

2019/2024 Service Level Agreement (SLA)

Additional Pharmaceutical Care Services

Pharmaceutical Care for Patients Prescribed Opioid Substitution Therapy (OST)

1.	Ain	n of Service:			
		provide holistic pharmaceutical care to patients receiving OST and promote ient's recovery by:			
	 Providing close liaison with prescriber and treatment services; Dispensing OST as prescribed according to the patient's assessed needs; Ensuring each supervised self administration dose is consumed in accordance with the appropriate Standard Operating Procedure (SOP); Monitoring the patient's response to prescribed treatment; Providing general health advice including pharmaceutical public health services and signposting for access to further advice or assistance; Promoting patient safety and appropriate harm minimisation strategies. 				
	То	reduce the risk to individuals and local communities of:			
		 Overuse or underuse of medicines; and Diversion of prescribed medicines. 			
2.	De	tails of Services Provided:			
	a)	Responsibilities of Participating Contractor			
		Each contractor must:			
		Take full responsibility for ensuring compliance with all aspects of the SLA.			
		Nominate a Key Pharmacist (usually the Responsible Pharmacist) and technician/dispenser who will have accountability for provision of the service on a day to day basis from that pharmacy. For pharmacies open over extended hours and particularly on a Sunday, the Participating Contractor must also ensure that the Locum/Relief manager and technician/dispenser on duty at these times has a full understanding of the SLA to be competent to maintain continuity of service.			
		• Ensure the SOP in place governing the OST service fully covers the main principles of the provision specific to the service standards operating within the pharmacy and that all involved in providing the service are fully conversant with the content of the SOP.			
		• Ensure that the Key Pharmacist and all pharmacy staff offer a user-friendly, non-judgemental, person-centred and confidential service.			
		• Ensure that the services are operated from premises providing a level of confidentiality and privacy which is acceptable to the individual patient.			
		• Ensure the Key Pharmacist or technician/dispenser informs the prescriber and relevant treatment service of missed doses or side effects, in line with the timescales contained in the Missed Dose Guidance document developed by Glasgow Alcohol and Drug Recovery Services (ADRS).			

	• Ensure that the service is available to patients for the full contracted opening hours of the premises unless there are exceptional circumstances.
	• Ensure that all GPhC Standards are upheld during the provision of this service – in particular ensuring that children and vulnerable adults are safeguarded.
	Make available to patients and carers a range of information in accessible format, including details of local support services and voluntary agencies.
	 Keep and maintain appropriate records, including patient medication records to enable verification of service provision and training requirements, and provide to Community Pharmacy Development Team (CPDT) for internal and external audit, evaluation, monitoring service development and payment verification purposes.
	Participate in any local audit processes to the agreed levels.
	 An electronic copy of the SLA will be forwarded to the Participating Contractor each time the service is reviewed and agreed with Community Pharmacy GG&C (CP GG&C). The Participating Contractor (or nominated representative) will formally sign a copy of the SLA as a record of acceptance of the terms and conditions of the SLA for the provision of this additional service. The signed copy requires to be returned to CPDT at: Pharmacy Services, Clarkston Court, 56 Busby Road, Glasgow, G76 7AT by the date specified to ensure that all relevant payments can be made.
b)	Responsibilities of Key Pharmacist:
	The Key Pharmacist must:
	• Maintain their competency to practice in this speciality by successfully completing all specified training requirements especially the mandatory element of this Agreement (Appendix 1).
	• Ensure that a NHS GGC Medication Incident Record Form or company specific error reporting form is completed for all medication incidents involving OSTs, whether prescribing, dispensing or administration.
	• Ensure that any medication incident is promptly reported to Treatment Services, the relevant ADRS or prescriber and CPDT with anonymised details to be disseminated across the network highlighting the remedial action being taken to minimise the risk of reoccurrence. A Significant Event Analysis (SEA) may have to be completed in certain circumstances.
	Provide a professional clinical check for all prescriptions prior to dispensing and supply.

	• Develop and maintain a close working relationship with the prescriber and treatment services. This should include a process to allow information sharing where required.		
	• Ensure a Treatment Agreement is signed by the patient and the pharmacist. It is recommended that a copy is provided to the patient. The patient should fully understand the terms of the Agreement.		
	• Ensure that a Pharmaceutical Care Record (PCR) is created and maintained for each patient, which will include monitoring the response to treatment and medicine information and advice provided.		
	Ensure that patient medication records are maintained and that the Controlled Drugs register is completed in accordance with current legal requirements.		
	Ensure that a verifiable audit trail of administered doses is available for those controlled drugs not legally subject to recording requirements.		
	Provide a verbal/written/electronic summary of progress as per local agreements and in response to patient issues and concerns.		
	 Provide information and advice (and signposting as appropriate) on: Safe storage and disposal of medicines; Overdose prevention and Naloxone provision; Alcohol awareness; Injecting Equipment Provision and Harm Reduction; Blood Borne Virus prevention, testing and treatment; Advice on polypharmacy of prescribed medications; Smoking cessation (where appropriate); Healthy eating and exercise; Sexual health advice and condom provision (where appropriate); Oral health. 		
	Provide referral and/or signposting to other health services and agencies e.g. Hepatology Service.		
	Record and report any Controlled Drug related incident to the Accountable Officer and prescriber/treatment service as appropriate. The report should be made as soon as reasonably practicable after the incident is identified.		
	Develop and maintain CPD cycles for substance misuse and treatment.		
	• Ensure the safe and effective provision of pharmacy services in line with GPhC Standard 9.		
c)	Responsibilities of Alcohol and Drug Recovery Services:		
	ADRS will:		
	Provide advice and practical support to Participating Contractors during		

	normal working hours (08:45-16:45 Mon-Thurs & 08:45-16:00 Fri excluding public holidays).
	• Advise the Lead Pharmacist, Community Care of any necessary changes to
	the Service.
3.	Remuneration
5.	
	A locally agreed fee will be paid for each package of care delivered for each individual patient accessing the pharmacy service. The current agreed fee for the duration of this SLA is £77.00 per patient, per month. In the event of a fee change within the lifetime of the SLA, formal notification will be sent to the community pharmacy network via e-mail.
	Payment will be made in arrears on submission of the monthly claim via the NEO system. Please refer to the NEO Guidance Pack for details on making claims.
4.	Scope of SLA
	This SLA will be effective from 1 st April 2019 and will end on 31 st March 2024.
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5.	Withdrawal from the SLA
	Dath nomine will provide a minimum of three months notice if the which to
	Both parties will provide a minimum of three months notice if they wish to withdraw from the supervision element of this SLA.

Appendix 1

Key Pharmacist Mandatory Training

All **Key Pharmacists** involved in the Service **must** complete the following training:

i)	Initially:	
	- NES Distance Learning Pack "Pharmaceutical Care in Substance Misuse" or equivalent e.g. Royal College	Self-Directed Reading
	of General Practitioners Certificate in the Management of Drug Misuse in Primary Care, Part 1 or CPPE;	
	 Local training initiatives and peer review sessions identified locally; 	
	 Stigma and discrimination training identified locally; 	
	- SLA.	
ii)	Each Year:	
	Refresh knowledge of above	Self-Directed Reading

Appendix 2

Support Materials

The support materials include:

- 1. GPhC Principles and Standards of Service Provision (current edition) https://www.pharmacyregulation.org/spp;
- 2. RPS Medicines, Ethics and Practice (current edition) https://www.rpharms.com/resources/publications/medicines-ethics-and-practicemep;
- 3. BNF Section on Controlled Drugs and Drug Dependence (current edition) https://bnf.nice.org.uk/;
- 4. NES Child Protection Distance Learning Resource Pack (current edition);
- 5. Local Addiction/Harm Reduction Services;
- Rights, Respect and Recovery. Scotland's Strategy to improve health by preventing and reducing alcohol and drug use, harm and related deaths (2018) – Scottish Government - <u>https://www.gov.scot/publications/rights-respect-recovery/;</u>
- Department of Health (England) and the devolved administrations. *Drug Misuse and Dependence: UK Guidelines on Clinical Management* London Department of Health (England), the Scottish Government, Welsh Assembly Government and Northern Ireland Executive (current edition) <u>https://www.gov.uk/government/publications/drug-misuse-and-dependence-uk-guidelines-on-clinical-management;</u>
- Delivering Recovery. Independent Expert Review of Opioid Substitution Therapies in Scotland (2013) – Scottish Drug Strategy Delivery Commission -<u>https://www2.gov.scot/Resource/0043/00431023.pdf;</u>
- 9. Prescription for Excellence (2013) Scottish Government https://www2.gov.scot/resource/0043/00434053.pdf;
- 10. Quality Standards for Substance Misuse (current edition);
- 11. NEO Users Manual.

Version	2. March 2019
Approving Committee:	ADRS/CPDT
Date ratified:	
Reference Number:	
Name/Department of Originator/author:	ADRS/Community Pharmacy Development Team ADRS
Name/Title of responsible Committee/individual:	Carole Hunter/Alan Harrison
Date issued:	
Review date:	March 2021
Target audience:	NHSGG&C Community Pharmacy

Version	Date	Control Reason
1.	2018	Annual Review
2.	2020	Amendment to address issues raised by Contractors around availability of the service – Page 3 amended to allow flexibility for contractors.

SLA Acceptance:

Community Pharmacy Stamp or Address:		

Contractor Code:

Please complete and return this form by to:

Community Pharmacy Development Team Clarkston Court 56 Busby Road Glasgow G76 7AT

E-mail to: ggc.cpdevteam@nhs.scot

Date:

Agreement to Provide:

Supply and pharmaceutical care as defined in the SLA – Additional Pharmaceutical Care Services – Pharmaceutical Care for Patients Prescribed Opioid Substitution Therapy (OST) patients between 1st April 2019 and 31st March 2024.

Signature:

Counter Fraud Declaration: I accept that the information provided on this form may be used to verify any claim associated with this service and may be shared with other bodies/agencies for the purposes of prevention and detection of crime. In signing this form, I consent to this use and acknowledge that if I provide false information then I may be liable to criminal prosecution, referral to my professional body and/or recovery proceedings.

Please sign this document and retain for your own records. Please submit a copy as above.

This document should be signed at the commencement of the service. NHS GG&C reserves the right to cancel the supervision element of this SLA and withdraw this service following a 3 month period of notice. Contractors agreeing to provide the service may cease provision following a three month notice period.

Signed on behalf of NHS Greater Glasgow & Clyde:

Contracts Manager Community Pharmacy Development

Date: