This document contains the 2019-2020 Service Level Agreements for locally negotiated community pharmacy services within NHS Grampian.
Community Pharmacy SLAs 2019

The following statement has been added into all SLAs: A three months’ notice period must be provided if either party wish to terminate this contract. Where a breach in terms of the SLA has occurred the 3 month notice period may not apply.

<table>
<thead>
<tr>
<th>Service</th>
<th>Changes to SLA</th>
<th>Update on what still needs to be completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis C Service</td>
<td>• Key points highlighted and sentence included to reinforce that compliance sheet must be submitted and SLA must be adhered to in order to receive full payment.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Detailed that SOP may be requested for audit/monitoring purposes.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Change of prescription will be for 28 days to prescriptions will typically be for whole packs and for 28 days of treatment. In exceptional circumstances, and in agreement with the contractor and Hepatology specialist team, a prescription for less than 28 days of treatment may be issued.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Any mention of community pharmacist has been replaced by the community pharmacy.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Signed off by Hep C team</td>
<td></td>
</tr>
<tr>
<td>SuperDOT-C Pilot (12 community pharmacies)</td>
<td></td>
<td>Pilot- no change</td>
</tr>
<tr>
<td>Palliative Care Network</td>
<td></td>
<td>• Including MEOC</td>
</tr>
<tr>
<td>Service</td>
<td>Description</td>
<td></td>
</tr>
<tr>
<td>-----------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Compliance Aids Service</td>
<td>Changes to core drug list, update of training module that should be completed, nominated alternative changed to registered technician.</td>
<td></td>
</tr>
<tr>
<td>Collection &amp; Delivery Service (6 community pharmacies)</td>
<td>Including MEOC and change to fee structure for some trays.</td>
<td></td>
</tr>
<tr>
<td>Home Carer Medicines Management Service</td>
<td>Include MEOC</td>
<td></td>
</tr>
<tr>
<td>Care Homes Service</td>
<td>A number of changes to the SLA. Still “historical service and only those invited to deliver the service by NHS Grampian”.</td>
<td></td>
</tr>
<tr>
<td>OHS Influenza Vaccination Service</td>
<td>Signed off by contractors committee already for 2018-19 Adam</td>
<td></td>
</tr>
<tr>
<td>Clinical Waste Collection Service</td>
<td>Only SLA dates changed</td>
<td></td>
</tr>
<tr>
<td>Rota</td>
<td>Only SLA dates changed</td>
<td></td>
</tr>
<tr>
<td>Cuminstown prescription collection service (1 community pharmacy only)</td>
<td>SLA dates changes and MEOC added</td>
<td></td>
</tr>
<tr>
<td>Travel Clinic</td>
<td>Only change is template layout</td>
<td></td>
</tr>
<tr>
<td>Malaria prophylaxis</td>
<td>Only change is template layout</td>
<td></td>
</tr>
<tr>
<td>Provision of Pharmaceutical Services During Public Holidays</td>
<td>PCCT updated, only change is public holiday dates</td>
<td></td>
</tr>
</tbody>
</table>
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# NHS GRAMPIAN

## SERVICE LEVEL AGREEMENT

### Influenza Immunisation

<table>
<thead>
<tr>
<th>SLA No.</th>
<th>2018-19</th>
<th>Version</th>
<th>1</th>
<th>Date</th>
<th>2018</th>
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**NHS Grampian**

<table>
<thead>
<tr>
<th>Review Date</th>
<th>2019</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Author</th>
<th>S.Anderson</th>
</tr>
</thead>
</table>

### Revision Chronology

<table>
<thead>
<tr>
<th>Version No</th>
<th>Effective Date</th>
<th>Reason for Change</th>
</tr>
</thead>
</table>

Version 2018-2019
1 Introduction

1.1 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 NHS Grampian Administration of Influenza Vaccine by Pharmacists Patient Group Direction (PGD) 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.

1.2 The objective of the seasonal influenza immunisation programme is to protect those who are most at risk of serious illness or death should they develop influenza. Other objectives include reducing transmission of the infection, thereby contributing to the protection of vulnerable patients who may have a suboptimal response to their own immunisations.

1.3 A three months’ notice period must be provided if either party wish to terminate this contract. Where a breach in terms of the SLA has occurred the 3 month notice period may not apply.

2 Background to service

2.1 Immunisation is provided to reduce the transmission of influenza within health and social care premises, to contribute to the protection of individuals who may have a suboptimal response to their own immunisations, or to avoid disruption to services that provide their care.

2.2 The NHS Grampian Influenza Pharmacy Immunisation scheme is targeted at those people who are immunised under the NHS and local authority occupational health scheme. It also makes provision for immunisation of individuals who do not qualify for influenza vaccinations under the NHS (and may therefore immunised on a private fee basis).

2.3 An influenza immunisation service has been offered from selected community pharmacies for several years. The type of individuals who can be vaccinated by the pharmacists has been confined to certain categories.

2.4 The community pharmacy provision of occupational health influenza immunisation complements the service provided by the NHS Grampian Occupational Health Department.

3 Service aims
3.1 To increase access to influenza immunisation for NHS and local authority occupational health groups that are involved in direct patient care in order to contribute to the achievement of influenza immunisation targets.

3.2 To provide access to influenza immunisation to patients who are not eligible for NHS immunisation, by means of a private fee-pay service, to improve protection for those unimmunised at-risk patients by increasing the proportion of influenza vaccinated individuals and reducing transmission of influenza infection.

3.3 To be able to provide accurate and up to date information about the disease and vaccine to clients.

4 Service outline and standard

4.1 The contractor delivering the service must be signed up to the SLA.

4.2 Every pharmacist involved in the delivery of the service must have read the SLA, read and signed the PGD, completed annual anaphylaxis and basic life support training and be competent to deliver the service.

4.3 The client’s eligibility for influenza immunisation will be assessed in accordance with national and local guidance.

4.4 The community pharmacy contractor will be responsible for the provision of immunisation advice (both written and verbal) to the patient.

4.5 Influenza immunisation will be available, as required, to anyone who meets the inclusion criteria contained within the PGD and the local protocol on eligible client groups.

4.6 The community pharmacy contractor will be responsible for referring eligible clients who are excluded from treatment under the PGD and local protocol to other immunisation providers e.g. GP or occupational health services.

4.7 The community pharmacy contractor will maintain patient medication records of the episodes of care.

4.8 The community pharmacy contractor will be responsible for the provision of a user-friendly, client-centred, non-judgemental, and confidential service.

4.9 The community pharmacy contractor providing the service will ensure that the premises used for immunisation meet the standards agreed with NHS Grampian.

4.10 The pharmacy contractor will notify the patient’s General Practitioner on the immunisation of their patient by provision of a copy of the immunisation record.

4.11 The pharmacy contractor will display material within the pharmacy advertising the service.
4.12 The community pharmacy contractor will be responsible, where appropriate, for counselling the client on other related “Keep well in winter” messages. Written information should also be available on these topics.

4.13 The community pharmacy contractor will ensure that influenza vaccines are stored in line with national and NHS Grampian policies for the safe storage and handling of vaccines.

Community pharmacies providing an influenza immunisation service must also ensure that they have:

4.14 Adequate staff provision to ensure dispensary functions and pharmaceutical services are not compromised due to the immunisation service e.g. second pharmacist.

4.15 Appropriate administrative support to manage appointments and assist patients with form filling.

4.16 Additional trained staff that can identify support and take first steps in the event of an adverse event. (A minimum of two staff members trained in the treatment of anaphylaxis should be available on the premises at all times when vaccines are administered).

4.17 Have indemnity cover for staff involved in the service delivery. NHS Grampian will require proof that all staff involved in the scheme have appropriate indemnity cover.

5 Pharmacy premises criteria

Community pharmacies providing the NHS Grampian influenza immunisation service must have a private, enclosed clinical area suitable for vaccine administration within the community pharmacy, external to dispensary area.

Key requirements are:

Clinical wash hand basin.

Washable floors (not carpet).

Clinical workbench sufficient to prepare vaccine and layout ancillaries.

Vaccine refrigerator

Chair(s)

Wheelchair/disabled access

Minimum floor area as specified by national/local criteria for clinical treatment room (sufficient to lay patient down in the event of an adverse event). Ideally 14 square meters.

Minimum of seating for two people in waiting area additional to the prescription waiting area (required 10-15 minute recovery and wait).
Safe storage of documentation.

6 Training requirement

6.1 The community pharmacy contractor will ensure that all staff including locums involved in delivering the scheme, participate in local immunisation training programme (including update training) as identified by NHS Grampian in accordance with agreed local standards.

6.2 Pharmacists new to immunisation should spend an agreed amount of time, as defined by NHS Grampian, with a practitioner who has attended a comprehensive immunisation course and is experienced in giving vaccines and advising about immunisation before starting to give immunisation themselves. The assessment of the pharmacist should involve observation of at least six vaccinations, or a whole clinic session by the experience practitioner, to demonstrate competence. The assessing supervisor must either be a suitably trained registered nurse or pharmacist and must have practices unsupervised for a minimum of 3 months.

6.3 Annual anaphylaxis and basic life support training updates are required to be undertaken.

6.4 The community 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 guidelines.

6.5 Pharmacy staff and collection point staff are aware of Make Every Opportunity Count (MEOC), and should be confident in raising and discussing health topics with patients.
http://www.hphsgrampian.scot.nhs.uk/

7 Monitoring & evaluation

7.1 It is a requirement of the service that appropriate records are kept and maintained by the community pharmacy contractor to enable verification of service provision and to provide information to NHS Grampian for internal and external audit and evaluation purposes.

7.2 A standard operating procedure(s) should be in place in the pharmacy to cover all aspects of service provision.

8 Claims and payment

8.1 Fees will be paid for the influenza vaccine administration for Occupational Health immunisations as defined by NHS Grampian.
8.2 The cost of the influenza vaccine for the Occupational Health immunisations will be paid as per invoice price. Invoice to be submitted with claim form.

8.3 Payment for service provision shall be made on the submission of a fully completed NHS Grampian claim form. Information for audit and evaluation purposes is also gathered from this form and must be completed before NHS Grampian makes any payment. Incomplete claim forms that are submitted will not be paid and will be returned to the contractor.

8.4 Part B of the Occupational Influenza Immunisation Community Pharmacy Consent Form must be fully completed and submitted to NHS Grampian for remuneration purpose. An incomplete Part B form will result in the contractor not receiving payment for that patient and the form will be returned to the contractor.

9 References


9.3 Flavours of Public Health: a public health training guide for pharmacists.

9.4 http://www.nes.scot.nhs.uk/pharmacy


9.6 Hind, C.A; Peterkin, G; Downie, G; Michie, C; Chisholm E. Successful provision of influenza vaccine from a community pharmacy in Aberdeen. Pharmaceutical Journal 2004; 273:194-196.

9.7 Steyer, T.E; Ragucci, K.R; Pearson, W.S; Mainous, A.G. The role of pharmacists in the delivery of influenza vaccinations. Vaccine 2004; 23 (3):279.

10 Background Information

10.1 RPSGB Medicines, Ethics, and Practice (current edition).

10.2 NHS Grampian Data Protection and Confidentiality Policy for personal information.

10.3 NES Child Protection Distance Learning Resource Pack.

10.4 NHS Grampian Patient Group Direction for Administration of Influenza Vaccine by Pharmacists.
10.5 NHS Grampian Influenza Immunisation Administration and Record Form.

10.6 Department of Health’s Immunisation against Infectious Disease (the ‘Green Book’).

10.7 Updates of national vaccination policy including CMO/HDL letters

10.8 Scottish Health Technical Memorandum 36

10.9 Scottish Health Facilities Note 30
SERVICE LEVEL AGREEMENT

SLA Reference: Delivery of a compliance aid provision service from a pharmacy

<table>
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<tr>
<th>SLA No.</th>
<th>Version</th>
<th>Date</th>
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<td>July 2018</td>
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NHS Grampian

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<th>Approved by</th>
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<tr>
<td>July 2019</td>
<td>2</td>
<td>S.Anderson</td>
<td>P&amp;MD</td>
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Revision Chronology

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<th>Version No</th>
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<tr>
<td>3</td>
<td>2019</td>
<td>Annual update</td>
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Version 2019-2020
Service Level Agreement: Delivery of a compliance aid provision service from a community pharmacy

1. Introduction

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, this SLA. Services will be provided within the legal and ethical framework of pharmacy as a whole.

A three months’ notice period must be provided if either party wish to terminate this contract. Where a breach in terms of the SLA has occurred the 3 month notice period may not apply.

2. Background to service

As part of the Model Schemes provision introduced by Scottish Government in 2004, it was identified that the provision of compliance aids could be an important and useful service that community pharmacists could deliver to patients.

The overall management of this service sits within the Health Board, although recently has been included as an item of service covered by the Monthly Payment Supplement paid to each pharmacy.

This document now defines the service level agreement between NHS Grampian and pharmacy contractors.

3. Service aims

This Service aims to provide and support high quality pharmaceutical care to clients appropriately assessed as able to use a compliance aid to help support the management of their medicines.

4. Service outline and standard

4.1 Referral

4.1.1 Pharmacists must accept referrals for assessment of patient’s capacity to use a compliance aid.
4.1.2 A referral form must be completed for every new patient to be assessed for their suitability to use a pharmacy filled compliance aid (See Appendix 1). Ideally the referrer should complete this, but where a telephone referral is done, the pharmacist should complete the form for audit purposes.

4.2 Assessment

4.2.1 An Assessment of Suitability to Use a Pharmacy Filled Compliance Aid form must be completed for the referred patient (See Appendix 2). Once the assessment is completed the referral form must be annotated with the outcome of the assessment. State clearly the reasons for the resultant outcome i.e. reasons for agreeing to or for refusing to provide a compliance aid as appropriate.

4.2.2 Pharmacy will feedback the result of assessment to the referrer.

(i) Where deemed not appropriate for the patient to have a pharmacy filled compliance aid and if appropriate, patients should be offered other possible pharmacy support to help the patient manage their medicines e.g. medication chart, large print labels etc.

(ii) Where the outcome of the assessment is that the patient has the capacity to use a compliance aid, arrangements should be put in place to provide the patient with their medication in a pharmacy filled compliance aid.

4.2.3 The assessor should confirm that the referrer has been contacted with the outcome of the assessment by completing the ‘Referrer contacted’ box on the assessment form.

4.3 Ongoing assessment

4.3.1 The pharmacist should arrange to review the patient assessment on an annual basis

4.3.2 Where the outcome is the same, the patient can continue with the compliance aid

4.3.3 Where the outcome is different, the pharmacist should discuss this with the GP and assess if other measures are more appropriate.

NOTE: no patient should be stopped from having a compliance aid following review, without agreement from the patient’s GP.

4.4 Provision of Compliance Aid

4.4.1 The Pharmacist must agree with the patient or carer the details of

- The day of the week that the aid will be supplied (where possible avoid Mondays where issues may arise over public holidays)

-whether the aid will be collected or delivered to the patients home and the process for this

-the process for reordering prescriptions to fill the aid
the process for changing the contents of an aid due to cancellation or addition of a medicine (ideally this should be at the beginning of the next compliance aid filling cycle)

-the annual review process

4.4.2 Patients or carers will be provided with written information on these arrangements.

4.5 Record Keeping

4.5.1 Records of all the patient supplies must be kept including dates and reasons for changes to medication.

4.5.2 A copy of every assessment form, whether the patient receives a compliance aid or not, should be retained in the pharmacy (as either paper or electronic copy) for audit purposes and submitted to NHS Grampian on request.

5. Training requirement

5.1 All staff members involved in the delivery of pharmaceutical services should have undertaken training on IT security, confidentiality, data protection, adult & child protection, hand hygiene, fire safety, manual handling, violence and aggression.

5.2 Contractors are responsible for ensuring that their pharmacy staff are suitably trained in their roles and responsibilities in the provision of this service and are competent to deliver them.

5.3 The contractor must have Standard Operating Procedures and guidance documents or web links relating to all aspects of Compliance Aid Provision Service in place and these should form the basis of training for staff.

These should detail:

How to deal with a referral for a compliance aid

The Compliance needs assessment process

How to set up the provision of a compliance aid for a patient

How to safely fill a compliance aid

What medicines can safely be included in a compliance aid

Safe storage of filled compliance aids

Safe storage of prescriptions for compliance aids
Reordering processes for prescriptions for compliance aids

Safely managing changes to a compliance aid

Keeping records of compliance aid activity

Safe domiciliary delivery of compliance aids to patients

5.4 Pharmacy staff and collection point staff are aware of Make Every Opportunity Count (MEOC), and should be confident in raising and discussing health topics with patients.  
http://www.hphsgrampian.scot.nhs.uk/

6. Monitoring & evaluation

6.1 Contractors are required to assess patients for their suitability to use compliance aids and the assessment form acts as evidence that this has been undertaken for each patient referred for the service.

6.2 A copy of every assessment form, whether the patient receives a compliance aid or not, should be retained in the pharmacy (as either paper or electronic copy) and submitted to NHS Grampian on request.

6.3 To allow for auditing of the process, and to make accurate monthly claims, contractors are required to maintain records of the service being provided.

6.3.1 These records must be retained in the pharmacy and must be made available to NHS Grampian if requested for audit purposes. One form should be completed each month recording the patient’s CHI, the number and type of trays supplied e.g.

<table>
<thead>
<tr>
<th>PATIENT CHI</th>
<th>Start date</th>
<th>Number of trays provided</th>
<th>MTS Venalink or Other</th>
<th>Annual Review due date</th>
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<td>Aa/bb/cccc</td>
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<td>MTS</td>
<td>Jan 2019</td>
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<td></td>
<td>0</td>
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</tr>
</tbody>
</table>
An excel spreadsheet has be supplied for completion and retention at the pharmacy. See Appendix 3

7. Claims and payment

7.1 The payment structure is detailed in Appendix 4

7.2 The Pharmacy Contractor must submit a completed claim form to Primary Care Contracts Team before the 7\textsuperscript{th} of the month for the previous month in order to receive payment.

7.3 Claims older than 3 months will be deemed as an historical claim and will only be considered by the Pharmacy Performance and Governance Group for payment if the claim form is submitted with information detailing the exceptional circumstances of why the claim was not submitted at its due date.
Appendix 1 – Referral Form (retained at the pharmacy)

Referral Form to Community Pharmacist for Assessment
of a patient’s suitability to use a Pharmacy Filled Compliance Aid

This form should be used to refer a patient to the community pharmacist for assessment regarding their suitability for use of a compliance aid.

Section 1 – To be completed by the person requesting the Compliance Aid Assessment

<table>
<thead>
<tr>
<th>PATIENT REFERRAL TO PHARMACIST FOR A MEDICINES MANAGEMENT ASSESSMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient name</td>
</tr>
<tr>
<td>----------------</td>
</tr>
</tbody>
</table>

REFERAL NOTES:
Reason for request: .......................................................... Date of referral: ............
Details of person making the request:
Name: .................................................................
Job Title/relationship to patient: ........................................
Phone: .............................................. e-mail: ...........................................

Section 2 – To be completed by the pharmacist undertaking the assessment

ASSESSMENT – see full assessment form

Patient’s ability to manage in terms of:
Physical Capacity
Mental Capacity

DECISION – please delete as appropriate

Based on the full assessment, this patient IS / IS NOT suitable for a compliance aid
Pharmacist signature: .................................................. Date: ............................
Referrer contacted with decision [ ] Date contacted: ............

RECOMMENDATIONS OF OTHER AIDS / PROCESSES THAT MAY HELP THE PATIENT

- Counselling
- Large Print Labels
- Prompt to take/alarm
- Telecare assistance
- Medicines or MAR chart
- Simplifying medicines or regimen
- Formal Carer support

YES/NO

CAReferral/EK2015
Appendix 1 Additional Information

Contact details for Telecare (pill dispensers/reminder devices etc)

Aberdeen City: 01224 788616
Aberdeenshire: 0845608 1206
Moray: 01343 663999

A formal assessment by the Telemedicine staff will be required to determine which devices (if any) are suitable.

Details available on suitability and stability of medicines for compliance aids

Details available on National Polypharmacy Documents

Key areas noted in National Polypharmacy document

http://www.central.knowledge.scot.nhs.uk/upload/Polypharmacy%20full%20guidance%20v2.pdf
Appendix 2 – Assessment of Suitability to use a Pharmacy filled Compliance Aid Form (retain in Pharmacy)

<table>
<thead>
<tr>
<th>Patient Name &amp; CHI/DOB:</th>
<th>Patient Address:</th>
<th>Location of assessment:</th>
<th>Date of Assessment/review:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pharmacy Code:</th>
<th>Assessor Name:</th>
<th>Name of Person Requesting Assessment (and relationship to patient):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. **Reason for Assessment** *(please tick in the grey box for all that apply)*

- Annual review (go directly to Q 4)
- First Referral due to any of the following
  - Forgetting to order prescriptions*
  - Forgetting to take medicines (or forgetting they have taken and taking them again)*
  - Not wanting to take their medicines (intentional non-adherence)
  - Unable to open packaging
  - Unable to read the medicine labels and/or understand instructions
  - Unable to manage non-oral medicines
  - Request from formal care worker or care provider
  - Other:

2. **Support already in place (or that has been tried and failed) for the patient** *(please tick in the grey box for all that apply)*

- Ordering prescriptions
- Collecting prescriptions from GP surgery
- Collecting medicines from pharmacy
- Organising medicines at home
- Administering medicines
- Medication chart
- Compliance aid filled by informal carer/family
- Formal carer support
- Telecare e.g. Pivotell®, reminder alarms
- Other:

3. **Potential Solutions** *(please tick in the grey box for all that apply)*

- Simplifying medicines and/or regimen
  - -> discuss potential solutions with GP
- Counselling and/or advice

*Please report to GP if dementia is suspected but not diagnosed and/or the patient is struggling with other aspects of everyday life

Key areas noted in National Polypharmacy document: [http://www.sehd.scot.nhs.uk/publications/DC20150415polypharmacy.pdf](http://www.sehd.scot.nhs.uk/publications/DC20150415polypharmacy.pdf)
<table>
<thead>
<tr>
<th><strong>Medication chart or MAR chart</strong></th>
<th><em>Medication charts should be trialled first where possible</em></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Large print labels</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Someone responsible for ordering and/or delivering medicines</strong></td>
<td><em>Suitable for patients where remembering to order is the main problem.</em></td>
</tr>
<tr>
<td><strong>CMS: serial prescriptions</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Telecare reminder devices</strong></td>
<td><em>Suitable for patients with notable memory impairment.</em></td>
</tr>
<tr>
<td>Aberdeen City: 01224 788616</td>
<td><em>A formal assessment by the Telemedicine staff will be required to determine which devices (if any) are suitable.</em></td>
</tr>
<tr>
<td>Aberdeenshire: 03456 081206</td>
<td></td>
</tr>
<tr>
<td>Moray: 01343 563999</td>
<td></td>
</tr>
<tr>
<td><strong>Referral to Community Nursing Team or GP Practice for onward referral to Social Care for a general care needs assessment.</strong></td>
<td><em>This should done when the patient is struggling with various aspects of care, not just medicines</em></td>
</tr>
</tbody>
</table>

4. **Suitability for a Pharmacy Filled Multi-Compartment Compliance Aid (MCA) (please tick in the grey box for all that apply)**

Provision of an MCA should only be considered after all other solutions have been considered and/or trialled.

MCAs should be prioritised for patients where it would enable independence. Please ensure the following before issuing an MCA:

<table>
<thead>
<tr>
<th><strong>All (or the majority) of medicines are suitable for an MCA.</strong></th>
<th>The patient / informal carer can remember which times of day to take their medicines</th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="http://www.ukmi.nhs.uk/applications/mca">http://www.ukmi.nhs.uk/applications/mca</a></td>
<td></td>
</tr>
<tr>
<td><strong>The patient/ informal carer is able to manage any medicines that cannot be packed in the MCA</strong></td>
<td>The patient/ informal carer can locate the correct day and time in the MCA</td>
</tr>
<tr>
<td><strong>All medicines can fit into 1 MCA (If not, the patient/ informal carer must be able to understand how to use 2 MCAs)</strong></td>
<td>The patient/ informal carer can push the medicines out of the MCA</td>
</tr>
</tbody>
</table>

5. **Assessment Conclusion (please tick in the grey box which applies)**

<table>
<thead>
<tr>
<th><strong>An MCA has been deemed appropriate and will be commenced by mutual agreement</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>An MCA has not been deemed appropriate and the following has been recommended:</strong></td>
<td></td>
</tr>
<tr>
<td>An MCA will not be commenced</td>
<td></td>
</tr>
<tr>
<td><strong>An MCA will continue to be used <em>please remember to record appropriately on your claim form</em></strong></td>
<td></td>
</tr>
</tbody>
</table>
Please record discussions that took place when an MCA has not been deemed appropriate but is being continued following review where due to no alternative methods of support being available, withdrawal of the MCA would be potentially harmful to the patient.

Signed (pharmacist)
Appendix 3 Monitoring of Service Delivery Form (Retained at the Pharmacy)

<table>
<thead>
<tr>
<th>Monitoring form for month/year</th>
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<table>
<thead>
<tr>
<th>PATIENT CHI</th>
<th>Start date</th>
<th>Number of trays provided</th>
<th>MTS or Venalink or Other</th>
<th>Annual Review due date</th>
</tr>
</thead>
<tbody>
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Monthly Total
Appendix 4 – Payment Structure

Financial year 2019-20

Details of payments for provision of compliance aid service

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<tr>
<th>Claim</th>
<th>Payment</th>
<th>Conditions</th>
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<tbody>
<tr>
<td>Pharmacies submit a claim form each month for the number of trays used for assessed patients (Copy of assessment submitted to NHS Grampian) at a set fee per Tray (Card +Blister)</td>
<td>As per annually reviewed fee agreement with Primary Care Contracts Team. Currently: Cards equivalent to 32p per tray (Card + Blister) (MTS). Cards equivalent to 29.4p per tray (Card + Blister) (VENALINK) Other cards 29.4p per tray</td>
<td>Submission of completed claim form no later than 7th of each calendar month detailing total number and type of trays used for patients that month. All patients claimed for have had an assessment completed and have been deemed appropriate to use a compliance aid (or GP agreed continued use) within the 12 months prior to the claim Information requested by NHS Grampian for the purposes of monitoring or audit must be supplied in a timely manner.</td>
</tr>
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### Prescription collection and medication delivery service provided by Community Contractors to agreed rural sites

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<th>SLA No.</th>
<th>22022017-collection and delivery</th>
<th>Version</th>
<th>Date</th>
<th>Superseded Version No &amp; Date</th>
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<td>Stacey Anderson</td>
<td>Director of pharmacy</td>
<td>Annual review</td>
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<tr>
<td>2</td>
<td>April 2019</td>
<td>Annual review</td>
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Service Level Agreement- Prescription collection and medication delivery service provided by Community Pharmacy Contractors to agreed rural sites

1. Introduction

The service covers the collection of prescriptions and subsequent delivery of medication to an agreed delivery point e.g. post office/ practice in the specified rural areas of Echt, Boddam, Maud and Hatton by designated community pharmacy contractors.

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 this Service Level Agreement. Services will be provided within the legal and ethical framework of pharmacy as a whole. A three months’ notice period must be provided if either party wish to terminate this contract. Where a breach in terms of the SLA has occurred the 3 month notice period may not apply.

2. Background to service

This service of collection of prescriptions and subsequent delivery of medication to an agreed delivery point is a historical service that provides a solution to the issue of patients living in rural areas and not having convenient access to a community pharmacy. Pharmacy contractors can only provide this service if they have been invited by NHS Grampian to do so.

3. Service aims

This SLA aims to define the role of community pharmacy within this collaboration and provide safe and effective access to their medicines for patients living in the specified rural settings. Effective communication between the partners involved in each patient’s care plays an important part in the delivery of this service.

4. Service outline and standard
4.1 Only those community pharmacies enlisted by NHS Grampian to provide the collection and delivery service can participate and can only claim for delivery to the sites agreed between the contractor and NHS Grampian.

4.2 The community pharmacy contractor should provide a collection and delivery service in line with General Pharmaceutical council Guidance for registered pharmacies providing pharmacy services at a distance including the internet. A copy of this guidance should be kept on pharmacy premises at all times. [Link](https://www.pharmacyregulation.org/sites/default/files/guidance_for_registered_pharmacies_on_distance_and_internet_services_.pdf)

4.3 The community pharmacy contractor should undertake a risk assessment of the service to be assured that they have reduced all possible risks and mitigated by means of training and processes for any remaining identified risks.

4.4 The community pharmacy contractor should ensure that there is a written agreement in place between themselves and those manning the delivery point (post office/practice) and involved in the service. The agreement should also include the days and times that collection/delivery have been agreed. This agreement should be adhered to at all times and steps should be put in place to ensure that the service is still provided during exceptional circumstances such as staff shortage, sickness etc.

4.5 Community pharmacy contractors should ensure that the delivery point staff have:

- had training in the confidentiality required in delivering the service,
- had training in what they can and cannot do in terms of releasing delivered medication,
- contact details for the community pharmacy for any issues that may arise.

Patients are provided with:

- information on what the service provides and how to use it,
- when the service will be provided and where it will be provided from & to,
- relative sign posting if required.

4.6 Any adverse events, complaints or errors including near misses that arise within the delivery site relating to the service must be reported to the community pharmacy contractor and must be recorded by the community pharmacy as per their normal process for recording adverse events, complaints and errors.

5. Training requirement
5.1 All staff members involved in the delivery of pharmaceutical services should have undertaken training on IT security, confidentiality, data protection, adult & child protection, hand hygiene, fire safety, manual handling, violence and aggression.

5.2 The community pharmacy contractor must have an appropriate SOP in place in the pharmacy, an equivalent document in the delivery site to cover the service and also a copy of the guidance document from the General Pharmaceutical Council. The SOPs and guidance should form the basis of staff training.

5.3 The community pharmacy contractors are responsible for ensuring that all staff (including delivery drivers and delivery site staff) involved in the collection and delivery service are suitably qualified/trained and competent to deliver this service.

5.4 Pharmacy staff and collection point staff are aware of Make Every Opportunity Count (MEOC), and should be confident in raising and discussing health topics with patients.

http://www.hphsgampian.scot.nhs.uk/

6. Monitoring & evaluation

It is a requirement of the service that appropriate records are kept and maintained by the community pharmacy contractor to enable verification of service provision and training requirements, and to provide information to NHS Grampian for audit and evaluation purposes. These records should be kept on pharmacy premises and must be made available to NHS Grampian if requested. The records that need to be held are:

- a copy of the SOP for the service,
- a copy of the risk assessment,
- training records for all relevant staff at both sites,
- a record of the journeys and number of prescriptions collected/delivered to the delivery site each month (See Appendix 1 for a suggested Payment Claim Report template),
- a record of any adverse events, complaints or errors associated with the service.

7. Claims and payment

7.1 Only community pharmacy contractors that have been invited by NHS Grampian to deliver the service can claim or will receive payment.
7.2 A ‘Mileage Claim Submission’ form must be submitted on or before the 7th of each month to cover the previous month's journeys. The form must be submitted to the primary care contracts team (nhsg.pmu@nhs.net) in order to receive payment. Details on how to submit the form can be found at the bottom of the claim form.

7.3 Only mileage to/from the pharmacy and to/from the delivery sites detailed in this SLA can be claimed for.

7.4 Claims older than 3 months will be deemed historical claims and will only be considered for payment by the Pharmacy Performance and Governance Group if the claim form is submitted detailing the exceptional circumstances of why the claim was not submitted at its due date.

8. References

https://www.pharmacyregulation.org/sites/default/files/guidance_for_registered_pharmacies_on_distance_and_internet_services_.pdf
Appendix 1

This form should be completed and retained within the pharmacy for audit purposes

Pharmacy:

Contractor Code:

Sites Delivered to:

<table>
<thead>
<tr>
<th>Date</th>
<th>Pick up/Delivery Destination</th>
<th>Number of Patients</th>
<th>Number of Items</th>
<th>Claim Amount</th>
<th>Number of Returns</th>
<th>Reason for Returns</th>
</tr>
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Responsible Pharmacist Name..........................................................
### STANDARD OPERATING PROCEDURE

**ADD PHARMACY NAME**

<table>
<thead>
<tr>
<th>SOP Title</th>
<th>Prescription collection and medication delivery service</th>
</tr>
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<tbody>
<tr>
<td><strong>SOP No.</strong></td>
<td>Version</td>
</tr>
<tr>
<td><strong>Page 31 of</strong></td>
<td>Review Date</td>
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<tr>
<td><strong>Author</strong></td>
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**Revision Chronology**

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</tbody>
</table>
1. PURPOSE

To detail the process of collection of prescriptions and subsequent delivery of medication to an agreed delivery point.

2. SCOPE

The service of collection of prescriptions and subsequent delivery of medication to an agreed delivery point is a historical service that provides a solution to the issue of patients living in rural areas and not having convenient access to a community pharmacy. Pharmacy contractors can only provide this service if they have been invited by NHS Grampian to do so.

RESPONSIBLE PERSON

Type in the responsible person

4. PROCEDURE

Detail the procedure for your pharmacy for this service. Remember to include the following processes:

Signing patients up to the service (making you receive patients consent for the service and have an up to date phone number for the patient).

CD items and fridge lines.

Collecting prescriptions from the delivery point.

Delivering the items to collection point.

Procedures undertaken at collection point when patients collect prescriptions.

How the prescriptions are stored in the pharmacy, during transmit and at the delivery point.

Communicating with patients that receive medication at delivery point (i.e. leaflet in the bag to contact pharmacy if there is an issue).
5. REFERENCE GUIDES/SOPS

Prescription collection and medication delivery service provided by Community Pharmacy Contractors to agreed rural sites SLA.

6. APPENDICES

AUTHORS

CONTACT LIST

SIGNATURE SHEET

Once you have completed reading and are sure that you understood this SOP please sign and date

<table>
<thead>
<tr>
<th>Print Name</th>
<th>Signature</th>
<th>Date of completion</th>
</tr>
</thead>
<tbody>
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## NHS GRAMPIAN

### SERVICE LEVEL AGREEMENT

<table>
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*Version 2019-2021*
1. Intro

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 NHS Grampian. Services will be provided within the legal and ethical framework of pharmacy as a whole.

A three months’ notice period must be provided if either party wish to terminate this contract. Where a breach in terms of the SLA has occurred the 3 month notice period may not apply.

2. Background to service

The Cuminestown prescription collection service was set up when Turriff Medical Practice took over the Cuminestown Medical Practice and practice staff were no longer in a position to hand out dispensed prescriptions to patients. Pharmacy Contractors have access to the branch surgery premises twice a week for patients to collect prescriptions directly from pharmacy staff. This service ensures that Cuminestown area patients that are registered with the Turriff Medical Practice have access to pharmaceutical services.

3. Service aims

The service aims to patients in the Cuminestown Area with a Prescription Collection Service.

4. Service outline and standard

4.1 Only those community pharmacy contractors who have been enlisted by NHS Grampian for participating in the Cuminestown Prescription Collection Service can participate.

4.2 The community pharmacy contractor should provide the Cuminestown Prescription Collection Service in line with General Pharmaceutical council Guidance for registered pharmacies providing pharmacy services at a distance including the internet. A copy of this guidance should be kept on pharmacy premises at all times.
4.3 The community pharmacy contractor should ensure that there is a written agreement in place between themselves and the Turriff Medical Practice. The agreement should also include the days and times that collection/delivery have been agreed.

4.4. The community pharmacy contractors should ensure that patients are aware of the collection/delivery times within the medical centre and the contact details for the pharmacy.

4.5 Community pharmacy contractors should ensure that the staff handing out the prescriptions at the medical centre have:

- Completed training in the confidentiality required in delivering the service
- Are training in what they can and cannot do in terms of releasing delivered medication and
- Have contact details for the community pharmacy for any issues that may arise.

4.6 Community pharmacy contractors should ensure that medication is being stored correctly and securely.

4.7 Any adverse events, complaints, or errors including near misses that arise within the delivery site relating to the service must be reported to the community pharmacy contractor and must be recorded by the community pharmacy as per their normal process for recording adverse events, complaints, and errors.

5. Training requirement

5.1 The contractor must have an appropriate SOP in place in the pharmacy and an equivalent document in the delivery site to cover the service and also a copy of the guidance document from the General Pharmaceutical Council. The SOPs and guidance should form the basis of staff training.

5.2 Contractors are responsible for ensuring that all staff (including delivery drivers and delivery site staff) involved in the Cuminestown prescription collection service are suitably qualified/trained and competent to deliver this service.

5.3 Pharmacy staff and collection point staff are aware of Make Every Opportunity Count (MEOC), and should be confident in raising and discussing health topics with patients.

http://www.hphsgrampian.scot.nhs.uk/
6. Monitoring & evaluation

It is a requirement of the service that appropriate records are kept and maintained by the community pharmacy contractor to enable verification of service provision and training requirements, and to provide information to NHS Grampian for audit and evaluation purposes. These records should be kept on pharmacy premises and must be made available to NHS Grampian if requested. The records that need to be held are:

- A copy of the SOP for the service
- A copy of the Risk Assessment
- Training records for all relevant staff at both sites
- A record of the number of prescriptions collected/delivered to the delivery site each month
- A record of any adverse events, complaints or errors associated with the service

7. Claims and payment

7.1 Only those community pharmacy contractors who have been enlisted by NHS Grampian to participate in the Cuminestown Prescription Collection Service will receive payment.

7.2 A ‘Service Claim Form for Community Pharmacists Participating in the Cuminestown Prescription Collection Service’ must be completed and submitted by the 7th of each month.

7.3 Community pharmacy contractors will be paid £130 per month when a claim form is submitted.

7.4 Claims older than 3 months will be deemed historical claims and will only be considered for payment by the Pharmacy Performance and Governance Group if the claim form is submitted detailing the exceptional circumstances of why the claim was not submitted at its due date.

8. References

https://www.pharmacyregulation.org/sites/default/files/guidance_for_registered_pharmacies_on_distance_and_internet_services_.pdf
# NHS GRAMPIAN

## SERVICE LEVEL AGREEMENT

### Rota Service

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<th>Director of pharmacy</th>
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Version 2019-2020
Service Level Agreement – Rota Services

1. Intro

This Service Level Agreement (SLA) acts as a contract between NHS Grampian and the Community Pharmacy contractor and commits the contractor to provide the services as defined by NHS Grampian. Services will be provided within the legal and ethical framework of pharmacy as a whole. A three months’ notice period must be provided if either party wish to terminate this contract. Where a breach in terms of the SLA has occurred the 3 month notice period may not apply.

2. Background to service

Rota services are a historical service and are in place to help ensure that pharmaceutical needs of patients are being met. Part of the rota service is an agreement between pharmacies and NHS Grampian. This agreement details what days and times each pharmacy included in the rota will be opened. Community Pharmacy contractors can only provide rota services if there is a demand for the service and if invited to do so by NHS Grampian.

3. Service aims

The aim of this service is to give patients access to pharmaceutical services for agreed times when the pharmacy would normally be closed.

4. Service outline and standard

4.1 Pharmacies can only participate in rota services if invited to do so by NHS Grampian.

4.2 A written agreement of the details will take place between NHS Grampian and Community Pharmacy contractors.

4.2.1 A copy of the agreement should be kept on the pharmacy premises for audit purposes.

4.2.2 The Community Pharmacy contractor should ensure that robust business continuity plans mean the service is able to be delivered during all contracted hours and exceptional circumstances such as staff shortage, sickness etc.
4.3 The Community Pharmacy contractors should ensure that patients and any other relevant parties are made aware of which pharmacies are involved in the rota service and the days/times on which each pharmacy is opened.

5. Training requirement

5.1 All staff members involved in the delivery of pharmaceutical services should have undertaken training on IT security, confidentiality, data protection, adult & child protection, hand hygiene, fire safety, manual handling, violence and aggression.

5.2 The Community Pharmacy contractor must have in place an appropriate SOP detailing how staff should deliver the rota service and this should be used as the basis for staff training.

5.3 The Community Pharmacy contractor is responsible for ensuring that all staff are suitably qualified/trained and competent to deliver this service.

5.4 Pharmacy staff are aware of Make Every Opportunity Count (MEOC), and should be confident in raising and discussing health topics with patients. [Link](http://www.hphsgrampian.scot.nhs.uk/)

6. Monitoring & evaluation

6.1 The Community Pharmacy contractor must keep a record of the number of items dispensed during the rota hours. This record should be kept on the pharmacy premises and be made available to NHS Grampian for audit purposes when requested.

6.1.1 The records that need to be held are:

A copy of the SOP for the service.

Training records for all relevant staff.

A copy of the written agreement between the Community Pharmacy contractors and NHS Grampian.

A record of the numbers of items dispensed, number of patient consultations during rota schedule hours (AMS, MAS, EHC, NRT, SMS etc.), and number of prescriptions collected. The template record sheet (Appendix 2) can be used to record this information.

A record of any adverse events, complaints, or errors associated with the service.

7. Claims and payment
7.1 Community Pharmacy contractors involved in an agreed Rota Service will receive payment from NHS Grampian on a monthly basis.

7.2 A completed claim form should be submitted to the PCCT before the 7th of the month for the previous month in order for the pharmacy to receive payment.

7.3 Claims older than 3 months will be deemed historical claims and will only be considered for payment by the Pharmacy Performance and Governance Group if the claim form is submitted with information detailing the exceptional circumstances of why the claim was not submitted at its due date.

7.4 Community Pharmacy contractors will receive £9.02 per hour on a pro-rata basis for additional opening agreed as part of the rota service written agreement.
Appendix 2 – Template Record Sheet for Rota Service

For each service please record the number of prescriptions dispensed/ the number of consultations during the rota service hours. Please also record the number of prescriptions collected.

This information should be kept on pharmacy premises and must be made available to NHS Grampian if requested.

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<th>EHC</th>
<th>NRT</th>
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# Service Level Agreement

**SLA Reference:**

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**NHS Grampian**

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**Superseded Version No & Date**

| 2018/2019 |

**Author**

S. Anderson

**Approved by**

P&MD

## Revision Chronology

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Version 2019-2020
Service Level Agreement - Provision of Prescribed Medicines and Sharps Waste Disposal Service from Community Pharmacy

1. Introduction

This Service Level Agreement (SLA) acts as a contract between NHS Grampian and the contractor and commits the contractor to provide the services as defined by a Prescribed Medicines and Sharps Waste Disposal Service to patients in Grampian for the period to include 2018/19 financial year.

The service must be delivered in accordance with General Pharmaceutical Council (GPhC) Professional Standards and Guidance in Good Pharmacy Practice.

Contractors must be registered for a paragraph 39 exemption to the Waste Management Licensing (Scotland) Regulations 2011 (as amended) – this process is free of charge and involves a simple online registration process.

Contractors have a Duty of Care for waste as laid out by the Scottish Environment Protection Agency. [https://www.sepa.org.uk/regulations/waste/activities-exempt-from-waste-management-licensing/](https://www.sepa.org.uk/regulations/waste/activities-exempt-from-waste-management-licensing/)

A three months’ notice period must be provided if either party wish to terminate this contract. Where a breach in terms of the SLA has occurred the 3 month notice period may not apply.

2. Background to service

Pharmacy contractors are required to accept medicine and sharps waste in appropriate bins from patients being treated at or in a homely setting for uplift and disposal by NHS Grampian.

3. Service aims

To provide patients with a robust route for safe disposal of prescribed medicines and sharps.

To establish a safe and robust community pharmacy disposal service for patients in NHS Grampian.

To ensure pharmacy staff understand and implement safe handling and storage of waste in their premises.

To ensure that healthcare professionals and patients in NHS Grampian requiring such a service are aware of and know how to access it.
To work within the health & safety requirements and infection control guidance for handling segregating and storing used medicines and sharps bins.

4. Service outline and standard

4.1 Contractors will be required to:

Complete registration for a paragraph 39 exemption to the Waste Management Licensing (Scotland) Regulations 2011 (as amended) through SEPA. Evidence of this may be asked for at any time. [https://www.sepa.org.uk/regulations/waste/activities-exempt-from-waste-management-licensing/](https://www.sepa.org.uk/regulations/waste/activities-exempt-from-waste-management-licensing/)

Ensure an adequate stock of appropriate sizes and colour of bins and lids by liaising with NHS Grampian transport staff at times of waste collection and of delivery of empty bins for pharmacy use.

Ensure all clinical waste from patients is accepted when presented and disposed of safely and appropriately.

Ensure safe and appropriate storage and segregation of empty and full prescribed medicines and sharps bins.

Maintain knowledge relevant to providing the service to patients and undertake further training if required.

Ensure appropriate Standard Operating Procedures are in place to ensure all pharmacy staff understand their duty of care responsibilities and work within the health & safety requirements and infection control guidance for handling, segregating and storing medicines, and sharps bins.

Participate in any audit co-ordinated by NHS Grampian.

To notify NHS Grampian Pharmacy & Medicines Unit of any changes in contracted opening hours, regular pharmacist or any other relevant changes that may impact on the collection and delivery of waste materials.

4.2 Additional Information

In the unlikely event that a patient returns any black Injecting Equipment Provision (Needle Exchange) sharps containers, these should be accepted and disposed of in the same manner as other prescribed sharps even if the pharmacy does not participate in the Needle and Syringe exchange Service.

4.3 Responsibilities of NHS Grampian Transport Services:
To provide a schedule of routine uplifts for prescribed medicines and sharps waste.

To uplift returned prescribed medicines and sharps presented in sealed and signed approved containers.

To supply the community pharmacy with sufficient replacement approved containers for pharmacy and patient use.

5. Training requirement

5.1 All staff members involved in the delivery of pharmaceutical services should have undertaken training on IT security, confidentiality, data protection, adult & child protection, hand hygiene, fire safety, manual handling, violence and aggression.

5.2 Staff involved in the delivery of this service should attend and participate in any waste management training provided by NHS Grampian.

5.3 NHS Grampian will provide guidance in waste and sharps management for community pharmacists and their support staff to support them in undertaking their duty of care. It is the responsibility of the contractor to ensure that staff involved in the delivery of the service have read and understood the guidance.

5.3.1 Contractors should ensure that all staff involved in the delivery of this service are aware of the procedure on managing a needle stick injury detailed in Appendix 1.

5.3.2 A named member of staff for each contractor will take overall responsibility for ensuring the service is provided to the required standard and for ensuring all staff in the pharmacy have knowledge of and are trained in the operation of the service.

5.4 Pharmacy staff and collection point staff are aware of Make Every Opportunity Count (MEOC), and should be confident in raising and discussing health topics with patients.

http://www.hphsgrampian.scot.nhs.uk/

6. Monitoring & evaluation

6.1 Contractors must provide evidence of their registration for a paragraph 39 exemption to the Waste Management Licensing (Scotland) Regulations 2011 (as amended) when requested to do so.

6.2 Standard Operating Procedures should be available for all staff to access and should be reviewed every two years or sooner if there are any changes to practice.
6.3 Pharmacists, Pharmacy Technicians, and support staff involved in the provision of the service should undertake and retain evidence of relevant CPD/ training.

6.4 Provision of the service will be monitored and audited regularly by NHS Grampian.

7. Claims and payment

7.1 Provision of all appropriate bins and disposal of all waste is undertaken and paid for by NHS Grampian.

7.2 An annual payment of £200 will be paid each year in May to contractors providing a signed contract agreement (Annual sign up letter).

7.3 This provision will be reviewed each year.

8. References


8.2 Health Facilities Scotland: [http://www.hfs.scot.nhs.uk/publications/](http://www.hfs.scot.nhs.uk/publications/) for:


8.3 Scottish Environment Protection Agency: [www.sepa.org.uk](http://www.sepa.org.uk)


9. Contact Details

Transport Department Helpdesk:

01224 552023, select option 1 and then option 2
Transport Department email address: nhsg.transportlogistics@nhs.net
OCCUPATIONAL HEALTH SERVICE

MANAGEMENT OF OCCUPATIONAL EXPOSURE TO BLOOD-BORNE VIRUSES

Immediate Actions:
- Gently squeeze wound (DO NOT SUCK AREA).
- Wash affected area with soap & water (DO NOT SCRUB).
- Rinse mucous membranes with warm water (DO NOT SWALLOW WATER).
- Cover broken skin with waterproof dressing e.g. elastoplast if not allergic.
- Assess if exposure is SIGNIFICANT.
- Percutaneous injury e.g. needle, instruments, bone fragments, significant tissue which break the skin, etc.
- Exposure of broken skin (abcesses, cuts, eczema, etc).
- Exposure of mucous membranes including the eye.

START

Is SOURCE PATIENT identified?

YES

OCCUPATIONAL HEALTH ADVISOR: GP/A&E doctor
- Arrange follow up in occupational health within 36 hours for recording incident.

NO

Is the SOURCE PATIENT known to be HIV positive?

YES

Prophylactic therapy must be offered to EXPOSED EMPLOYEE if possible within one hour of exposure.
Take advice from the Infection Unit Consultant.
Contact via switchboard 0845 456 6000

NO

OCCUPATIONAL HEALTH ADVISOR: GP/A&E doctor present to interview EXPOSED EMPLOYEE.
- Take initial blood from exposed employee. Send to virology. Write clearly on request form 'OHS-FOR STORAGE ONLY - NOT FOR TESTING'.
- Consider need for hepatitis B post-exposure prophylaxis.
- Arrange follow up in occupational health within 36 hours for recording incident and subsequent blood samples.

NO

GP/Senior doctor or nurse present to interview SOURCE PATIENT
- If source status is not known, request blood sample with informed consent to be tested for hepatitis B, hepatitis C and HIV & a copy to be provided to occupational health.
- Consent should be documented in the patients’ notes. (Consenting to testing does not affect insurance policies, only if a result is positive does the patient need to inform the insurer.)
- Sample is sent to Virus Laboratory marked: "Virus Laboratory: Hepatitis B, Hepatitis C & HIV STATUS: source patient needlestick injury. Copy to OHS/phone."

YES

Source bloods positive for HIV or assessed as high risk.

Advice and support can be obtained from:
NHS Grampian Occupational Health Service, Forresihill, Linsay Tel: 01324 553663, or, in Moray Tel: 01343 567366
Consultant in Virology on Tel: (01224) 553811 / 0845 456 6000
Consultant in Public Health Medicine on Tel: 01324 558520
A & E should only be involved where there is a significant injury occurring out of hours or an exposed employee cannot be seen in occupational health within 36 hours.
- The Infection Unit, ARI
- Albyn Health Centre
- Innes Hospital, Hailfork
- Casualty, Aberdeen Royal Infirmary
- Casualty, Gilbert Bain, Scalloway
- Special Clinic, Woolmarhill
- A & E, Dr Grays, Elgin
- Casualty, Pineweald
- T&OPD, Orkney

http://aklgtorment.grampian.sct.nhs.uk/dep/Occupational Health Services/Occupational Health Service Documents/BY Flowchart5.doc
NHS GRAMPIAN

SERVICE LEVEL AGREEMENT

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1. Introduction

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, this SLA. The relevant local Health & Social Care Partnership guidance document pertaining to the Health and Social Care Partnership (HSCP) area in which the patient in question lives, must be read in conjunction with this SLA.

Local HSCP guidance documents


Health & Social Care Moray- Medication Management (for all adult services) guidelines.

Services will be provided within the legal and ethical framework of pharmacy as a whole.

A three months’ notice period must be provided if either party wish to terminate this contract. Where a breach in terms of the SLA has occurred the 3 month notice period may not apply.

2. Background to service

In March 2015, The Care Inspectorate (in conjunction with the Royal Pharmaceutical Society and Social Work Scotland) issued guidance entitled, “Prompting, assisting and administering of medication in a care setting: guidance for professionals (March 2015)”.

The Care Inspectorate identified three ways that care workers can support clients with their medicines: prompting, assisting and administering.

Each NHS Grampian HSCP has their own Medication Support Guidance that clearly recognise these differing three levels of support.

All Care Providers administering medicines must use a Medication Administration Record (MAR) chart to record whether each prescribed medicine was administered or not. For regular medicines, this MAR chart must be produced by a Pharmacy (community or hospital) or by a Dispensing Doctor.
3. Service aims

To provide MAR charts and pharmaceutical services to patients whose prescribed medication is administered by local authority commissioned care at home workers.

Administration of medicines is defined as one, or a combination of the care worker doing the following:

Deciding which medicine(s) have to be taken or applied and when this should be done.

Being responsible for selecting the medicines.

Giving a person medicines to swallow, apply, or inhale, where the person receiving them does not have the capacity to know what the medicine is for or identify it.

Giving medicines (even at the request of the person receiving care) where a degree of skill is required to be exercised by the care worker to ensure it is given in the correct way.

Care at home services is defined as encompassing people living in their own home, sheltered housing, very sheltered housing, extra care housing, housing support services but excluding any service operating under a care home registration.

4. Service outline and standard

4.1 The Pharmacy Contractor will undertake the preparation of MAR charts in accordance with the prescribed medication for patients identified as requiring Level 3 support (Aberdeenshire and Moray) and Grade 3 or Grade 4 support (Aberdeen City). Medicines must be supplied in a labelled skillet or original packs and not in compliance aids. MAR charts must conform to any local and national standards and be computer generated wherever possible.

4.2 The Pharmacy Contractor will be familiar with the terms and conditions of their HSCP’s guidance on the Care at Home service in order to provide appropriate and timely advice to care workers on administration issues, if required. Pharmacy Contractors will undertake to maintain a current record of medication for patients identified as requiring Level 3/Grade 3 or 4 support.

4.3 The Pharmacy Contractor will provide repeat and updated MAR charts which correspond to all currently prescribed medicines. Contractors must discuss and agree with Care Providers on how ‘when required’ medication will be managed and record this information for future reference.

4.4 The Pharmacy Contractor must ensure, where appropriate, that the Care Provider is advised and understands any special requirements when handling the medication and administering medicines to the patient e.g. take after food, cytotoxic handling. Written information should be provided if necessary.
4.5 The Pharmacy Contractor must use their professional judgement where discrepancies/queries occur with a patient’s medication and liaise with the appropriate professional to resolve the issue e.g. GP, practice pharmacist. These changes must be communicated to the Care Provider and/or patient and recorded for future reference.

4.6 The Pharmacy Contractor must use their professional judgement to assess the patient’s medication to ensure that it is appropriate for both the patient and their medical conditions. Any issues should be raised with the Care Provider and/or GP.

4.7 The Pharmacy Contractor must use their professional judgement to assess the patient’s medication to ensure that it is appropriate for a Local Authority social work commissioned care at home worker to administer according to the local HSCP guidance. Any issues should be raised with the Care Provider and/or GP.

4.8 The Pharmacy Contractor providing the service should ensure that standard operating procedures (SOP) are in place which covers all aspects of the service provision. These SOPs should be read, understood, and followed by all staff member involved in the delivery of this service.

4.9 The Pharmacy Contractor will be responsible for ensuring that patient medication records are up to date.

5. Training requirement

5.1 Staff providing the service must work within their own competency.

5.2 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 guideline and SOPs.

5.3 All staff members involved in the delivery of pharmaceutical services should have undertaken training on IT security, confidentiality, data protection, adult & child protection, hand hygiene, fire safety, manual handling, violence and aggression.

5.4 Pharmacy staff and collection point staff are aware of Make Every Opportunity Count (MEOC), and should be confident in raising and discussing health topics with patients.

http://www.hphsgrampian.scot.nhs.uk/

6. Monitoring & evaluation

6.1 The Pharmacy Contractor must maintain a list of all patients receiving this service which should include the patients CHI number, the month and year of the patient starting the service and the month and year of when the service was no longer required by the patient. Details regarding collection agreements and times of carer’s visits should also be maintained.
6.2 The Pharmacy Contractor will maintain patient records of the episodes of care.

6.3 It is a requirement of the service that appropriate records, including patient medication records, are kept and maintained by the Pharmacy Contractor, to enable verification of service provision and training requirements, and to provide information for internal and external audit and evaluation purposes.

7. Claims and payment

7.1 The Pharmacy Contractor must submit a completed claim form to Primary Care Contracts Team before the 7th of the month for the previous month in order for the pharmacy to receive payment.

7.2 Claims older than 3 months will be deemed as an historical claim and will only be considered for payment by the Pharmacy Performance and Governance Group if the claim form is submitted with information detailing the exceptional circumstances of why the claim was not submitted at its due date.

7.3 Details regarding the fee per patient that Pharmacy Contractors will receive can be found on the claim form.

8. References


9. HSCP Lead Pharmacist Contact Details

Please contact if there are any queries/concerns about the service:

City – Joan MacLeod: [joan.macleod@nhs.net](mailto:joan.macleod@nhs.net)

Aberdeenshire – Lesley Thomson: [lesley.thomson6@nhs.net](mailto:lesley.thomson6@nhs.net)

Moray – Sandy Thomson: [sandy.thomson@nhs.net](mailto:sandy.thomson@nhs.net)
Appendix 1 – Patient Details (to be stored securely in Community Pharmacy)

To fulfil SLA criteria: 4.3 -4.7; and 6.1

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<thead>
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<tr>
<td>Care Provider</td>
<td>(name and phone number)</td>
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**Times of Care Provider visits**

Who is ordering medication?

Who is collecting/delivering medication?

How is ‘when required’ medication to be managed (specifically who will order and what directions will be required)?

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<thead>
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<th>Date service stopped (mm/yy)</th>
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**Record of advice/queries/discrepancies etc.**

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## Provision of Level 1 Substance Misuse Services from a Community Pharmacy

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### NHS Grampian

**Review Date:** 2019

**Superseded Version No & Date:**

**Author:** S. Anderson

**Approved by:** P&MD

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Version 2019-2020
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 two 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 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 patient’s 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 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 multidisciplinary 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.

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 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.
Appendix 1

Fee structure 2019-2020

CD fee - which is a payment for each dispensing of £1.47 Supervision fee - a payment for each supervised consumption of £1.16 Clinical Interaction fee (effectively every time a prescription is dispensed i.e. each instalment) of 26p

For Buprenorphine Supervision fee - a payment for each supervised consumption of £1.16 Clinical Interaction fee (effectively every time a prescription is dispensed i.e. each instalment) of 26p

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.
COMMUNITY PHARMACY
GUIDANCE FOR THE DELIVERY OF SUBSTANCE MISUSE SERVICES
1. Introduction

This document is intended as an information and support tool for community pharmacies contracted to provide substance misuse services in line with the appropriate NHSG Service Level Agreement (SLA). It contains specific sections to aid the completion of Patient Clinical Care Records in addition to legislative guidance and advice on the dispensing and supervision of associated medicines. It aims to support community pharmacies in fulfilling their role as part of the multidisciplinary integrated team involved in the care of people who use drugs.

2. Background

In Grampian as in many other areas, drug misuse presents significant risks to both personal and public health. The community pharmacy team has an important role to play in:

- Providing non-judgemental support, advice and information during each patient’s recovery journey
- Dispensing and supervising prescribed drugs such as Opioid Replacement Therapies (ORT) e.g. Methadone and buprenorphine and providing appropriate associated clinical interventions
- Providing patients with factual advice on risks of overdose and how to minimise these
- Delivering or signposting patients to naloxone training
- Making supplies of naloxone by PGD as part of NHS Grampian’s “Naloxone Take Home Programme” where local need is identified (level 2 service).
- Providing patients with factual advice and information on Public Health issues including sexual health and reducing the risk of acquiring blood borne viruses
- Providing basic advice on safer injecting and signposting clients to the nearest available pharmacy or specialist needle exchange service where not available onsite
- Delivering the full Injecting Equipment Provision (needle exchange) service where a local need is identified (level 2 service)
- Undertaking a prescribing role where local need is identified (level 2 service)
- Providing general health advice and treatment via Pharmacy core national and local services as appropriate
- Where unregistered, signposting patients to local general medical or dental services
- Offering support with smoking cessation where appropriate.
Aspects of service provision are divided into level 1 and level 2 services as outlined in the SLA.

3. Requirements for delivering the service

In order for the pharmacy to deliver the SLA they should ensure that appropriate facilities are available to provide a private area for the consultation of patients. Patients undergoing treatment for substance misuse issues are often stigmatised within communities and can be affected by multiple stressors including histories of abuse, breakdown of family relationships, practical issues such as housing, income and employment and often have little self-worth. Pharmacies should endeavour to provide an environment where patients are respected, their potential problems given due consideration and are supported towards recovery.

Contractors participating in the delivery of community pharmacy substance misuse services are responsible for ensuring pharmacy staff are sufficiently competent in delivering the SLA. Pharmacists must have completed NHS Education Scotland training packs/online resources “Pharmaceutical Care in Substance Misuse” and “Child Protection.” They should be familiar with current UK clinical guidance. Of specific note is “Drug Misuse and Dependence: UK guidelines on clinical management” (link in Section 11). Chapter 5 contains specific information on pharmacological interventions however the resource provides information on many issues which may arise including pregnant patients, blood borne viruses and driving considerations. Pharmacy support staff should be encouraged and supported to undertake the NES training modules described.

4. What does the service involve?

For new patients, each patient’s clinician will forward key information using the New Patient Information Form (Appendix 2). This will contain a brief outline of the proposed treatment plan and any key issues of note to assist pharmacists and pharmacy staff in the management of patients. The sharing of this type of information will be new to both pharmacists and clinicians and it may be necessary to prompt the clinician for this information if it has not been supplied. Email should be utilised for communication to provide an audit trail although telephone contact may initially be required for urgent queries requiring rapid resolution.

For every patient a Pharmacy Treatment Agreement should be completed and a copy supplied to the patient. A template is provided (Appendix 3) which pharmacies may either use in the current format or adapt to suit their service so long as all points are covered. This should be used as a prompt for discussion rather than the patient being asked to read and sign. Remember, not all patients will have good literacy skills.
Pharmacists will start a Patient Clinical Care Record (Appendix 4) for every patient whether they are new to the pharmacy or an existing patient. The record is a brief note of any key interventions, issues or discussions that take place. It will be informed by the Patient Checklist (Appendix 5) and should be completed for both “supervised” and “take home” patients. It is recommended that the record is held electronically. The Patient Clinical Care Record will form the basis of feedback on patient progress to the prescriber or CPN at their request using the Action Request Form (Appendix 6).

The first page of the record consists of questions which should be covered in the early attendances of a patient when they are new to a pharmacy. Questions 1 and 2 need only be completed for patients who are completely new to Opioid Replacement Therapy (methadone/buprenorphine product) or who are being re-titrated after a break in treatment. Subsequent pages should be used to free type any key interventions, outcomes and progress updates which occur in the course of patient interaction. Information need not be recorded on a daily basis, rather when there is something of note to record.

The Patient Checklist is a list of key interventions that should be covered during the course of every patient’s treatment. The priorities of each section will vary at different stages of treatment, e.g. “Section D: Change of dispensing arrangements” is unlikely to be covered in the first three months of treatment. When the patient checklist highlights that an intervention is required, the intervention and resolution or outcome should be recorded in the Pharmacy Patient Care Record.

5. Information to accompany the Patient Checklist and inform the Patient Clinical Care Record

5.1. Information to be covered during pharmacy visits

The following information expands on points of the checklist which may require clarification. Not all checklist points are listed. When discussing points with patients it is important to consider each patient’s literacy. Some patients will struggle to read and/or understand printed materials such as Patient Information Leaflets and key messages should be reinforced verbally.

- Have you received a New Patient Information Form from the key clinician?

Pharmacists should receive information on each patient’s treatment plan before or in the early stages of a patient attending a new pharmacy. If this has not been received the pharmacist should contact the clinician to discuss/request.
• Discuss content of Treatment Agreement and sign

See also section 4.2. Pharmacies should provide the service for the entirety of their contracted opening hours. Due to the potentially chaotic nature of patients particularly in the early stages of treatment, pharmacies are discouraged from stipulating times during which the patient must attend for methadone. To assist in workload management pharmacy staff and the patient may discuss hours which may be better to avoid e.g. particularly busy times, but these should not be restrictive to the patient accessing their medication.

• Take photograph/ask for photographic id

This is a clinical governance consideration aimed at reducing the opportunity for error i.e. Somebody other than the patient receiving the medication. All staff, including locums should be shown how to access photo id.

• Provide Patient Information Leaflet for the drug(s) they are receiving

Patients should be provided with appropriate verbal advice and information on the medications they are taking. This should be reinforced with written materials such as the relevant patient information leaflet for the drug(s) they are receiving. www.patient.co.uk is a useful reference source. Employing both methods will increase the likelihood of patients understanding their medication.

• Advise patient to take dose(s) at roughly the same time each day

This may help reduce fluctuation in blood levels of the prescribed drug especially in initial stages of treatment and where patients are prescribed lower doses of medication thus reducing the occurrence of adverse effects such as over-sedation or symptoms of withdrawal.

• Discuss signs and symptoms of overdose and naloxone

The signs and symptoms of overdose should be covered early in treatment. Titration using methadone carries an increased risk of overdose due to the long acting nature of the drug and the potential for patients
“topping up” with illicit opioids where they are not yet stabilised on a sufficient dose to counter symptoms of withdrawal. Due to their partial antagonistic effects, buprenorphine containing products such as Suboxone® and Subutex® may not carry as high a risk of overdose as methadone however a risk remains especially where the patient is taking additional respiratory depressants such as illicit opioids, benzodiazepines and alcohol.

- Key signs and symptoms of overdose to discuss are:

Person cannot be roused on firm shoulder shake and use of voice

Presence of a rasping/snoring sound. This is quite distinct from regular snoring but a key sign that the patient is in respiratory distress. This sign is often missed where it has been mistakenly thought that the individual is “sleeping it off” and are left to sleep and has resulted in fatalities. - Slow/absent breathing

Lips blue

Note pinpoint pupils are likely to be present to some extent in all patients who have taken opioid drugs whether illicit or prescribed and in isolation are not a sign of overdose. The symptoms listed above are clearer indicators of opioid overdose requiring attention.

There are specific factors which increase the risk of overdose. These should act as a prompt to pharmacists to reinforce this information and encourage patients to undertake overdose awareness and naloxone administration training.

Risk factors include (but are not limited to):

Poly drug and/or alcohol misuse. This may be prescribed or illicit - Reduced tolerance. Examples include:

Following a series of missed doses or during titration

Immediately following opioid detoxification

On release from prison or discharge from hospital, particularly after a drug related admission

During times of emotional stress e.g. breakdown of relationships, debt or housing concerns

Holidays e.g. Christmas when many support services are closed. These can be particularly vulnerable times for patients who may have lost contact or have poor relationships with friends and family, lack support and feel isolated and/or regretful. - Injecting alone (nobody to help)

During periods of physical or mental health illness

Older drug users are more at risk than their younger counterparts
Patients may be signposted for overdose awareness/Naloxone Take Home training which is currently available from:

All multi-disciplinary teams across Grampian specialist substance misuse services

Drugs Action, 7 Hadden Street, Aberdeen

Northern Horizons, 9 St Peter Street, Peterhead

Northern Horizons, Outpatients Dept, Chalmers Hospital, Banff

Studio 8, 73 High Street, Elgin

Leaflets are available from the Health Information Resources Service. Further information can be found at www.naloxone.org.uk. (Will include a “naloxone finder” tool in the near future.)

- Advise on safe storage of take away doses

As with all medicines patients should be advised to keep medicines out of reach of children and any medication dispensed into child proof containers should remain in these containers. NHSG Health Information Resources stock some supporting information including warning sticky labels which can be ordered. As of March 2015 a pilot is underway in Aberdeen City to supply patients in contact with children with a locked box in which to store their medication.

- Dental health advice

Advice should be given on:

Drinking water after consuming methadone or rinsing the mouth - for patients who consume their methadone onsite, water should be provided

Chewing gum to return mouth pH to normal

Not brushing the teeth for at least 30 minutes after methadone consumption

Patients should be encouraged to register with a dentist and attend regularly for check-ups and dental health treatment as required. The Dental Advice Line - 0845 45 65 990 – is manned by registered dental nurses and provides advice and information on where and how to register with a dentist and other oral health advice. A leaflet “Methadone and Oral Health” is available from NHSG Health Information Resources Service.
5.2. Information on prescribing/dispensing Opioid Replacement Therapies

5.2.1 Methadone

The following is not intended as a comprehensive guide to prescribing/dispensing methadone but aims to provide information to assist in the clinical assessment of prescriptions. Where there are concerns regarding the content of a prescription, the prescriber should be contacted. Drug Misuse and Dependence: UK guidelines on clinical management contains additional information on pharmacological management of opioid dependence.

For patients who are new to methadone or who have returned after a break in treatment the following points must be taken into consideration:

Patients should be commenced on methadone at the beginning of the week to allow time for tolerance to develop prior to the first take home dose being dispensed to cover pharmacy closure on Sunday. In Grampian, specialist services are closed at the weekend which may pose more of a problem should treatment issues arise. If the prescription starts towards the end of the week without prior communication, the prescriber should be contacted to discuss the reasoning and ensure they are aware of this risk.

Most commonly, starting doses will range from 10 - 30mg. As a general rule of thumb, prescribers are advised to “start low and go slow.” Dose increases should be no greater than 510mg in any 24 hours and no greater than 30mg in a week. The prescriber must review the patient between dose increases.

The average dose range for a stable patient will generally fall between 60mg and 120mg but higher doses may be necessary e.g. when patient has a heavy opioid dependency or when coprescribed an enzyme inducer or other medication that decreases serum levels of methadone.

Supervised consumption is recommended for a minimum of 3 months after which time dispensing arrangements may be reviewed on an individual patient basis as per NHSG Substance Misuse Service Dispensing guidance. (Currently being reviewed by Fulton Clinic (March 2015)). (See also section 5.5)

5.2.2 Buprenorphine

5.3. Advice and Action to be taken for Missed Doses/Non-Attendance:

Patients may miss a dose or collection of their medication for a multitude of reasons e.g. if they are ill, admitted to hospital, have relapsed and in the worst case scenario they may have overdosed or died. Pharmacy staff may be the first to become aware of this and the information that they feed back to the clinician may be critical in ensuring the wellbeing of the patient. It may be that the patient only sees their clinician on a monthly basis therefore it may be some time before they become aware of an issue if they have no feedback. The risk will vary from patient to patient however pharmacy staff should use the knowledge that they have of the patient and their judgement to decide if the prescriber should be contacted. Pharmacies should have a system in place which flags up when doses or collections have not been picked up. They should not wait until the patient re-attends the pharmacy before contacting the clinician.

Missing doses can reduce tolerance to opioid replacement therapies and increase the risk of overdose where further doses are administered. The following advice is relevant for both methadone and buprenorphine containing products such as Suboxone® or Subutex®. The Action Request Form (Appendix 6) should routinely be used to contact the clinician in order to create an audit trail. Common sense should determine whether a phone call is also necessary e.g. where the patient is waiting in the pharmacy for a response.

One of the first signs that a patient may be struggling is the variability of the time of attendance at the pharmacy each day. E.g. where a patient always attended in the morning but is now attending at various times of the day. The patient’s appearance, mood and engagement with staff may also deteriorate. Where this raises concern pharmacy staff should engage with the patient to offer support and contact the patient’s clinician.

If a patient who is new to methadone misses a collection in the first week of dispensing, the prescriber should be contacted for advice as tolerance may still be variable.

After week one:

If a patient misses a single dose but presents at the pharmacy on the following day, the usual daily dose may be given.
If two doses are missed then the following day the daily dose may be supplied although the pharmacist should discuss with the patient the reason for missing the dose and may consider contacting the prescriber or CPN if they have concerns.

Where a patient has missed a day or two immediately prior to the weekend the prescriber should be contacted to agree pre-emptive action.

If a patient misses 3 or more consecutive days of opioid replacement therapy withhold the dose and contact the clinician as the patient’s tolerance may have decreased. Explain to the patient that the dose is being withheld for safety reasons. It may be necessary to reduce the dose but where a prescriber makes the decision to continue the current dose, assess the patient for sedation and/or intoxication prior to supervising or dispensing subsequent doses. (See section 5.4.)

If a patient misses 5 consecutive days of opioid replacement therapy the dose should be retitrated by the prescriber/CPN. The pharmacist should contact the prescriber to discuss. If the patient reappears at the pharmacy, any remaining doses should be withheld until the prescriber can be contacted to agree appropriate action. The risk to safety should be discussed with the patient as the reason for having to withhold the dose.

If a patient misses regular single doses the prescriber should be informed as this may be another sign that the patient is becoming less stable.

A missed daily dose should never be supplied to a patient on a subsequent day.

Patients on “take home” prescriptions should be advised never to double up on doses they have missed.

5.4. Patient attends under the influence of other drugs and/or alcohol

Where a patient attends the pharmacy and is suspected to be under the influence of other drugs and/or alcohol there is an increased risk of overdose if the next instalment of opioid replacement therapy is dispensed. The patient should be advised that the instalment cannot safely be dispensed to them. If there is sufficient time for the patient to be asked to come back later in the day this should be advised. If there is
not adequate time for return, or the patient remains intoxicated on their return the dose should be withheld
and the prescriber or CPN contacted. It is safer to withhold the dose than risk overdose.

5.5. Moving between “Supervised” and “Take Home” dispensing

Clinical guidance recommends that patients are supervised for a minimum of 3 months before a move to
take home doses can be considered. After this time, the decision to change dispensing instruction should be
made on an individual patient basis e.g. looking for markers of stability such as employment, attending
college, urine or oral samples being negative for illicit substances, no child-protection issues etc.

The pharmacist should be contacted by the prescriber or CPN prior to changing to “take home” dispensing to
consider their opinion and ensure that key concerns have not been overlooked. In the early stages of
treatment the majority of patients will attend their pharmacy on a daily supervised basis. This should allow
pharmacy staff to pick up on concerns regarding the patient’s wellbeing more rapidly than the prescriber
who may only see the patient once a fortnight or month. This information is crucial to the prescriber in
helping them to make an informed decision.

In later stages of treatment where patients are receiving “take home doses” they will be seen less frequently
by all members of the multi-disciplinary team. The pharmacist will remain the most frequent contact –
seeing the patient a minimum of once a week and should utilise these attendances to assess the patient’s
progress and identify any concerns. Concerns to discuss or feedback to the prescriber include: -

Attending intoxicated (drug or alcohol)

Missing doses

Concerns of doses being sold (personal diversion or coercion) or stolen

Safety of medicines stored in the home

Child protection concerns

Adult support concerns

Mental health concerns

5.6. Additional Practical Dispensing Points (see also Appendix 8)
The service should be available for the duration of contracted hours. The patient group can be chaotic and withholding medication may have serious consequences. E.g. fluctuating blood levels, patients resorting to illicit use. Pharmacy SOPs for dispensing instalment medicines should ensure that this does not negatively impact on patient care.

It is recommended that patients on take away prescriptions should collect their dose of opioid replacement therapy personally unless another named patient representative has been agreed between patient, prescriber and pharmacist. Ideally, to allow monitoring of the patient by the pharmacist, this should be reserved for cases where not attending the pharmacy may hinder progress e.g. working during pharmacy opening hours or for a limited period of time where a physical issue prevents attendance.

For “take home” doses, the Controlled Drugs Accountable Officers’ Network Scotland recommends that, where more than one days supply is dispensed at once, each daily dose should be supplied in a separate labelled container.

Supervised doses of methadone should be followed by a drink of water and chat to ensure that the full dose has been consumed. This time can be used to check how patient is managing treatment programme. Open questions should be used.

SOPs for dispensing should be in place and followed to ensure legal requirements of dispensing and record keeping are met.

5.7. Legal handwriting requirements and Home Office Wording

Handwriting requirements for each prescription should be checked against the requirements set out in Medicines, Ethics and Practice for legality and accuracy. The most commonly occurring errors in prescribing are failure to include the instalment amount and use of the approved Home Office wording. Both a dose amount and instalment amount must be stated and is a legal requirement.

Inclusion of Home Office wording is good practice and not a legal requirement. Where it is not included, instalment amounts for days of closure must be stated. Where Home Office Wording is used to cover planned pharmacy closures or allow pick up of the remainder of a missed instalment dose (weekly, twice weekly etc. dosing) the following wording must be included in full.
To cover pharmacy closures: “Instalments due on days when the pharmacy is closed should be dispensed on the day immediately prior to closure"

For missed doses on “take away” instalment prescriptions (provided no more than 3 days have been missed):

“Instalment prescriptions covering more than one day should be collected on the specified day; if this collection is missed, the remainder of the instalment (i.e. the instalment less the amount prescribed for the day(s) missed) may be supplied”

OR

“If an instalment prescription covers more than one day and is not collected on the specified day, the total amount prescribed less the amount prescribed for the days missed may be supplied.”

If more than 3 days have been missed, the pharmacist should withhold further supply and the prescriber contacted to discuss.

Examples of prescriptions are provided in Appendix 9 of this document.

Pharmacy staff should also be aware of the “Appropriate Date” of a prescription. Where a starting date is included on a prescription which is later than the signed date, this becomes the appropriate date of the prescription. This date may be longer than 28 days from the signed date where clinically appropriate.
5.8. Communication with the multi-disciplinary team

It is proposed that any routine communication between the prescriber, CPN and pharmacist and vice versa should be made by email using the Action Request Form. This will form the basis of a written audit trail thus improving clinical governance procedures. Urgent communication should continue to be undertaken by phone in the first instance e.g. where patient safety is at risk because of a wrong dose or prescription not allowing a dose to be dispensed or where the patient would be unfairly inconvenienced. Contact email addresses for specialist services can be found in Appendix 7.

6. Drug Interactions

Pharmacists should monitor for potential drug interactions in this patient group as they would for any prescribed medication. Patients may be at increased risk of overdose if co-prescribed medications that affect the serum levels of methadone. Equally some prescriptions may increase the metabolism of methadone leading to symptoms of withdrawal. The dose of methadone needs to be adjusted accordingly and the prescriber should be contacted to discuss any concerns.

Methadone can prolong the QT interval leading to a rare but potentially fatal condition called Torsades de Pointes. Pharmacists should be aware of the risk of interactions between methadone and other drugs which possess QT interval-prolonging properties or which slow the elimination of methadone.

The BNF and Summary Product of Characteristics provide key information on drug interactions. There is also an app (“Drug-drug interactions in opioid therapy”) available for both android and apple devices which gives specific information regarding known drug interactions in patients prescribed methadone or buprenorphine. The app gives useful advice however pharmacists should be aware that it is not fully comprehensive. If an interaction is not included, it does not mean that there is none.

Pharmacists should consider that patients may also be prescribed medications for BBVs such as Hepatitis C and HIV through acute services and may be unaware of these. These may impact on ORT and it is worthwhile discussing with patients if they are prescribed any other medication. John Moore’s University, Liverpool have developed a useful Hepatitis Drug Interaction Tool which can be found at http://www.hep-druginteractions.org/Interactions.aspx.

7. Co-existing Medical Conditions/Ageing population
Pharmacists should consider the impact of co-existing medical conditions on patient care. An emerging issue is the ageing population of opioid dependent patients who will generally have worse physical functioning and more medical morbidity than both age and sex matched norms and younger opioid dependent patients. Pharmacists should be vigilant in considering drug interactions and potential issues with current treatment which may require more frequent review. The metabolism of drugs, both prescribed and illicit may be affected and lead to an increase in side effects including sedation and toxicity.

8. Blood Borne Viruses and Safer Injecting Advice

In the initial stages of treatment with an opioid replacement therapy people may continue to “top up” with illicit opioids until they have reached a sufficient dose to manage symptoms of withdrawal. This may also occur after the patient has been stabilised e.g. during a stressful life event, due to relapse etc. This is not a reason to discharge patients from treatment services as evidence demonstrates that patients are at a lower risk of harm where there remains a level of engagement with services.

As well as the risks of overdose, the patient is also at risk of harm from injecting such as injecting site injuries and acquiring blood borne viruses e.g. Hepatitis C. Pharmacists should be confident in delivering basic harm reduction advice as follows.

- Directing to the nearest specialist or pharmacy needle exchange where not available onsite
- Emphasising the importance of using sterile injecting equipment.
- Encouraging use of a new set of injecting equipment for every injecting episode
- Discouraging sharing of needles with others, including sexual partners
- Rotating site of injection

Supporting leaflets are available which provide more detailed advice and information. An online training resource for harm reduction is available for all pharmacy staff by registering at:

http://www.frontiersharpsafety.com/

9. Child Protection
The National Guidance for Child Protection In Scotland 2014 states that “all agencies, professional and public bodies and services that deliver adult and/or child services and work with children and their families have a responsibility to recognise and actively consider potential risks to a child, irrespective of whether the child is the main focus of their involvement. They are expected to identify and work collaboratively with other services (as well as the child and their family) to improve outcomes for the child.”

Pharmacy staff are included within these parameters and as such should be mindful of their responsibility in helping to protect children from harm. The Treatment Agreement outlines the role of the pharmacy with regards child safety and gives direction on sharing of information about concerns a pharmacist may have over protecting patient confidentiality. The needs of the child are paramount and the agreement makes it clear to patients at the commencement of the contract that pharmacy staff are obliged to put the safety of children first.

Child Protection procedures apply to any child at risk and are not limited to children of parents who use drugs. You may for example be concerned about neglect of a child’s needs where prescriptions for the child are not being picked up at the right time, or parents are requesting frequent head lice treatment. You may observe parental behaviours that are abusive and disrespectful towards the child such as name calling or hitting, shouting or verbally abusing the child. To gain greater awareness of child protection it is advised that all Pharmacists complete the NES (NHS Education Scotland) Child protection e-learning training module available at www.nes.scot.nhs.uk

Following the disaggregation of the North East of Scotland Child Protection Committee in 2013 each local authority area has established a Child Protection Committee. Locally these are Aberdeen City, Aberdeenshire and Moray.

Prior to disaggregation it was agreed that the three Child Protection Committees should continue to share management of a single child protection register, provide public information and provide interagency child protection training. These resources are managed under the auspices of the Child Protection Partnership and can be accessed via the following link:

www.childprotectionpartnership.org.uk/home

The National Guidance for Child Protection in Scotland 2014 is adopted by all three area Child Protection Committees to ensure that children are safe and protected from harm.

Parents and substance misuse
With specific regard to children of parents who use drugs, the pharmacist should be made aware of any patients who have dependent children living with them by way of New Patient Information Form. This does not necessarily indicate that there are child protection issues rather it is designed to provide the pharmacy team with additional information that may assist if concerns are raised during attendances at the pharmacy.

Where patients are identified as having a dependent child/children the pharmacy team should endeavour to support attendance of the child/children and make them feel welcome in the pharmacy. The patient and child/children should be treated with respect and stigmatisation avoided. Wherever possible the patient should be given choices in their treatment e.g. ask patient if they would rather take their methadone in private or with the child/children present. Attendance of children within the pharmacy allows opportunity for assessment of welfare and is one of the few regular places this could be done. Gaining the trust of the patient and child/children will allow better assessment of current status.

Pharmacy staff should consider the impact that witnessing the dispensing and consumption of an opioid replacement therapy may have on the child e.g. stigma from other patients or customers if made to consume in a public area. Each pharmacy should consider practical ways in which this could be minimised within their premises.

9.1. What to do if you have a concern

It is recommended that wherever possible the pharmacist should discuss their intention and reasoning for contacting child protection colleagues with the patient prior to doing so unless there are concerns of risk to staff safety or child safety.

In an emergency situation where a child is felt to be in immediate danger the pharmacy team should dial 999 for Police Scotland or medical assistance as needed.

Where child protection concerns have been raised, but there is no immediate risk to the child, the appropriate team should be contacted: www.childprotectionpartnership.org.uk/home/home/asp

If a member of the pharmacy team is unsure assistance can be sought from the NHS Grampian Specialist Child Protection Team on 01224 551706 for information, discussion and advice. This discussion can be anonymous. Social work can also be contacted for advice.

http://www.aberdeencity.gov.uk/nmsruntime/saveasdialog.asp?lID=60088&sID=25673

10. Adult Support and Protection

Guidance on adult support and protection is included in appendices 10 & 11.

11. Reference Sources and Resources

The links below provide access to current available UK and local guidance. They can be used as reference sources to ensure appropriate prescribing.

Clinical guidance documents

Drug Misuse and Dependence: UK guidelines on clinical management

RCGP guidance for opioid substitution therapies

NHSG guidance for buprenorphine containing products (Suboxone®/Subutex®)


NHSG PGD for supply to individuals at risk of overdose
Leaflets and resources

Harm reduction online training can be accessed at: www.frontiersharpsafety.com

The following Leaflets/Resources are available in hard copy from Health Information Resources Services. Tel: (01224) 558504; online: www.nhsghpcat.org; Email: grampian.resources@nhs.net.

Methadone safe storage yellow sticky labels (Visual safety reminder for all take home doses)

Alcohol and methadone (AFS) - Outlines the risks of taking alcohol with methadone

A Guide to Safer Injecting (HIT) - A good, factual leaflet with key pieces of advice and information on harm reduction.

How to avoid Hepatitis and HIV (NHSG) - Lists current needle exchanges across Grampian as well as key advice on reducing the risks of acquiring Blood Borne Viruses.

Naloxone Take Home Programme Materials (Scot Gov/SDF)

Methadone and Your Mouth (Scot Gov)

Child protection guidance documents


Appendices

The following information and associated checklists are designed as tools to inform pharmacy specific SOPs for substance misuse services.

Appendix 1  Patient Pathway

1. New patient referred to Specialist Service for assessment
2. Patient assessment undertaken
3. Patient requires Opioid Replacement Therapy
4. Clinician contacts pharmacy to confirm space and forwards New Patient Information Form
5. Pharmacist begins Patient Clinical Care Record
6. Pharmacist to feed back on progress to lead clinician 6 monthly or as requested
7. If patient moves clinician or pharmacy
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<th>Section B: Clinician Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinician Name &amp; Designation</strong></td>
</tr>
<tr>
<td><strong>GP Practice and/or SMS Clinic Name:</strong></td>
</tr>
<tr>
<td><strong>Clinician contact email:</strong></td>
</tr>
<tr>
<td><strong>Addictions Social Worker name (if appropriate):</strong></td>
</tr>
<tr>
<td><strong>Clinician contact telephone:</strong></td>
</tr>
<tr>
<td><strong>Additional known support e.g. AIC worker name:</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section C: Current treatment Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name of current Opioid Replacement Therapy (ORT):</strong></td>
</tr>
<tr>
<td>☐ Methadone</td>
</tr>
<tr>
<td>☐ Buprenorphine and naloxone (Suboxone®)</td>
</tr>
<tr>
<td>☐ Buprenorphine</td>
</tr>
<tr>
<td>☐ None</td>
</tr>
<tr>
<td><strong>Current ORT treatment plan:</strong></td>
</tr>
<tr>
<td>☐ Upwards titration/stabilisation</td>
</tr>
<tr>
<td>☐ Maintenance dose</td>
</tr>
<tr>
<td>☐ Reducing dose</td>
</tr>
<tr>
<td>☐ N/A</td>
</tr>
<tr>
<td><strong>Other substance misuse/mental health items prescribed:</strong></td>
</tr>
<tr>
<td>☐ Diazepam-reducing regimen for dependence</td>
</tr>
<tr>
<td>☐ Anti-depressant</td>
</tr>
<tr>
<td>☐ Other (outline below)</td>
</tr>
<tr>
<td>☐ Short term hypnotic</td>
</tr>
<tr>
<td>☐ Anti-psychotic</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Known co-existing physical or mental health conditions:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Are there Looked After Children living with or in frequent contact with patient? Yes ☐ No ☐</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Additional relevant information:</th>
</tr>
</thead>
</table>

To be completed by the lead clinician for all new patients and for those changing pharmacy.
PHARMACY TREATMENT AGREEMENT

1) We want you to get the best out of your treatment and will do our upmost to provide a supportive and non-judgemental environment to help you in your recovery. Pharmacy staff, patients and customers will treat each other with mutual respect.

2) In the course of your treatment it may be necessary to share and discuss information with other professionals involved in your care. This may include your prescriber, social worker or support worker if appropriate. Your prescriber or CPN may contact us for an update on your progress.

3) As a Health Professional we must consider the safety of children and if any concerns are raised we are obliged to address these through the most appropriate channels.

4) We will give you plenty of notice on any changes to our pharmacy opening hours for example at Christmas or on public holidays. Our regular pharmacy opening hours are:
   - Monday -
   - Tuesday -
   - Wednesday -
   - Thursday -
   - Friday -
   - Saturday -
   - Sunday –

   We will endeavour to dispense your prescription as quickly as possible however during particularly busy hours it may take us longer to dispense your prescription.

5) We will ask for photo identification or take your photo in the pharmacy to help pharmacy staff ensure that the correct patient receives the correct medication.

6) If you come into the pharmacy under the influence of drugs or alcohol and we feel it would be dangerous to give you your medication we will withhold medication until it is safe to give it and take advice from your prescriber or CPN where appropriate.

7) If you miss more than two doses of methadone/buprenorphine/Suboxone we may have to withhold the dose as it could be dangerous to give it to you. We will discuss with your prescriber or CPN to agree a safe plan of action. In some cases you will have to return to your prescriber for assessment before further doses are given.

Patient name: ___________________________  Signed: ___________________________
Pharmacist name: _________________________  Signed: _________________________

Space for photo
(or information on process for accessing photo id e.g. Pharmacies using Methamedicure®)
done/buprenorphine/Suboxone we may have to withhold the dose as it could be dangerous to give it to you. We will discuss with your prescriber or CPN to agree a safe plan of action. In some cases you will have to return to your prescriber for assessment before further doses are given.

Is starting dose appropriate? (Generally 10-30mg of methadone)*

Yes No

Does prescription start at the beginning of the week?*

Yes No

*(Especially important with methadone due to time taken to reach steady state)

*(Questions 1 and 2 – only complete for patients who are completely new to Opioid Replacement Therapy

(methadone/Suboxone® etc) or being re-titrated after a break in treatment)

Have you received New Patient Information Form from the Prescriber?*

Yes No
Discuss content of Treatment Agreement and sign  
Completed

Take photo/ask patient for photo to assist identification  
Completed

Discuss/provide Patient Information Leaflet for prescribed medications  
Completed

Advise patients to take dose(s) at roughly the same time each day  
Completed

Discuss dangers of missing doses  
Completed

Discuss signs and symptoms of overdose  
Completed

Signpost/provide naloxone training or supply as appropriate  
Completed

Discuss safe storage of take home doses  
Completed

If you answer “no” to any of Q1-3, contact prescriber to discuss. Email for non-urgent queries.

Date checklist started:  
Date checklist completed:
A record is not required for every attendance only for key actions or interventions undertaken.
### Section A: For every prescription

<table>
<thead>
<tr>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the prescription legally correct?</td>
</tr>
<tr>
<td>If present, is the Home Office wording correct?</td>
</tr>
<tr>
<td>Are doses of prescribed medication appropriate?</td>
</tr>
<tr>
<td>Are dose increases and decreases appropriate?</td>
</tr>
<tr>
<td>Are dispensing instructions appropriate?</td>
</tr>
<tr>
<td>Are there any drug interactions of clinical significance?</td>
</tr>
<tr>
<td>Advise on safe storage of “take home” doses</td>
</tr>
</tbody>
</table>

### Section B: For patients who are new to Opioid Replacement Therapy (methadone/Suboxone® etc), returning after a break in treatment or new to pharmacy

<table>
<thead>
<tr>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is starting dose appropriate?</td>
</tr>
<tr>
<td>Does prescription start at the beginning of the week? (More important with methadone due to time taken for levels to reach steady state)</td>
</tr>
<tr>
<td>Have you received a “New Patient Information Form” from the lead clinician?</td>
</tr>
<tr>
<td>Discuss content of the Treatment Agreement and sign</td>
</tr>
<tr>
<td>Discuss the opening hours of the pharmacy</td>
</tr>
<tr>
<td>Take photo/ask patient to bring photo id</td>
</tr>
<tr>
<td>Ensure patient has been issued with appropriate PIL(s) for prescribed medication NB: methadone where leaflet not routinely available see <a href="http://www.patient.co.uk">www.patient.co.uk</a> to obtain a generic leaflet.</td>
</tr>
<tr>
<td>Check and go over the patients basic understanding of the side effects of methadone or buprenorphine e.g. excessive perspiration, constipation and dry mouth, providing advice and reassurance</td>
</tr>
<tr>
<td>Advise patients to take dose at roughly the same time each day</td>
</tr>
<tr>
<td>Discuss consequences and dangers of missing doses (See below and Section 5.3. of guidance document)</td>
</tr>
<tr>
<td>Discuss safe storage of take home doses. Locked cupboard, out of reach of children etc</td>
</tr>
<tr>
<td>Discuss key signs and symptoms of overdose, risks of overdose and issue naloxone leaflet/signpost for naloxone training.</td>
</tr>
<tr>
<td>Mixing multiple drugs and alcohol</td>
</tr>
<tr>
<td>Decreased tolerance (new batches of illicit drug, recently detoxed, abstinent etc) c) Using drugs alone</td>
</tr>
</tbody>
</table>

### Section C: Routine Patient Safety/Monitoring Checks

<table>
<thead>
<tr>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is it safe for patient to receive dose?</td>
</tr>
</tbody>
</table>
Does patient appear to be intoxicated through alcohol and/or drug use?
If Yes Withhold dose and contact prescriber as appropriate.
Dose patient appear drowsy or over sedated.
If Yes Withhold dose and contact prescriber as appropriate.
Has patient missed doses?
Missed any doses first week of treatment?
If YES contact prescriber.
One off missed dose after the first week of treatment?
If YES, no action required unless additional issues present. iii) A few single missed doses?
If YES, discuss dangers with patient (reduced tolerance, risk of overdose if using illicit substances etc). Encourage to discuss with prescriber.
iv) Regular single missed doses? If YES, contact prescriber.
3 or more consecutive missed days? If YES Contact prescriber.
If a patient does not attend and you are worried for their safety, contact the prescriber to discuss.

Are times of attendance becoming less regular? (e.g. used to attend like clockwork at 10am–time now varies)
Potential sign that patient isn’t coping with treatment, contact prescriber

Is patient’s physical appearance causing concern?
Potential sign that patient isn’t coping with treatment.
To be used in conjunction with “Community Pharmacy Guidance for the Provision of Substance Misuse Services”

## Appendix 5

(Patient Checklist continued)

### Section D: Change of dispensing arrangement (supervised to take away dose or vice versa)

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>The prescriber should contact the pharmacist to discuss the patient’s attendance in the pharmacy to provide insight into how well the patient appears to be managing treatment. Pharmacists should consider the following points and report fairly and equally on positive progress as well as concerns.</td>
<td></td>
</tr>
<tr>
<td>1) Has prescriber contacted you to discuss plan to change?</td>
<td>If “no” and you have valid concerns about this change contact prescriber.</td>
</tr>
<tr>
<td>2) Are there signs of positive progress?</td>
<td>Report on positives as well as concerns.</td>
</tr>
<tr>
<td>3) Does the patient continue to attend under the influence of drugs or alcohol?</td>
<td></td>
</tr>
<tr>
<td>4) Does the patient regularly miss doses?</td>
<td></td>
</tr>
<tr>
<td>5) Any concerns of diversion or coercion of medicines?</td>
<td></td>
</tr>
<tr>
<td>6) Does the patient have children?</td>
<td>If YES, will the patient be able to store methadone, buprenorphine and other medications safely and securely?</td>
</tr>
<tr>
<td>7) Is the patient currently displaying mental health symptoms of concern?</td>
<td></td>
</tr>
<tr>
<td>8) Has the patient been supervised for 3 months or more?</td>
<td></td>
</tr>
<tr>
<td>9) Does the quantity/volume of medication to be dispensed appear appropriate to take home?</td>
<td></td>
</tr>
<tr>
<td>10) Pharmacy staff should attach a yellow methadone warning label to all take home doses of methadone. Available from NHSG Health Information Resources Service</td>
<td></td>
</tr>
</tbody>
</table>

### Section E: Ongoing Treatment Checks

<table>
<thead>
<tr>
<th>Action</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Provide positive feedback on achievements, build rapport, encourage discussion</td>
<td></td>
</tr>
<tr>
<td>2) Ensure patient has been issued with appropriate PIL(s) for prescribed medication NB: methadone where leaflet not routinely available. <a href="http://www.patient.co.uk">www.patient.co.uk</a></td>
<td></td>
</tr>
<tr>
<td>3) Re-iterate importance of taking dose at roughly the same time each day</td>
<td></td>
</tr>
<tr>
<td>4) Re-iterate consequences and dangers of missing doses</td>
<td></td>
</tr>
</tbody>
</table>

### Section F: Harm Reduction

<table>
<thead>
<tr>
<th>Action</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Check that patient has had overdose awareness and naloxone training/issue with naloxone leaflet.</td>
<td></td>
</tr>
<tr>
<td>2) Confirm patient can recall the risks of overdose, key signs and symptoms. Routinely re-iterate (at least once a year minimum).</td>
<td></td>
</tr>
</tbody>
</table>
3) Provide harm reduction advice and information and signpost as appropriate. This may include: 

- **a)** Provide sterile injecting equipment/signpost to nearest Injecting Equipment Provider.
- Provide basic safer injecting advice and information.(utilise “A guide to safer injecting” leaflet to give out and aide in discussion)
- Advise on how to reduce risk of acquiring blood borne viruses if injecting e.g. use new set of injecting equipment for each injecting episode, do not share equipment
- Reduce risk of injecting site injuries by rotating site.
- Encourage testing for Blood Borne Viruses (Should be tested annually so may require repeat testing)

### Section G: Child Protection

1) Check if patient lives with/has regular contact with Looked After children

2) Be vigilant in considering potential risk or harm to children in contact with patients

3) See service specification for advice on dealing with child protection concerns

### Section H: Adult Support and Protection

See guidance and reporting form

(Appendices 10 & 11 of Service Specification & Guidance Document)
Appendix 6

SLA for the Provision of Substance Misuse Services From Community Pharmacy

ACTION REQUEST FORM
(NON-URGENT REQUESTS)

Part A: Patient Details
Patient Name:  
Patient CHI:

Section B: Clinician/Pharmacy Details (Complete fields relevant to service)
Clinician Name:  
GP Practice and/or SMS Clinic name:

Clinician contact email:  
Clinician contact telephone:

Pharmacy Name:  

Pharmacy email:  
Pharmacy Contact telephone number:

Section D: Action request for clinician or pharmacy:
Nature of action request:
☐ Change to treatment plan  
☐ Issue with Prescription
☐ Query or change to instalment dispensing  
☐ Patient missing collection of instalments
☐ Patient attending pharmacy intoxicated  
☐ Request for progress update
☐ Concern over physical or mental health  
☐ Other

Brief outline of action request:

Response to action request required?  ☐ YES  ☐ NO

Response to action request (if YES):

Name of person initiating action request:  Date (dd/mm/yyyy):

Name of person responding to action request:  Date (dd/mm/yyyy):
Clinical Service Email Addresses for Non-urgent Communication

Non-urgent communication should be directed to the appropriate service. Generic email accounts or distribution lists are available for all specialist and GP services in Grampian. Where a CPN is noted on the prescription or an HBP prescription has been used, the appropriate specialist service should be contacted as per the table below.

Where the prescription has been signed by a GP and no CPN is listed, communication should be directed to the appropriate GP Clinical Mailbox as per the agreed standard GP-pharmacy communication process.

To facilitate the process, it is worthwhile saving the most regularly used email addresses to the contacts folder in the pharmacy nhs.net account.

### Specialist Substance Misuse Service Generic Email Addresses

<table>
<thead>
<tr>
<th>Email/ Distribution List Address</th>
<th>Substance Misuse Services Covered</th>
<th>Area</th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="mailto:nhsg.fultonpharmacy@nhs.net">nhsg.fultonpharmacy@nhs.net</a></td>
<td>All Fulton Clinic prescriptions</td>
<td>Aberdeen City</td>
</tr>
<tr>
<td></td>
<td>CPNs based in GP practices</td>
<td>Aberdeen City, Aberdeenshire Central and South</td>
</tr>
<tr>
<td><a href="mailto:nhsg.timmermarket@nhs.net">nhsg.timmermarket@nhs.net</a></td>
<td>Timmermarket Clinic</td>
<td>Aberdeen City</td>
</tr>
<tr>
<td><a href="mailto:nhsg.kessockclinic@nhs.net">nhsg.kessockclinic@nhs.net</a></td>
<td>CPNs based in GP practices</td>
<td>Aberdeenshire North</td>
</tr>
<tr>
<td></td>
<td>All Kessock Clinic prescriptions</td>
<td>Aberdeenshire North</td>
</tr>
<tr>
<td><a href="mailto:Grampian-UHB.moraydrugandalcohol@nhs.net">Grampian-UHB.moraydrugandalcohol@nhs.net</a></td>
<td>All Moray prescriptions</td>
<td>Moray</td>
</tr>
</tbody>
</table>

(Compiled March 2015)
NB: Pharmacies are responsible for maintaining appropriate SOPs outlining the agreed procedures of each individual pharmacy. Recommended supervision procedures are as follows:

The daily dose should be dispensed into an appropriate bottle or carton labelled with full prescription details. Any doses dispensed in advance of the patient attending must be stored securely in the CD cupboard.

Consider each step of the dispensing process to ensure that this does not identify patients to other pharmacy users. E.g. pouring methadone in plain sight.

Supervision should only be carried out by specified staff in a quiet, private area.

The clients’ identity should be confirmed. Photographic identification is preferred and should be easily accessible to all staff.

For methadone:

The dispensed dose should be poured into a suitable cup or receptacle for the client to self-administer (cups can be obtained from Primary Care Stores – fax 01224 553639).

A cup of water should then be offered and a conversation held to ensure that the dose has been swallowed.

For instalments which cover multiple days and require measuring it is recommended that they are dispensed in individual bottles. If pharmacists choose to dispense in a single bottle, they are responsible for supplying a calibrated measure which can accurately measure each daily dose.

For buprenorphine containing products (e.g. Suboxone®, Subutex®):

To help the tablets dissolve, a small amount of water can be swilled around the mouth and swallowed to moisten mucosa prior to the tablet being placed in the mouth.
Pop the tablet(s) out into a suitable receptacle and give to the patient. Alternatively you can ask the patients to do this.

Ask the patient to tip the tablet(s) under the tongue without handling and advise not to chew or swallow.

Observe the patient for 4-5 minutes to ensure the active ingredient has been absorbed.

The pharmacist or designated staff should make a final check that the tablet(s) has/have dissolved by asking to look under the patients tongue. A small amount of white pulp may remain for up to 15 minutes but contains little active product therefore the patient may be permitted to leave at this point.
Legal Requirements on a Schedule 2/3 Controlled Drug prescription

- **Patient name and address**
- **Drug name, form and strength**
- **Instalment amount**
- **Date of signing**
- **Surgery/Clinic address**

Total quantity in words and figures

Daily dose

Instalment amount(s) for closures where HO wording is not used

Doctor's signature

Good practice points

*not legally required but inclusion assists process*

- Number of days treatment and CHI
- “From” to “dates” (From date becomes the “appropriate date” where included)
- CPN name (assists pharmacy in contacting appropriate clinician)
- Pharmacy Name (reduces risk of duplicate doses being collected by patient)
Inclusion of the Home Office (HO) wording is NOT a legal requirement.

NB: variations on the HO wording are not allowed however there are more than one version of each. See Medicines, Ethics and Practice for full details.

HO wording to cover closures

All legal prescription requirements remain as before except that the inclusion of the appropriate HO wording allows the pharmacy to calculate the volume or quantity of instalment amounts for the days when the pharmacy will be closed (e.g. Sundays and Bank Holidays). It allows instalments to be dispensed on the last working day before the closure.

NB: instalment amounts are still a legal requirement when HO wording is included

HO wording to cover missed doses

Inclusion of the statements regarding missed collection of an instalment dose allows for the remainder of the dose to be dispensed without contacting the prescriber.

Using this prescription, if the patient missed collection on Monday but came in on Tuesday, the remaining 200ml may be dispensed.

Pharmacists should ensure that it is safe to do so, that the patient is not attending intoxicated or in withdrawal and if there are any concerns, the prescriber should be contacted to discuss. Likewise if the patient has missed 3 doses or more, no supply should be given and the prescriber should be contacted to discuss.

There remains confusion with some pharmacists over what constitutes the “appropriate date” on a controlled drug prescription.

All schedule 2 and 3 controlled drugs prescriptions are valid for 28 days from the appropriate date.

Where the signed date is the only date on the prescription this is also the appropriate date.

With another date e.g. “from” “to” dates are included, the “from” date becomes the appropriate date.

However must also be clinically appropriate to do this.

Pharmacists should refer to Medicines, Ethics and Practice for full information.
Appendix 10

Grampian Interagency Guidelines (Community Pharmacy version):

Supporting and Protecting Adults at Risk of Harm

The Adult Support and Protection (Scotland) Act 2007

The Adult Support and Protection (Scotland) 2007 Act was introduced to provide greater protection for adults thought or known to be at risk of harm. It provides guidance for identifying those at risk, outlines the duties of local councils to investigate concerns and the requirement of identified organisations to report such concerns. As contracted services of the NHS, community pharmacies should be aware of this act and able to report concerns accordingly.

Who are the people at risk?

People over 16 who are unable to safeguard their own well-being, property, rights or other interests; and

Are at risk of harm; and

Because they are affected by disability, mental disorder, illness or physical or mental infirmity, are more vulnerable to being harmed than others who are not so affected

What is harm?

Harm may be:

Physical

Neglect or acts of omission

Financial or material

Sexual

Psychological

Discriminatory or information abuse

Harm may happen anywhere, including in the person’s own home

Who may cause harm?

Adults may be harmed by a wide range of people, including relatives and family members; professional staff; paid care workers; volunteers; other service users; neighbours; friends; people who deliberately exploit vulnerable people.

Health professionals have a duty to co-operate and are subject to statutory duties and must:

Report the facts and circumstances to the local Council when they know or believe that someone is an adult at risk and that action is needed to protect that adult from harm

Co-operate with the Council and each other to enable or assist the council making inquiries
Appendix 10

The role of Community Pharmacy Staff

Staff will report all cases where an adult is considered at risk of harm to the Council and agree how to proceed with the investigation. This includes instances where the allegation is made against a pharmacy employee.

Staff will co-operate with the Council making inquiries and with each other where that would assist the Council.

Information and records regarding the adult will be provided when requested under the Act. (Refer to Policy for additional guidance)

It is an offence to prevent or obstruct any person from acting under the Act and to refuse without reasonable excuse to provide information.

Additional training is available to support staff in familiarising themselves with these guidelines. For training options contact Jacqui Mackintosh, Learning and Development, NHS Grampian on j.mackintosh@nhs.net

If you are concerned a patient is at risk of harm under the terms of the Adult Support and Protection Act you must contact the Local Authority who is the lead agency. The Council has a duty to investigate an alleged incident of harm and will provide advice and support.

Aberdeen City Council: 01224 264266
Out of Hours: 01224 693936
E-mail: AdultProtection@aberdeencity.gsx.gov.uk

Aberdeenshire Council: 01651 871246
Out of Hours: 0845 84 000 70
E-mail: adultprotectionnetwork@aberdeenshire.gsx.gov.uk

Moray Council: 01343 553140
Out of hours: 0300 123 0897
E-mail: accesscareteam@moray.gov.uk

A copy of the Grampian Interagency Guidelines: Supporting and Protecting Adults at Risk of Harm can be obtained by clicking on the link www.aberdeenshire.gov.uk/adultprotectionpolicy
All email addresses are secure. Please complete the form and email a copy to the Adult Protection service for the area that the patient resides in. Remember to also copy into the email your line manager (if applicable). It is recommended that a copy is kept in the pharmacy.

If you are concerned a patient is at risk of harm under the terms of the Adult Support and Protection Act you must report this to the Local Authority who is the lead agency. The Council has a duty to investigate an alleged incident of harm and will provide advice and support.

Aberdeen City Council: 01224 264266
Out of Hours: 01224 693936
E-mail: AdultProtection@aberdeencity.gsx.gov.uk

Aberdeenshire Council: 01651 871246
Out of Hours: 0845 84 000 70
E-mail: adultprotectionnetwork@aberdeenshire.gsx.gov.uk

Moray Council: 01343 553140
Out of hours: 0300 123 0897
E-mail: accesscareteam@moray.gov.uk
# DETAILS OF PERSON COMPLETING THE FORM

<table>
<thead>
<tr>
<th>Your Name:</th>
<th>Your Job:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Pharmacy Name:</td>
<td>Contact Details:</td>
</tr>
<tr>
<td>Pharmacy Address:</td>
<td>Date Form Completed:</td>
</tr>
</tbody>
</table>

*Complete if available.

# DETAILS OF ADULT AT RISK

<table>
<thead>
<tr>
<th>Name:</th>
<th>Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>DOB:</td>
<td></td>
</tr>
</tbody>
</table>

*CHI/Carefirst No:

# DETAILS OF CONCERN

<table>
<thead>
<tr>
<th>Date and time of concern/incident:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>Location of concern/incident:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Description of concern/incident:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Action taken/outcome to date:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Additional action planned:</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

# DETAILS OF ANY OTHER PARTIES INVOLVED
<table>
<thead>
<tr>
<th>Name</th>
<th>Contact Details</th>
<th>Role in Incident/Concern</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**CATEGORY OF RISK**

Using your experience/judgement, grade the category of risk based on what **actually happened**. Use the Risk Matrix within the ASP Policy as guidance.

- Low
- Medium
- High
- Very High

Reasons for Risk Rating:


**INCIDENT REPORTED TO:**


Date:


Form sent to:


Copy to:  Client File  [ ]  Line Manager  [ ]

Date:


Signature of person reporting concern/incident:


To be completed by Senior CCO/Care Manager/SW responsible for Adult Protection issues. (Not for completion by pharmacy)

**OUTCOME OF REPORT** (tick as many as appropriate)

Initial Discussion with:

<table>
<thead>
<tr>
<th>Role</th>
<th>Date or N/A</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care Commission</td>
<td></td>
<td></td>
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<td>Health and Safety</td>
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<tr>
<td>Health Professional</td>
<td></td>
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<tr>
<td>Human Resources/Personnel</td>
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<tr>
<td>Line Manager</td>
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<td>MWC</td>
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<td>Police</td>
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<tr>
<td>Public Guardian</td>
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<tr>
<td>Service Provider</td>
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<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recorded but NFA</td>
<td></td>
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</table>

Inquiry/Assessment/Investigation Initiated: Yes [ ] No [ ] Date [ ]

RIDDOR Reportable: Yes [ ] No [ ]

RIDDOR (The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995), place a legal duty on employers; self-employed people; people in control of premises; to report work-related deaths, major injuries or over-three-day injuries, work related diseases, and dangerous occurrences (near miss accidents).

Name of Senior CCO/Care Manager/SW: 

Signature: 

Contact Details: 

Date of Decision: 
## USEFUL CONTACTS

<table>
<thead>
<tr>
<th><strong>Substance Misuse Pharmacists</strong></th>
<th>T: 01224 557694</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fiona Raeburn (Full time)</td>
<td>E:<a href="mailto:fiona.raeburn@nhs.net">fiona.raeburn@nhs.net</a></td>
</tr>
<tr>
<td>Lucy Skea (Tues, Weds only)</td>
<td><a href="mailto:lucy.skea@nhs.net">lucy.skea@nhs.net</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Pharmacy and Medicines Directorate</strong></th>
<th>T: 01224 556527</th>
</tr>
</thead>
<tbody>
<tr>
<td>(David Pfleger, Fiona Doney, Lesley Thomson, Stacey Anderson)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Controlled Drug Pharmacy Team</strong></th>
<th>T: 01224 556001</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Anne Taylor)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Primary Care Contracts Team</strong></th>
<th>T: 01224 556467</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Payment enquiries, invoices etc)</td>
<td><a href="mailto:grampian.primarycarecontracts@nhs.net">grampian.primarycarecontracts@nhs.net</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Health Information Resources Service</strong></th>
<th>T: 01224 558504</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Leaflets etc)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Primary Care Stores</strong></th>
<th>T: 01224 553639</th>
</tr>
</thead>
<tbody>
<tr>
<td>(To order cups etc)</td>
<td></td>
</tr>
</tbody>
</table>

## NHS CLINICAL TREATMENT SERVICES, PRISON AND SOCIAL WORK

<table>
<thead>
<tr>
<th><strong>Integrated Drug Service</strong></th>
<th>T: 01224 651130</th>
</tr>
</thead>
<tbody>
<tr>
<td>Timmermarket Clinic, 1 East North Street Aberdeen</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Moray Integrated Drug and Alcohol Service</strong></th>
<th>T: 01224 557212</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 North Guildry Street, Elgin</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Substance Misuse Service – Aberdeen City &amp; Aberdeenshire South and Central Teams</strong></th>
<th>T: 01224 557212</th>
</tr>
</thead>
<tbody>
<tr>
<td>(GP practice based CPNs and Fulton Clinic)</td>
<td></td>
</tr>
<tr>
<td>Fulton Clinic, Royal Cornhill Hospital, Aberdeen</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Substance Misuse Service – Aberdeenshire North</strong></th>
<th>T: 01224 522055</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kessock Clinic, Fraserburgh</td>
<td>(office hours)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>HMP &amp; YOI Grampian</strong></th>
<th>T: 01779 485600</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Road, Peterhead</td>
<td>(main switchboard)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Aberdeen City Council Social Work Duty Team</strong></th>
<th>T: 01224 693936</th>
</tr>
</thead>
<tbody>
<tr>
<td>(out of hours)</td>
<td></td>
</tr>
</tbody>
</table>

## CHILD PROTECTION SERVICES

<table>
<thead>
<tr>
<th><strong>Aberdeen City Family Protection Unit, Bucksburn</strong></th>
<th>T: 01224 306879</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aberdeen City Emergency Out of Hours Social Work</td>
<td>T: 01224 693936</td>
</tr>
<tr>
<td>Aberdeen City Council Social Work Duty Team</td>
<td>T: 01224 304775</td>
</tr>
<tr>
<td>Location</td>
<td>Contact Details</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td>Inverurie</td>
<td>T: 01224 304081</td>
</tr>
<tr>
<td>Aberdeenshire Emergency Out of Hours Social Work</td>
<td>T: 0845 840 0070</td>
</tr>
<tr>
<td>Moray Family Protection Unit, Elgin</td>
<td>T: 01343 554381</td>
</tr>
<tr>
<td>Moray Emergency Out of Hours Social Work</td>
<td>T: 0845 756 5656</td>
</tr>
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</table>

### 3rd SECTOR SUPPORT SERVICES & SPECIALIST NEEDLE EXCHANGES

<table>
<thead>
<tr>
<th>Service Provider</th>
<th>Location</th>
<th>Contact Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>DA (Drugs Action)</td>
<td>7 Hadden Street, Aberdeen</td>
<td>T: 01224 557120</td>
</tr>
<tr>
<td></td>
<td></td>
<td>T: 01224 594700 (Helpline)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>W: <a href="http://www.drugsaction.co.uk">www.drugsaction.co.uk</a></td>
</tr>
<tr>
<td>Northern Horizons (Turning Point Scotland)</td>
<td>9 St Peter's Street, Peterhead</td>
<td>T: 01779 470490</td>
</tr>
<tr>
<td></td>
<td>Outreach needle exchange at Chalmers Hospital, Banff (Tues and Thursday evenings only)</td>
<td>W: <a href="http://www.turningpointscotland.com">www.turningpointscotland.com</a></td>
</tr>
<tr>
<td>Studio 8 (Turning Point Scotland)</td>
<td>73 High Street, Elgin</td>
<td>T: 01343 543792</td>
</tr>
<tr>
<td></td>
<td></td>
<td>W: <a href="http://www.turningpointscotland.com">www.turningpointscotland.com</a></td>
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### NEEDLE EXCHANGE SERVICE (NON-SPECIALIST)

<table>
<thead>
<tr>
<th>Service Provider</th>
<th>Location</th>
<th>Contact Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Healthy Hoose</td>
<td>2b Logie Place, Aberdeen, AB16 7TP</td>
<td>(01224) 661500</td>
</tr>
</tbody>
</table>

### COMMUNITY PHARMACY NEEDLE EXCHANGES

### ABERDEEN CITY

<table>
<thead>
<tr>
<th>Service Provider</th>
<th>Location</th>
<th>Contact Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dickies Pharmacy</td>
<td>68 Gardner Drive, Kincorth, Aberdeen, AB12 5SD</td>
<td>(01224) 874608</td>
</tr>
<tr>
<td>Douglas Dickie Chemist</td>
<td>96 Victoria Road, Torry, Aberdeen, AB11 9DU</td>
<td>(01224) 878459</td>
</tr>
<tr>
<td>Holburn Pharmacy</td>
<td>560 Holburn Street, Aberdeen, AB10 7LJ</td>
<td>(01224) 581685</td>
</tr>
<tr>
<td>John Ross Chemists</td>
<td>109 Hayton Road, Tillydrone, Aberdeen, AB24 2RN</td>
<td>(01224) 277434</td>
</tr>
<tr>
<td>Rowlands Pharmacy</td>
<td>City Hospital, Park Road, Aberdeen, AB24 5AU</td>
<td>(01224) 636597</td>
</tr>
</tbody>
</table>
### ABERDEENSHIRE

<table>
<thead>
<tr>
<th>Pharmacy</th>
<th>Address</th>
<th>Phone</th>
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</thead>
<tbody>
<tr>
<td>Buchanhaven Pharmacy</td>
<td>23 Skelton Street, Peterhead, AB42 1HR</td>
<td>(01779) 473525</td>
</tr>
<tr>
<td>Charles Michie Chemist</td>
<td>24 Market Square, Stonehaven, AB39 2BE</td>
<td>(01569) 762298</td>
</tr>
<tr>
<td>Davidsons Chemists</td>
<td>61 High Street, Banchory, AB31 5TJ</td>
<td>(01330) 822542</td>
</tr>
<tr>
<td>Duke Street Pharmacy</td>
<td>26 Duke Street, Huntly, AB54 8DL</td>
<td>(01466) 792141</td>
</tr>
<tr>
<td>Kemnay Pharmacy</td>
<td>17 High Street, Kemnay, AB51 5NB</td>
<td>(01467) 642205</td>
</tr>
<tr>
<td>Strachan Pharmacy</td>
<td>29 Main Street, Turriff, AB53 4AB</td>
<td>(01888) 562403</td>
</tr>
<tr>
<td>Will Chemists</td>
<td>35 West High Street, Inverurie, AB51 9QQ</td>
<td>(01467) 620475</td>
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</table>

### COMMUNITY PHARMACY NEEDLE EXCHANGES (CONT.)

### MORAY

<table>
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<tr>
<th>Pharmacy</th>
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<tbody>
<tr>
<td>Bishopmill Pharmacy</td>
<td>20 North Street, Bishopmill, Elgin, IV30 4EF</td>
<td>(01343) 547374</td>
</tr>
<tr>
<td>Dufftown Pharmacy</td>
<td>15 Balvenie Street, Dufftown, AB55 4AB</td>
<td>(01340) 820228</td>
</tr>
<tr>
<td>Lloyds Pharmacy</td>
<td>48 High Street, Elgin, IV30 1BU</td>
<td>(01343) 547065</td>
</tr>
<tr>
<td>Lloyds Pharmacy</td>
<td>23a Clifton Road, Lossiemouth, IV31 6DJ</td>
<td>(01343) 812818</td>
</tr>
<tr>
<td>Norvik Pharmacies Ltd</td>
<td>1 High Street, Buckie, AB56 1AL</td>
<td>(01542) 831116</td>
</tr>
<tr>
<td>Your local Boots Pharmacy</td>
<td>88/94 High Street, Forres, IV36 1NX</td>
<td>(01309) 673370</td>
</tr>
<tr>
<td>Your local Boots Pharmacy</td>
<td>Glassgreen Centre, 2 Thornhill Road, Elgin, IV30 6GQ</td>
<td>(01343) 542186</td>
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NHS GRAMPIAN

SERVICE LEVEL AGREEMENT

SLA Reference : Injecting Equipment Provision

<table>
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<th>SLA No.</th>
<th>Version</th>
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<tr>
<td>031120172</td>
<td>1</td>
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NHS Grampian

Review Date

Superseded Version No & Date

Author

Approved by

Revision Chronology

<table>
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<tr>
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<th>Effective Date</th>
<th>Reason for Change</th>
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Version 2019-2020
1. Introduction

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, this Service Level Agreement. Services will be provided within the legal and ethical framework of pharmacy as a whole and in line with the Scottish Government guidelines for services providing injecting equipment¹.

2. Background to service

Injecting Equipment Provision (IEP) involves the provision of clean syringes, needles and other paraphernalia as agreed by NHS Grampian and the receipt and disposal of used equipment.

3. Service aims

The service aims to provide:

- Non-judgemental provision of injecting equipment for people who inject drugs (PWIDs)
- Safe collection and storage for disposal of used equipment
- Safer injecting and general harm reduction advice
- Onwards signposting and referral as indicated e.g. to specialist drug services, GP, A&E, Blood borne virus testing etc.

4. Service outline and standard
4.1. An IEP service may only be provided by an NHS Grampian approved provider.

The service must be made available throughout the service provider's opening hours, and it should be clearly advertised that the pharmacy operates a needle exchange service.

All needles, syringes, sharps bins, and other paraphernalia supplied under the pharmacy scheme must be accessed from the approved supplier and product list as specified by NHS Grampian. Equipment will be provided free of charge to both service provider and client.

In recognition of the important public health imperative “to reduce the spread of blood born viruses” and encourage one needle per injection, the Lord Advocate removed any requirement to limit needle and syringe provision, or the requirement to return used needles, and has issued guidance to reflect this agreement. IEP clients should therefore be provided with sufficient equipment to meet their injecting requirements and frequency of attendance, regardless of whether they return used equipment. Clients should however be encouraged to return used equipment at each attendance.

Pharmacies operating an IEP service will be provided with appropriate waste containers free of charge by NHS Grampian (normally a 60 litre special waste bin) to receive all used equipment. NHS Grampian will make arrangements for the uplift and disposal of full containers. The Physical Planning Dept - Property and Environment Manager can be contacted on (01224 558732) to discuss any issues regarding uplift of waste.

Clients must return used needles and syringes in a sealed sharps bin. If they return with loose injecting equipment the client should either be given an individual sharps bin to dispose of the equipment or, if unavailable, asked to place the equipment directly into the 60 Litre bin. To minimise the risk of needle stick injury this bin should then be sealed and set aside for uplift thereafter. **Pharmacy staff should never handle loose returned injecting equipment.**
Clients should be advised against reopening a sharps container after it has been sealed. The risk of needle stick injury, infection and harm associated with the reuse of equipment is high.

The service provider is responsible for entering all IEP transactions onto the approved IT system (currently neo360®).

Transactions should be recorded using a client identifier that is both anonymous and unique. This should consist of the first initial of the forename and the 1st and 4th initials of the surname followed by the date of birth in the format ABCdd/mm/yyyy. E.g. John Smith born 1st January 1990 would have the identifier JST01/01/1990. For patients who have surnames of less than four characters a star should be used for the third letter i.e. if the client was John Hay 12/12/95 the identifier would be JH*12/12/1995.

Clients should be encouraged to utilise the same identifier at each attendance in order to provide an accurate estimate of the unique number of clients attending services in Grampian and more widely in Scotland. Direct entry of data into neo360® at point of exchange is recommended to ensure maximal data accuracy. This may be undertaken by use of PC, laptop or tablet at the point of exchange. All community pharmacies received £200 for Scottish Government in March 2017 to support the purchase of a hand held tablet device. The IEP service should maintain client confidentiality and privacy at all times.

Approved information leaflets on safer injecting, harm reduction and blood borne virus transmission should be made freely available to clients. These are available from NHS Grampian Health Information Resources Service (01224 558504).

The service provider should have knowledge of and advise on appropriate referral and/or signposting routes. Examples include but are not limited to:

How to access clinical treatment services
Local support services for problematic drug and/or alcohol use

Knowledge of the common signs and symptoms of infection or DVT (Deep Vein Thrombosis) and onwards referral to GP or A&E for treatment

All staff working in the service should be aware that an IEP service is delivered from the premises. Those directly involved in delivery of IEP should be given the opportunity to access Hepatitis B vaccination. This is provided free of charge to pharmacy staff by NHS Grampian occupational health department. To arrange an appointment(s) call (01224) 553663 or email grampianohs@nhs.net.

5. Training requirement

All staff members involved in the delivery of this service level agreement should have undertaken training on the provision of IEP. Online training modules are available at www.frontiersharpsafety.com. **Module 12 is strongly recommended for all staff involved in service provision.** Staff should be encouraged to attend NHSG approved IEP training events. A minimum of one member of staff from each pharmacy must attend. Staff should have completed standard training including IT security, confidentiality, data protection, adult support and protection, child protection, hand hygiene, fire safety, manual handling and violence and aggression.

The service provider must ensure that all staff are aware of the correct procedure and action to be taken in the event of a needle stick injury (see Management of Occupational Exposure to Blood Borne Viruses chart- Appendix 2). This chart should be displayed in an area of the pharmacy where staff can easily access the information.

In the unlikely event of a blood spill within the pharmacy, staff should follow current NHS Grampian Blood Spill guidance (Appendix 3).

6. Monitoring & evaluation
It is a requirement of the service that appropriate records are kept and maintained by the Pharmacy Contractor, to enable verification of service provision and training undertaken by staff. These records may be used for information for internal and external audit and evaluation purposes. For IEP the recording system is currently neo360®.

The NHS Grampian needle exchange co-ordinator monitors service provision on a monthly basis. Data is submitted to ISD on an annual basis for national review and report.

Where requested participating pharmacies will be required to participate in service evaluation and audit.

7. Claims and payment

7.1 neo360® is the current approved IT system for IEP services on which all needle exchange transactions need to be recorded at point of exchange. NHSG Primary Care Contracts Team will generate an invoice for each contractor from neo360® on the 7th of the following month. The service provider must ensure that data is accurate prior to this date. Any errors should be reported to the local neo360® systems administrator (Fiona Raeburn, 01224 557694) to amend. There is no requirement for contractors to submit a paper claim.

All participating pharmacies will receive a monthly retainer fee of £62.85 and will be paid £1.76 per client transaction.

7.2 Pharmacies should monitor the reimbursement they have received for the service and raise any concerns within 3 months of when payment should have been received. Any claim queries raised after this time will be deemed as an historical claim and will only be considered by the Pharmacy Performance and Governance Group for payment if information detailing why the issue wasn’t raised earlier is supplied.
Remuneration for the Service will be agreed locally between NHS Grampian and the Local Pharmacy Contractors.

The service provider must provide NHS Grampian 3 months notice in writing, if they wish to discontinue providing IEP services.

NHS Grampian will provide 3 months notice if they wish to terminate a service’s IEP contract. Where a breach in terms of the SLA has occurred the 3 month notice period may not apply.

8. References

Appendix 1 – Payment Structure

Financial year

Details of payments

All participating pharmacies will receive a monthly retainer fee of £62.85 and will be paid £1.76 per client transaction.
MANAGEMENT OF OCCUPATIONAL EXPOSURE TO BLOOD-BORNE VIRUSES

Immediate Actions:
- Gently squeeze wound (DO NOT SUCK AREA).
- Wash affected area with soap & water (DO NOT SCRUB).
- Rinse mucous membranes with warm water (DO NOT SWALLOW WATER).
- Cover broken skin with waterproof dressing e.g. Elastoplast. If not allergic.

Assess if exposure is significant:
- Percutaneous injury (e.g. needle, instruments, bone fragments, significant bites which break the skin, etc).
- Exposure of broken skin (abrasions, cuts, eczema, etc).
- Exposure of mucous membranes, including the eye.

START

For SOURCE PATIENT:

Is SOURCE PATIENT identified?

YES
- Occupational health adviser/ GP/ A&E doctor
  - Arrange follow up in occupational health within 36 hours for recording incident.

NO
- Occupational health adviser/ GP/ A&E doctor present to interview EXPOSED EMPLOYEE.
  - Take initial blood from exposed employee. Send to virology. Write clearly on request form: "OHS-FOR STORAGE ONLY – NOT FOR TESTING."
  - Consider need for hepatitis B post-exposure prophylaxis.
  - Arrange follow up in occupational health within 36 hours for recording incident and subsequent blood samples.

Is the SOURCE PATIENT known to be HIV positive?

YES

NO

Prophylactic therapy must be offered to EXPOSED EMPLOYEE if possible within one hour of contact.
Take advice from the Infection Unit Consultant.
Contact via switchboard 0845 456 6099.

For SOURCE PATIENT:

YES

NO

Source bloods positive for HIV or assessed as high risk

OCCUPATIONAL HEALTH SERVICE

Advice and support can be obtained from:
NHS Grampian Occupational Health Service, Foresthall House; Tel: (01224) 558663; or, in Moray Tel: (01343) 567136
Consultant in Virology on Tel: (01224) 55818 / 0845 456 6000
Consultant in Public Health Medicine on Tel: (01224) 558520
A & E should only be involved where there is a significant injury occurring out of hours or an exposed employee can not be seen in occupational health within 36 hours.

Post exposure prophylaxis packs are located at:
- The Infection Unit, ARI
- Aberdeen Health Centre
- Jubilee Hospital, Huntly
- Casualty, Chalmers Hospital Barff
- Casualty, Gilbert Bain, Shetland
- Special Clinic, Woolmantill
- A & E, Dr Gray's, Elgin
- Casualty, Poole Hospital
- Th/OPD, Orkney

ACTICHLORE™ PLUS
BLOOD SPILLS

1. Wear disposable gloves and apron. Safety glasses with side shields are required when handling the granules and tablets only. When using the solution, safety glasses should be worn if there is risk of splashing.

2. For large blood spillage, dispense Actichlor Granules directly onto the wet blood spill and leave for 2 minutes. Use a disposable cloth to remove the granules and dispose as healthcare waste.

3. For wet or dry spillage, place paper towels over blood spill. Dissolve Actichlor Plus tablets (according to dilution instructions below) in cold water to make your solution. Mark date and time prepared on dilution bottle. Carefully pour over towels. Leave for 2 minutes and dispose as healthcare waste.

4. Clean spillage area with General Purpose Neutral Detergent (detergent wipes).

5. Keep solution for no longer than 24 hours. Dispose of remaining solution into appropriate drain with running water e.g. disposal sink, sluice.

Remove date and time prepared from bottle.

DILUTION INSTRUCTIONS

<table>
<thead>
<tr>
<th>DISINFECTION OF BLOOD SPILLS (10,000PPM AVAILABLE CHLORINE)</th>
<th>CONTACT TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transmission of wet/dry blood spills, Actichlor Plus 1.7g/tablet, Leave no on dilution bottle until tablets have dissolved</td>
<td>e.g. 5 tablets per 500ml</td>
</tr>
<tr>
<td>e.g. 10 tablets per 1,000ml (1L)</td>
<td>2 minutes</td>
</tr>
<tr>
<td>Distribution of large blood spills</td>
<td>Actichlor Granules, No dilution required</td>
</tr>
</tbody>
</table>

WARNINGS & PRECAUTIONS

AVOID contact with skin and eyes. Do NOT breath vapour or mist. Use water to dilute over spills. DO NOT use directly on wet wound. Always wash hands or use alcohol-based hand rub after handling.

ALWAYS dispose used material as healthcare waste. Marking or contamination of锐器 after handling.

ALWAYS keep out of the reach of children.

ALWAYS dispose of used sharps after 24 hours. Refer to your S.O.P. disposal policy.

USE ONLY with appropriate ventilation.

HEALTHCARE DIVISION

LithoTech Group, Conington
Leeds LS5 2LJ, UK
+44 (0) 7800 875 390
www.ecolab.co.uk

© Ecolab 2012/2013 E179
# SERVICE LEVEL AGREEMENT

**SLA Reference:** Nalo xone Training and Supply

<table>
<thead>
<tr>
<th>SLA No.</th>
<th>Version</th>
<th>Date</th>
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**NHS Grampian**

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**Author**

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**Version 2019-2020**
Service level agreement - naloxone training and supply

1. Introduction

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 the current supporting documentation which must be read in conjunction with this Service Level Agreement. Staff should have completed Grampian approved naloxone training prior to signing up to this SLA. Services will be provided within the legal and ethical framework of pharmacy as a whole.

2. Background to service

The Naloxone Take Home Programme was introduced by the Scottish Government in a bid to reduce the number of drug related deaths in Scotland. This SLA has been introduced to extend equity of access to this intervention.

It shares the principles of the Tier 1 service which outlines the recommended clinical support for delivery by community pharmacy contractors to people who use drugs and is supportive of NHS Grampian and Grampian Alcohol and Drug Partnerships’ goals to reduce harm and promote recovery.

3. Service aims

The aims of the service are:

To provide people at risk of Opioid overdose and their significant others with opportunistic access to overdose awareness and naloxone training.

To undertake supply of naloxone in line with NHS Grampian guidance for services undertaking naloxone supply1.

4. Service outline and standard
4.1 Pharmacy contractors must ensure that pharmacy staff are able to deliver the following service during routine opening hours:

Routinely offer the service to eligible person attending the pharmacy.

Check the status of any existing supply e.g. still in date, opened, needles used etc. and resupply where necessary.

Work through the Grampian "One to One Checklist" to ensure trainees understanding of:

- the risks, signs and symptoms of drug overdose
- delivery of basic life support and the recovery position
- the mechanism of action of naloxone and its practical administration
- the importance of calling an ambulance

Provide advice and support to anyone who returns having used the training and/or naloxone supply.

- Make a new or replacement supply of naloxone as appropriate.

Display a suitable poster and maintain a supply of information leaflets and demonstration naloxone kit.

Complete the Record of Training and Supply including consent and enter information into the approved electronic database (currently neo360®) on the day of supply.

Where a supply is requested staff should make the supply at time of request wherever feasible.

5. Training requirement

5.1 It is the contractor’s responsibility to ensure all staff delivering the service have completed appropriate training, are competent and have the required personal and technical skills to provide this service at all times the pharmacy is open. A suitable area
in the pharmacy should be identified to ensure privacy and confidentiality is maintained whilst delivering the service.

5.2 NHS Grampian will provide access to appropriate training. Training will be open to all community pharmacy staff who may be involved in the provision of this service. Training material for this service is available at: https://www.hinetgrampian.org/people-networks/alcohol-and-drugs-in-grampian/naloxone/

6. Monitoring & evaluation

6.1 It is a requirement of the service that appropriate records are kept and maintained by the Pharmacy Contractor, to enable verification of service provision and training undertaken by staff members.

6.2 The Record of Training and Supply and One-to-One Checklist must be completed for each supply and stored securely and confidentially. The service may be required to produce these documents for payment verification purposes.

6.3 Data is monitored both locally by NHS Grampian and the Alcohol and Drug Partnerships and nationally by Information Services Division through analysis of neo360® data. Clients should be advised of the following and invited to consent that:

Details of training/supply will be recorded and held confidentially on the NHS Grampian electronic database.

Data will be shared anonymously with the NHS for purpose of reporting and research.

Where requested participating pharmacies will be required to participate in service evaluation and audit.

7. Claims and payment
7.1 NHS Grampian will monitor the delivery of the service using reports generated from neo360® records, supported by invoices detailing the supplies ordered by the pharmacy.

7.2 The service should submit a claims form with any invoice(s) for Prenoxad® ordered that month to PCCT by the 7th of the following month for payment.

8. References

1) Guidance for Drug Treatment Services in Grampian Undertaking Supply of Naloxone to People at Risk of Opioid Overdose, Significant Others and Services In Contact With Those At Risk.

Appendix 1 – Payment Structure

For the financial year 2019/2020 the following payments will be made:

£10 per Naloxone supplies made

£15 for Naloxone training and supplies
NHS GRAMPIAN

SERVICE LEVEL AGREEMENT

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Version 2019-2020
1. Introduction

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 NHS Grampian Pharmaceutical Care Of Patients Receiving Treatment For Hepatitis C Service Level Agreement and associated support documentation which must be read in conjunction with this Service Level Agreement. Services will be provided within the legal, professional, and ethical framework of pharmacy as a whole.

A three months notice period must be provided if either party wish to terminate this contract. Where a breach in terms of the SLA has occurred the 3 month notice period may not apply.

2. Background to Service

The delivery of Hepatitis C treatments, with enhanced compliance support, through community pharmacy is key to the successful delivery of patient centred care for Grampian patients with Hepatitis C. Community pharmacy involvement contributes to strong local patient compliance with regimens and related success in terms of viral clearance rates.

3. Service Aims

The specific objectives of the service to provide pharmaceutical care to patients receiving treatment for Hepatitis C are:

To improve the clinical outcomes achieved by patients receiving treatment for Hepatitis C, especially preventing treatment defaults and poor adherence to treatment courses that may impact on viral clearance.

To provide high quality pharmaceutical care, in particular to ensure that other medication prescribed in primary care or purchased over the counter is suitable for each patient receiving treatment for Hepatitis C.

To assure the continuity of supply with no treatment breaks for patients.
To provide a patient centred approach to pharmaceutical care that shortens the patient journey to one that can be accomplished by the majority of patients and maximises opportunities for patients to complete their course of treatment.

To ensure close clinical monitoring of patient treatment to help inform planning and feedback to the specialist service and to minimise loss to follow-up.

To provide data to the clinical service to both inform individual patient treatment plans and to help assess compliance impacts on treatment outcomes for the treatment cohort

Service Outline and Standard

4. Service Provision

This SLA allows eligible individuals, who are deemed by the specialist clinician coordinating their care as likely to benefit from the service, to use their community pharmacy as the delivery point for enhanced pharmaceutical care in addition to the supply of medicines.

All community pharmacy contractors delivering this service must agree that they will adhere to source Hepatitis C medication only from the suppliers indicated by NHS Grampian. NHS Grampian will work with contractors regarding any supply issues that are out with the contractor’s control.

Individual patients can access the service from the contracted community pharmacy of their choice.

Other than in exceptional circumstances with the agreement of the contractor, the Hepatology Specialist Team will typically contact the patient’s nominated community pharmacy no less than 14 days prior to the initiation of treatment to discuss the proposed treatment plan and supply arrangements for the patient. Patient specific information including drug regimen, treatment start date, requirements for supervision and instalment dispensing and any other guidance required to enable the community pharmacist to provide pharmaceutical care to the patient will be provided.

The Hepatology Specialist Team will email the community pharmacy with an information pack, completed patient transfer form (Appendix 5), procurement information, and information on advanced payment (including indicative timescales for recovery). N.B. Pharmacies will be automatically assumed to want an advance payment unless they have opted out.

After being contacted by the Hepatology Specialist Team, the community pharmacist should create a Patient Care Record (PCR) for the patient, if one does not already exist, to allow the documentation of relevant care issues.

The Hepatology Specialist Team will prescribe the Hepatitis C medications on an HBP5 prescription form on a monthly basis. The initial prescription will, other than in exceptional circumstances with the agreement of the contractor, be posted to the patient’s choice of community pharmacy 14 days prior to initiation of treatment to allow the community pharmacy adequate time to obtain supplies of the medication. Subsequent prescriptions will be posted monthly to the community pharmacy a
minimum of 7 days before the next supply is due to ensure preparations can be made for continuous treatment of the patient.

N.B. Community pharmacies are advised generally to order treatment only when in receipt of the prescription and no more than 14 days prior to the treatment initiation date.

Prescriptions will typically be for whole packs and for 28 days of treatment. In exceptional circumstances, and in agreement with the contractor and Hepatology Specialist Team, a prescription for less than 28 days of treatment may be issued.

The community pharmacist will order sufficient medication from the pharmaceutical company or their wholesaler to ensure continuous treatment of the patient with the medication regime that they have been prescribed. Any anticipated break in treatment due to stock procurement issues must be notified to the Hepatology Specialist Team in advance so that all efforts can be made to ensure continuity of treatment.

Individual patients can choose to withdraw from the service at any point.

Pharmacists can withdraw an individual in exceptional circumstances, such as suspected misuse of the service but only following discussion with the Hepatology Specialist Team.

Treatment courses may range from 8 to 24 weeks but will be specified for each patient.

This service will be available to patients during all community pharmacy opening hours as defined in the Pharmaceutical List.

The patient’s GP will be informed as part of routine clinic correspondence that the patient is to receive supply of their medicine through community pharmacy but that GP will not be expected to prescribe this medication.

5. Delivery of Pharmaceutical Care

In delivering this agreement:

All patients eligible for the scheme must have an appropriate prescription from the clinician coordinating their care. The prescription will include the necessary instructions for instalment and supervision where required.

The community pharmacy will be provided with a contact telephone number and names of contacts within the Hepatology Specialist Team for any treatment/clinical queries or advice.

Delivery of this service should be from premises that can provide an acceptable level of privacy to respect a client’s right to confidentiality and safety.

The community pharmacist will ensure that licensed medicines indicated for use in Hepatitis C are sourced from suppliers indicated by NHS Grampian using the appropriate forms and method as
advised. A list of the current distributors is provided in Appendix 6 and a copy of the AAH request for supply of Zepatier ® ▼ is provided in Appendix 7.

In delivering this service community pharmacy contractors must comply with the administration, record keeping and audit arrangements described in this agreement.

In delivering the service community pharmacy contractors will ensure that all clients receive a service that is user-friendly, non-judgemental, client-centred, and confidential.

The community pharmacist should deliver the following pharmaceutical care bundle for all patients receiving treatment under this agreement:

The initial consultation must be provided by the community pharmacist in person.

The community pharmacist must assess the interaction potential of other medicines prescribed for the patient or purchased over the counter from their pharmacy. Check the pharmacy record and PCR to ensure that the Hepatitis C treatment is compatible with other medication the patient is taking or is initiated during treatment. N.B. The specialist service will do this prior to treatment commencing but there is a need for ongoing vigilance. The Hepatology Service will be able to provide advice where pharmacists need additional support.

Help the patient understand the most appropriate way to obtain the best clinical outcome from the medicine, according to their assessed needs. Some patients will require daily supervised administration of their medication and on-going monitoring. Other patients will require on-going supplies of small amounts of medication.

Counsel the patient on the use of the medicine and need to take the medication regularly and complete the course. Provide ongoing support and advice.

Normally provide no more than one week’s supply of medication as patient labelled stock at a time in order to minimise waste.

Dispense the medicine according to the directions on the prescription. This will usually be weekly dispense but may also include daily dispense and consume on premises for a proportion of patients. Dispensing for consume on premises patients should take place from stock each time the patient presents in order to minimise waste.

Agree with the patient how best to contact them should any issues arise with their care.

Provide advice on how the patient can contact the pharmacy.

Complete the appropriate care record for the patient detailing the agreed course(s) of action, counselling and advice needs and any requirements for follow up or referral. The PCR should be initiated at first consultation and used to inform care on an on-going basis.
Undertake compliance monitoring of the patient and provide regular feedback to the Hepatology Specialist Team.

Contact a member of the Hepatology Specialist Team if you or the patient identify any relevant clinical issues or have any concerns regarding compliance. The Hepatology Service will undertake a clinical assessment and a decision will be made as to whether treatment will continue.

Reasons for Community Pharmacy Teams to contact Hepatology Specialist Team

If the patient expresses any concerns that the community pharmacy is unable to address or the pharmacist identifies any reason why the next supply should not be made.

If the patient fails to present for their initial prescription following notification by the specialist service.

If the patient fails to collect their medicine on, or within a day of, the next due date the community pharmacist will liaise with the patient to remind them to collect their next supply. If the patient fails to respond to this reminder or is not contactable the community pharmacist will contact the Hepatology Pharmacy team to advise them of this.

If no further HBPS prescription has been received in the post and the next due date of supply is imminent.

If the community pharmacist is aware of potential supply issues with the medicine.

Reasons for the Hepatology Specialist Team to contact the Community Pharmacist

If at the clinic review a change is made to the treatment plan for that patient, the Hepatology Specialist Team will immediately contact the community pharmacist to discuss management of the change and on-going supply including provision of new HBP prescriptions if necessary and disposal of any remaining HBP prescriptions held by the pharmacy which are no longer appropriate.

If the patient has become unwell or less medically stable during treatment and has contacted the Hepatology Specialist Team or been admitted to hospital, the Hepatology Specialist Team will contact the community pharmacy to notify them of any change to treatment plan/dispensing schedule or to notify them that the patient has reverted to supply through the hospital pharmacy service.

Administration, Record Keeping, and Audit

The patient transfer form should be retained by the community pharmacy for a period of 7 years. (N.B. NHS Grampian will hold a register of patients receiving care provided by pharmacy contractors through this specification).
The community pharmacy will retain a dispensing record and maintain a running stock balance of the medication for each patient.

The community pharmacy will complete and e-mail the appropriate compliance reporting form to the Hepatology Specialist Team at the end of each monthly prescription.

The community pharmacy will document the care provided to patients using the PCR.

In the case of adverse reactions the pharmacist will assess whether there is a need to report any adverse reactions to the Committee on Safety of Medicines Scotland (CSM) through the Yellow Card reporting mechanism. Note that all oral direct-acting antiviral medications for the treatment of hepatitis C are Black Triangle drugs and as such all suspected adverse reactions should be reported. The pharmacist should liaise with the Hepatology Specialist Team to determine who will complete a Yellow Card.

It is a requirement of the service that appropriate records are kept and maintained by the community pharmacy contractor to enable verification of service provision and training requirements and provide information to NHS Grampian for internal and external audit and evaluation purposes.

6. Training Requirement

All community pharmacies providing the service should familiarise themselves with these medicines and be aware of and operate within the SLA and local practice guidelines.

Pharmacy contractors should develop a standard operating procedure to deliver the service in their own pharmacy.

The community pharmacist in charge should ensure that all staff, including locum pharmacist staff, are competent to operate the service to ensure a seamless approach to care and availability of the service throughout the hours of service.

The Hepatology Specialist Team will provide the community pharmacy with an information pack to support service delivery.

7. Monitoring and Evaluation

Contract monitoring and evaluation will be carried out by the health board (the three Health & Social Care Partnerships or on their behalf). The community pharmacy will collect and provide information as per the activity specification (Section 4).

Community Pharmacy contractors should retain and submit copies of order forms if used and invoices relating to the ordering of Hepatitis C drugs to nhs.pmu@nhs.net as evidence of compliance.
to using NHS Grampian advised distributer. Order forms and invoices must be made available to NHS Grampian on request for audit purposes.

The pharmacy will submit a copy of the pharmacies SOP relating to the delivery of this service when requested for audit/monitoring purposes.

Late submission of reports or data may result in some or all elements of the contract value being withheld.

Failure to attain agreed standards may result in some or all elements of the contract value being withheld.

Any adjustment under this section may be backdated.

8. Claims and Payment

Payment of fees will be automatically made to contractors triggered by the initiation of treatment notification from the Hepatology Service and contractors are not required to make a claim for payment of fees.

The community pharmacist will be provided with a payments administration contact by NHS Grampian who will be able to assist community pharmacies if they have any concerns regarding advance payments or recovery, script payments or service payments.

If medication is obtained from a supply route that is out with the supply distributer advised by NHS Grampian the contractor will be in breach of contract and appropriate action will be taken to reclaim fee and could include referral to NHS Counter Fraud Services.

Any contractors knowingly providing false information may be liable for prosecution and civil recovery proceedings. Any overpayments identified through the post verification procedure checks may be recovered at a future date by the Common Services Agency for the Scottish Health Service.

8.1 Remuneration

For each patient receiving treatment under this service agreement a contractor will receive £400. This payment will include:

a) £135 as a pharmaceutical care remuneration fee made up of £75 for the delivery of a care bundle specific to this group of patients and £60 to provide consume on premises support where this is required.

b) £265 as an exceptional fee for costs associated with delivery of the service relating to business costs and risks.
NHS Grampian will use agreed national coding descriptors to describe the service fee on NSS payment notifications.

To receive full remuneration the contractor must ensure the service is delivered to the standards detailed within this SLA and the Community Pharmacy Patient Compliance Form (Appendix 6) is fully completed and submitted for each patient.

8.2 Financial Support and Financial Risk Management

The new drugs to treat Hepatitis C are high cost items and therefore contractors may benefit from an advanced payment to cover the initial procurement costs for each new patient.

Contractors will automatically be provided with an advance payment on receipt of notification of treatment arrangements from the Hepatology Service unless a contractor has opted out of the advance arrangement. Contractors wishing to opt out of the advance payment system should do by contacting Service Payment Administration in writing.

This will allow NHS Grampian to make an advanced payment to contractors in sufficient time to allow the payment to be received by the contractor before the invoice is due to be paid. A single payment will be authorised to cover the complete treatment course as part of normal monthly payments.

The use of payment by BACS will only be considered in exceptional circumstances. Where an advanced payment is required sooner than the normal monthly payment, the contractor should contact the service payment administration contact to discuss.

Monthly phased recovery of the advanced payment will begin when prescriptions have been submitted and paid. As an example, for a 12 week course of treatment the first recovery will begin 16 weeks after the start date of the treatment and will continue monthly thereafter according to the treatment schedule and value of the advanced payment which has been made. The schedule of payments and recovery is detailed in the support document ‘Hepatitis C prescription and payment schedule’.

Advanced payment recovery is not linked to submission and payment of prescriptions. Contractors are responsible for ensuring timely submission of prescriptions to NSS in line with the schedule associated with this agreement.

Contractors should advise the service payment administration contact where a patient has had their start date delayed in order that the recovery schedule for any advanced payment can be amended. N.B. Late submission of prescriptions will mean that recovery is out of synchronisation with the planned schedule.

NHS Grampian will assure that where the loss of a prescription occurs prior to submission for reimbursement that such loss does not financially impact on the contractor, i.e. NHS Grampian will provide a replacement prescription for submission for payment subject to written assurance regarding the loss from the contractor and arrange for cancellation of the original prescription.
NHS Grampian will underwrite the financial risk where due to changes in patient clinical circumstances, patient compliance, or actions by NHS Grampian when a course of treatment is not completed and where a contractor may be left out of pocket in relation to reimbursement of medicine costs. This may include scenarios where NHS Grampian arranges for undispensed stock at a pharmacy to be used by the next patient.

In the event that NHS Grampian cancels a patient’s treatment, or a patient fails to complete their treatment programme, and withdraws from the service after their treatment has commenced, the contractor will be entitled to retain the full service fee.

The community pharmacy contractor should ensure that all prescriptions sent to NHS National Services Scotland for payment were for medication sourced from the suppliers indicated by NHS Grampian and using any forms and methods advised by NHS Grampian.
Contact Details

All clinical pharmacy, patient transfer, and initiation enquiries should be made to the Hepatology Pharmacy Team:

Elaine Sheridan (Specialist Clinical Pharmacist)
Lynne Crighton (Specialist Clinical Pharmacist)
Cady Fraser (Pharmacy Technician)
Telephone: 01224 559348
E-mail: grampian.hepatologypharmacyteam@nhs.net
Bleep: 3712

Other clinical issues can be discussed with the NHS Grampian Hepatology Specialist Team:

For urgent information, contact the Hepatology Specialist Nursing Team.

Pauline Dundas  (Lead Hepatology Nurse Specialist)  01224 559632
Shona Allan  (Nurse Specialist)  01224 551398
Lorna Bailey  (Nurse Specialist)  01224 554931
Emma Gaffney  (Nurse Specialist)  01224 559630
Megan Stephen  (Nurse Specialist)  01224 559622

For non-urgent information email grampian.livernurses@nhs.net

All payment related enquiries e.g. advance, script payment, and recovery should be made to the service payment administration contact:

Jacqueline Gall
Primary Care Resources Accountant
Westholme
Woodend Hospital

ABERDEEN

AB15 6LS

Telephone 01224 556733

E-mail: jacqueline.gall@nhs.net

Generic contract queries or escalation of issues not dealt with through the Hepatology service contacts or service payment administration contact will be dealt with through the Pharmacy and Medicines Directorate:

Tel: 01224 556527

E-mail: nhsg.pmu@nhs.net
Service Level Agreement Signing Sheet

Please complete and submit the following to nhsg.pcctpharmacy@nhs.net if you wish to opt out of the pharmacy advance payment.

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<td>Complete the following if your pharmacy wishes to opt out of the advance payment for this SLA</td>
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<td>I confirm I wish to opt out of the automatic advance payment system (please tick)</td>
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<td>Name of contractor representative (block capitals)</td>
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Please sign this document, retain for your records, and submit a copy to:

nhsg.pcctpharmacy@nhs.net

Declaration:

I declare that the information I have given on this form is correct and I understand that if it is not, action may be taken against me. I acknowledge that this information will be authenticated from appropriate records, and that any payment made to my pharmacy based on this information, will be subject to Payment Verification. Where NHS Grampian is unable to obtain authentication, I acknowledge that the onus is on my pharmacy to retain and provide, when requested, documentary evidence to support the information provided.
NHS Grampian Pharmaceutical Care Of Patients Receiving Treatment for Hepatitis C Service Contract
Supporting Documentation

The documents included in this pack may be amended / updated within the contracted period with appropriate notification to contractors
Appendix 1 – Flow Chart for Hepatitis C Care Involving Community Pharmacists

Decision made by Hepatology Specialist Team to start patient on treatment for Hepatitis C. The patient has been counselled on the use of their medication and associated monitoring in line with the BBV MCN Guidelines. They are agreeable to obtaining supplies via their nominated community pharmacy at the required schedule.

Hepatology Pharmacy Team make initial contact with community pharmacy (by telephone) to inform them of a potential patient. This is typically no less than 14 days prior to initiation of treatment.

Hepatology Specialist Team complete and send a Patient Transfer Form (Appendix 5) to the patient’s nominated community pharmacy (by email). Other information e.g. product procurement details are also sent.

The first prescription is posted to the community pharmacy 14 days prior to initiation of treatment.

Patient has an initial consultation with the community pharmacist. Drug interaction potential between the antiviral medication and other concomitant medications is assessed and the patient is counselled on their medication regime. This is recorded in the PCR.

The community pharmacist dispenses supply of antiviral therapy as per the instructions on each prescription. This is recorded in the PCR. Subsequent prescriptions are posted to the community pharmacy a minimum of 7 days before the next supply is due in order to ensure continuous treatment.

NO ISSUES

Supplies of antiviral treatment to be made as per the instructions on each prescription.

Submit Compliance Reporting Form (Appendix 6) to grampian.hepatologypharmacyteam@nhs.net at the end of each 4-week period of treatment.

ISSUES

(E.g. compliance, adverse reactions, drug-drug interactions, non-attendance at community pharmacy or clinic appointments)

Community pharmacist to liaise with Specialist Hepatology Team and agree any changes in management plan and supply of medication as necessary.

Submit Compliance Reporting Form (Appendix 6) to grampian.hepatologypharmacyteam@nhs.net at the end of each 4-week period of treatment.
Appendix 2 - Patient Treatment Initiation Communication Template

Dear [insert name],

Thank you for accepting patient [insert initials] to obtain supplies of treatment via your Community Pharmacy.

The patient will commence treatment with [insert drug name(s)] on [... /... /...]. This should be dispensed on a [insert frequency] basis for a total duration of [...] weeks.

Please find attached the following documents which will assist you in ordering the medicine(s), providing pharmaceutical care to the patient and completing the monthly compliance form as is required by the Service Level Agreement (SLA):

- NHS Grampian Pharmaceutical Care Pack for supply of hepatitis C treatments.
- Patient timetable (detailing clinic appointment dates and dates of collection of medication).
- Patient transfer form (detailing drug history, medical history, GP and named Specialist Liver Nurse).
- Order form(s) for [insert drug name(s)].
- Compliance form (to be completed and returned to this email (or fax) at the end of each month of treatment).
- A scan of the first prescription.
- Hepatitis C prescription and payment schedule.

The original hard copy of the first prescription will be posted out to you today.

[Insert drug name(s)] is/are ordered via direct supply routes. It can take longer to order medicines via direct supply routes. Orders for these medications should therefore be placed in a timely manner but, in general, no more than 14 days ahead of the treatment initiation date.
Subsequent monthly prescriptions will be sent a minimum of 7 days before the next supply is due. If you have not received a prescription within this time then please contact us as soon as possible in order that the issue can be resolved, an order for the item placed and a delay/interruption in the patient’s treatment avoided. Please be mindful that it is not the patient’s responsibility to obtain prescriptions for continuing supplies of these products.

Further information about the service can be found within the SLA and supporting documentation.

If you have any queries then please do not hesitate to contact us.

Kind Regards,

Elaine Sheridan and Lynne Crighton | Specialist Clinical Pharmacists and Cady Fraser | Pharmacy Technician
Gastroenterology and Hepatitis C
Pharmacy Department
Aberdeen Royal Infirmary
Telephone: (01224) 559348
Bleep: 3712
### Prescription & Payment schedule for a 3 x 4 week course

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<td></td>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Prescription paid</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Supplier paid</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Advance recovery</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Service Fee</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>
Appendix 4 - Key Contact List for Hepatitis C Service Related Queries

All clinical pharmacy, patient transfer, and initiation enquiries should be made to the Hepatology Pharmacy Team:

Elaine Sheridan (Specialist Clinical Pharmacist)
Lynne Crighton (Specialist Clinical Pharmacist)
Cady Fraser (Pharmacy Technician)

Telephone: 01224 559348
E-mail: grampian.hepatologypharmacyteam@nhs.net
Bleep: 3712

Other clinical issues can be discussed with the NHS Grampian Hepatology Specialist Team:

For urgent information, contact the Hepatology Specialist Nursing Team.

Pauline Dundas (Lead Hepatology Nurse Specialist) 01224 559632
Shona Allan (Nurse Specialist) 01224 551398
Lorna Bailey (Nurse Specialist) 01224 554931
Emma Gaffney (Nurse Specialist) 01224 559630
Megan Stephen (Nurse Specialist) 01224 559622

For non-urgent information email grampian.livernurses@nhs.net

All payment related enquiries, e.g. advance, script payment, and recovery should be made to the service payment administration contact:
Jacqueline Gall  
Primary Care Resources Accountant  
Westholme  
Woodend Hospital  
ABERDEEN AB15 6LS  
Telephone 01224 556733  
E-mail: Jacqueline.gall@nhs.net  

Generic contract queries or escalation of issues not dealt with through the Hepatology service contacts or service payment administration contact will be dealt with through the Pharmacy and Medicines Directorate:  

Tel: 01224 556527  
E-mail: nhsg.pmu@nhs.net
## Appendix 5 – Patient Transfer Form (Hepatitis C)

### NHS Grampian
**Community Pharmacy Treatment of Hepatitis C Virus (HCV)**

<table>
<thead>
<tr>
<th><strong>Patient Details</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
</tr>
<tr>
<td>CHI number</td>
</tr>
<tr>
<td>Telephone No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Multidisciplinary Team Details</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialist Liver Nurse</td>
</tr>
<tr>
<td>Telephone: 01224 554757</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>HCV, Liver Disease and Treatment Details</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Genotype</td>
</tr>
<tr>
<td>RAS</td>
</tr>
<tr>
<td>Viral load (IU/mL)</td>
</tr>
<tr>
<td>Date</td>
</tr>
<tr>
<td>Fibroscan (kPa)</td>
</tr>
<tr>
<td>Fibroscan date</td>
</tr>
<tr>
<td>Cirrhosis</td>
</tr>
<tr>
<td>Compensated/decompensated</td>
</tr>
<tr>
<td>Treatment history</td>
</tr>
<tr>
<td>Compensated/decompensated</td>
</tr>
<tr>
<td>Proposed treatment</td>
</tr>
<tr>
<td>Childs Pugh (A/B/C)</td>
</tr>
<tr>
<td>Treatment history</td>
</tr>
<tr>
<td>Childs Pugh (A/B/C)</td>
</tr>
<tr>
<td>Proposed treatment</td>
</tr>
<tr>
<td>Childs Pugh (A/B/C)</td>
</tr>
<tr>
<td>Dose</td>
</tr>
<tr>
<td>1. -</td>
</tr>
<tr>
<td>2. -</td>
</tr>
<tr>
<td>Dose</td>
</tr>
<tr>
<td>1. -</td>
</tr>
<tr>
<td>2. -</td>
</tr>
<tr>
<td>Duration</td>
</tr>
<tr>
<td>-</td>
</tr>
<tr>
<td>Comments</td>
</tr>
<tr>
<td>e.g. details of previous treatment, ultrasound result</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Important dates</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment start date</td>
</tr>
<tr>
<td>Date of pre-treatment clinic appointment</td>
</tr>
<tr>
<td>Scheduled Treatment end date</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Community Pharmacy Dispensing Information</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Nominated Community Pharmacy</td>
</tr>
<tr>
<td>Address</td>
</tr>
<tr>
<td>Telephone No</td>
</tr>
<tr>
<td>Administration/supply</td>
</tr>
<tr>
<td>-</td>
</tr>
<tr>
<td>Comments (e.g. counselling points, drug interactions, dispensing requirements)</td>
</tr>
</tbody>
</table>
Appendix 6 – Community Pharmacy Patient Compliance Reporting Form for Hepatitis C Therapy

This must be completed and submitted at the end of each 4 week period of treatment in order to receive full payment.

<table>
<thead>
<tr>
<th>Community Pharmacy Details</th>
<th>Patient details:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Stamp may be used)</td>
<td>CHI ____________________________</td>
</tr>
<tr>
<td></td>
<td>Date treatment commenced: ____________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Treatment month number ____________</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Administration/supply:</th>
<th>Comments.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weekly dispensed only</td>
<td></td>
</tr>
<tr>
<td>Daily consume on premises</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

This patient has collected their medicine at the expected times over the past month  Yes / No*  
If no, please provide further details  
*please circle as appropriate

Pharmacist declaration.

I ____________________________confirm that the information provided for the patient with the above CHI number are correct.  
Pharmacist Signature ____________________________ Date _______________________

Please complete a form, for each patient, for every month of treatment.  
Please e-mail to:------------------------------------------------------------
Supplies of licensed medicine indicated for use in Hepatitis C must be sourced from the distributor indicated by the Health Board using the appropriate forms and method, as advised.

Current distributors are:

<table>
<thead>
<tr>
<th>Drug</th>
<th>Brand Name</th>
<th>Manufacturer</th>
<th>Distributor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elbasvir/Grazoprebrir</td>
<td>Zepatier</td>
<td>MSD</td>
<td>AAH</td>
</tr>
<tr>
<td>Sofosbuvir</td>
<td>Sovaldi®</td>
<td>Gilead Sciences</td>
<td>Alcura</td>
</tr>
<tr>
<td>Sofosbuvir/Ledipasvir</td>
<td>Harvoni</td>
<td>Gilead Sciences</td>
<td>Alcura</td>
</tr>
<tr>
<td>Sofosbuvir/Velpatasvir</td>
<td>Epclusa</td>
<td>Gilead Sciences</td>
<td>Alcura</td>
</tr>
<tr>
<td>Sofosbuvir/Velpatasvir/Voxilaprevir</td>
<td>Vosevi®</td>
<td>Gilead Sciences</td>
<td>Alcura</td>
</tr>
<tr>
<td>Dasabuvir</td>
<td>Exviera</td>
<td>Abbvie Ltd</td>
<td>Polar Speed</td>
</tr>
<tr>
<td>Glecaprevir/Pibrentasvir</td>
<td>Maviret</td>
<td>Abbvie Ltd</td>
<td>Polar Speed</td>
</tr>
<tr>
<td>Ombitasvir/Paritaprevir/Ritonavir</td>
<td>Viekirax</td>
<td>Abbvie Ltd</td>
<td>Polar Speed</td>
</tr>
</tbody>
</table>
Appendix 8

Request for supply of Zepatier® (elbasvir/grazoprevir) for the purpose of dispensing by Community Pharmacy to NHS Scotland patients

Faxback on 01925 899 519 or email customersupportquotas@celesio.co.uk

Please supply Zepatier (elbasvir/grazoprevir) tablets for the purpose of dispensing to patients presenting to community pharmacy with an NHS Scotland prescription.

1. Pharmacy Details:
   - AAH account number:
   - Pharmacy Name:
   - Address:

2. Prescription details
   - Zepatier (elbasvir/grazoprevir) is only supplied to community pharmacies in Scotland in response to the receipt of valid NHS Scotland prescriptions specifying this medicine. The unique prescription number must be referenced to place an order for this product and volumes will be audited against prescriptions issued.
   - Prescription Number (11 digits):
   - Number of boxes of Zepatier 50mg/100mg (28 TABS) @ (£12,195.67 per box)
   - AAH Link code – ZEP0010F
   - PIP Code - 403-7002

3. Pharmacist Declaration
   - I declare that the information I have given on this form is correct and complete. I understand that if it is not, appropriate legal action may be taken. To enable the Common Services Agency to confirm the amount of products supplied to patients and for the purposes of prevention, detection, and investigation of crime, I consent to the disclosure of relevant information from this form including to and by NHS Scotland Practitioner & Counter Fraud Services. This declaration is made on behalf of the responsible pharmacist detailed below and the Community Pharmacy NHS Contractor.

4. Signed confirmed by the responsible pharmacist
   - Full Name (block capitals):
   - Signature:
   - Date:
   - GPhC Pharmacist registration number:
   - NHS Pharmacy contractor number:

*All sections to be fully completed - please telephone AAH in the first instance if wishing to open a new account*
### NHS GRAMPIAN

# SERVICE LEVEL AGREEMENT

**SLA Reference**

<table>
<thead>
<tr>
<th>SLA No.</th>
<th>Version</th>
<th>Date</th>
</tr>
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<tbody>
<tr>
<td>22022017-carehome</td>
<td>2</td>
<td>22/02/2017</td>
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**Review Date**

- 2018

**NHS Grampian**

- Page 147 of 6
- Superseded Version No & Date: Version1 April 2017
- Author: Stacey Anderson
- Approved by: Director of pharmacy

### Revision Chronology

<table>
<thead>
<tr>
<th>Version No</th>
<th>Effective Date</th>
<th>Reason for Change</th>
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<tbody>
<tr>
<td>1</td>
<td>April 2017</td>
<td>Annual review</td>
</tr>
<tr>
<td>2</td>
<td>April 2018</td>
<td>Annual review</td>
</tr>
</tbody>
</table>

Version 2019-2020
Service Level Agreement for contractors providing advice to staff and residents of Care Homes on the safe storage and correct administration of medicines.

1 Introduction

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 this Service Level Agreement. Services will be provided within the legal and ethical framework of pharmacy as a whole.

A three months’ notice period must be provided if either party wish to terminate this contract. Where a breach in terms of the SLA has occurred the 3 month notice period may not apply.

2 Background to service

The service of contractors providing advice to staff and residents of Care Homes on the safe storage and correct administration of medicines; and maintaining records of medicines and advice supplied to certain patients on long term medication is a historical service and is based on the original NHS Circular 1989(PCS) 26 support initiative from Scottish Home and Health Department.

All Care Homes in Aberdeen City and Moray have a dedicated GP associated with them and may also be supported by a Practice Pharmacist who advises on pharmaceutical care, medicines safety and medication review.

3 Service aims

To improve pharmaceutical care within the care home with a particular focus on the following areas:

- Systems and processes for ordering
- Storage
- Compliance
- Record keeping
- Administration
- Disposal of medicines and appliances
Direct patient care with respect to the clinical and cost effective use of residents’ own medicines (prescribed and purchased)

Dispensing and/or delivery service

4 Service outline and standard

4.1 Community Pharmacy contractors that have been invited to deliver the service by NHS Grampian can be paid for servicing a maximum of five Care Homes.

4.2 The Community Pharmacist/Technician should set up an initial visit to agree the detail of the service provision with the care home Matron/Manager. The Community Pharmacist and Care Home Matron/Manager should sign an agreement, and a copy stored in the Pharmacy and in the Care Home for audit purposes.

4.3 The Community Pharmacist/Technician will regularly visit the Care Home (intervals not exceeding 3 months). These visits should be confirmed in advance with the Care Home Matron/manager.

4.4 During visits the Community Pharmacist/ Technician should:

Advising on, monitoring and reporting on appropriate systems for the ordering, storage, administration and disposal of medicines and appliances in care homes and the records of these,

Identify causes of unnecessary waste and suggest to the GP and the care home ways of reducing unnecessary waste,

Advising on, monitoring and reporting on appropriate systems to facilitate the sharing of information about the person’s medicines when they move from one care environment to another,

Provide training to help improve the skills of the care home staff, including ordering, storage, administration, disposal, and record keeping of medicines.

Ensure that the care home have a process in place to make the pharmacy aware of any medicines related issues which were raised at the most recent Care Inspectorate inspection/visit to the care home.

Ensure that the care home have a process in place to make the pharmacy aware of any follow-up visits by Care Inspectorate pharmacist after an inspection, as this may indicate medication concerns not in the official inspection report.

Agree with the care home a system to ensure consent is obtained from residents to enable pharmacy staff to appropriately access confidential information about the residents.

Undertake an annual medication review for all residents in the care home.
Attend/ call multidisciplinary team meeting within the care home/ GP practice to discuss the findings of the medication reviews and agreed outcomes. Alternatively where there is no multidisciplinary team meeting, findings should be communicated to the Health and Social Care Partnership pharmacist attached to the practice involved in the patients care. Records should be kept of all multidisciplinary meetings attended or discussions that take place.

4.5 Community pharmacy staff will observe and report any concerns about child protection and adult support and protection. Community pharmacy staff have a duty of care and a responsibility to report concerns.

4.6 The Community Pharmacist/Technician will maintain appropriate records of all visits and advice given. These records will be kept within the pharmacy for a period of 7 years and may be requested by NHS Grampian for audit purposes.

4.7 Once a visit is completed the Community Pharmacy contractor should send a completed claim form (Appendix 1) to the Primary Care Contracts Team by the 7th of the following month. The claim form must be signed by the Pharmacist/ Technician that completed the visit and the Care Home Matron/manager.

5 Training requirement

5.1 All staff members involved in the delivery of pharmaceutical services should have undertaken training on IT security, confidentiality, data protection, adult & child protection, hand hygiene, fire safety, manual handling and violence and aggression as a basis for service delivery.

5.2 The Community Pharmacy contractor must have an appropriate SOP in place in the pharmacy and an equivalent document in the Care Home to cover the details of the service and this should form the basis training for those staff delivering the service on behalf of the pharmacy.

5.3 The Community Pharmacy contractor is responsible for ensuring that all staff involved in delivery of the pharmacy aspects of the service are suitably qualified/trained and competent to deliver the service on behalf of the pharmacy.

6 Monitoring & evaluation

It is a requirement of the service that appropriate records are kept and maintained by the Community Pharmacy contractor to enable verification of service provision and training requirements, and to provide information to NHS Grampian for audit and evaluation purposes. These records should be kept for 7 years on pharmacy premises and must be made available to NHS Grampian if requested. The records that need to be held are:
A copy of the SOP for the service
A copy of any Risk Assessment undertaken
Training records for all relevant staff
A record of the audit form from each visit
A record of any adverse events, complaints or errors associated with the service

7 Claims and payment

7.1 Community Pharmacy contractors invited to deliver the service by NHS Grampian can be paid for servicing a maximum of 5 Care Homes.

7.2 A completed claim form should be submitted to the Primary Care Contractors Team after each visit. The form must be received by the Primary Care Contractors Team before the 7th of the following month in order for the Pharmacy to receive payment that month.

7.3 Claims older than 3 months will be deemed historical claims and will only be considered for payment by the Pharmacy Performance and Governance Group if the claim form is submitted with details of the exceptional circumstances resulting in the claim not being submitted at its due date.

7.4 Care homes with up to and including 25 beds will attract an annual allowance of £277.47 for each Care Home that is serviced. For Care Homes with more than 25 beds, each additional bed will attract an additional annual allowance of £6.11 per bed.

8 References

8.1 NHS Circular 1989(PCS) 26
8.2 SSI 2002 No114- updated 14 June 07
8.3 Care Commission Guidance about medication, personal plans, review, monitoring, and record keeping in residential care services [http://www.careinspectorate.com](http://www.careinspectorate.com)
## Care Home Visit Report

### Email

Email: nhsp.pcctpharmacy@nhs.net

### Date of Visit

<table>
<thead>
<tr>
<th>Date of Visit</th>
<th>Name of Home</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Number of beds

<table>
<thead>
<tr>
<th>Number of beds</th>
<th>Officer in charge during visit</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Pharmacy Name

<table>
<thead>
<tr>
<th>Pharmacy Name</th>
<th>Contractor Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Pharmacist undertaken the visit

<table>
<thead>
<tr>
<th>Pharmacist undertaken the visit</th>
<th>Time spent at home</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Date of last visit

<table>
<thead>
<tr>
<th>Date of last visit</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

I confirm that the above pharmacy has provided pharmaceutical care and regular advice to the staff and residents of the above home. The pharmacy has also advised the management of the home with regards to current regulations as to the storage and administration of medicines.

**Pharmacist / Technician Signature:**

**Home Manager Signature:**

---

### Systems and Processes

<table>
<thead>
<tr>
<th>Are there current SOPs in place in the Care Home?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<p>| Are there appropriate systems in place for |
| Care home ordering medication |
| Repeat medication |
| Acute medication |
| Care home storing, admin and disposing of medication |
| Automatic stop of medicines |
|                                   |</p>
<table>
<thead>
<tr>
<th>Communication with GP practice</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-administration of medicines</td>
<td></td>
</tr>
<tr>
<td>Storage</td>
<td></td>
</tr>
<tr>
<td>Cupboards large enough, well-constructed with secure lock?</td>
<td></td>
</tr>
<tr>
<td>Only medicines in medicines cupboard?</td>
<td></td>
</tr>
<tr>
<td>Medication stored correctly (including CDs)</td>
<td></td>
</tr>
<tr>
<td>Fridge temperature checked and recorded regularly (2-8 oC)?</td>
<td></td>
</tr>
<tr>
<td>Expiry dates checked regularly</td>
<td></td>
</tr>
<tr>
<td>Controlled drugs recorded correctly</td>
<td></td>
</tr>
<tr>
<td>Does the quantity of each CD in CD cupboard match quantity in CD register?</td>
<td></td>
</tr>
<tr>
<td>Medication Administration Record</td>
<td></td>
</tr>
<tr>
<td>Are all current medicines listed on the medication administration records (MAR Chart)?</td>
<td></td>
</tr>
<tr>
<td>Is MDS in use?</td>
<td></td>
</tr>
<tr>
<td>Are all containers fully labelled?</td>
<td></td>
</tr>
<tr>
<td>Is info on MAR chart and medicine labels in agreement?</td>
<td></td>
</tr>
<tr>
<td>Are the dates of medication changes recorded onto MAR chart and referenced to the prescriber who authorised the change?</td>
<td></td>
</tr>
<tr>
<td>Does the administration record correctly show when (and where appropriate how much) medicine has been given, and also when prescribed medicine has not been given?</td>
<td></td>
</tr>
<tr>
<td>Are reasons given for missed doses?</td>
<td></td>
</tr>
<tr>
<td>Is the administration of when required medicine being recorded correctly?</td>
<td></td>
</tr>
<tr>
<td>Is application of external medication recorded?</td>
<td></td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>If directions are changed, is this confirmed by GP, and entered in medication profile within 24 hours?</td>
<td></td>
</tr>
<tr>
<td>Supply</td>
<td></td>
</tr>
<tr>
<td>Are records maintained of medicines ordered and received?</td>
<td></td>
</tr>
<tr>
<td>Does this enable discrepancies to be identified?</td>
<td></td>
</tr>
<tr>
<td>Is there a procedure to deal with drug alerts including records of any action taken?</td>
<td></td>
</tr>
<tr>
<td>Training</td>
<td></td>
</tr>
<tr>
<td>Annual training provided for care home staff.</td>
<td></td>
</tr>
<tr>
<td>Date of last training.</td>
<td></td>
</tr>
<tr>
<td>Date of next training</td>
<td></td>
</tr>
<tr>
<td>Clinical Input</td>
<td></td>
</tr>
<tr>
<td>Do residents have their medication reviewed by the pharmacist at least every year?</td>
<td></td>
</tr>
<tr>
<td>Are triggers in place for medication review if required more often than annually?</td>
<td></td>
</tr>
<tr>
<td>(E.g. returns for the same patient for 2 consecutive months should trigger a medication review).</td>
<td></td>
</tr>
<tr>
<td>Are pharmaceutical care plans stored in the resident’s care home care plan?</td>
<td></td>
</tr>
<tr>
<td>A copy of the medication review for each patient must be provided by the pharmacy for each resident unless this is documented as a multidisciplinary review, in which case the name of the pharmacist must be recorded.</td>
<td></td>
</tr>
<tr>
<td>Question</td>
<td>Answer</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>--------</td>
</tr>
<tr>
<td>Have all drug-related problems giving cause for concern been identified?</td>
<td></td>
</tr>
<tr>
<td>E.g. crushing tablets, timing of medication.</td>
<td></td>
</tr>
<tr>
<td>Is there any evidence of secondary dispensing in the home e.g. medicines left out in containers to be taken later by the resident?</td>
<td></td>
</tr>
<tr>
<td>Are there appropriate systems in place to cover situations such as;</td>
<td></td>
</tr>
<tr>
<td>Covert administration e.g. is an appropriate care plan in place, is there evidence of planned review of the care plan, has the pharmacist been involved?</td>
<td></td>
</tr>
<tr>
<td>Regular medication: Are there care plans for long term conditions that include details of the medication for those conditions and how they should be used and monitored?</td>
<td></td>
</tr>
<tr>
<td>Medicines prescribed as required: Are there clear instructions in place, preferably in the form of care plan for long or short term conditions, for “as required” medicines, e.g. how to assess whether medication is required, how to monitor the effect, what symptom is being treated, when will this be reviewed?</td>
<td></td>
</tr>
<tr>
<td>Where a variable dose is prescribed is it clear when the lower dose should be used and when the higher dose should be used?</td>
<td></td>
</tr>
<tr>
<td>For medicines such as Lactulose as required, is it clear that this needs to be given regularly for a few days until the symptom is relieved?</td>
<td></td>
</tr>
<tr>
<td>Are any medicines not noted in current care plans?</td>
<td></td>
</tr>
<tr>
<td>What system is in place to facilitate sharing information about the resident’s medicines when they move from one care environment</td>
<td></td>
</tr>
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<td>Question</td>
<td>Answer</td>
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<td>-------------------------------------------------------------------------</td>
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<tr>
<td>to another e.g. admission to hospital?</td>
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<tr>
<td>Does the home keep a record of medicines transferred with a resident when they move out of the service?</td>
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<td>Pharmacy has been involved in any medication destructions.</td>
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<tr>
<td>Is there a pattern to any of the destructions required, i.e. over ordering?</td>
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<td>SLA Reference :</td>
<td>Malaria Prophylaxis</td>
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Version 2019-2020
Service Level Agreement – Malaria Prophylaxis

1. Introduction

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, this SLA. Services will be provided within the legal and ethical framework of pharmacy as a whole.

A three months’ notice period must be provided if either party wish to terminate this contract. Where a breach in terms of the SLA has occurred the 3 month notice period may not apply.

2. Background to service

A full travel health needs assessment and immunisation service has been offered from a small number of community pharmacies for several years. In addition, several other pharmacies have provided a malaria prophylaxis service using Patient Group Directions (PGD) to allow supply of anti-malarials.

The Travel Medicine Service provided from community pharmacies includes:

- General advice on staying well abroad e.g. personal hygiene, food & water, sun exposure, sexual activity, sea and freshwater bathing, bites and stings, insurance, accidents.
- Assessment of the risk of travel on an individual client basis and the requirement for immunisation
- Advice on malaria risk and the need for anti-malarials
- Provision of anti-malarials under PGDs as appropriate
- Administration of immunisations as appropriate under PGDs
- Referral to GP and NHSG travel clinic as appropriate

3. Service aims

3.1 To provide individualised travel health advice and information for clients travelling abroad in order to protect individuals against disease likely to be encountered in foreign travel. This will include general good health advice (e.g. care in the sun, bite prevention) and also specific advice about vaccine preventable disease and malaria prophylaxis in line with current best practice.
3.2 Supply of products required for treating/preventing travel related illness/disease e.g. mosquito nets, sunscreen, electrolyte replacement solutions

3.3 To provide a malaria prophylaxis supply service to at-risk clients under patient group directions.

4. Service outline and standard

4.1 A travel health advice and malaria prophylaxis service is available on the basis of individual patient assessment.

4.2 The client’s eligibility for malaria prophylaxis will be assessed individually for the patient based on information available from approved sources e.g. TRAVAX, HPA malaria reference guide.

4.3 The community pharmacy contractor will be responsible for the provision of malaria prophylaxis and advice (both written and verbal) to the client.

4.4 Malaria prophylaxis will be available, as required, to anyone who meets the inclusion criteria contained within the Patient Group Directions (PGDs)

4.5 The community pharmacy contractor will be responsible for referring eligible clients who are excluded from treatment under the PGD to other providers, e.g. GP or occupational health services in order to ensure that patients receive the appropriate treatment.

4.6 The community pharmacy contractor will maintain patient medication records of the episodes of care and communicate malaria prophylaxis information to the client’s medical practitioner with the patient’s consent.

4.7 The community pharmacy contractor will be responsible for the provision of a user-friendly, client-centred, non-judgemental and confidential service.

4.8 The community pharmacy contractor will display material within the pharmacy advertising the service.
4.9 The community pharmacy contractor will be responsible, where appropriate, for counselling the client on other related travel health related information e.g. food and water precautions. Written information should also be available on these topics.

4.10 The community pharmacy contractor will supply products required for treating/preventing travel related illness/disease e.g. mosquito nets, sunscreen, electrolyte replacement solutions.

4.11 A standard operating procedure should be in place in the pharmacy and cover all aspects of service provision.

4.12 Community pharmacies providing a travel health advice and malaria prophylaxis service must have a private enclosed consultation area. Key requirements must include:

Wheelchair access
Minimum floor areas as specified by national/local criteria
Seated waiting area
Safe storage of documentation

5. Training requirement

5.1 The community pharmacy contractor will ensure that staff involved in delivering the have completed, as a minimum NHSG approved training e.g. the 2 day Travel Health Related Education and Care( TREC) travel medicine training course (or equivalent)

5.2 The community 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 guidelines.

5.3 The community pharmacy contractor will ensure that pharmacists providing the service maintain an up-to-date knowledge of travel health issues as a key part of their continuing professional development.

6. Monitoring & evaluation
It is a requirement of the service that appropriate records are kept and maintained by the community pharmacy contractor to enable verification of service provision and training requirements, and provide information to NHS Grampian for internal and external audit and evaluation purposes.

7. Claims and payment

Fees will be paid directly by the client for the services rendered.

8. References


Masson, P. What advice can pharmacists offer travellers to reduce their health risks? Pharm. J. 2005:273;651-656


# Dispensing Of NHS Grampian Preferred Brand

<table>
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**NHS Grampian**

**Review Date**: March 2020

**Superseded Version No & Date**: N/A

**Author**: L. Thomson  
**Approved by**: Director of pharmacy

## Revision Chronology

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Version 2019-2020
Service level agreement for dispensing of NHS Grampian preferred brand 2019/2020

1. Introduction

This Service Level Agreement (SLA) acts as a contract between NHS Grampian and each pharmacy contractor to deliver services as detailed in Section 4- Service Outline and Standard. This agreement is for the period 1st March 2019 – 31st March 2020.

2. Background

NHS Grampian promotes the generic prescribing of medicines, unless there is a clinical reason to prescribe the medicine as a brand.

In some cases a branded medicine may be more cost-effective than the generic.

This SLA supports the cost-effective dispensing of the NHS Grampian preferred brand against a generic prescription for a selected list of medicines (Table 1).

This SLA is only applicable to the selected list of medicines, none of which are included in the Scottish Drug Tariff part7.

3. Aims of Service

This SLA has been prepared to:

Ensure there is a process to facilitate the cost effective dispensing of NHS Grampian preferred brand against a generic prescription, for a selected list of medicines.

Ensure payment is made to those pharmacy contractors that supply, and endorse prescriptions, providing the NHS Grampian preferred brand against a generic prescription for a selected list of medicines.

4. Service Outline and Standards
In adopting this SLA contractors will be required to:

Nominate a lead pharmacist/pharmacy technician/dispenser who will co-ordinate the work required within the SLA.

Undertake to dispense the NHS Grampian preferred brands against generic prescriptions of the selected list of medicines as detailed in Table 1.

Endorse all generic prescriptions of the selected list of medicines where the NHS Grampian preferred brand is dispensed. Payment will only be approved for appropriately endorsed prescriptions.

5. Monitoring and Evaluation

There is no requirement for contractors to submit data. Monitoring will be carried out by the Pharmacy and Medicines Directorate, Medicines Management Team. Payment will be made following review of PRISMs/PIS data regarding generic prescribed medicines, dispensed and endorsed with the NHS Grampian preferred brand for medicines on the selected list.

6. Claims and Payment

In order to support pharmacies to supply the preferred brand against a generic prescription for the selected list of medicines a fee per prescription will be paid.

A fee of £2 will be made for the following:

Each dispensing and endorsing for NHS Grampian preferred brand:

Ralvo\textsuperscript{®} 700mg Medicated Plaster to be supplied/endorsed for generic lidocaine 700mg medicated plaster prescriptions.

Octasa\textsuperscript{®} MR 400mg and MR 800mg tablets to be supplied/endorsed for generic mesalazine MR 400mg tablet and MR 800mg tablet prescriptions.
Alzest® 4.6mg/24hours patch to be supplied/endorsed for generic rivastigmine 4.6mg/24hours patch.

Other generic medicines/prefebrared brands as identified by NHS Grampian and agreed with Community Pharmacy Contractors throughout the SLA period as identified on the Brand Optimisation list.

This fee will be paid for each generic prescription dispensed and endorsed as the NHS Grampian preferred brand. Each intervention delivered should be in line with the options as above and not result in any detriment to the patient’s care.

No fee will be paid where an intervention has not been made for a patient.

Payment will not be made for dispensing a brand against a branded prescription. Only one payment will be made per prescription even if it is dispensed in instalments.

Payment will only be approved where evidence (via PRISMS/PIS data) of dispensing the preferred brand against a generic prescription is available, and this had been appropriately endorsed.
Payment is anticipated to be as follows:

July 2019 (for March 2019 dispensing)
October 2019 (for dispensing period April 19-June 19)
December 2019 (for dispensing period July 19 – September 19)
March 2020 (for dispensing period October 19- December 19)
June 2020 (for dispensing period January 20 – March 20)

These dates may be subject to amendment by the Medicines Management Team and Primary Care Contracts Team.

Support for SLA

Primary Care Contracts will:

Administer the SLA and arrange payments as agreed by the Medicines Management Team.

NHSG Pharmacy & Medicines Directorate, Medicines Management Team will:

- Review prescribing data, endorsement reports to identify payment details
- Direct Primary Care Contracts on payments to be made to contractors as per payment schedules
- Review and identify any additional preferred brands that may be considered for the Brand Optimisation List and liaise with
### Table 1: Brand optimisations

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<tr>
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<td>Lidocaine 700mg Medicated Plaster</td>
<td>Ralvo® 700mg Medicated Plaster to be supplied/endorsed for generic lidocaine 700mg medicated plaster prescriptions</td>
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<tr>
<td>Mesalazine MR 400mg and 800mg tablets</td>
<td>Octasa® MR 400mg and MR 800mg tablets to be supplied/endorsed for generic mesalazine MR 400mg tablet and MR 800mg tablet prescriptions</td>
</tr>
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<td>Rivastigmine patches 4.6mg/24hours strength only</td>
<td>Alzest® 4.6mg/24hours patch to be supplied/endorsed for generic rivastigmine 4.6mg/24hours patch</td>
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<tr>
<td>Other medicines as agreed by NHS Grampian and Community Pharmacy Contractors in NHS Grampian and included in Brand Optimisation list.</td>
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**SLA Reference:** Community Pharmacy Contractor Participation in Community Pharmacy Palliative Care Network.

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Version 2019-2020
1. Introduction

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, this SLA. Services will be provided within the legal and ethical framework of pharmacy as a whole and will be provided throughout all contractual hours and out-of-hours if required. The service is provided for by monies from Scottish Government.

A three months’ notice period must be provided if either party wish to terminate this contract. Where a breach in terms of the SLA has occurred the 3 month notice period may not apply.

2. Background to service

The Grampian Palliative Care Network of community pharmacists was set up in 1999 after a formal needs assessment recognised the need for the prompt supply of palliative care drugs by community pharmacists, especially during the out-of-hours period.

3. Service aims

3.1 To ensure access at all times to a range of palliative care medicines which may be required by patients being cared for in the primary care setting from a network of named community pharmacies.

3.2 To provide information/advice within the competency of the community pharmacy contractor, on matters relating to palliative care medicines, to other healthcare professionals involved in palliative care, patients and carers as required.

4. Service outline and standard
4.1 NHS Grampian Board requires assurance that there is adequate provision of pharmaceutical care for palliative patients.

4.2 NHS Grampian enlists contractors to the network to provide pharmaceutical service associated with this SLA based on geographical breakdown and the ethos of person-centred care.

4.3 The community pharmacy contractor will ensure that the medicines listed in Appendix 1 as ‘core stock medicines for network members’ are kept in stock at all times and that core stock medicines due to expire are replaced before the expiry date is reached. A submission of the expiry information of stock held must be made each month by 7th of the next month.

4.4 If the community pharmacy contractor is unable to immediately supply the palliative care medicines required or arrange a supply from the wholesaler within the required timeframe (i.e. before the medicine is next required), (s) he must show empathy in assessing each individual case and using his/her professional judgement and taking into account the time of week and day, take the most timely course of action. In this situation, the community pharmacy contractor will be responsible for either endeavouring to find an alternative community pharmacy contractor to make the supply or will contact the patient’s G.P. to discuss and if necessary arrange a prescription for an appropriate alternative medicine.

4.5 The community pharmacy contractor will ensure the provision of support and advice (verbal/written), within their competency, to the patient, carer, or healthcare professional on matters relating to medicines used in palliative care. This will include advice on administration and compliance, including needs assessment for a compliance aid where necessary, to ensure patients/carers understand how/when to take/give the medicines prescribed. If the advice/support sought is out-with the competency of the community pharmacy contractor, (s) he will refer the person seeking advice/support to an appropriate source to obtain the necessary support/advice. E.g. GP, local McMillan team (for patient/carer) or Palliative Care specialist team at Roxburghe House (for healthcare professionals).

4.6 The community pharmacy contractor will ensure that, where appropriate, the patient is counselled on other related topics.

4.7 The community pharmacy contractor will maintain patient medication records of the episodes of care.
4.8 The community pharmacy contractor will ensure that staff offer a user-friendly, patient-centred, confidential service.

4.9 The community pharmacy contractor must provide emergency contact telephone numbers for circulation to members of the specialist Palliative Care Health team and other appropriate services (e.g. G-MED) to facilitate provision of the service out-with normal working hours.

4.10 The community pharmacy contractor will give a commitment to establish links with other members of the Palliative Care healthcare team, especially within their own locality.

5. Training requirement

5.1 All staff members involved in the delivery of pharmaceutical services should have undertaken training on IT security, confidentiality, data protection, adult & child protection, hand hygiene, fire safety, manual handling, violence and aggression.

5.2 Pharmacy staff working in a community pharmacy named as a member of the NHS Grampian Palliative Care Network will complete the NES distance learning package ‘Pharmacist in Palliative Care’ and will submit evidence of completion to the Pharmacy & Medicines Directorate, nhsg.pmu@nhs.net if requested for audit and monitoring purposes.

5.3 Regular locum pharmacists employed by community pharmacy contractors named as members of the NHS Grampian Palliative Care Network will also complete the NES distance learning package ‘Pharmacist in Palliative Care’.

5.4 It is required that the community pharmacy contractor and all relevant staff, including locum pharmacists, participate in any local training initiatives relating to palliative care, identified by NHS Grampian and that the pharmacist or nominated registered technician from the pharmacy concerned attends and feeds back on the annual specified palliative training event.

5.5 The community 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 guidelines.
5.6 The community pharmacy contractor will provide evidence of on-going CPD in Palliative Care to NHS Grampian if requested for auditing and monitoring purposes.

5.7 Pharmacy staff and collection point staff are aware of Make Every Opportunity Count (MEOC), and should be confident in raising and discussing health topics with patients. 
http://www.hphsgrampian.scot.nhs.uk/

6. Monitoring & evaluation

6.1 It is a requirement of membership of the network that appropriate records are kept and maintained by the community pharmacy contractor to enable verification of service provision and training and to provide information to NHS Grampian for audit and evaluation purposes when required.

6.2 A standard operating procedure, covering all aspects of service provision should be in place in the pharmacy and be used to ensure staff are competent and have a consistent approach to delivery of this service.

7. Claims and payment

7.1 A fee will be paid to each contractor who is a member of the NHS Grampian Palliative Care network. It is a requirement of membership of the network that appropriate records are kept and maintained by the community pharmacy contractor to enable verification of service provision and training requirements. The annual fee for 2019-20 is £580, paid in two equal instalments of £290 –first payment in November 2019 and second payment following verified participation in annual training event and submission of training feedback form.

7.2 Payment will be made provided that service provision has been verified and training requirements met. In addition a completed ‘Record of Expiry Date Check for Core Stock’ form must be submitted to the Pharmacy & Medicines Directorate, nhsg.pmu@nhs.net, every month. Information for audit and evaluation purposes may also be gathered from this form and it must be completed before NHS Grampian makes any payment.
7.3 Payment for replacement of expired core stock medicines will only be made on submission of evidence that the stock has expired e.g. original packaging(or photograph of packaging) showing drug name, strength and form and expiry date of medicine and a copy of the supplier’s invoice showing cost of replacement stock. Stock that is used to fill a prescription will be paid in the normal manner following submission of the prescription to Practitioner Services.

7.4 A fee will be paid if a member of the palliative care network of pharmacies is ‘called out’ by a member of the healthcare team to provide URGENT palliative care medicines to a patient out-with their normal contracted working hours. The fee for 2018-19 is £100 per call out. To receive payment contractors must send an invoice to nhsg.pmu@nhs.net.

8. References

RPS
Medicines, Ethics and Practice Edition 42 (July 2017)

HIS
Scottish Palliative Care Guidelines http://www.palliativecareguidelines.scot.nhs.uk/
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## NHS GRAMPIAN

### SERVICE LEVEL AGREEMENT

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1. Introduction

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 national SuperDOT-C and NHS Grampian Dry Blood Spot Testing project literature which must be read in conjunction with this SLA. Services will be provided within the legal, professional and ethical framework of pharmacy as a whole.

2. Background to service

Hepatitis C Virus (HCV) infection is a major health concern in the UK with up to 0.7% of the population infected. The conventional care pathway within the NHS should ensure that individuals with a high risk of contracting HCV infection are offered HCV testing and, if diagnosed, referred to the specialist treatment pathways. Despite efforts to engage, “Did Not Attend” (DNA) rates in patients prescribed Opioid Replacement Therapy (ORT) such as methadone or buprenorphine remains high in the conventional care pathway. Pharmacy staff have frequent, if not daily, interactions with these patients and therefore could be ideally placed to deliver Hepatitis C Virus treatment.

The pilot phase of the SuperDotC randomised controlled trial (RCT) in Tayside found that individuals prescribed ORT were approximately twice as likely to be tested for blood borne viruses (BBVs) and four times more likely to complete treatment if accessible from their pharmacy. This SLA supports the extension of the study in a bid to determine whether these results can be replicated in other Health Board areas.

The primary objective of the study is to evaluate the feasibility of a pharmacist-led pathway compared to the conventional care pathway. Pharmacies participating in the SuperDOT-C RCT will be randomised to one of these two care pathways.
3. Service aims

The aims of the SuperDOT-C service are:

To provide a pharmacy-led testing and treatment care pathway for patients accessing the community pharmacy for provision of Opioid Replacement Therapies (ORT) such as methadone or buprenorphine.

Evaluate the feasibility of a pharmacist-led care pathway compared to the conventional care pathway for delivery of HCV treatment.

To improve the clinical outcomes achieved by patients receiving treatment for HCV. In particular in reducing the number of treatment defaults and poor adherence to treatment courses that impact on this.

To provide high quality pharmaceutical care, in particular to ensure that no contraindications exist with other prescribed, over the counter or otherwise sourced medication as a result of the patient receiving treatment for HCV.

To manage and report any adverse reactions associated with HCV treatment.

To ensure continuity of supply of medication with no treatment breaks.

To provide a patient centred approach to pharmaceutical care that shortens the patient journey to one that can be accomplished by the majority of patients and maximises opportunities for patients to complete their course of treatment.

To provide data to the clinical service to both inform individual patient treatment plans and to help assess compliance impacts on treatment outcomes for the treatment cohort.

To ensure close clinical monitoring for patient treatment to help inform planning, to feedback to specialist service and to minimise loss to follow-up.

4. Service outline and standard

This service level agreement allows pharmacies to:

Both pathways

Gain informed consent from individuals as per protocols

Undertake Dry Blood Spot (DBS) testing (where required)
Provide DBS test results and advice to patient

Arrange phlebotomy for confirmatory blood tests

Discuss compliance and queries with NHSG clinical project support staff (by email: grampian.superdotc@nhs.net)

Inform the individual’s GP of progress using the templates provided

Conventional Care Pathway

Refer HCV PCR +ve patients to the specialist liver service

Accept the prescription(s) from the clinic and order medication from ARI

Supply medication to patients as per the existing pharmacy service specification

Pharmacy-led Care Pathway

Identify suitable patients using the Case Report Form (CRF)

Identify suitable medication using the Patient Group Direction (PGD)

Order medication from ARI

Observe consumption of doses daily on any day the pharmacy is open

Arrange phlebotomy for SVR blood test

Provide results and advice to patient

**NB:**

DBST may be undertaken and administration of medication observed by any trained member of pharmacy staff.

The CRF and decision making around treatment choices must be undertaken by a suitably trained pharmacist using the approved PGD.

Patients should be sign-posted to support groups or health professionals and should be able to obtain appropriate information about treatment and what it involves from the pharmacy, using standard information provided.

Individual patients can choose to withdraw from the service at any point. If they are in the pharmacy-led arm the patient should be referred to the conventional care pathway.
In exceptional circumstances a pharmacist can withdraw an individual from the study but only following discussion with NHSG clinical project support staff.

The patient’s GP will be informed by standard letter that the patient is to receive supply of their medicine through community pharmacy and that GP will not be expected to prescribe this medication.

The pharmacist providing the service must be aware of and operate within pharmacy SOPs, project protocols, this SLA and professional guidelines.

Patient services

The pharmacist or pharmacy staff should:

- Provide information and a Patient Information Sheet to each potential participant.
- Gain consent from the patient to participate and share data as indicated.
- Complete all records for the patient and consider the most appropriate course/s of action, the counselling and advice needs and any requirements for follow up or referral.
- Help the patient understand what participation in testing and treatment will entail and how to obtain the best clinical outcome from the medicines they are prescribed, according to their assessed needs. Patients will require directly observed administration of their medication and on-going monitoring.
- Agreements will be made with the patient regarding how best to contact them about any issues that arise with their care. This is especially important when contact with the multi-disciplinary team is required. Contacts details for patients will be kept in the patient’s PCR record.
- Provide advice on how the patient can contact the pharmacy.
- Ensure that the service is user-friendly, non-judgemental, client-centred and confidential.
- Ensure the service is delivered from premises that can provide an acceptable level of privacy to respect a client’s right to confidentiality and safety.

Record of dispensing

The pharmacy contractor will maintain a dispensing record of supplies made to all registered patients for this service. The Daily Visit Log will be used to record that a dose has been dispensed.
and administered. The Daily Visit Log will act as a running balance for all medicines dispensed for that patient.

Training requirement

All staff supervising work undertaken within this study must have attended the specific training provided for SuperDOT-C, including Good Clinical Practice Training. Each pharmacy will provide a named pharmacist who has been trained to be responsible for the on-going management and delivery of the HCV treatment and who will be responsible for cascading information to all other pharmacy staff.

It is a requirement that all pharmacy staff, including locum staff, are competent to provide direct observed administration of HCV medication so that a seamless approach to care is experienced by the patient.

Dry Blood Spot Testing is a straightforward procedure undertaken by a range of providers, including staff working for health care and third sector organisations. Staff undertaking this procedure should be competent to administer the Dry Blood Spot test and provide the patient with accurate information about the test or be able to refer the patient to someone working with them who can. Testing should not be undertaken by staff that are not competent to do so and pharmacies are responsible for ensuring that sufficient numbers of trained staff are available to successfully deliver the intervention.

Full details are provided in the NHS Grampian Dry Blood Spot Testing for Blood Borne Viruses Community Pharmacy Guidance document and SuperDotC RCT Community Pharmacy protocol.

5. Monitoring & evaluation

The pharmacy will retain all consent, assessment, treatment and test result records and maintain a running stock balance of the medication for each patient. They will provide required information to the SuperDotC project team and NHS Grampian for internal and external audit and evaluation purposes.

For patients treated on the nurse-led arm, the patient transfer form will be provided.
For the conventional treatment pathway, the pharmacy will follow the existing HCV SLA and complete and e-mail, a compliance reporting form to the Hepatology Specialist Team at the end of each monthly prescription.

The community pharmacist will document the care provided to patients on the PCR.

In the case of adverse reactions the pharmacist will consider whether there is a need to report any adverse reactions to the Committee on Safety of Medicines Scotland (CSM) through the Yellow Card reporting mechanism.

6. Claims and payment

Payments will be made as per Appendix 2 using the claim form provided Appendix 3. Trial medications will be ordered and supplied centrally via ARI removing any financial risk to the community pharmacy and thus the requirement for financial reimbursement to compensate for this.

References

NHS Tayside and University of Dundee SuperDOTC Protocol


NHS Grampian Dry Blood Testing for Blood Borne Viruses: Community Pharmacy Protocol
### Appendix 2 – Project Fees

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<td>DBS test completed</td>
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<td>3</td>
<td>DBS test results fed back to patient</td>
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<td>Arrange for prescription</td>
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<td>Dispense medicine according to prescribed regimen</td>
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Appendix 3 – Claim Form

SuperDot C Claim Form

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<td>Number of Trial Assessment Forms etc completed @ £25 each:</td>
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<td>Number of people assessed and treated for HCV @ £85 per course (pharmacy led arm):*</td>
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<tr>
<td>Number of Clinical fees @ £135 per course*</td>
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Total amount claimed for month: £

*One claim per person to be submitted on completion of treatment

Complete and submit by the 7th of the Month to the Primary Care Contracts Team Email to: nhsg.pcctpharmacy@nhs.net
## NHS GRAMPIAN

### SERVICE LEVEL AGREEMENT

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Version 2019-2020
Pharmacy First Service - Service Level Agreement

1. Introduction

This Service Level Agreement (SLA) acts as a contract between NHS Grampian and the pharmacy contractor. This SLA commits the contractor to provide the Pharmacy First services as defined in this document, and using the additional documents *Assessment and Treatment of Uncomplicated Urinary Tract Infection (UTI)* and *Patient Group Direction and Assessment and Treatment of Impetigo Patient Group Direction (PGD)* 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.

The Pharmacy First Service is based on a pilot undertaken by NHS Forth Valley.

NHS Grampian community pharmacies will be piloting the service between December 2017 and March 2018 following the information and standards within this SLA.

It is hoped that a nationally agreed SLA for the Pharmacy First Service will be implemented in April 2018.

2. Background to service

Pulling together, the Report of the Independent Review of Primary Care Out of Hours Services (December 2015), highlighted that community pharmacies throughout Scotland make an essential contribution to care both in daytime and during the out of hours period and that they should have a greater profile and urgent care role going forward. In particular the review recommended the extension of community pharmacy Patient Group Directions to enable assessment and management of a broader range of common clinical conditions.

Pharmacy First empowers community pharmacists to treat uncomplicated urinary tract infections in women and impetigo in patients over two years of age under Patient Group Directions. Through maximising the skills of pharmacy staff, this will help to improve access for people requiring assessment and treatment for these conditions reducing pressure on GP practices and out-of-hour services.

3. Service aims

3.1. Treatment of Impetigo in patients 2 years of age and over
Treatment for uncomplicated lower urinary infections in adult women, 16 years of age and over, and under the age of 65 years.

3.2. To provide triage and onward professional to professional referral of patients with symptoms outside of the criteria for treatment of Impetigo and UTI as defined within the PGD.

3.3. To provide services with the appropriate assurance to antibiotic stewardship.

4. Service outline and standard

4.1. The treatment of Impetigo and uncomplicated UTI is available via the Pharmacy First Service based on assessment and locally agreed criteria.

4.2. The patient’s eligibility for treatment via the Pharmacy First Service will be assessed in accordance with national and local guidance.

4.3. The pharmacist is responsible for the provision of advice (both written and verbal) to the patient as appropriate.

4.4. The community pharmacy contractor will be responsible for ensuring that a suitable consultation area is available to provide the service.

4.5. Uncomplicated UTI - A three day course of trimethoprim will be available, as required, to any women who meet the inclusion criteria contained within the Patient Group Direction (PGD) and the local protocol on eligible client groups.

4.6. The community pharmacist will be responsible for referring patients who are excluded from treatment under the PGD to other service providers where appropriate, e.g. GP or GMED.

4.7. The community pharmacy contractor will maintain patient medication records of all episodes of care.

4.8. The community pharmacy contractor will be responsible for the provision of a user-friendly, person-centred, non-judgemental, and confidential service.
4.9. The area of the pharmacy used for provision of the service will provide a sufficient level of privacy and safety, ideally a private room or quiet area.

4.10. The community pharmacy contractor will be responsible for ensuring that suitable equipment and facilities are available to undertake urine sample testing. Contractors will be able to order urine sample bottles free of charge from Primary Care Stores using the form provided in Appendix 3. Contractors will not be reimbursed for multiplex used for testing urine as this cost is covered within the service delivery payment.

4.11. The community pharmacist will notify the patient’s General Practitioner where they have supplied treatment via the Pharmacy First Service by means of a copy of the supply record form.

4.12. The community pharmacist will be responsible, where appropriate, for counselling the client on other related healthcare messages. Written information should also be available on these topics.

4.13. The community pharmacy contractor will display material within the pharmacy advertising the service.

4.14. The community pharmacy contractor is responsible for ensuring adequate staff provision to ensure the service is delivered effectively without detriment to dispensary functions and other pharmaceutical services.

4.15. The community pharmacy contractor must ensure there is appropriate administrative support to undertake initial discussions with potential patients and assist with form filling.

4.16. The community pharmacy contractor must have appropriate indemnity cover for staff involved in the service delivery. NHS Grampian will require proof that all staff involved in the scheme have appropriate indemnity cover.

4.17. The community pharmacy contractor will work in partnership with their local health centres to ensure agree local workable redirection/triage processes to ensure that the new community pharmacy pathway for treatment is used to the maximum.

5. Training requirement
5.1. All staff members involved in the delivery of any pharmaceutical services should have undertaken training on IT security, confidentiality, data protection, adult and child protection, hand hygiene, fire safety, manual handling, violence and aggression.

5.2. The community pharmacy contractor will ensure that staff involved in delivering the Pharmacy First Service should undertake the NES Pharmacy First modules and be able to supply certificates of completion if requested and should participate in any local training programmes as identified by NHS Grampian in accordance with agreed local standards. Pharmacy staff that have previously undertaken UTI training would not necessarily be expected to repeat the UTI training but to refresh their knowledge following undertaking the MCQs and based on their results within NES Pharmacy First Modules.

5.3. The community pharmacy contractor has a duty to ensure that all pharmacists and staff involved in the provision of the service are aware of and operate within local guidance.

6. Monitoring & evaluation

6.1. Community pharmacy contractors should ensure that appropriate records are kept, maintained, stored securely and in line with data protection and information governance and submitted to the health board when requested for internal and external audit and evaluation purposes.

The records that must be maintained and stored securely in the pharmacy include:

- Completed consultation forms for all consultations (including those not resulting in treatment).
- Where referrals to GP or other healthcare professionals (e.g. GMED or A&E) have been made.
- Where advice was given, what that advice consisted of.
- A standard operating procedure covering all aspects of service provision and records of those staff that have read and are aware of the SOP.

7. Claims and payment

7.1. The Pharmacy Contractor must submit a completed claim form (Appendix 1) to Primary Care Contracts Team before the 7th of the month for the previous month in order to receive payment only for consultations that result in the supply of trimethoprim or fusidic acid.
7.2. Fees for the Pharmacy First Service will be paid as defined in Appendix 1 by NHS Grampian.

7.3. Payment for service provision shall be made on the submission of a fully completed NHS Grampian claim form. Information for audit and evaluation purposes may also be gathered and must be completed before NHS Grampian makes any payment.

7.4. Claims older than 3 months will be deemed as an historical claim and will only be considered by the Pharmacy Performance and Governance Group for payment if the claim form is submitted with information detailing the exceptional circumstances of why the claim was not submitted at its due date.

8. References

1) Antibiotic treatment of urinary tract infection by community pharmacists: a crosssectional study. Booth, Jill L; Mullen, Alexander B; Thomson, David AM; Johnstone, Christopher; Galbraith, Susan J; Bryson, Scott M; McGovern, Elizabeth M. British Journal of General Practice, Volume 63, Number 609, April 2013, pp. e244-e249(6)
– Payment Structure

*Details of payments*

• £10.00 per patient consultation resulting in treatment under PGD.
Central Stores Order Form

Email nhsg.primarycare@nhs.net

PRIMARY CARE
CENTRAL STORES
FORESTERHILL ROAD
ABERDEEN AB25 2XE
Phone Number: 01224 552894

Date: ____________________________

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<td>Single Bag</td>
<td></td>
</tr>
<tr>
<td>CPUS</td>
<td>Scotland Prescriptions</td>
<td>Pad</td>
<td></td>
</tr>
<tr>
<td>CP2/CP3</td>
<td>Forms (Box Of Prescriptions)=2000</td>
<td>Box</td>
<td></td>
</tr>
<tr>
<td><strong>CP4/CP3</strong></td>
<td>Universal Claim Forms (Box Of Prescriptions)=2000</td>
<td>Box</td>
<td></td>
</tr>
<tr>
<td>Urine sample Pot</td>
<td>CONTAINER URINE MID-STREAM SPECIMEN</td>
<td>Each</td>
<td></td>
</tr>
</tbody>
</table>

NAME
(please print)

SIGNATURE...........................................................................................................

DATE ORDER SUBMITTED...
Notification of consultation regarding treatment of uncomplicated urinary tract infection, through community pharmacy

Date of supply: __/__/____ Name of pharmacist who carried out consultation:

GP name: ____________________________

GP practice address: ____________________________

The following patient has attended this pharmacy for assessment and treatment of an uncomplicated urinary tract infection:

Patient name: ____________________________

Patient address: ____________________________

Postcode: ____________________________

Date of Birth: __/__/____

NHS number: ____________________________

Presenting symptoms were (severe or at least 3 of the following):

- Dysuria
- Urgency
- Blood in urine
- Frequency
- Polyuria
- Suprapubic tenderness

AND absence of vaginal discharge / irritation – vaginal discharge reduces the likelihood of bacterial urinary infection

PGD Exclusion criteria checked ☐

Advice given included:

- Contacting GP or NHS 24 if symptoms do not improve after 3 day course.
- Potential side effects and what to do if these are experienced.
- Paracetamol or ibuprofen has been recommended to manage pain and discomfort.
- The importance of taking the tablets regularly and completing the course

Following assessment:

- Your patient has been given a 3 day course of Trimethoprim 200mg twice daily
- Self care advice only given
- Patient is unsuitable for treatment via PGD for the following reason and has been referred:

______________________________

You may wish to include this information in your patient records.

Patient consent:

I agree to the pharmacy passing on this information to my GP.

Patient signature: ____________________________ Date: __/__/____

This form should now be sent to the patient's GP and a copy retained in the pharmacy.

CONFIDENTIAL: Data protection confidentiality note: This message is intended only for the use of the individual or entity to whom it is addressed and may contain information that is privileged, confidential and exempt from disclosure under law. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited
Notification of a consultation regarding treatment of impetigo through community pharmacy

Date of supply: MM/YY/YY
Name of pharmacist who carried out consultation:

GP name:

GP practice address:

The following patient has attended this pharmacy for assessment and treatment of an impetigo infection.

Patient name:

Patient address:

Postcode:

Date of Birth: DD/MM/YY

Date of Birth: DD/MM/YY

Chi number:

Presenting symptoms were:

☐ Rash typical of impetigo (vesicles that weep and dry to form a yellow-brown crust limited to one area of the body)

☐ PGD exclusion criteria checked

Advice given included:

☐ Contacting GP or NHS 24 if symptoms do not improve after 5 days or spread.

☐ Wash hands before and after applying cream.

☐ Where possible remove scabs by bathing in warm water before applying the cream.

☐ Impetigo is a very infectious condition. Important to prevent infection spreading by using own flannels and towels (hot wash after use).

☐ Do not scratch or pick spots.

Following assessment:

☐ Your patient has been given a 7 day course of fusidic acid 2% cream.

☐ Your patient has been advised to contact the practice if symptoms fail to resolve following treatment.

☐ Self-care advice only given

☐ Patient unsuitable for treatment via PGO for the following reason and has been referred:

You may wish to include this information in your patient records.

Patient consent:

I agree to the pharmacy passing on this information to my GP.

Patient signature:

Date: DD/MM/YY

This form should now be sent to the patient’s GP and a copy retained in the pharmacy.

CONFIDENTIAL: Data protection confidentiality note: This message is intended only for the use of the individual or entity to whom it is addressed and may contain information that is privileged, confidential and exempt from disclosure under law. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited.

Version 2 May 2016
NHS GRAMPIAN PHARMACEUTICAL HOURS OF SERVICE SCHEME

This Scheme has been prepared on behalf of NHS Grampian (The Board) after consultation with the Area Pharmaceutical Committee in line with The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009: The Board, after consultation with the Area Pharmaceutical Committee, shall prepare a scheme for securing that one or more places of business on the pharmaceutical list in the area of the Board shall at all reasonable times be open. The scheme shall specify the days and hours during which such places shall be open, and the arrangements for the dispensing of medicines required urgently at other times. http://www.legislation.gov.uk/ssi/2009/183

1. Hours of Service – with effect from 1st April 2016

The hours recorded on the NHS Grampian Pharmaceutical List will be deemed the normal working hours for that contractor and must be observed at all times.

1.1 Except as provided in paragraph 3 below all places of business on the Pharmaceutical List shall be open for the supply of drugs and prescribed appliances or for the supply of prescribed appliances (as the case may be), on the core days and on the hours following as a minimum:

a) On five days in the week 9 am – 6 pm
   (During which time they may be closed for up to 1 hour in the middle of the day)

b) On one day in the week 9 am – 1 pm
   (The Early Closing Day as defined in the Shops Acts 1950-1965)

c) Contractors will be open on six days each week.

1.2 Existing pharmacy contractors currently on the NHS Grampian Pharmaceutical List will continue as they are currently listed.

1.3 Applicants for a new pharmacy to be included on the pharmaceutical list must comply with this scheme as a minimum. If they define longer hours of business, these hours will be deemed as their core hours of service and will be published as such on the pharmaceutical list.

1.4 Pharmacy Contractors purchasing or taking over an existing business on the pharmaceutical list will be required to take part in a pharmaceutical care services needs assessment led by the local Health & Social Care Partnership. This needs assessment will determine whether there is a local need for the hours of opening for the pharmacy to come into line with the core days and working hours as defined in (1) above. If such needs assessment determines a need to extend the historical opening hours of the pharmacy to the core days and working hours defined within this scheme the contractor will be given a three month period within which to comply with such changes.

1.5 At any other time when a pharmacy contractor's place of business is open for the purpose of supplying drugs or appliances he/she shall supply drugs or prescribed appliances which are ordered under the regulations

1.6 All pharmacy premises must display a notice of their opening times which must be visible at all times
1.7 The majority of prescription items dispensed in the out of hours period are provided from GMED stock however all pharmacy contractors must provide up to date contact details for the pharmacist to enable GMED to contact them when dispensing of an urgent prescription is required.

2. Additional Hours of Service

2.1 Where the Board after consultation with the Area Pharmaceutical Committee (APC) consider it necessary for the securing of an adequate pharmaceutical service in any part of their area that one or more places of business should be open for a period (a) on the afternoon of the early closing day, (b) on Sundays or public holidays, or (c) after the normal closing hour on other days, and that for that purpose arrangements should be made, the following provisions shall apply:

2.2 The Board shall decide for the part of their area in question suitable hours of opening on the set days, and the number of places of business to be open. They shall determine the places of business which are to be open by means of rotas prepared for that purpose. Any place of business specified in a rota shall be open on such days and at such hours as the rota requires.

2.3 All Pharmacy Contractors shall, if required by the Board, participate in that rota.

3. Variations

If a pharmacy contractor wishes to apply to the Board for permission to vary, or to open for less than the normal hours of service set out in paragraph 1, or for relief from duties under paragraph 2, the Board shall have power to consent to the application subject to such conditions (if any) as they think necessary to ensure an adequate pharmaceutical service. Before exercising such power the Board shall consult the Area Pharmaceutical Committee, the Area Medical Committee/GP Subcommittee and relevant local Health and Social Care Partnerships.

3.1 Planned Permanent Change of Hours or Closure

Applications should be submitted in writing to the Primary Care Contracts Team a minimum of 3 months in advance of the expected date of implementing the change. The Board shall consult the Area Pharmaceutical Committee, Area Medical Committee /GP subcommittee and relevant Health and Social Care Partnership and a decision will be made at the Pharmacy Performance Governance Group. The applicant will be notified of the decision within 2 weeks of the meeting at which it was discussed.

3.2 Planned Temporary Change of Hours or Closure

Applications should be submitted in writing to the Primary Care Contracts Team a minimum of 1 month in advance where possible, although consideration will be given to requests in exceptional circumstances at short notice. The Board shall consult the Area Pharmaceutical Committee, Area Medical Committee/GP subcommittee and relevant Health and Social Care Partnership and a decision will be made at the Pharmacy Performance Governance Group or by consensus where time does not allow for this. The applicant will be notified as soon as possible.

3.3 Unplanned Temporary Change of Hours or Closure (Less than 1 month notice)

Applicants should notify the Primary Care Contracts Team of any unplanned change of hours or closure as soon as possible. The Primary Care Contracts Team will complete a checklist to detail the nature of the issue, the planned recovery timescale and the name and number for a key contact managing the issue. This information
will then be passed to the Pharmacy and Medicines Directorate and the Health and Social Care Lead Pharmacists for information, and to identify any support that could be provided.

3.4 Public Holidays

Applicants must formally apply for a temporary change of hours or closure relating to a public holiday, by providing the Primary Care Contracts Team with a completed Public Holidays proforma at the beginning of each year for the following financial year. The Board shall consult the Area Pharmaceutical Committee, Area Medical Committee/GP Sub Committee and Health and Social Care Partnership and a decision will be made at the Pharmacy Performance Governance Group. The applicant will be notified of the decision within 2 weeks of the meeting at which it was discussed.

All applications must be made via the Primary Care Contracts Team. All Pharmacy Contractors applying for a variation in change of hours or closure must follow the NHS. Grampian Process for Requests for Change of Hours or Closure.
1. Introduction

This Service Level Agreement (SLA) acts as a contract between NHS Grampian and each pharmacy contractor to deliver services as detailed in Section 4 - Service Outline and Standard.

This SLA applies to all pharmacy contractors and should be read in conjunction with the NHS Grampian Pharmaceutical Hours of Service Scheme, the NHS Grampian Process for Requests for Change of Hours or Closures by Pharmacy Contractors and the NHS Grampian Community Pharmacy Public Holiday Opening Agreement.

This agreement is for the period 1st April 2019 – 31st March 2020. Request for termination in advance of 31st March 2019 (by either party), may be considered should extenuating circumstances arise.

2. Background

NHS Grampian Board requires assurance that there is adequate provision of pharmaceutical care during designated public holidays and additional festive holidays (where 25th December & 1st January fall at the weekend).

NHS Grampian will notify those contractors who have been approved to provide and be paid for providing pharmaceutical service on the designated Public Holiday dates and will pay approved contractors for provision of 2 hours of pharmaceutical services based on the following geographical breakdown:

<table>
<thead>
<tr>
<th>Health and Social Care Partnership Area</th>
<th>Geographical Areas</th>
<th>Total number of pharmacies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moray</td>
<td>One pharmacy based in the east, one in the west, plus one other Exceptions: One pharmacy will open on Christmas Day and New Year’s Day as a minimum</td>
<td>3</td>
</tr>
<tr>
<td>Aberdeenshire</td>
<td>7 contractors - based on geographical localities Exceptions: One pharmacy in each of 3 areas – Central, North and South Aberdeenshire on Christmas Day and New Year’s Day as a minimum</td>
<td>7</td>
</tr>
<tr>
<td>Aberdeen City</td>
<td>One pharmacy based in the north,</td>
<td>3</td>
</tr>
</tbody>
</table>
3. Aims of Service

This SLA has been prepared to:

- ensure there is a clear process to assure pharmaceutical service is available in NHS Grampian during public holidays
- ensure payment will be made to those pharmacy contractors who have been approved by the Pharmacy Performance and Governance Group Health and Social Care Partnership to provide pharmaceutical services during agreed public holiday dates
- enable collation and audit of pharmaceutical activity on public holidays

4. Service Outline and Standards

4.1 At the beginning of the financial year, all community pharmacy contractors agree to provide NHS Grampian, for each of the undernoted public holidays, details of when they will/will not provide services from their community pharmacy. The community pharmacy will complete and return the form an example of which is shown in Appendix 1 to Pharmacy Primary Care Contracts Team (PCCT) within the requested timeframe.

4.2 No pharmacy that would normally be open on a Saturday and/or Sunday is permitted to be closed for 4 consecutive days. Therefore community pharmacies should follow the guidance below to ensure that they meet the requirements of their contract

i. Where festive holidays i.e. Christmas Day and January 1st fall on a Friday the designated public holidays are the Friday and the Monday. The pharmacy must nominate and be open for a minimum of 4 hours on any of the 3 days following that Friday.

ii. Where Christmas Day and January 1st fall on a Saturday the designated public holidays are Monday and Tuesday. The pharmacy must nominate and be open for a minimum of 4 hours on any of the 3 days following that Saturday.
iii. Where Christmas Day and January 1st fall on a Sunday the designated public holidays are Monday and Tuesday. The pharmacy should be open their normal hours on the preceding Saturday.

4.3 With reference to points 1 and 2, the choice of which day to open will be up to the contractor provided that, from an NHS Grampian perspective there is access to pharmaceutical care in all areas and on all days over the festive period.

4.4 The information you provide is binding and although requests for changes will be discussed if received at least one month before the date of closure or in exceptional circumstances, it may not be possible to accommodate them.

4.5 Once authorisation is agreed NHS Grampian will issue a spreadsheet to contractors with all the agreed opening and closure details. It is the contractor’s responsibility to check that all the details are correct and to contact Primary Care Contracts Team if there are any discrepancies.

4.6 Payment will be made for 2 hours to those pharmacies approved for recompense as in Section 3, although the pharmacy may choose to open for longer than this period.

4.7 If a contractor wishes to close on a local holiday that is out with the eight NHS Grampian public holidays, they must apply to the health board. This must be done by following the processes detailed in the planned temporary change of hours or closure section of the “Pharmaceutical Hours of Service Scheme” and the “NHS Grampian process for request of hours or closures by pharmacy contractors.”

5. NHS Grampian Designated Public Holidays for 2019-2020

- Monday 22nd April 2019
- Monday 6th May 2019
- Monday 8th July 2019
- Monday 23rd September 2019
- Wednesday 25th December 2019
- Thursday 26th December 2019
- Wednesday 1st January 2020
- Thursday 2nd January 2020

6. Training Requirements

No specific training is required, however contractors providing this cover should ensure that staff working on these days can provide all core and locally negotiated services when they are open.
7. Monitoring and evaluation

The NHS Grampian Health and Social Care Partnerships in conjunction with the Pharmacy Performance and Governance Group will monitor the Pharmacy Contractor’s compliance with this Service Level Agreement and will review the requirements of the service on an annual basis.

8. Claims and Payment

8.1 The NHS Grampian designated Public Holidays will be paid at a rate of £130 for a 2 hour period to the approved pharmacy contractors.

8.2 Christmas Day and New Year’s Day will be paid at an enhanced rate of £320 for a 2 hour period even when the day they fall on is not a designated public holiday.

8.3 In the event of dispute or disagreement, all efforts should be made to resolve matters amicably between the contractor and the Health and Social Care Partnership in conjunction with NHS Grampian Pharmacy Performance and Governance Group. In the event that matters cannot be satisfactorily resolved, final recourse will be given to the Director of Pharmacy, whose decision will be final.

8.4 Authorised contractors will be paid directly without need for claim, following any Public Holidays they are authorised to cover but will also be required to provide a completed activity form (appendix 2) by the 7th of the month following the Public Holiday covered.

8.5 NHS Grampian Pharmacy Performance and Governance Group will audit the activity.
Appendix 1
Primary Care Contracts Public Holiday Form

Dear Colleague,

Public Holidays in NHS Grampian

NHS Grampian must provide adequate health care throughout the year and in order to assure that pharmaceutical services will be available, please indicate your intended Public Holiday hours for the following GMED supported Public Holidays (shaded) and surrounding dates. Please bear in mind your Terms of Service and Schedule of Hours commitments in doing this.

Please complete and submit this form for all of these dates to Pharmacy Primary Care Contracts Team at nhsg.pccptpharmacy@nhs.net by Monday 11th March 2019 to allow us to inform other services of your availability.

Please note for any intended changes to agreed hours the notice period required by the Scheme of Hours applies.

NHS Grampian Pharmacy
Public Holiday cover from 2019/2020

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Open</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Closed/unavail</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reopen/available after lunch</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Closed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Signed
Pharmacy Manager/owner

Pharmacy Name

Pharmacy Code

Print Name
Date

Any requests for pharmacy closures out with the NHS Grampian public holiday dates detailed above should be requested as per the attached NHS Grampian: process for requests for change of hours or closures by pharmacy contractors (attached).
ADDITIONAL CONTRACTOR REQUIREMENTS

NHS GRAMPIAN: PROCESS FOR REQUESTS FOR CHANGE OF HOURS OR CLOSURES BY PHARMACY CONTRACTORS

This process works in conjunction with the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009 in particular the Scheme for securing proper pharmaceutical service and Schedule 1 Terms of Service for pharmacists and pharmacy contractors which can both be found at http://www.legislation.gov.uk/ssi/2009/183/schedule/1/made

In all cases the Primary Care Contracts Team (PCCT) is the first point of contact for all requests for a change of hours or closure. The primary care contracts team office is manned on Monday to Friday from 08.30 to 17.00 except on public holidays and can be contacted on nhsg.pctpharmacy@nhs.net. Emails received out-with these hours will be dealt with as soon as possible when the office reopens.

Applications based on the information in the table below will be considered in light of service provision and the Pharmaceutical Care Service Plan and a decision will be provided to the contractor by PCCT within the timeframes indicated below.

**Planned Permanent Change of Hours**

Applications should be submitted in writing to PCCT for a minimum of 3 months in advance of the expected date of implementing the change. The PCCT, the Health and Social Care Partnerships and the Pharmacy and Medicines Directorate (P&MD shall consult on the application and may also consult with the Area Pharmaceutical Committee (APC) and GP Sub Committee (GPSub) if required. A decision will be made by the Pharmacy Performance Governance Group and the applicant will be notified within 2 weeks of the decision being taken.

Contractors planning to make permanent changes to their opening hours must submit supporting data for the change along with their application. The data should cover a minimum of 3 months trading immediately prior to the application date. (See checklist in appendix).

**Planned Temporary Change of Hours or Closure including Public Holiday Closures**

Applications should be submitted in writing to the Primary Care Contracts Team a minimum of 1 month in advance where possible, although consideration will be given to requests in exceptional circumstances at short notice. The PCCT, the Health and Social Care Partnerships and the Pharmacy and Medicines Directorate (P&MD shall consult on the application and may also consult with the Area Pharmaceutical Committee (APC) and GP Sub Committee (GPSub) if required. A decision will be made by the Pharmacy Performance Governance Group and the applicant will be notified as soon as possible and within 2 weeks of the decision being taken.

Applications for Public Holiday closure must be made by providing the Primary Care Contracts Team with a completed Public Holidays proforma at the beginning of each
calendar year to the end of following financial year.

**Unplanned Temporary Change of Hours or Closure (Less than 1 month notice)**

Applicants should notify Primary Care Contracts Team of any unplanned change of hours or closure as soon as possible. The pharmacy contractor must complete and submit a checklist to detail the nature of the issue, the planned recovery timescale and the name and number for a key contact managing the issue. This information will then be passed to the Pharmacy and Medicines Directorate and the relevant Health and Social Care Lead Pharmacists for information, and to identify any support that could be provided.

**Notice of Opening Hours**


At every premise from which pharmaceutical services are provided there shall be exhibited a notice to be provided by the Board in the form prescribed in Schedule 2. There shall also be exhibited at such premises, at times when those premises are not open, and in such a manner as to be visible at such times, a notice in a form approved by the Board, indicating the facilities available for securing the dispensing of medicines urgently required.

<table>
<thead>
<tr>
<th>NHS Health Services Scotland</th>
<th>(Insert Name of Person Firm or Company)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dispenser of medicines and supplier of drugs and appliances. These premises are open at the following times:</td>
<td></td>
</tr>
<tr>
<td>Monday</td>
<td></td>
</tr>
<tr>
<td>Tuesday</td>
<td></td>
</tr>
<tr>
<td>Wednesday</td>
<td></td>
</tr>
<tr>
<td>Thursday</td>
<td></td>
</tr>
<tr>
<td>Friday</td>
<td></td>
</tr>
<tr>
<td>Saturday</td>
<td></td>
</tr>
<tr>
<td>Sunday</td>
<td></td>
</tr>
<tr>
<td>Out with these times where a prescription for medicines is urgently required the GMED prescriber will contact an appropriate pharmacist to dispense it.</td>
<td></td>
</tr>
</tbody>
</table>
## Contents of application

The checklist of required information to be provided at the time of an application

<table>
<thead>
<tr>
<th>Minimum 3 months notice of proposed change</th>
<th>Planned Permanent Change of hours application</th>
<th>Planned temporary change of hours or closure application</th>
<th>Public Holiday closure application</th>
<th>Unplanned temporary change of hours or closure application</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimum 1 month notice of proposed change</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contractor code</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Pharmacy address</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Normal opening hours</td>
<td>✔</td>
<td>✔</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reason for application</td>
<td>✔</td>
<td>✔</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proposed change to hours</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Anticipated duration and extent of change</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contingency plans for service delivery</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contact details of responsible person</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
</tbody>
</table>
Typical Examples of Change Applications

The following represent examples of applications that may be made and is not exclusive.

<table>
<thead>
<tr>
<th>Circumstance</th>
<th>Nature of change</th>
<th>Decision maker</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change of hours</td>
<td>Permanent planned</td>
<td>Performance &amp; Governance</td>
<td>Details of change or closure or reduced service provision required with proposed solutions for provision of pharmaceutical care</td>
</tr>
<tr>
<td>Shop refit</td>
<td>Temporary planned</td>
<td>Performance &amp; Governance</td>
<td>Details of change or closure or reduced service provision required with proposed solutions for provision of pharmaceutical care</td>
</tr>
<tr>
<td>Planned Staff education event</td>
<td>Temporary planned</td>
<td>Performance &amp; Governance</td>
<td>Details of change or closure or reduced service provision required with proposed solutions for provision of pharmaceutical care</td>
</tr>
<tr>
<td>Burst pipe or other structural failure</td>
<td>Temporary unplanned</td>
<td>PCCT</td>
<td>Assurance of Business Continuity Plan implementation and details of change or closure or reduced service provision must be mitigated with proposed solutions for provision of pharmaceutical care</td>
</tr>
<tr>
<td>Pharmacist illness/ no-show</td>
<td>Temporary unplanned</td>
<td>PCCT</td>
<td>Assurance of Business Continuity Plan implementation and details of change or closure or reduced service provision must be mitigated with proposed solutions for provision of pharmaceutical care</td>
</tr>
<tr>
<td>Funeral of Staff member/partner</td>
<td>Temporary unplanned</td>
<td>PCCT</td>
<td>Details of change or closure or reduced service provision required with proposed solutions for provision of pharmaceutical care</td>
</tr>
<tr>
<td>Weather Issue e.g. floods/snow</td>
<td>Temporary unplanned</td>
<td>PCCT</td>
<td>Assurance of Business Continuity Plan implementation and details of change or closure or reduced service provision must be mitigated with proposed solutions for provision of pharmaceutical care</td>
</tr>
</tbody>
</table>
All Applications go to and decisions notified by PCCT

Process defined

Nature of change identified

Abbreviations
APC – Area Pharmaceutical Committee
GPSub – General Practice Sub Committee (of the Area Medical Committee)
H&SCP – Health and Social Care Partnerships
PCCT – Primary Care Contracts Team
P&MD – Pharmacy and Medicines Directorate
**For Contractors planning a permanent change**

Contractors planning to make permanent changes to their opening hours must submit supporting data for the change along with their application. The data should cover a minimum of 3 months trading immediately prior to the application date. The data should contain the following:

<table>
<thead>
<tr>
<th>Data set</th>
<th>Month 1(insert date)</th>
<th>Month 2(insert date)</th>
<th>Month 3(insert date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. Of prescription items dispensed acute/CMS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. Of MAS consultations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No of Pharmacy First consultations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. Of Smoking Cessation consultations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. Of Unscheduled care items dispensed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. Of needle exchange transactions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. Of Substance Misuse transactions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No of compliance aids dispensed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No of Gluten Free items dispensed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No of Influenza / travel vaccinations undertaken</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No of OTC transactions undertaken</td>
<td></td>
<td></td>
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</tr>
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