



A SERVICE LEVEL AGREEMENT FOR LOCALLY ENHANCED PHARMACEUTICAL CARE SERVICES

TO DELIVER:

***PHARMACEUTICAL CARE FOR
PATIENTS PRESCRIBED
DISULFIRAM THERAPY***

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Contact Details:

ADRS Central Pharmacy Team

Email: ggc.adrs.pharmacyteam@nhs.scot

Telephone: 0141 303 8931

PREAMBLE

This Agreement (“**the Agreement**”) is between NHS Greater Glasgow & Clyde, being a Health Board constituted pursuant to The National Health Service (Scotland) Act 1978 (as amended) (the “**Act**”) and having its headquarters at JB Russell House, Gartnavel Royal Hospital, 1055 Great Western Rd, Glasgow G12 0XH (the “**Board**”) and the Pharmacy Contractor named in the submitted Participation Form (**Appendix 1**) (“**the Pharmacy Contractor**”) (each being a “**Party**” and being collectively referred to as “**the Parties**”).

SERVICE OUTLINE AND STANDARDS DESCRIPTOR

This service framework defines three tiers of supply and pharmaceutical care relating to provision of locally enhanced pharmaceutical care services in community pharmacy

Tier 1

Where a medicine supply and any associated pharmaceutical care requirement falls wholly within the scope of the national pharmacy arrangements but the Health Board wishes to direct where the medicine should be sourced through distribution arrangements put in place by the manufacturer that has been contracted to supply the product to the NHS these supplies will attract a Tier 1 engagement fee.

Tier 2

Tier 2 is designed for those medicines and patients that require enhanced pharmaceutical care over and above that contracted for within the national arrangements. Currently this enhancement tends to focus on compliance support with examples including compliance monitoring and reporting or arrangements for patient consumption to be observed on the contractor’s premises. However, this tier will also cover areas where specific secondary-care-led patient assessments are required, where pharmacy staff may administer or supervise administration of a medicine and where additional measures are required to support effective medicines adherence.

Current models under development in pharmaceutical care include drug and disease monitoring including the taking of bloods and interpretation and care planning resulting from laboratory results. It could also include undertaking disease measurement to monitor disease control that is usually measured within an outpatient clinic setting.

This specification sets out the framework for these enhanced arrangements within Tier 2. The individual service pack for each medicine will define any pharmaceutical care bundle and explicitly describe the roles and responsibilities of the pharmacist / pharmacy team over and above the scope of the national Pharmaceutical Care Service arrangements.

An example of a Tier 2 service already provided within NHS Boards is the agreement to supply medicines for the treatment of patients with Hepatitis C. These arrangements include a pharmaceutical care fee reflecting the additional compliance support and compliance monitoring and reporting that helps support patients to achieve improved treatment outcomes or to support an assessment for treatment model of care. Tier 2 services will attract a Tier 1 engagement fee plus an additional pharmaceutical care fee.

Tier 3

Tier 3 describes those services that currently are provided for via homecare or might form part of a hospital at home solution where such services are being devised. Medicines and regimens in this tier would be those that require a significant level of pharmaceutical care beyond that traditionally provided by community pharmacy teams. This tier would provide an alternative to traditional homecare routes of supply for medicines that require, for example, direct cold chain supply to patients supplemented by administration of injectable medicines and follow up monitoring in the patient's home or training the patient to self administer. Often medicines in this tier will require the input of non pharmacy staff or very specialist pharmacy input and requires multiagency cooperation and coordination. It is anticipated that tier 3 would need to be resourced for those elements of service over and above the national arrangements.

1. SERVICE DETAILS, COMMENCEMENT AND DURATION

1.1	The Board has agreed the participation of the Pharmacy Contractor to undertake a package of pharmaceutical care, negotiated under section 23 a (iii) Part 1 of the Scottish Drug Tariff i.e. Pharmacy Contractors may enter into a contract with their local NHS Board in respect to provision of an additional remunerated service.
1.2	This Agreement shall commence on Monday 1st April 2024 (or shall be deemed to have commenced on) (" the Commencement Date ") and shall (subject to the other provisions of this Agreement) continue until Thursday 30th April 2026 (" Expiry Date ") unless terminated in writing by either Party in accordance with clause 12.1.

SERVICE SPECIFICATION

2. INTRODUCTION

2.1	This Service Level Agreement (SLA) acts as a contract between NHS GGC and the Contractor and commits the Contractor to provide the services as defined. The SLA must be read in conjunction with the Appendices provided. Services will be provided within the legal and ethical framework of pharmacy as a whole.
2.2	The introduction of this SLA for the provision of Pharmaceutical Care for Patients Prescribed Supervised Disulfiram Therapy provides a contractual and governance framework for NHS GGC and their community pharmacy partners to provide instalment & / or supervised disulfiram to identified patients with Tier 2 enhanced pharmaceutical care provision where needed.

3. BACKGROUND TO SERVICE

3.1	<p>Supervising the consumption of medication to treat dependence and instalment dispensing has emerged as a key component of treatment programmes. Supervision of consumption by an appropriate professional provides the best guarantee that a medicine is being taken as prescribed. The principal reason for using supervision is to ensure the safety of the patient and to minimise the risk of toxicity.</p> <p>The benefits of supervising medication in a community pharmacy include:</p> <ul style="list-style-type: none">• ensuring adequate blood and tissue levels of disulfiram are maintained to encourage the patient to avoid alcohol consumption.• providing an opportunity for the pharmacist to make a daily assessment of patient compliance with treatment and of the general health and wellbeing of the patient.• providing an opportunity for the pharmacist to build a rapport with the patient that is beneficial from a health promotion and harm reduction viewpoint.
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4. SERVICE AIMS

4.1	To provide holistic pharmaceutical care to patients receiving disulfiram and promote patients' recovery.
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5. ROLES AND RESPONSIBILITIES

5.1	<p>The Contractor will:</p> <ul style="list-style-type: none">• Take full responsibility for ensuring compliance with all aspects of the Service Outline and Standards for each element of the service they opt to participate in (Section 6).• Nominate a Key Pharmacist (usually the Responsible Pharmacist) and technician/dispenser who will have accountability for provision of each individual element of the service on a day to day basis from that pharmacy. For pharmacies open over extended hours and particularly on a Sunday, the Contractor must also ensure that the Locum/Relief manager and technician/dispenser on duty at these times has a full understanding of the SLA and Service Outline & Standards (Section 6) to be competent to maintain continuity of service.• Ensure the Standard Operating Procedures (SOPs) in place governing each element of the 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 each SOP.• Ensure that they have taken into consideration provisions set out in the Health and Care (Staffing) (Scotland) Act 2019 so that the level of support available to operate the service is in line with the aims of the Act and that sufficient staff are available to safely and effectively provide the service.• Ensure that the Key Pharmacist and all pharmacy staff offer a user-friendly, non-judgemental, person-centred and confidential service.
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	<ul style="list-style-type: none"> • Ensure that the services are operated from premises providing a level of confidentiality and privacy which is acceptable to the individual patient. • Ensure that the service is available to patients for the full contracted opening hours of the premises unless there are exceptional circumstances e.g. emergency closure. • Ensure that no treatment & / or service breaks arise because of failure to pre-order stock, equipment and consumables. A technician / dispenser should be nominated with responsibility to ensure that sufficient quantities of all medication, equipment and consumables are available at all times. The ADRS Central Pharmacy Team should be contacted without delay if there are any issues obtaining supplies (contact details on Page 2). A quarterly expiry date check must be carried out as a minimum requirement on relevant items. • 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. • Ensure the Key Pharmacist utilises the NEO 360 Disulfiram Therapy Module to notify the ADRS Team of missed doses. • Keep and maintain appropriate records, including patient care 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. • Ensure that only a GPhC registered pharmacist or technician submits claims via the NEO platform. • Ensure staff are able to provide information, advice and signposting when required on a range of harm reduction issues including how to access local treatment services. • Make available to patients and carers a range of harm reduction information in accessible format, including details of local support services and voluntary agencies. Information is available from local ADRS Services and the NHS Community Pharmacy Website NHS Community Pharmacy Website (scot.nhs.uk) • Ensure that staff are provided with any updates or changes to the service. • Participate in any local audit processes to the agreed levels. • Ensure that all GPhC Standards are upheld during the provision of this service – in particular ensuring that children and vulnerable adults are safeguarded. • 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.
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5.2	<p>The Key Pharmacist will:</p> <ul style="list-style-type: none"> • Ensure the safe and effective provision of pharmacy services in line with GPhC Standard 9. • Maintain their competency to practice in this speciality by successfully completing all specified training requirements, especially the mandatory element of this SLA (Section 7). • Ensure that all pharmacy staff providing the service maintain their competency to practice in this speciality and relevant staff successfully complete all specified training requirements, especially the mandatory element of this SLA (Section 7) • Ensure that all pharmacy staff deployed when the pharmacy is open are fully conversant with the principles of providing the service when a referral is received (Section 6). • Ensure that the support and reference materials provided for information, remain current, (Section 7) are retained in the pharmacy and are readily available to all pharmacy staff, particularly locum pharmacists and dispensing staff. • Ensure all prescriptions are professionally checked prior to dispensing and supply. • Ensure that a Patient Care Record is created and maintained for each patient • Provide information and advice (and signposting as appropriate) on: <ul style="list-style-type: none"> ○ Safe storage and disposal of medicines; ○ Advice on polypharmacy of prescribed medications; ○ Advice and support to reduce alcohol related harms; ○ Dietary advice; ○ Blood Borne Virus prevention, testing and treatment; ○ Smoking cessation (where appropriate); ○ Diet and exercise; ○ Sexual health advice and condom provision (where appropriate); ○ Oral health. ○ Overdose prevention & Naloxone Supply ○ Advice and support to reduce drug related harms; ○ Injecting Equipment & Foil Provision • Provide referral and/or signposting to other health services and agencies e.g. Hepatology Service, GP, Recovery Groups • Ensure that patient medication records are maintained. • Ensure that a verifiable audit trail of dispensed doses is available. • Provide a verbal / written / electronic summary of progress as per local agreements and in response to patient issues and concerns. • Ensure the prescriber and relevant treatment service is informed of missed doses or side effects, in line with the timescales contained in the ADRS Board wide Community Pharmacy Disulfiram Service Guidance. • Utilise the NEO 360 Disulfiram Therapy Module to notify the ADRS Team of missed doses.
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5.2	<ul style="list-style-type: none"> • Ensure that claims via the NEO platform are submitted regularly and in a timely manner. • Ensure that a Medication Incident report (utilising either the CPDT version here or their own corporate version) is completed for all medication incidents whether prescribing or dispensing, and promptly reported to the Lead Pharmacist, Community Pharmacy Development, with anonymised details to be disseminated across the network highlighting the remedial action being taken to minimise the risk of reoccurrence. <ul style="list-style-type: none"> ○ Medication Incident Forms should be submitted via e-mail to: cpdt@ggc.scot.nhs.uk • A Significant Event Analysis (SEA) may have to be completed in certain circumstances. Participants are also encouraged to share independent reports of good practice which should be sent to the ADRS Central Pharmacy Team. • Develop and maintain CPD cycles related to substance use, treatment and harm reduction
5.3	<p>The ADRS Central Pharmacy Team will:</p> <ul style="list-style-type: none"> • Facilitate access to training for pharmacy staff • Review and update the contents of the support material on a regular basis to remain relevant to practice. • Provide advice and practical support to Participating Contractors during normal working hours (09:00-17:00 Mon-Fri excluding public holidays). • Advise the Lead Pharmacist, Community Care of any necessary changes to the Service. • Advise Pharmacy Contractors of any relevant updates / changes to service delivery
5.4	<p>The ADRS Team will:</p> <ul style="list-style-type: none"> • Respond to e-mails generated from the Disulfiram Therapy module in NEO in a timely manner. • Provide advice and support to Participating Contractors during normal working hours (08:45-16:45 Mon-Thurs & 08:45-16:00 Fri excluding public holidays).
5.5	<p>All parties will maintain patient confidentiality and comply will all relevant GDPR regulations.</p> <p>The General Data Protection Regulation (GDPR) (EU) 2016/679 [13] and Data Protection Act 2018 [14] came into force on 25 May 2018. All organisations that process personal data are required to comply with the requirements of this legislation.</p> <p>This means that personal information will be:</p> <ul style="list-style-type: none"> • Processed lawfully, fairly, and in a transparent manner. • Collected for specified, explicit and legitimate purposes. • Only collected so far as required for our lawful purposes. • As accurate and up to date as possible. • Retained for a reasonable period, in accordance with retention policies. • Processed in a manner which ensures an appropriate level of security.

6. SERVICE OUTLINES AND STANDARDS

6.1	This SLA only pertains to patients receiving instalment & / or supervised dispensing for the treatment of alcohol dependence, who are prescribed disulfiram.
6.2	Pharmaceutical care for patients prescribed disulfiram should be delivered in line with the current version of the ADRS Board wide Community Pharmacy Disulfiram Service Guidance (See Section 7 for link).
6.3	Patients will nominate a single community pharmacy at which they will receive their disulfiram.
6.4	The nominated community pharmacy will be contacted by the ADRS Team with information about the patient.
6.5	Prescriptions may be posted, delivered or handed in directly by the patient.
6.6	Supervision and instalment dispensing instructions will be on each prescription.
6.7	Doses should be withheld for any patient if a patient reports alcohol use or the pharmacist suspects alcohol use based on presentation and the prescriber contacted.
6.8	Missed doses and / or patient concerns should be reported to prescriber and / or relevant ADRS Team in line with the timescales contained in the ADRS Board wide Community Pharmacy Disulfiram Service Guidance.

7. TRAINING

7.1	All Key Pharmacists involved in the Service must complete the following training:
7.2	<p>Initially:</p> <p>ADRS Board wide Community Pharmacy Disulfiram Service Guidance NHS Community Pharmacy Website (scot.nhs.uk)</p> <p>TURAS Learn TURAS Learn Sign In</p> <ul style="list-style-type: none"> • Substance Misuse: Alcohol <p>NEO 360 Alcohol Module User Guide (Available in help section on NEO 360) (NHS GGC, NEO 360 Modules)</p>
7.3	<p>Each Year:</p> <p>Refresh knowledge of above</p>
7.4	<p>Other useful resources include:</p> <p>TURAS</p> <ul style="list-style-type: none"> • Pharmacy CPD Resources <ul style="list-style-type: none"> ○ Substance Use Resources

7.5	<p>All staff should:</p> <ul style="list-style-type: none"> • Know what the aims of the Service are. • Know where to access support materials. • Read and understand the content of the support material. • Recognise how the support materials present a Continued Professional Development (CPD) opportunity for both pharmacists and technicians. • Know when to contact the ADRS Central Pharmacy Team for advice e.g. use of NEO, Prescription Legality • Know when and how to feedback missed doses and concerns to ADRS Team or if having any issues sourcing stock.
7.6	<p>Support Materials</p> <p>The support materials include:</p> <ul style="list-style-type: none"> • GPhC Principles and Standards for Pharmacy Professionals Standards General Pharmaceutical Council (pharmacyregulation.org) • Royal Pharmaceutical Society Medicines, Ethics and Practice Guide Royal Pharmaceutical Society RPS (rpharms.com) • BNF BNF (British National Formulary) NICE • Rights, Respect and Recovery, Scotland's strategy to improve health by preventing and reducing alcohol and drug use, harm and related deaths (2018) – The Scottish Government Rights, respect and recovery: alcohol and drug treatment strategy - gov.scot (www.gov.scot) • NICE Guidelines– Alcohol-use disorders: diagnosis, assessment and management of harmful drinking (high-risk drinking) and alcohol dependence. Overview Alcohol-use disorders: diagnosis, assessment and management of harmful drinking (high-risk drinking) and alcohol dependence Guidance NICE

8. MONITORING AND EVALUATION

8.1	It is a requirement of the service that appropriate records are kept and maintained by the pharmacy to enable verification of service provision and provide information to the Health Board for internal and external audit, evaluation and monitoring purposes.
8.2	Recording must be completed using the appropriate NEO 360 Disulfiram Therapy Module.
8.3	Information collected from the payment system will be used for the purposes of payment verification, audit and service improvement. By signing to participate in the service, contractors agree to this use.
8.4	Where Contractors are asked to undertake an audit exercise, reasonable notice will be provided prior to the audit commencing.
8.5	The ADRS Pharmacy Team will regularly monitor a contractor's performance against the standards set by the SLA. Where the standards are not being met the ADRS Pharmacy Team will work with the contractor to agree an improvement plan. If after 3 months the contractor has not met the term of the plan then the ADRS Pharmacy Team will consider withholding payment and applying payment recovery (Section 10).

9. NEO RECORDING SYSTEM

9.1	<u>Access to the NEO 360 OST Module</u>
9.1.1	The NEO 360 Disulfiram Therapy Module will be added to the community pharmacy by the ADRS Central Pharmacy Team.
9.1.2	The Key Pharmacist should use the Site Manager Log in details for NEO to allocate the module to the relevant staff who will be involved in the provision of the service
9.1.3	The Key Pharmacist should use the Site Manager Log in details for NEO to allocate the module and claim submission permission to the relevant staff, with GPhC registration, who will submit the service claim.
9.1.4	Full details for the operation of the NEO 360 Disulfiram Therapy Module are contained in the NEO 360 Alcohol Module User Guide.
9.2	<u>Communication to ADRS Teams</u>
9.2.1	Contacting ADRS Team-Missed Dose/Report Concerns/Rx Issues When this feature is utilised an email will be sent directly to the designated team attached to the patient. This can be used to report: <ul style="list-style-type: none"> • Missed doses • Patient concern • Prescription queries

10. PAYMENT ARRANGEMENTS

10.1	<u>Payments for Service Participation/Delivery</u>
10.1.1	A locally agreed fee will be paid per patient, for the provision of a package of pharmaceutical care, for patients prescribed disulfiram, within each calendar month. The fee for the duration of this SLA is £15 package of care payment per patient per month.
10.1.2	Payment will be made in arrears on submission of the monthly claim via the NEO 360 system. Participating Contractors should note that claims must be submitted by the 6 th of the month to guarantee payment in that month. Any claims submitted after this date will be held over to the next month.
10.1.3	The Fees set out in 10.1.1 are exclusive of any applicable Value Added Tax. Value Added Tax will be charged at the prevailing rate and is payable by NHS GGC following the receipt of a VAT invoice.
10.2	Overpayments/Recoveries
10.2.1	If an over / inappropriate payment is identified, the CPDT will make arrangements to process a recovery. The payment recovered will not exceed the amount of the over / inappropriate payment. No additional / further financial sanction will be applied. The Contractor will be advised of the intention to recover monies before the recovery is made.

10.2.2	Any recovery will be made via the Regional Payments process and will be visible both via the PAY001 produced by Practitioner Services Division (PSD) and the local remittance produced by the CPDT.
10.3	<u>Sanctions</u>
10.3.1	Failure to return completed SLA within 3 months of commencement of service will result in any payment associated with the service being withheld until it is received.
10.3.2	<p>If a pharmacy has been issued with an improvement plan (Section 8.5) and there is no improvement after 3 months then, in agreement with the Community Pharmacy Development Team, package of care fees will be withheld until the pharmacy can evidence progress towards the improvement plan.</p> <p>Further non-compliance may result in termination of the service (Section 12)</p>
10.4	<u>General Business Costs</u>
10.4.1	<p>General business costs such as insurance, servicing finance, banking charges, business administration, payment tracking etc. are reflected in national arrangements for community pharmaceutical services and as such do not form part of local arrangements/ service level agreements.</p> <p>It is anticipated that the products prescribed and supplied via community pharmacy under this SLA will be available from major wholesalers / through existing account arrangements and will require no, or minimal additional workload, around account set up, payment tracking, administration etc. However, where such non-pharmaceutical care related impacts are significant and are envisaged, or occurring, local discussions on such impacts may need to take place.</p>
10.5	<u>Risk</u>
10.5.1	Contractors will remain accountable for delivery of their professional responsibilities and standards e.g. incorrect ordering of a medicine would fall beneath the threshold at which a Board / prescriber would be expected to take financial responsibility, although Boards should where possible attempt to utilise such medication for alternative patients.
10.6	<u>Service Financial Management</u>
10.6.1	The CPDT will undertake post-payment verification checks in line with the process established and agreed via National Services Scotland. Contractors participating in the service should support this exercise by providing information if requested.

11. NOTIFICATION OF PARTICIPATION

11.2	Contractors should indicate their willingness to participate in the service by submitting a signed copy of the Participation Form (Appendix 1) using the submission details contained on the form. Forms should be submitted via e-mail ggc.cpdevteam@nhs.scot .
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12. TERMINATION

12.1	Should either party require to terminate this arrangement, they will only do so after three months notice has been provided, in writing.
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13. INTERPRETATION AND APPLICATION

“the Act”	Means the National Health Service (Scotland) Act 1978 (as amended)
“Board”	Means a Health Board within the meaning of section 2(1)(a) of the Act
“Pharmacy Contractor”	Means a person/partnership or body corporate whose name is included on a Board’s Provisional Pharmaceutical List or Pharmaceutical List for the purposes of dispensing medicines and supplying drugs and appliances
“Commencement Date”	Means the date on which the service will begin and the date on which claims for payment will be deemed to be appropriate
“Extended Hours”	Means pharmacies open after 6.00pm on weekdays (at least one in the week), after 1.00pm on Saturday or any time on Sunday
“Expiry Date”	Means the date on which the service will end or the date by which the Service Level Agreement will be reviewed and renewed
“GDPR Regulations”	means the EU general Data Protection Regulation 2016/679 as retained by UK law under the European Union (withdrawal) Act 2018.
“Key Pharmacist”	Pharmacist nominated by the Contractor having accountability for the provision of the service.
“NHS Funded Services”	Means pharmaceutical services provided by a person on a Board’s pharmaceutical or provisional pharmaceutical list
“Parties	Has the meaning assigned to it in the Preamble to this Service Level Agreement
“properly completed”	Means the form must contain: contractor code, authorised signature, date of signing and completion of any other information deemed necessary.
“reasonable notice”	Means in all normal circumstances no less than 21 calendar days.
“the Regulations”	Means the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009 as amended

14. LIST OF APPENDICES

Appendix 1	Participation Form
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15. VERSION CONTROL

Version	3. Original SLA
Name/Department of Originator/author:	ADRS Pharmacy Team
Name/Title of responsible Committee/individual:	Amanda Laird
Date issued:	30/01/2025
Review date:	30/04/2026
Target audience:	NHSGG&C Community Pharmacy

Version	Date	Control Reason
2.	Jan 2025	Mention of breathalyser removed in all places it appeared in SLA.
1.	Dec 2024	<ul style="list-style-type: none"> - Para 5.1 – Requirement to ensure allocated breathalyser is made secure; - Para 5.2 – Requirement for pharmacist to inform ADRS if breathalyser is no longer required; - Para 5.3 – Inclusion of responsibility on ADRS Team to arrange calibration of breathalyser and issue replacement in certain circumstances; - Para 6.7 and 6.7.1 – Instruction on which patients should be breathalysed and remedial action; - Para 10.6 – Inclusion of section relating to sanctions.