client name
 - Date of birth
 - Address
 - Daily dose of Methadone/Buprenorphine
 - Any other prescribed medication e.g. diazepam
 - Start date of prescription
 - Confirm this is for supervised consumption
 - Keyworkers/prescribers name and contact number
5. The prescription should be marked : FOR SUPERVISED CONSUMPTION~
6. Contact should be made with the community pharmacist to agree a suitable time to discuss any issues, which arise from daily dispensing to a client
7. At the end of the period of supervised consumption the Keyworker should call the pharmacist to confirm the last date of supervision. Key workers should also communicate any changes to prescriptions prior to their start date.
8. The pharmacist will communicate to the prescriber/ key worker information about the service user. This will include: compliance to treatment, intoxication on other drugs/alcohol etc.

The prescribing of medication should be done within existing guidelines whether they are locally agreed guidelines or national guidelines.

Appendix 3: Supervised Methadone/Buprenorphine administration – Client Sheet

What the Client will do:

- Treat the pharmacy staff with respect
- Attend the pharmacy daily, alone and at agreed times.
- Not attend intoxicated with drugs or alcohol.
- Depending on circumstances, wait or return later if the pharmacist is busy.
- See the Keyworker for a reassessment if you have not attended the pharmacy for two days or more.
- Not allow any other person to attend the pharmacy on your behalf unless previously arranged by the Keyworker.
- Be aware that the Pharmacist will pass on necessary professional information about your case to the Keyworker on a 'need to know' basis.

What the Pharmacist will do:

- Treat the client with respect.
- Provide the service within a reasonable time bearing in mind other pharmacy customers/patients.
- Provide a private/safe area for you to consume your medication.
- Keep records of your attendance.
- Dispense medication in accordance with your prescription.
- Liaise when necessary with your Keyworker with regard to your treatment.
- Refer you back to your Keyworker and discontinue dispensing your prescription if you do not attend the pharmacy for 3 days or more or if you miss 3 consecutive doses, or if you miss a titrating dose.
- Refuse your medication due to risk factors and clinical safety if you are under the influence of drugs and/or alcohol. If you can return to the pharmacy later in the day and are no longer intoxicated, you will be reassessed and a decision will be made as to whether it is safe to dispense your medication. The pharmacist should inform you of the risk of overdose as a result of taking medication while intoxicated.
- Provide you with health promotion information and education.

Appendix 4: Enhanced Service – Needle & Syringe Exchange

1. Service description

- 1.1 Pharmacies will provide access to sterile needles and syringes, and sharps containers for return of used equipment. Where agreed locally, associated materials, for example condoms, citric acid and swabs, to promote safe injecting practice and reduce transmission of infections by substance misusers will be provided.
- 1.2 Pharmacies will offer a user-friendly, non-judgmental, client-centred and confidential service.
- 1.3 Used equipment is normally returned by the service user for safe disposal.
- 1.4 The service user will be provided with appropriate health promotion materials.
- 1.5 The pharmacy will provide support and advice to the user, including referral to other health and social care professionals and specialist drug and alcohol treatment services where appropriate and with consent.
- 1.6 The pharmacy will promote safe practice to the user, including advice on sexual health and STIs, HIV and Hepatitis C transmission and Hepatitis B immunisation.

2. Aims and intended service outcomes

- 2.1 To assist the service users to remain healthy until they are ready and willing to cease injecting.
- 2.2 To protect health and reduce the rate of blood-borne infections and drug related deaths among service users:
 - ◆ by reducing the rate of sharing and other high risk injecting behaviours;
 - ◆ by providing sterile injecting equipment and other support;
 - ◆ by promoting safer injecting practices; and
 - ◆ by providing and reinforcing harm reduction messages including safer sex advice and advice on overdose prevention (e.g. risks of poly-drug use and alcohol use).
- 2.3 To improve the health of local communities by preventing the spread of blood-borne infections by ensuring the safe disposal of used injecting equipment.
- 2.4 To help service users access treatment by offering referral to specialist drug and alcohol treatment centres and health and social care professionals where appropriate and with consent.
- 2.5 To aim to maximise the access and retention of all injectors.
- 2.6 To 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).

3. Service outline

- 3.1 The part of the pharmacy used for provision of the service provides a sufficient level of privacy and safety and meets other locally agreed criteria.
- 3.2 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.
- 3.3 The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service are aware of and operate within local protocols.
- 3.4 The pharmacy will allocate a safe place to store equipment and returns for safe onward disposal. The storage containers provided by the PCO

commissioned clinical waste disposal service will be used to store returned used equipment.

- 3.5 The pharmacy contractor should ensure that their staff are made aware of the risk associated with the handling of returned used equipment and the correct procedures used to minimise those risks. A needle stick injury procedure should be in place.
- 3.6 The pharmacy should maintain appropriate records to ensure effective ongoing service delivery and audit.
- 3.7 Appropriate protective equipment, including gloves, overalls and materials to deal with spillages, should be readily available close to the storage site.
- 3.8 The pharmacy should clearly display the national scheme logo or a local logo indicating participation in the service.
- 3.9 Staff involved in the delivery of this service should be offered immunisation for Hepatitis B.
- 3.10 Pharmacists will share relevant information with other health care professionals and agencies, in line with locally determined confidentiality arrangements.
- 3.11 The PCO should arrange at least one contractor meeting per year to promote service development and update the knowledge of pharmacy staff.
- 3.12 The PCO will provide the exchange packs and associated materials and will commission a clinical waste disposal service for each participating pharmacy. The frequency of waste collection should be agreed to ensure there is not an unacceptable build up of clinical waste on the pharmacy premises.
- 3.13 The PCO will need to provide a framework for the recording of relevant service information for the purposes of audit and the claiming of payment.
- 3.14 The PCO will need to provide details of relevant referral points which pharmacy staff can use to signpost service users who require further assistance.
- 3.15 The PCO should consider obtaining or producing health promotion material relevant to the service users and making this available to pharmacies.

4. Suggested Quality Indicators

- 4.1 The pharmacy has appropriate PCO provided health promotion material available for the user group and promotes its uptake.
- 4.2 The pharmacy reviews its standard operating procedures and the referral pathways for the service on an annual basis.
- 4.3 The pharmacy can demonstrate that pharmacists and staff involved in the provision of the service have undertaken CPD relevant to this service.
- 4.4 The pharmacy can demonstrate that the rate of return of used equipment meets locally agreed targets.
- 4.5 The pharmacy participates in an annual PCO organised audit of service provision.
- 4.6 The pharmacy co-operates with any locally agreed PCO-led assessment of service user experience.

Background information – not part of the service specification

The National Treatment Agency for Substance Misuse service specification for Needle Exchange and Harm Reduction sets out a series of objectives for needle exchange services generally, these apply to services commissioned from community pharmacy and are reflected within the service specification:

- To offer user-friendly, non-judgmental, client-centered and confidential services;
- To assist the service users to remain healthy until they are ready and willing to cease injecting and ultimately achieve a drug-free life with appropriate support;
- To reduce the rate of sharing and other high risk injecting behaviours by providing sterile injecting equipment and other support;
- To reduce the rate of blood-borne infections among drug users;
- To reduce drug-related deaths (immediate death through overdose and long-term such as blood borne infections);
- To promote safer injecting practices;
- To provide focused harm reduction advice and initiatives, including advice on overdose prevention (e.g. risks of poly-drug use and alcohol use);
- To provide and reinforce harm reduction messages;
- To help service users access drug treatment to refer to other specialist drug (and alcohol) treatment services;
- To 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);
- To facilitate access to primary care where relevant;
- To ensure the safe disposal of used injecting equipment;
- To prevent initiation into injecting and to encourage alternatives to injecting;
- To aim to maximise the access and retention of all injectors, especially the highly socially excluded, through the low-threshold nature of service delivery and interventions provided; and
- To improve the health of local communities by preventing the spread of blood-borne viruses and by reducing the rate of discarded used injecting equipment.

There is good evidence that community pharmacy based needle exchange services can complement and support other needle exchange and harm minimisation initiatives commissioned by drug treatment agencies.

Background information for Drug Action Team (DAT) commissioners:
Service Specification Tier (2 or 3), Pharmaceutical Services for Drug Users, National Treatment Agency for Substance Misuse, 2005, www.nta.nhs.uk

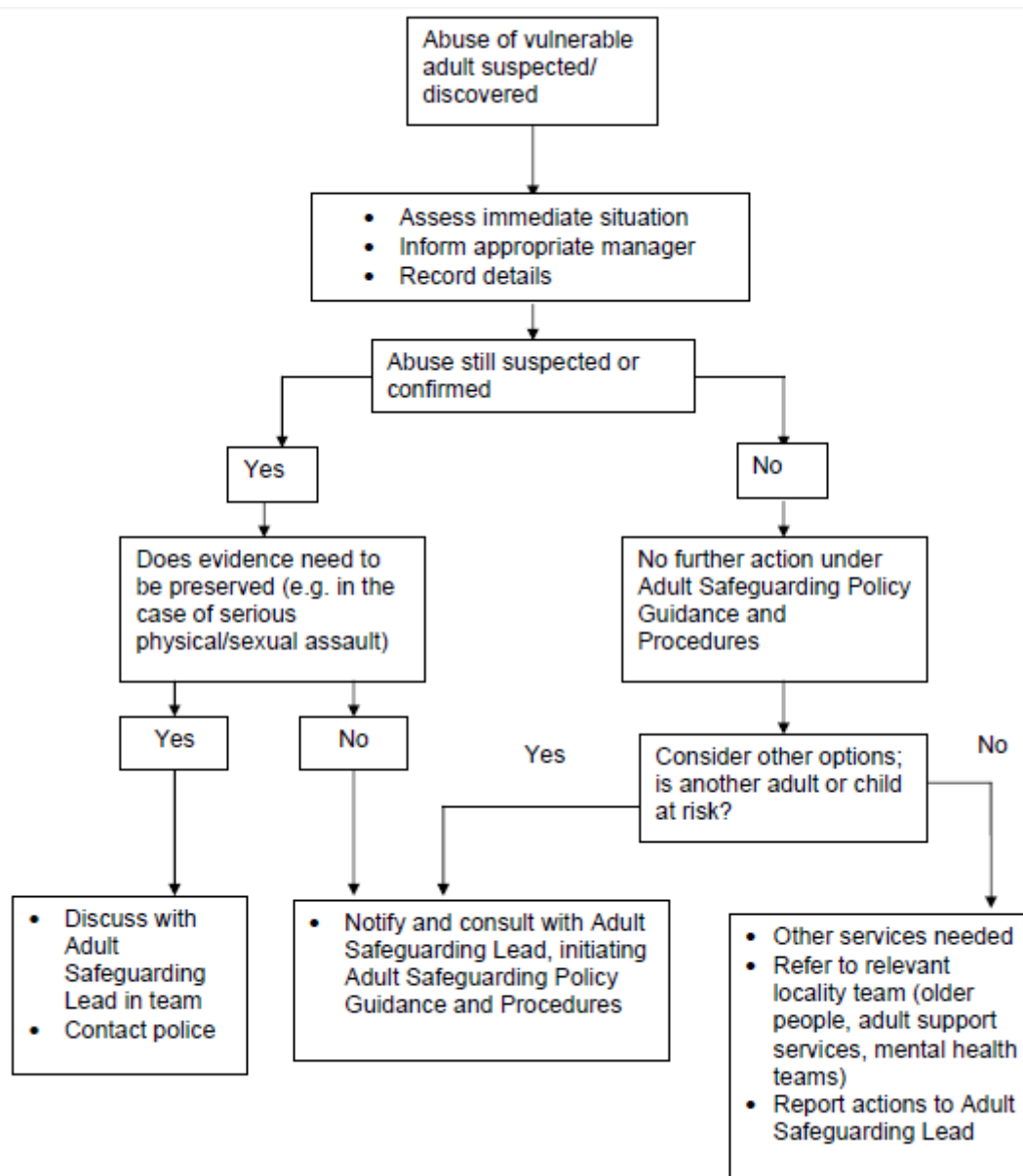
National scheme logo:



CPPE training which may support this service:

Opiate treatment: Supporting pharmacists for improved patient care open learning
Public Health – drug users, harm reduction workshop

Appendix 5: Safeguarding Procedure



Appendix: 6

Pharmacy Summary Sheet Form
 Inclusion Drug Services
 Cambridgeshire



South Staffordshire & Shropshire Healthcare NHS Foundation Trust
 Finance Department
 Trust Headquarters/Mellor House
 Stafford
 ST16 3SR

Tel: 01785 257888

Fax: 01785 221514

Email: jonathanplatt@nhs.net

Pharmacy Name	
Address and Postcode	
Month of Claim	
Pharmacy Bank Details	Account Name: Account Number: Sort Code:

	Number	£	
Total number of observed Methadone consumptions @ £2.00 each		£	(1)
Total number of observed Buprenorphine consumptions@ £2.00 each		£	(2)
Total number of days in which calls made to Inclusion @ £2.00 per day		£	(3)
Total Amount (Sum of 1 + 2 + 3)	£		
Authorisation:			
Signature:			
Date			

At end of the month once completed, please return to above address or fax to: **01785 221514**

Appendix: 7

Daily Individual Patient Supervised Consumption Form

Pharmacy Name/Address _____
(or stamp) _____

Client Name (please PRINT) _____

Client D.O.B. _____ Gender _____

Client Attends (please delete as appropriate)

Specialist Treatment Provider /
CDIP / Access Surgery

Date	Methadone Amount	Buprenorphine Amount	Initials of Pharmacist	Record of Telephone calls made to agency (one call per episode)
1 st				
2 nd				
3 rd				
4 th				
5 th				
6 th				
7 th				
8 th				
9 th				
10 th				
11 th				
12 th				
13 th				
14 th				
15 th				
16 th				
17 th				
18 th				
19 th				
20 th				
21 st				
22 nd				
23 rd				
24 th				
25 th				
26 th				
27 th				
28 th				
29 th				
30 th				
31 st				
Total Number of supervised doses				Total Number of calls made

Pharmacist's comments and feedback:



Unit E16 Telford Road
 Bicester
 OX26 4LD
 Tel: 01869 244423
 Fax: 05603 143849
 Email: deborah@orionmp.co.uk

**Pharmacy Payment Form For
 Inclusion Pharmacy Based Needle Exchange Scheme**

Date	
------	--

Payment address (if different from above)

<u>Packs</u>	<u>Handed Out</u>	<u>Returned</u>
1ml Red Pack		
2ml Orange Pack		

Payment is made at £1 per pack given out

Please either fax, email or post this form to the address above for payment