

## **ITT SCHEDULE 1G**

### **PRIMARY CARE PUBLIC HEALTH SERVICES**

#### **SERVICE SPECIFICATION**

## **PROVISION OF COMMUNITY PHARMACY HARM REDUCTION SCHEME**

### **1 INTRODUCTION**

The Council is seeking a range of Community Pharmacies as providers of a local community based harm reduction scheme. The scheme aims to ensure that people, who use drugs and require sterile injecting equipment and/or need information and advice around changing lifestyles and minimising the complications associated with drug misuse, can access these resources across Sunderland.

Providers will work in partnership with the Council, the Sunderland Integrated Substance Misuse Treatment and Harm Reduction Service and other agencies to:

- Provide injecting drug users with open access to user-friendly needle exchange facilities which respect confidentiality;
- Minimise risk of the spread of communicable diseases particularly the harm caused by blood borne viruses such as Hepatitis B and C or HIV;
- Ensure that Service Users are referred to services as required;
- Promote prevention, early intervention, self-care and access to structured treatment for substance misuse.

#### **1.1 National Context**

The Department of Health's Models of Care Framework (2006) advocates widening access to needle exchange schemes and harm reduction services to reduce the risk of the spread of communicable diseases by ensuring that sterile equipment is readily available and safely disposed of.

Use of Community Pharmacies to provide the Service allows people who inject drugs to obtain clean equipment and dispose safely of used equipment, with less potential for sharing equipment and greater safety for the wider community via:

- Outlets with easy access;
- Provision of equipment free of charge;
- Wide geographical distribution of outlets;
- Increased availability of equipment.

## 1.2 Local Context

Sunderland has a population of 277,150 based on Office for National Statistics (ONS) mid-year population estimates for 2015. Overall Sunderland has more females (142,194; 51%) than males (134,956; 49%).

Estimates of prevalence of opiate and crack cocaine use in 2011/12<sup>1</sup> applied to mid-year population estimates for 2015 suggest that Sunderland has:

- 6.9 per 1,000 population aged 15-64 opiate and/or crack cocaine users (around 1,249 people) compared to an England rate of 8.4 per 1,000;
- 5.9 per 1,000 population aged 15-64 opiate users (around 1,069 people) compared to an England rate of 7.3 per 1,000;
- 3.2 per 1,000 population aged 15-64 crack users (around 584 people) compared to an England rate of 4.8 per 1,000;
- 2.6 per 1,000 population aged 15-64 injecting opiate and/or crack users (around 462 people) compared to an England rate of 2.5 per 1,000.

Based on Treatment Service data for 2014/15, in Sunderland there were:

- 110 heroin injectors who were in treatment;
- 10 injectors of other substances who were in treatment;
- 30 people who had previously injected but stopped injecting who were in treatment. Previous Injectors 30

In 2015-2016<sup>2</sup>, there were 1,222 adults in drug treatment. Approximately 13% of adults in treatment successfully completed treatment, and of those who successfully complete treatment approximately 90% did not return to treatment within 6 months. During 2015/16<sup>2</sup>, 449 adults started a new treatment journey, and of these 69 (15%) left treatment in an unplanned way before 12 weeks. The remaining 380 (85%) were retained in treatment for at least 12 weeks or successfully completed treatment.

In Sunderland during 2016/17, there were 6 Community Pharmacies involved in the delivery of the local harm reduction scheme.

## 2 PURPOSE AND OUTCOMES

### 2.1 Purpose

<sup>1</sup> *Liverpool John Moores University and Glasgow Prevalence Estimation, 2014*

<sup>2</sup> *Adults – drugs JSNA support pack: key data to support planning for effective drugs prevention, treatment and recovery in 2017-18 for Sunderland.*

Community Pharmacy based harm reduction schemes aim to help reduce the spread of communicable disease and drug related deaths by ensuring that drug users have ready access to harm reduction facilities including needle exchange services, advice and information.

Community Pharmacy based and other community based harm reduction schemes broaden access to safe injecting equipment and other paraphernalia and help to engage individuals that may not otherwise access specialist drug treatment services, either due to location or other considerations such as confidentiality or social exclusion.

Access to the Community Pharmacy Harm Reduction Scheme is open and voluntary. Referrals can be made, and accepted, into the Service from a wide range of sources, the most common route is self-referral. Contact with other elements of the treatment system, such as structured treatment will not be required to enable people to access the scheme.

## **2.2 Vision**

The vision for the Community Pharmacy Harm Reduction Scheme is to provide an, accessible, confidential and safe environment for people who inject drugs to access clean equipment, advice and support.

This will include (though not be limited to) the provision of:

- Free sterile injecting equipment and associated paraphernalia;
- Information and advice on safer injecting;
- Information and advice about changing lifestyles;
- Information and advice about minimising the complications associated with substance misuse, particularly how to prevent the transmission of communicable diseases like HIV and hepatitis;
- Signposting to specialist treatment and support services to address substance misuse problems and work towards recovery.

## **2.3 Programme Outcomes**

The Service will make a contribution to the following outcomes:

- 2.3.1 A reduction of harm associated with drug misuse, including the transmission of blood-borne viruses.
- 2.3.2 A reduction in discarded injecting equipment and paraphernalia and associated risks to public health.

## **2.4 Individual Outcomes**

The Provider will:

- 2.4.1 Offer a user friendly, non-judgemental, person centred and confidential service.

- 2.4.2 Reduce the spread of blood borne viruses (BBV) associated with injecting drug use by helping to minimise the sharing of equipment and reducing the rates of other high risk injecting behaviours.
- 2.4.3 Reduce the social and physical harms associated with injecting drug use, by promoting safer injecting practices.
- 2.4.4 Increase and facilitate access to treatment services for Service Users who are not already engaged in structured treatment.
- 2.4.5 Reduce the potential for unsafe disposal of used injecting equipment and therefore reduce the risks to public health.
- 2.4.6 Provide and reinforce harm reduction messages including safe sex advice and advice on overdose prevention.
- 2.4.7 Maximise the benefits of accessing community pharmacies, such as general health improvement and signposting to other services.

### **3 SERVICE CRITERIA**

#### **3.1 Inclusion Criteria**

- 3.1.1 The Service must be available to any individual who requires the Service to reduce risk of substance misuse harm, though predominantly the Service is provided for those Service Users who meet the following inclusion criteria:
  - a. All residents of the area of responsibility of the Council.
  - b. Those who are in the process of moving to live in the area of responsibility of the Council.
  - c. Those who are registered with a Sunderland GP.
- 3.1.2 The Service is for adults 18 years old and over only. Young people who are under 18 years old, attempting to access the Service, should be provided with equipment at first presentation and offered a referral to the Sunderland Young People's Substance Misuse Service (currently YDAP) who will arrange harm reduction interventions as appropriate (Clause 5).

#### **3.2 Exclusion Criteria**

- 3.2.1 There are no exclusions to the Service on the basis of gender, race, sexual orientation, physical and/or mental impairment or any other protected characteristic, though the Provider will be able to exclude Service Users where:
  - a. Acceptable behaviour is not upheld.
  - b. A professional risk assessment indicates that the Service User poses a serious risk to staff, other Service Users and/or members of the public.

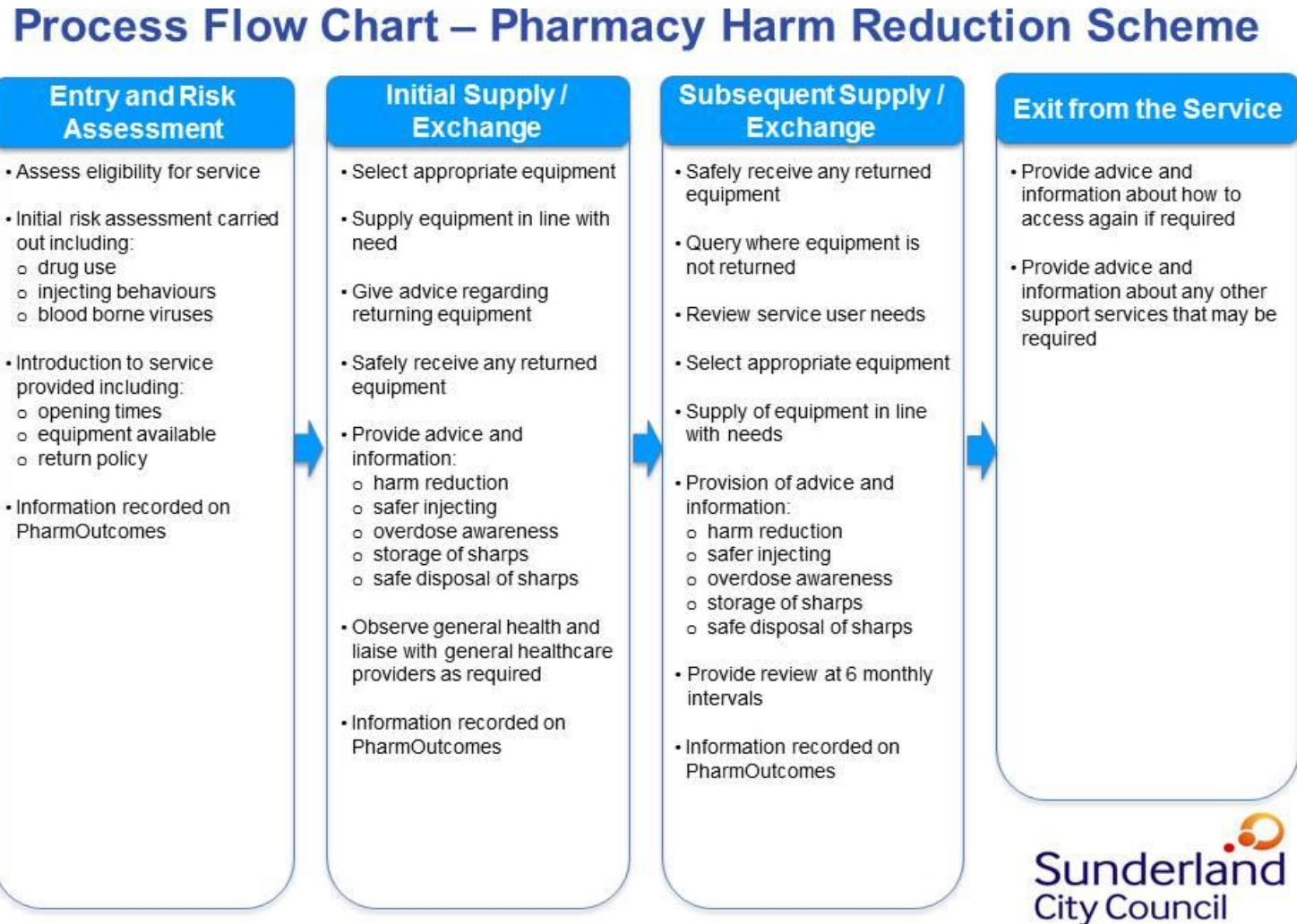
- 3.2.2 Where a Service User is excluded from the Service, this must be discussed and explained to the Service User. Clear advice must be given to the Service User to explain how they can remain safe and information must be provided about other available needle exchange facilities.

## **4 SERVICE DESCRIPTION**

### **4.1 Service Overview**

- 4.1.1 The Service will deliver the Community Pharmacy Harm Reduction Scheme which enables the provision of clean injecting equipment to injecting drug users. This will include liaising with the Sunderland Integrated Substance Misuse Treatment and Harm Reduction Service (currently Wear Recovery) to:
- a. Source sterile injecting equipment and associated paraphernalia
  - b. Enable the safe disposal of returned used injecting equipment
  - c. Provide accurate and timely harm reduction advice and information
- 4.1.2 The Provider will offer a confidential, user-friendly, non-judgmental Service.
- 4.1.3 Provision of injecting equipment or other paraphernalia will be undertaken in a designated area of the Community Pharmacy, which provides a sufficient level of privacy and safety for both Service Users and Staff.
- 4.1.4 Service Users will be informed of the days and times of day access the service is available.
- 4.1.5 The Service is divided into 4 areas of activity:
- a. Entry to the Service and Risk Assessment
  - b. Initial Supply of Equipment / Exchange
  - c. Subsequent Supply / Exchanges
  - d. Exit from the service
- 4.1.6 The care pathway for the Service is summarised in the process flow chart (Figure 1 and Clauses 4.2 – 4.5):

**Figure 1: Flow Chart Summary of the Pharmacy Harm Reduction Scheme**



## **4.2 Entry to the Service and Risk Assessment**

The Provider will:

- 4.2.1 Ensure the Service User is taken to a confidential area.
- 4.2.2 Establish whether the Service User meets the inclusion criteria for the Service (Clauses 3.1.1 and 3.1.2).
- 4.2.3 Carry out an initial assessment to ascertain the needs of the Service User in relation to injecting equipment. This must include (though not limited to):
  - a. Types of drugs being used
  - b. Method of administration of drugs
  - c. Whether the Service User is accessing structured treatment for substance misuse
  - d. Where the Service User sources injecting equipment and any other paraphernalia
  - e. Current injecting behaviour
  - f. What type of equipment is required
  - g. Whether the Service User has ever shared equipment
  - h. Whether the Service User is immunised against Hepatitis B
  - i. Condition of any existing injecting wounds
  - j. Observation of general healthcare
- 4.2.4 Explain the process of issue and exchange of equipment via the Service. This must include (though not limited to):
  - a. Times of availability of the Service
  - b. Equipment available
  - c. How to ensure that used equipment is returned safely
  - d. Emphasis on the importance of returning equipment
- 4.2.5 Explain the risks to children and the danger to others of storing sharps and emphasise the importance of safe storage at the first and subsequent attendances.
- 4.2.6 Liaise with and/or refer to relevant healthcare providers (e.g., GP, GP Out of Hours, NHS 111, Urgent Care) where there are any immediate concerns about the general health of a Service User.
- 4.2.7 Enter relevant registration and assessment data to the PharmOutcomes system (Clauses 8.3.1 – 8.3.3).

## **4.3 Initial Supply of Equipment/Exchange**

The Provider will:

- 4.3.1 Select the required equipment based on the Service User's need established through initial assessment (Clause 4.3.2).

- 4.3.2 Supply the Service User with a minimum of one week's supply of required equipment to a maximum of 10 sets of appropriate injecting equipment including (though not limited to):
- a. Needles;
  - b. Barrels;
  - c. Sterilised water;
  - d. Bowls, cups or dishes for the preparation of controlled drugs;
  - e. An appropriate acidifier (such as citric acid);
  - f. Sterile swabs;
  - g. Portable sharps bins for returns;
  - h. A condom.
- 4.3.3 Advise the Service User that equipment must be returned and that failure to do so will result in a reduction in the amount of kits that can be issued the next time they attend.
- 4.3.4 Ensure that no Service User is refused equipment, unless they are subject to the Exclusion Criteria (Clause 3.2.1 – 3.2.2).
- 4.3.5 Receive any used equipment that the Service User presents to the Provider and dispose of it appropriately, irrespective of whether it has been issued by the Provider.
- 4.3.6 Offer information, both verbal and written to the Service User, including (though not limited to):
- a. Harm reduction relating to their own drug use;
  - b. Safer injecting practices;
  - c. Hygiene and wound care to prevent infection;
  - d. Blood borne virus prevention, testing and vaccination;
  - e. Sexual health;
  - f. Overdose awareness and management;
  - g. Safe storage of sharps;
  - h. Safe disposal of sharps;
  - i. How to access substance misuse treatment services;
  - j. Access to local GPs and other universal healthcare facilities;
  - k. On-going and one-off harm reduction campaigns linked to emerging harms, for example contamination of illicit substances.
- 4.3.7 Liaise with and/or refer to relevant healthcare providers (e.g., GP, GP Out of Hours, NHS 111, Urgent Care) in the event that the Provider has any immediate concerns about the general health of a Service User.
- 4.3.8 Enter relevant supply and exchange data to the PharmOutcomes system (Clauses 8.3.1 – 8.3.3).



#### **4.4 Subsequent Supply/Exchange**

The Provider will:

- 4.4.1 Receive any used equipment that the Service User presents to the Provider and dispose of it appropriately.
- 4.4.2 Where equipment is not returned, the Provider will not refuse new equipment to the Service User but would encourage the Service User to return any used equipment on their next visit.
- 4.4.3 Ensure that the amount of equipment given to the Service User is reduced by half (to a minimum of two sets of equipment) until all equipment returns have been made.
- 4.4.4 Advise the Service User on volume of further equipment that can be issued due to the non-returns of used equipment.
- 4.4.5 Review Service User's needs and current requirements for equipment.
- 4.4.6 Supply the Service User with a minimum of one week's supply of the required equipment to a maximum of 10 sets of appropriate injecting equipment including (though not limited to):
  - a. Needles;
  - b. Barrels;
  - c. Sterilised water;
  - d. Bowls, cups or dishes for the preparation of controlled drugs;
  - e. An appropriate acidifier (such as citric acid);
  - f. Sterile swabs;
  - g. Portable sharps bins for returns;
  - h. A condom.
- 4.4.7 Offer information, both verbal and written on the following (including though not limited to):
  - a. Harm reduction relating to their own drug use;
  - b. Safer injecting practices;
  - c. Hygiene and wound care to prevent infection;
  - d. Blood borne virus prevention, testing and vaccination;
  - e. Sexual health;
  - f. Overdose awareness;
  - g. Safe storage of sharps;
  - h. How to access substance misuse treatment services;
  - i. Access to local GPs and other universal healthcare facilities;
  - j. On-going and one-off harm reduction campaigns linked to emerging harms, for example contamination of illicit substances.
- 4.4.8 Ensure that any changes to drug use or injecting behaviour are explored to ensure that the Service continues to meet the Service User's needs.

- 4.4.9 Ensure Service Users who access the Service, at least once per week, are offered a review every three months to ensure that their needs continue to be met and any issues arising are monitored.
- 4.4.10 Liaise with and/or refer to relevant healthcare providers (e.g., GP, GP Out of Hours, NHS 111, Urgent Care) in the event that the Provider has any immediate concerns about the general health of a Service User.
- 4.4.11 Enter relevant supply and exchange data to the PharmOutcomes system (Clauses 8.3.1 – 8.3.3).

#### **4.5 Exit from the Service**

The Provider will:

- 4.5.1 Ensure that where a Service User indicates that they no longer require the Service, they are provided with advice and information regarding how to access the Service again, if required, or access other support services.
- 4.5.2 Ensure that in the event that a Service User is excluded from the Service, the Provider must follow the exclusion criteria (Clause 3.2.1 and 3.2.2).

#### **4.6 Maintaining Confidentiality**

The Provider will:

- 4.6.1 Ensure the Service is operated in a confidential room which aims to protect the dignity and privacy of its Service Users.
- 4.6.2 Ensure that all records pertaining to needle exchange containing personal information or information that could lead to the identification of a Service User is kept confidential and held in a secure manner.
- 4.6.3 Ensure all Service User documentation that is no longer required is disposed of as confidential waste and not disposed of in general waste unless shredded.
- 4.6.4 Ensure Service Users who use the supervised consumption scheme at the same Community Pharmacy are not excluded from using the Service.
- 4.6.5 Ensure that in the event that a Service User accesses both supervised consumption and the Service at the same Community Pharmacy, the activities are considered as separate and that communication of information regarding use of the Service is only shared with prescribers and/or treatment keyworkers with the consent of the Service User.
- 4.6.6 Ensure that all Staff discuss with the Service Users continued injecting behaviours including (though not limited to):
  - a. Risks of overdose
  - b. Encouraging the Service User to discuss their drug use with their prescriber and/or treatment keyworker

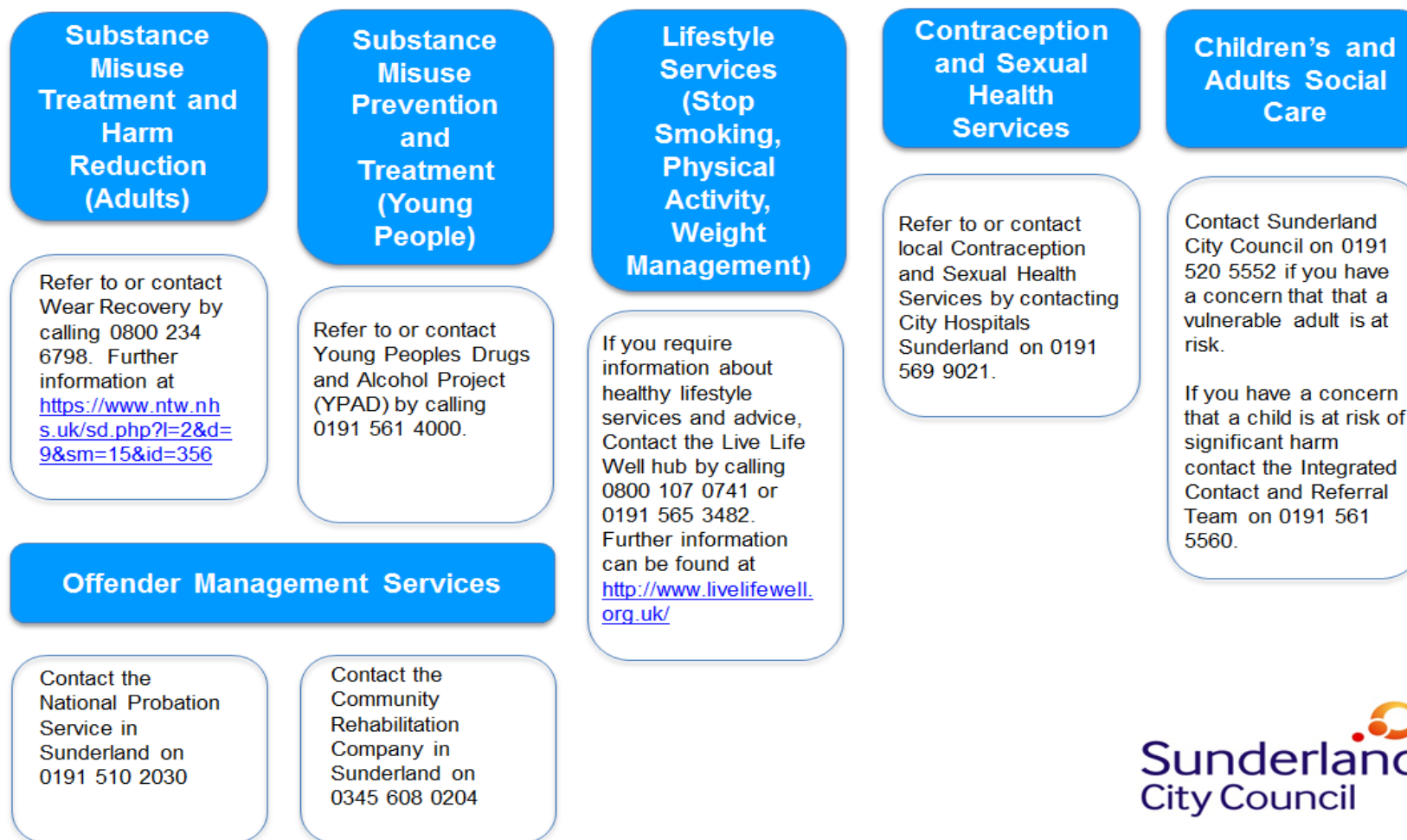
- c. Offering to discuss the Service User's drug use with their prescriber and/or treatment keyworker their behalf, following the written consent of the Service User.
- 4.6.7 Facilitate sharing information with Service Users in relation to on-going and one-off harm reduction campaigns linked to emerging harms, for example, contamination of illicit substances.

## **5 INTERDEPENDENCIES WITH OTHER SERVICES**

- 5.1 In order to deliver a holistic service, the Provider must have strong working relationships with a range of partners including (but not limited to):
- a. Sunderland Integrated Substance Misuse Treatment and Harm Reduction Service (currently Wear Recovery).
  - b. The Sunderland Young People's Substance Misuse Service (currently YDAP).
  - c. Sexual Health Services.
  - d. Sunderland Integrated Wellness Model (currently Live Life Well).
  - e. Police.
  - f. Community Rehabilitation Company.
  - g. National Probation Service.
  - h. Sunderland City Council.
- 5.2 The Provider must ensure interdependencies with partners are established and/or maintained as summarised in the process flow chart (Figure 2).
- 5.3 Wherever possible and appropriate, it will be the responsibility of the Provider to facilitate onward referrals into the Sunderland Integrated Substance Misuse Treatment and Harm Reduction Service (currently Wear Recovery).
- 5.4 The Provider must ensure Staff delivering the needle exchange services promote improving health as well as harm reduction, wherever possible and appropriate. It will be the responsibility of the Provider to facilitate onward referrals into general health care services.

Figure 2: Interdependencies for the Pharmacy Harm Reduction Scheme

## Service Interdependencies – Pharmacy Harm Reduction Scheme



## **6 EQUIPMENT AND FACILITIES**

### **6.1 Stock Control and Co-ordination of the Service**

The Provider will:

- 6.1.1 Ensure that the Service is supplied with sufficient equipment to offer Service Users appropriate injecting equipment and other paraphernalia to meet their needs.
- 6.1.2 Liaise with the Sunderland Integrated Substance Misuse Treatment and Harm Reduction Service (currently Wear Recovery) to obtain equipment for the Service.

To enable 6.1.1 and 6.1.2, the Sunderland Integrated Substance Misuse Treatment and Harm Reduction Service (currently Wear Recovery) will:

- 6.1.3 Provide overall co-ordination of the delivery of needle exchange and harm reduction advice and information via Providers.
- 6.1.4 Manage the supply of equipment to Providers to facilitate needle/equipment exchange and provision of advice and information in accordance with Clauses 4.3.2 and 4.4.6.
- 6.1.5 Provide training to Providers in relation to delivery of needle exchange and harm reduction advice and information, including substance misuse awareness issues (for example, signs of disengagement from services or increasing levels of substance misuse).
- 6.1.6 Monitor the delivery of needle exchange and harm reduction advice and information service by Providers to ensure that return rates are acceptable and activity levels are monitored.
- 6.1.7 Ensure that Providers are kept up-to-date with NICE guidance and emergent good practice in relation to needle exchange and harm reduction advice and information service.
- 6.1.8 Ensure that Providers help to signpost people to the Sunderland Integrated Substance Misuse Treatment and Harm Reduction Service, either via its Specialist Harm Reduction function or directly (including but not limited to) face to face discussion, displaying promotional materials, distribution of promotional packs.
- 6.1.9 Ensure that arrangements are in place for the storage of used equipment within the Provider premises and for the used equipment to be regularly collected and safely disposed of.

### **6.2 Sharps Disposal**

The Provider will:

- 6.2.1 Ensure Staff are aware of the risks associated with handling used injecting equipment.
- 6.2.2 Ensure Staff are aware of the correct procedures which are in place to mitigate those risks (Clause 6.2.1).
- 6.2.3 Ensure there is a procedure in place to manage risks associated with handling used injecting equipment including how to deal with needle stick injuries.
- 6.2.4 Ensure that Staff are conversant with policies and procedures in relation to handling used injecting equipment including how to deal with needle stick injuries.
- 6.2.5 Liaise with Sunderland Integrated Substance Misuse Treatment and Harm Reduction Service (currently Wear Recovery) to ensure returned equipment is stored and disposed of safely.
- 6.2.6 Ensure that Staff ask Service Users what equipment has been returned and Staff do not attempt to open and inspect the contents of Sharps container.
- 6.2.7 Ensure that Staff do not accept returned equipment which is not in a Sharps container.

## **7 GOVERNANCE ARRANGEMENTS**

### **7.1 Legislation and Clinical Guidance**

- 7.1.1 In line with the Department of Health and National Institute of Clinical Excellence guidelines, the Provider must operate in compliance within the following core guidance documents (including but not limited to):
  - a. PH52 Needle and syringe programmes (NICE, 2014);
  - b. PH18 Needle and syringe programmes: Providing people who inject drugs with injecting equipment (NICE, 2009);
  - c. Good practice in harm reduction (National Treatment Agency, 2008);
  - d. Reducing drug related deaths (National Treatment Agency , 2004);
  - e. Models of care for adult substance misusers: updated 2006 (National Treatment Agency, 2006).

### **7.2 Clinical Governance**

- 7.2.1 The Provider will manage clinical governance for the service in line with requirements (General Specification Clause 11.2).

### **7.3 Information Governance**

- 7.3.1 The Provider will manage information for the service in line with requirements (General Specification Clause 11.3).

## 8 QUALITY AND SAFETY

### 8.1 Workforce

- 8.1.1 Each Provider will be accountable for ensuring that their skills and knowledge are up to date.
- 8.1.2 Knowledge and skills required for the Service will be verified using the Declaration of Competence (DoC) system to assure the Council that the Provider's Staff are competent to deliver the Service (Appendix 1).
- 8.1.3 The Provider will demonstrate that they have completed the Centre for Pharmacy Postgraduate Excellence (CPPE) distance learning course "Substance Use and Misuse" available from [www.cppe.ac.uk](http://www.cppe.ac.uk).
- 8.1.4 Competencies must be reviewed and confirmed by the Provider at least once every three years as evidence of continuing professional development and maintenance of competence as stated on the individual DoC.
- 8.1.5 The Provider has a duty to ensure that all Staff involved in the provision of the Service have relevant knowledge and are appropriately trained in the operation of the Service.
- 8.1.6 On-going training will be provided to Provider and their Staff by the Sunderland Integrated Substance Misuse Treatment and Harm Reduction Service (currently Wear Recovery) in regards to awareness of current trends in drug misuse, associated harms, and relevant treatment interventions.

### 8.2 Quality Requirements

- 8.2.1 The Provider will ensure that the Service is delivered in line with the following quality requirements:

No	Quality Measures	Frequency	Methodology
1	Demonstrate that the Provider and its Staff involved in the provision of the Service have successfully completed the CPPE Declaration of Competency	At commencement of Service and in line with Declaration of Competency Requirements	Declaration of Competency checklists completed by Provider and supplied to the Council.
2	The Provider will review the standard operating procedures for the Service on an annual basis.	Annual	Standard operating procedure available for inspection by the Council describing review activities, findings and areas for improvement.

No	Quality Measures	Frequency	Methodology
3	Participate in audits of Service provision.	Annual	<p>The Council will audit the Service to ensure that delivery is in line with the service specification.</p> <p>The Provider will ensure that access to premises and any relevant information is made possible to Council staff.</p>
4	Co-operate with any locally agreed assessment of Service User experience.	As required by the Council	The Council will inform the Provider in the event of any Service User experience exercises and ensure that access to premises and any relevant information is made possible to Council staff or their appointed representatives.
5	Ensure there is an appropriate consultation area available for the delivery of the Service to ensure that the needs of Service Users can to be assessed and met in a confidential manner.	At commencement of contract	The Provider will ensure that access to premises and any relevant information is made possible to Council staff for the purposes of verification.
6	The Provider will undertake an initial assessment for all new presentations to the Service, and Service Users should receive follow-up assessments to establish any changes in their injecting behaviours	Activity information submitted monthly.	Activity information will be available to the Council via PharmOutcomes, other information will be available on request.



No	Quality Measures	Frequency	Methodology
	and injecting equipment requirements at six monthly intervals.		
7	The Provider will complete all necessary documentation and collect data as agreed, to enable monitoring and evaluation of the service.	Activity information submitted monthly.	Activity information will be available to the Council via PharmOutcomes, other information will be available on request.
8	The Provider must maintain appropriate records to ensure effective on-going Service delivery and audit. Records will be confidential and should be stored securely and for the length of time expressed in local NHS record retention policies.	On-Going	<p>The Council will audit the Service to ensure that delivery is in line with the service specification.</p> <p>The Provider will ensure that access to premises and any relevant information is made possible to Council staff.</p>
9	The Provider will share relevant information with other health care professionals and agencies, in line with locally determined confidentiality arrangements, including, where appropriate, the need for the consent of the Service User to share the information.	On-Going	<p>The Council will audit the Service to ensure that delivery is in line with the service specification.</p> <p>The Provider will ensure that access to premises and any relevant information is made possible to Council staff.</p>
10	The Provider will ensure that there is a return rate above 80%	Quarterly reporting	Activity information will be available to the Council via PharmOutcomes, other information will be available on

No	Quality Measures	Frequency	Methodology
			request.
11	The Provider will attend an annual update session with the Sunderland Integrated Substance Misuse Treatment and Harm Reduction Service (currently Wear Recovery)	Annual Reporting	Activity of attendance will be monitored through the Sunderland Integrated Substance Misuse Treatment and Harm Reduction Service (currently Wear Recovery)

### 8.3 Data Reporting

The Provider will:

8.3.1 Record Service delivery information within the PharmOutcomes system to enable monitoring of activity.

8.3.2 Register all Service Users on the PharmOutcomes system including the following data items:

- a. Registration Date
- b. Unique ID
- c. Date of Birth
- d. Gender
- e. Ethnicity
- f. Postcode
- g. In Structured Treatment
- h. First Injecting Date
- i. Last Injecting Date
- j. Usual Source of Equipment
- k. Ever Shared Equipment
- l. Primary Drug Use
- m. Hepatitis B Status
- n. Notes

8.3.3 Record all instances of needle exchange on the PharmOutcomes system including the following data items:

- a. Supply Date
- b. Unique ID
- c. Number of Packs Supplied
- d. Number Sharps bins returned
- e. Interventions Offered
- f. Notes (as required)

8.3.4 Manage data reporting for the Service in line with requirements (General Specification Clause 11.3).

## **9 PRICING AND PAYMENT**

### **9.1 Price Schedule**

9.1.1 A fee of £3.00 will be paid for each instance of equipment supplied to the Service User.

### **9.2 Payment terms**

9.2.1 Payment for the Service will be made monthly in arrears.

9.2.2 The Provider must upload all data within 7 days of the end of each month to ensure it is available to the Council for download.

9.2.3 The Council will access its Contracted Provider's IT System (currently "PharmOutcomes") following the Provider uploading data (Clause 9.2.2) to access automatically generated invoices and supporting data (Terms and Conditions 15.4).

9.2.4 Payment to the Provider will be made no later than 30 days following the date of receipt of the invoice by the Council (Terms and Conditions 15.4).

9.2.5 Where data is not submitted within the required timescales (clause 9.2.2) activity data will be retained and payment will be made in the following month.

## APPENDIX 1 – DECLARATION OF COMPETENCE

### DECLARATION OF COMPETENCE - LOCALLY COMMISSIONED PHARMACY HARM REDUCTION SCHEME IN COMMUNITY PHARMACY

Sunderland City Council is using a locally developed Declaration of Competence (DoC) system to review health professionals' competence to deliver locally commissioned services and to gain assurance that they have the appropriate knowledge, skills and behaviours to deliver high-quality, consistent services.

Each Public Health service has a framework that sets out the core professional competencies required for that service. The framework allows self-assessment of competence and outlines the recommended learning to enable self-declaration.

The **training requirements** to meet the competencies in this DoC and enable self-certification to deliver the Public Health commissioned **Pharmacy Harm Reduction Scheme** in Sunderland are set out below in boxes 1 and 2:

#### Box 1: Learning and Assessments - Safeguarding

##### **Safeguarding Children and Vulnerable Adults Knowledge**

- Complete the CPPE Safeguarding children and vulnerable adults e-learning (1 hour).
- Pass the safeguarding e-assessment.

**Or:**

##### **Basic Awareness (Alerter) Training in Safeguarding Adults (level 1)**

- Complete the [Sunderland Safeguarding Adults Board e-learning](#) (45 minutes).

##### **Basic Awareness (Foundation) Training in Safeguarding Children**

- Complete the Sunderland Safeguarding Childrens Board approved Training [www.safeguardingchildrensunderland.com](http://www.safeguardingchildrensunderland.com) in Safeguarding Children (1 to 2 hours)

**And:**

- Read and understand the Gillick Competence and are able to assess young people under the age of 16 years for Gillick Competence. Refer to [www.cqc.org.uk/content/nigels-surgery-8-gillick-competency-and-fraser-guidelines](http://www.cqc.org.uk/content/nigels-surgery-8-gillick-competency-and-fraser-guidelines)

#### Box 2: Learning and Assessments – Service Delivery

**Consultation Skills for Pharmacy Practice (3 hours)**

- Complete the CPPE Consultation Skills e-learning or distance learning.
- Pass the consultation skills e-assessment.

**Substance Use and Misuse 2<sup>nd</sup> Edition (10 hours)**

- Complete the CPPE Substance Use and Misuse e-learning module
- Pass the Substance Use and Misuse skills e-assessment

**Standard Operating Procedure for Self-Certification****The Provider will:**

1. Review this DoC self-assessment tool to identify any learning needs and refer to the training requirements for guidance.
2. Complete any necessary training.
3. Print and sign or electronically sign this Declaration of Competence statement.
4. Upload the following documentation to the NEPO portal or send to Public Health Commissioning, Room 3.103, Civic Centre, Sunderland, SR2 7DN or email to: [PHenquiries@sunderland.gov.uk](mailto:PHenquiries@sunderland.gov.uk)
  - Signed Declaration of Competence statement;
  - Course certificate(s).

The Council will issue a letter of authorisation to enable provision of the Service on receipt and approval of all of the above documentation.

This DoC is valid for three years. If however it is necessary to vary the delivery of the Service, the Provider may be required to revisit the DoC and resubmit this to the Council. The Provider may choose to attend a course to revise knowledge, skills and behaviours to ensure the DoC criteria are met.

I have the necessary knowledge and skills to provide the Pharmacy Harm Reduction Scheme and can demonstrate these skills. I acknowledge that it is my responsibility to update my knowledge and skills on an on-going basis and to formally renew my Declaration of Competence for the Service every 3 years.

Signed

(Scanned or typed signature acceptable)

Name

Position

Date

For and on behalf of

Address of Organisation

Email Address