



Service Level Agreement for the Provision of Level 1 Substance Misuse Services from a Community Pharmacy under contract to NHS Grampian

1. Introduction

The provision of Substance Misuse (SM) services through community pharmacy aims to support high quality Pharmaceutical Care to patients being treated for substance misuse. The service operates on two levels, with all pharmacies contracted to provide substance misuse services at Level 1. Level 2 services will be provided only where there has been an identified need. The delivery of Substance Misuse services is managed through the Primary Care Contracts Team (PCCT), with support from the Specialist Pharmacists in Substance Misuse.

This Service Level Agreement (SLA) acts as a contract between NHS Grampian and the pharmacy contractor and commits the contractor to provide the services as defined by, and using documents provided in, the **Service Specification and Guidance for Community Pharmacists providing Substance Misuse Services** document which must be read in conjunction with this Service Level Agreement. Services will be provided within the legal and ethical framework of pharmacy as a whole.

2. Background to service

NHS Grampian clinical treatment services for substance misuse provide an integrated, evidence based clinical service to patients in both specialist and primary care settings. The aim of this service is to reduce the harm associated with illicit drug use and support patients towards stabilisation and recovery. Ultimately this will enable them to fulfil their potential in society. With increasing integration as part of the Health and Social care Integration programme, there is a move to provide tailored clinical and social support to patients. This SLA aims to define the role of community pharmacy in this collaboration. Effective communication between the partners involved in each patient's care plays an important part in the effective delivery of this service.

3. Service aims

The service aims to offer an equitable level of clinical and pharmaceutical support to this vulnerable patient group regardless of their geographic location. The service is designed to be effective and auditable. It will provide person centred support to patients in terms of clinical care associated with the patients needs, covering dispensing, supervision and monitoring with intervention where required. It should be delivered by competent, trained pharmacists and their staff. Respect is a key element of the process of providing care to patients with substance misuse issues.

The principles of the community pharmacy service are: -

- The clinical care and holistic wellbeing of substance misuse patients will be at the core of all activities and interventions.
- Community pharmacists, in their unique position at the heart of communities, will be at the centre of patient recovery through the provision of the full range of necessary support and signposting, from harm reduction to support during the

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final stages of treatment. Pharmacists will recognise the varying stages of drug dependence and addiction and adapt accordingly to support patients.

- Community pharmacists will be a key member of each patient's multi-disciplinary team, recording and communicating positive changes or concerns regarding safety and/or clinical issues and providing valuable opportunistic intervention through agreed referral pathways.
- All pharmacy staff delivering the service will have undertaken appropriate CPD/training to ensure that they possess appropriate levels of knowledge and competence to legally and safely participate in the delivery of treatment for substance misuse patients.
- Community pharmacy staff and patients alike will treat each other with mutual dignity and respect.
- Community Pharmacists will strive to ensure equitable access to pharmacy services for all patients.

4. Level 1 Service outline and standard

For all service aspects pharmacy contractors are required to have detailed Standard Operating Procedures (SOPs) in place and to ensure that all staff involved in delivery of the service have training in and continued access to these SOPs.

Each pharmacy contractor undertaking the substance misuse service will be responsible for delivering services to all consume on premises, take home, methadone and buprenorphine patients as defined in the **Service Specification and Guidance for Community Pharmacists providing Substance Misuse Services** including:

- Keeping safe and confidential all patient records including **New Patient Information Form** provided by the prescribing doctor or Community Psychiatric Nurse (CPN).
- Completing and keeping a signed **Treatment Agreement** between the community pharmacy team and the patient
- Starting and maintaining the **Patient Clinical Care Record** for every patient.
- Using the **Patient Checklist** document (Appendix 4 of the guidance document) as a means of prompting updates of the record with relevant information regarding the pharmaceutical care of the patient.
- Providing feedback on patient progress to the prescriber or CPN at their request using the **Clinician – Pharmacy Action Request Form** (appendix 5 of the guidance document). The NHSG information sharing forms may also be used between any of the healthcare professionals looking after the client at any time to highlight any changes, issues or positive feedback.
- Dispensing prescribed medicines safely including assessment of appropriate dosing, possible interactions, contraindications or other relevant factors.
- Appropriate and accurate endorsement and timely submission of prescriptions to enable payment.
- Supervising consumption on the premises of medicines, where necessary as part of the patient treatment.
- Providing appropriate substance misuse and generic Public Health information.
- Observing and reporting of concerns with regard to child protection and adult support and protection. Community Pharmacy staff have a duty of care and legal responsibility to report their concerns. Guidance on each can be found in the Service Specification and Guidance Document.

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- Recording data associated with the service provision, in the format requested, for monitoring and evaluation purposes.
- Submission in a timely manner and on request (approximately every 2 years) of a random sample of Patient Clinical Care Records for review.
- Providing access to the electronic folder containing patient records if requested during Pharmacy & Medicines Directorate and PCCT contract visits, to ensure compliance
- Prompt submission of Methadone and Buprenorphine Spaces form every six months as requested.

Failure to comply with these requirements may result in payment being withheld.

Level 2 – SLA to be developed

Level 2 services will be developed in conjunction with pharmacy contractors and will require further input from the community pharmacist and a wider skill and competency base. They may include:

- Injecting Equipment Provision. Provision of clean injecting equipment and paraphernalia to patients requesting it and disposal of used equipment in a safe manner. This includes the provision of information to patients on safe injecting, wound management and advice on Blood Borne Viruses (BBV) etc.
- BBV testing, vaccination and liaison with treatment services
- Naloxone supply and client training. Pharmacists will supply, where appropriate, and provide individuals at risk of opioid overdose, their friends and/or family members and services in contact with those at risk, with appropriate training on the use of naloxone, in a bid to reduce the incidence of fatal outcomes from overdose of opioid substances.
- Prescribing. Appropriately trained prescribers will undertake prescribing for patients in areas of agreed clinical need.

5. Training requirement

- Contractors are responsible for ensuring all pharmacy staff are suitably qualified/trained and competent in the aspects of service provision wider than substance misuse e.g. Child Protection, confidentiality, consent etc. All staff (including Locum pharmacists) involved in providing Substance Misuse services must understand and be competent in the use and application of the contractor's SOPs relating to all aspects of the substance misuse services.
- The NES training pack "Pharmaceutical Care in Substance Misuse" must be undertaken by all pharmacists providing the service and evidence of this must be available if requested. Other support staff involved in providing the service should also be encouraged to undertake this training.
- Additional training which supports this patient group should also be encouraged e.g. BBV, overdose awareness, sexual health and wound management training.
- More advanced training e.g. Pharmacist Independent Prescriber training & specialist prescribing training will be appropriate in some cases.

6. Monitoring & evaluation

The use of electronic recording processes will allow better audit of services being delivered. It is an intrinsic part of the service provision to maintain records and to submit timely and relevant information for the purposes of audit and evaluation and to enable the payment process. A performance management template for the

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service will provide a set of key performance indicators that will be used to provide feedback to contractors and to provide a basis for dialogue on the quality of service being achieved. This will comprise analysis of ISD dispensing data and qualitative assessment of the random samples of Patient Clinical Care records submitted to the substance misuse pharmacists. This feedback will be used to provide evidence of pharmacy contractor compliance with the Substance Misuse Service contract requirements. PCCT/ CHP regular contract visit will give contractors and Health Board an opportunity to discuss the delivery of the service and evidence of service provision.

7. Claims and payment

The fee structure for this service is detailed in Appendix 1 to this document and is subject to annual review.

- Fees will be paid to each contractor directly from Practitioner Services Department (PSD) in response to accurately endorsed prescription submission for each client for whom substance misuse service is provided, regardless of substance (methadone or buprenorphine) or provision type (i.e. to take home or consume on the premises).
- Active Patient Clinical Care Records will be used as a measure of quality of activity. These records will be inspected for monitoring and payment verification purposes.



8. Service Level Agreement

This Service Level Agreement for the Provision of of

, Level 1 Substance Misuse Services from a Community Pharmacy under contract to NHS Grampian, signed at commencement of the service, will become part of the annual contractors review and sign-up process each April and commits the contractor to deliver the service as defined.

NHS Grampian reserves the right to cancel this SLA and withdraw this service following an agreed period of notice. Contractors are required to provide a minimum of 3 months notice should they wish to withdraw from this service and cancel their SLA.

Contractor representative	Signature	Name (block capitals)
Trading name of pharmacy		
Contractor Code	Pharmacy Stamp	
Date		

Please sign this document and retain a copy for your records and submit a copy to Primary Care Contracts Team at

Primary Care Contracts Team
NHS Grampian
Westholme
Woodend Hospital
Queens Road
Aberdeen
grampian.primarycarecontracts@nhs.net

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Appendix 1

Fee Structure 2015- 2016

For Methadone

CD fee - which is a payment for each dispensing of £1.79

Supervision fee - a payment for each supervised consumption of £1.41

Clinical Interaction fee (effectively every time a prescription is dispensed i.e. each instalment) of 32p

For Buprenorphine

Supervision fee - a payment for each supervised consumption of £1.41

Clinical Interaction fee (effectively every time a prescription is dispensed i.e. each instalment) of 32p

Both the CD fee for Methadone and the interaction fees for methadone and buprenorphine are regardless of consume on the premises or take home.

Note the Clinical Interaction Fee for non-supervised prescriptions can be allocated from the prescription but only retrospectively and so will be paid one month in arrears.