Service Level Agreement
Community Pharmacy Based Needle Exchange (CPNx)

Service Level Agreement

This is a service level agreement for the provision of needle exchange services for drug misusers by community pharmacies within Middlesbrough and Redcar and Cleveland PCT areas. The SLA is between Middlesbrough and Redcar and Cleveland PCTs ('the PCT') and community pharmacies ('the pharmacy') in both PCT areas on behalf of the either Safer Middlesbrough Partnership (SMP) or the Redcar and Cleveland Safer Stronger Communities Partnership (SSCP) respectively.

Contents

1. Service Aims and objectives
2. Service Location
3. Level of Provision
4. Service Standards
5. Service Monitoring
6. Provision for Disruption of Service
7. Reimbursement
8. Termination of Agreement
9. Signatures and Dates
1. Service Aims and Objectives

The aims and objectives of needle exchange facilities and harm reduction services are:

- To offer user-friendly, non-judgmental, client-centred 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 (mis)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 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.
- To prevent initiation into injecting and to encourage alternatives to injecting
- To improve the health of local communities by preventing the spread of blood-borne viruses and by reducing the rate of discarded used injecting equipment.

2. Service Location

Overall provision of needle exchange / harm reduction services (type and location) will be determined based on a local needs analysis undertaken by the specialist commissioners. All community pharmacies within Middlesbrough and Redcar and Cleveland PCTs will be given the opportunity to consider offering to provide this service. Provision of CPNx will be commissioned in consideration of the location of willing provider pharmacies, the local needs analysis and existing alternative needle exchange provision. Due to the changing nature of drug misuse trends there may be a need to review these locations as the needs assessment is updated.
3. Level of Provision

The pharmacy will agree to provide the service on pharmacy premises for the full duration of opening times.

4. Service Standards

A. Joint working

B. Promoting patient understanding of the NHS

C. Governance Arrangements

Standard A – Joint Working

The pharmacy will
- work within local protocols and arrangements outlined in the Service Specification for Needle Exchange (Appendix 1).

The pharmacy needle exchange coordinator (Lifeline at time of issue) will
- be the point of contact for any queries concerning scheme
- ensure initial and on-going training is available as required
- share with the PCT/Partnerships responsibility for co-ordination, maintenance and review of the scheme.
- ensure that pharmacies are adequately stocked with needle exchange equipment, and appropriately supported to carry out the service.

The SMP/SSCP will
- ensure compliance with the scheme by harm minimisation providers commissioned by them
- share with the PCT and the pharmacy needle exchange coordinator responsibility for co-ordination, maintenance and review of the scheme.

Middlesbrough and Redcar and Cleveland PCTs (the PCT) will
- ensure arrangements are in place to process payments
- ensure compliance with the scheme by providers commissioned by the PCT (i.e. pharmacies)
- share with SMP/SSCP and the pharmacy needle exchange coordinator responsibility for co-ordination, maintenance and review of the scheme.

Standard B – Promoting Patient understanding of the NHS

The pharmacy will promote a continuing understanding of the NHS health and social care system to encourage the patient to use the services in a responsible, appropriate and safe way in the future.
Standard C – Governance Arrangements

Pharmacies are required to operate to appropriate standards of clinical governance as detailed in Essential Services 8 of the Community Pharmacy Contractual Framework (2005). Pharmacy contractors are also expected to comply with the appropriate Standards for Better Health or equivalent and be able to provide suitable evidence of such to the PCT in support of governance assurance. Monitoring against these standards will seek assurance of quality of service delivery applicable to enhanced services such as provision of CPNx.

Of particular note with regards to this service:

(i) Risk Management
The designated pharmacist must ensure that appropriate arrangements are in place to minimise risk to clients, provider, pharmacy staff and other patients. This will include the use of Standard Operating Procedures for the service, taking steps to ensure all staff are appropriately trained and giving adequate consideration for clinical audit and standards of record keeping.

(ii) Confidentiality/Information Sharing
Pharmacies should be mindful of the need to protect patient confidentiality by avoiding, where practical, data flows which identify individuals. It is well recognised that there is an obligation to share information between professionals and agencies to ensure that appropriate services are provided and safe working practices are adopted. Pharmacists, doctors and providers should be encouraged to share information, respecting Caldicott Guidance, between health and social services agencies, prison, police and other relevant sources to build up a picture of past behaviour so that risk can be assessed.

(iii) Clinical
The pharmacist will have clinical responsibility for the completion of the exchange of equipment ensuring necessary protocols and procedures are in place and followed.

(iv) Incident Reporting
The pharmacy will undertake to complete an incident report, as appropriate, for every incident occurring during the provision of needle exchange. An incident is defined as any occurrence that is not consistent with the professional standards of care of the patient or routine operation/policies of the organisation.

(v) Audit
The pharmacy will participate in PCT co-ordinated audit of the service.

(vi) Education and Training
Participating community pharmacies must ensure that a designated pharmacist has completed the current CPPE Distance Learning Pack for Drug Use and Misuse (or be willing to do so within 3 months) or the RCGP Certificate in Management of Drug Misuse. CPPE certificates must be forwarded to the Medicines Management team at Riverside House.
All participating community pharmacies must ensure that a designated pharmacist attends local scheme implementation training. It is the responsibility of the designated pharmacist to be assured that all staff (including support staff and locum pharmacists) are adequately trained to meet the requirements of the service at all times. The pharmacy needle exchange co-ordinator (Lifeline, at the time of contract commencing) will provide detailed training to prepare pharmacy staff for the scheme. Resource material provided during the training should remain available at the pharmacy for future reference. Training schedule will be generally include:

- the role of Needle Exchange (Nx) schemes in Middlesbrough and Redcar and Cleveland
- introduction to (Lifeline)
- aims & objectives of CPNx
- role of the Scheme Coordinator
- other provision of Nx in Middlesbrough and Redcar and Cleveland
- the exchange procedure
- equipment used within Nx
- clinical waste management
- health promotion, safer injecting, overdose, drug awareness
- policies & procedures including needle stick injuries, disposal of sharps, blood borne viruses, confidentiality, contra-indications to service, dealing with young people
- FAQs

FORMS: Hepatitis Vaccination Declaration Form, Order Form, National Drug Treatment Monitoring Service Consent Poster, Needle Exchange Monitoring Sheet, Clinical Waste Monitoring Forms

Update training will be attended as required; usually annually.

5.0 Service Monitoring

In order to monitor the service the pharmacy must maintain accurate records of the service as described in Appendix 1 and shown in Appendix 3 and complete a summary monthly return to the PCT Community Pharmacy Team (Appendix 2).

The pharmacy must make available these records on request by the PCT and/or the pharmacy needle exchange co-ordinator as appropriate.

6.0 Provision for Disruption of Service

Information outlining the process of the scheme must be cascaded to other pharmacy staff, including locum pharmacists to ensure continuity of the service.

7.0 Reimbursement

A once only introductory fee of £500 will be paid to each community pharmacy signing up to the service (Appendix 4). Thereafter an annual retainer fee of
£153.36 (paid monthly) plus an item of service fee of £1.61 per exchange will be paid (correct at December 2009). This fully inclusive fee (i.e inclusive of VAT) will be paid monthly from the PCTs on behalf of the SMP/SSCP. Fees will be subject to an annual inflationary NHS uplift on April 1st. Overall remuneration will be reviewed (a) if costed National specifications are available and (b) when any major service alterations are required.

Community Pharmacies should submit the monthly return as directed by the 15th of the month for the previous month.

8.0 Termination of Agreement

Any pharmacy wishing to terminate this agreement must give 1 months notice prior to termination. Notice of termination must be written and submitted to the Assistant Director Medicines Management and the Pharmaceutical Adviser – Community Pharmacy at the PCT. The latter will ensure that all relevant parties are informed of this decision.

9.0 Signatories to the Agreement (NEEDLE EXCHANGE)

I hereby declare that (name)................. Pharmacy operating from (brief address)................................................................. wishes to participate in the Needle Exchange Scheme in accordance with the principles outlined above.

Signature on behalf of the Pharmacy: (Designated named pharmacist)

<table>
<thead>
<tr>
<th>Signature</th>
<th>Name</th>
<th>Date</th>
</tr>
</thead>
</table>

Signature on behalf of the PCT:

<table>
<thead>
<tr>
<th>Signature</th>
<th>Name</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Joanne Linton</td>
<td>8.2.10</td>
</tr>
<tr>
<td></td>
<td>AD Medicines Management NHS Middlesbrough NHS Redcar and Cleveland</td>
<td></td>
</tr>
</tbody>
</table>

First version prepared: January 2007
Joint SoT version issued: April 2008
Extended without review February 2009 – due for full review by July 2010
Appendix 1

Service specification

1. Description of Service

This service specification relates to the provision of needle exchange and other related harm reduction facilities within a pharmacy setting. These facilities are developed to prevent blood-borne diseases (most particularly HIV and hepatitis) and other drug-related harm, including drug-related death. They often have contact with drug misusers not in touch with other specialist drug treatment services. Needle exchange facilities and harm reduction initiatives should provide an easy access and low-threshold service.

Needle exchange and harm reduction initiatives are developed within a wider approach that advocates the following hierarchy of goals:

- stopping sharing injecting equipment
- moving from injectable to oral drug use
- decreasing drug misuse
- abstinence.

The provision of these services includes the distribution of sterile injecting equipment, and collection of returns for their safe disposal, and the ongoing provision of a range of other harm reduction support for the users of services.

Needle exchange facilities are also important public health measures. They have a health remit, as well as a social welfare role within the wider community.

2. Client group served, eligibility and priority groups

Injectors:
Needle exchange facilities are available to all adult injectors, but special attention should be given to:

- service users who are not in touch with other drug and alcohol misuse treatment services
- injectors who are under-using the service; this includes but is not limited to:
  - women
  - amphetamine and cocaine/crack injectors
  - minority ethnic injectors
  - younger injectors (see below for more information)
  - injectors in rural areas
- injectors who have characteristics associated with high risk injecting practices:
  - poly-drug users (including use of opiates, stimulants, benzodiazepine and alcohol)
Community Pharmacy Enhanced Service - Needle Exchange

- people with severe drug dependence
- frequent injectors
- people who have spent time in prison, especially those released from prison
- people who have left residential rehabilitation and those who have left in-patient facilities.
- people who spend more time with other injectors
- homeless or people in poor accommodation
- those with a sexual partner who is an injector
- those out of treatment
- injectors who have to travel to other areas to receive clean injecting equipment.

Non-injectors:
Where possible, needle exchange and harm reduction facilities should also provide interventions relevant to non-injectors. These include, but are not limited to:

- interventions to prevent transition into injecting
- interventions aimed at reducing the harm of smoking crack cocaine (see NTA's service specifications/guidance on working with crack users)
- interventions aimed at reducing harm of other drugs (e.g. cannabis, ecstasy etc).

3.0 Community Pharmacy Responsibilities under Needle Exchange Scheme

3.1 General responsibilities

3.1.1 To ensure all pharmacists providing the service are appropriately registered with the Royal Pharmaceutical Society of Great Britain.

3.1.2 To ensure the service should be conducted in accordance with any RPSGB guidance as usually presented in the most recent issue of Medicines, Ethics and Practice (available at http://www.rpsgb.org.uk/informationresources/downloadsocietypublications/#lm)

3.1.3 To identify a designated named pharmacist who will take overall responsibility for ensuring the service is provided to the required standards.

3.1.4 The service will be expected to be available during the full duration of the pharmacy opening hours.

3.1.5 The part of the pharmacy used for provision of the service should provide a sufficient level of privacy and safety and meets other locally agreed criteria.
3.1.6 The pharmacist entering into the commissioning arrangement will ensure that the equipment and facilities necessary for the provision of the service are available in the pharmacy.

3.1.7 The pharmacy will allocate a safe place to store equipment and returns for safe onward disposal. The storage containers provided by the commissioned clinical waste disposal service will be used to store returned used equipment.

3.1.8 Pharmacists will be required to adhere to all statutory requirements in relation to the storage and disposal of syringes and needles.

3.1.9 The pharmacy should clearly display the national scheme logo or a local logo indicating participation in the service.

3.1.10 The pharmacy will work collaboratively with the client, treatment provider and key worker to ensure the objectives of the service are met.

3.1.11 The pharmacy will proactively share information (respecting Caldicott Guidance) with appropriate stakeholders regarding concerns that might be likely to affect the clients' progress.

3.1.12 The pharmacy contractor will 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. Additionally, they are aware of and operate within local protocols including the maintenance of required documentation.

3.1.13 The pharmacy will maintain appropriate records to ensure effective ongoing service delivery and audit.

3.1.14 The pharmacy will participate in any organised audit of service provision and any agreed assessment of service user experience.

3.2 Responsibilities to Client

3.2.1 To ensure the client is treated as an individual, with respect and aiming to maintain utmost confidentiality at all times.

3.2.2 To introduce themselves and any other key members of staff to new clients.

3.2.3 A copy of the pharmacy leaflet should be available.

3.2.4 A copy of the relevant patient information leaflet should be offered to the client.

3.3 Needle exchange process

3.3.1 All transactions involving needle exchange must be conducted under the supervision of a pharmacist.

3.3.2 The pharmacy will work with the scheme co-ordinator to maintain adequate stocks of kits to meet the anticipated demand. Kits should be stored in such a way so as to be inaccessible to customers. The
storage conditions must be appropriate for the storage of sterile medical equipment.

3.3.3 The pharmacy will have in place a suitable Standard Operating Procedure to cover all processes involved in delivery of the scheme. Company policies are acceptable where they reflect the principles of the scheme. The SOP should be readily available to all members of staff and in particular Locum staff.

3.3.4 The pharmacy will ensure that their staff are made aware of the risk associated with the handling of returned used equipment and the correct procedures are used to minimise those risks. A needle stick injury procedure should be in place.

3.3.5 Appropriate protective equipment, including gloves, overalls and materials to deal with spillages, should be readily available close to the storage site and protocols include their use.

3.3.6 Safe handling arrangements are to be in place for dealing with the returned used equipment. It is important that sharp bins are assembled correctly as per the manufacturer instructions. The sharp bin should not be accessible to customers and if at all possible should not be stored in the dispensary.

3.3.7 Pharmacy staff must ensure that clients place their used returned equipment in the sharp bin. Pharmacy staff must not handle used equipment.

3.3.8 Unused kits returned by clients must be disposed of in the sharp bin; they must not be re-issued since their integrity cannot be ensured.

3.3.9 Records of supply will be completed as part of the transaction (Appendix 3)

3.4 Withholding services

3.4.1 Young people under the age (or those perceived to be under the age) of 16 should not be allowed to participate in needle exchange services. In these cases they should be referred to Young Persons services who may (following assessment) be able to offer this service. If the young person is not willing to be referred on then the pharmacist should seek to give information and advice about the risks of injecting.

3.4.2 For those customers aged 16-18 (or those perceived to be of this age) the pharmacy staff should seek to encourage the person to utilise young persons services or the adult central service needle exchange site, rather than pharmacy needle exchange. Only where the person refuses this and the pharmacist considers the person is at risk of using shared needles obtained elsewhere, should needles and syringes be given the person.

3.4.3 For those clients in the transitional stage of drug misuse (whereby they are not currently injecting but have indicated they wish to start) the procedure for 3.4.2 applies also.
3.4.4 Needle exchange and harm reduction initiatives are open access services, and clients should only be excluded for behaviour that has breached accepted rules and standards at the discretion of the service but within a structure of users' rights and responsibilities. Where appropriate, work is carried out to re-engage clients in this or other more appropriate services and refer them to needle exchange schemes in community pharmacists in the interim.

3.4.5 Service users may be excluded (in accordance with the National Pharmacy Contract) as a result of a professional risk assessment and if they pose a serious risk to staff, other service users and members of the public. Referral to more appropriate services is made where possible.

4.0 Co-ordinators Responsibilities under Needle Exchange Scheme

4.1 General Responsibilities

4.1.1 To work collaboratively and communicate all relevant information in a timely fashion to appropriate parties.

4.1.2 To co-ordinate local training at service induction and staff updating and development as required 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.

4.1.3 To ensure that pharmacists and staff involved in the provision of the service are aware of and operate within local protocols. To provide a framework for the recording of relevant service information for the purposes of audit and the claiming of payment. (Appendices 2 and 3)

4.2 Responsibilities to Client

4.2.1 To ensure the client is treated as an individual, with respect and aiming to maintain utmost confidentiality at all times.

4.2.2 To proactively work with clients excluded from the service to integrate with mainstream treatment providers

4.3 Responsibilities to Pharmacy Provider

4.3.1 To respond to any issues highlighted by community pharmacist providers.

4.3.2 To arrange for pharmacists and staff involved in the delivery of this service to be offered any relevant immunisation, including Hep B.
4.3.3 To provide the exchange packs and associated materials and commission a clinical waste disposal service for each participating pharmacy

4.3.4 To provide details of relevant referral points which pharmacy staff can use to signpost service users who require further assistance.

4.3.5 To obtain or produce health promotion material relevant to the service users and make this available to pharmacies
Appendix 2

Middlesbrough Primary Care Trust  
and Redcar and Cleveland Primary Care Trust

Community Pharmacy Needle Exchange ~ Monthly Invoice

Month claimed for ........................................... year:..................

| Pharmacy Name: |                                      |
| Pharmacy Address: |                                      |
| Pharmacy Telephone Number: |                                      |

| Total Claim: |
| Retainer fee (1/12 of £153.36) | £12.78 |
| For this month: total number of exchanges = x £1.61 | = £ |
| Total | = £ |

I certify that I have provided needle exchange services for the number of times stated above & this can be confirmed by entries in my monitoring forms

Signed ........................................... Date...........................................

Name (print)......................................................  
Address........................................................


Please complete and return this form to: Community Pharmacy Project Manager, Medicines Management, Middlesbrough PCT, Riverside House, 18 High Force Road, Riverside Park, Middlesbrough, TS2 1RH
Appendix 3. Monitoring Form

<table>
<thead>
<tr>
<th>Date</th>
<th>Client Initials</th>
<th>Date of Birth</th>
<th>Area of residence</th>
<th>M/F</th>
<th>Ethnic Origin</th>
<th>Returns Approx Amount</th>
<th>Orange 5/8&quot;</th>
<th>Grey 1/2&quot;</th>
<th>Blue 1&quot;</th>
<th>Blue 1 1/4&quot;</th>
<th>Green 1 1/2&quot;</th>
<th>Condom</th>
<th>Drug</th>
<th>In Treatment</th>
<th>Current Injector</th>
</tr>
</thead>
</table>

**Ethnicity Codes:**
- White: **A** British, **B** Irish, **C** Other white.
- Mixed: **D** White and black Caribbean, **E** White and black African, **F** white and Asian, **G** other mixed.
- Asian/Asian British: **H** Indian, **J** Pakistani, **K** Bangladeshi, **L** other black.
- Black/Black British: **M** Black Caribbean, **N** African, **P** other Black.
- Other ethnic: **R** Chinese, **S** Any other, **Z** Not stated
## Community Pharmacy Needle Exchange ~ Start up Invoice

**Date Claimed:**

| Pharmacy Name: |  |
| Pharmacy Address: |  |
| Pharmacy Telephone Number: |  |

### Total Claim:

| Start up fee | £500 |

I certify that I have agreed to provide Needle Exchange services according to the Service Level Agreement and have agreed a start date.

Signed …………………………………… Date…………………………………

Name (print)…………………………………….

Address…………………………………………..

…………………………………………………… amended PW 12.09

**Please complete and return this form to:**
Community Pharmacy Project Manager, Medicines Management, Middlesbrough PCT, Riverside House, 18 High Force Road, Riverside Park, Middlesbrough, TS2 1RH
<table>
<thead>
<tr>
<th>Version Number</th>
<th>Date of issue</th>
<th>Comment or amendment from previous version</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>January 2007</td>
<td>First issue</td>
</tr>
<tr>
<td>2</td>
<td>December 2007</td>
<td>Amendment to invoice and fees</td>
</tr>
<tr>
<td>3</td>
<td>May 2008</td>
<td>Joint SLA Mbro and R&amp;C PCTs. Amendment to invoice and fees</td>
</tr>
<tr>
<td>3a</td>
<td>February 2009</td>
<td>Extended without review</td>
</tr>
<tr>
<td>3b</td>
<td>December 2009</td>
<td>Extended without clinical review. Incorporated amendment to invoice / fees (uplift effective April 09) and minor style adjustments. FULL REVIEW REQUIRED within 6 months</td>
</tr>
</tbody>
</table>