Bath & North East Somerset Council  
on behalf of Bath & North East Somerset PCT  

Service Specification and Memorandum of Agreement between  
Bath & North East Somerset Drug and Alcohol Team (B&NES DAAT)  
and  

.................................................................................................................................

                              (................................................................Pharmacy)

for the

Locally Enhanced Scheme for the Provision of Needle and Syringe Exchange

in respect of services provided for the population within the Bath & North East Somerset Primary Care Trust (BANES PCT) area for the period 1\textsuperscript{st} April 2012 to 31\textsuperscript{st} March 2013.

1. Aim  
   \begin{itemize}
   \item To provide access to sterile needles and syringes and sharps container for return of used equipment.
   \item To promote safe injecting practice and reduce transmission of infections by substance misusers and act as a gateway to other relevant services.
   \end{itemize}

Objectives

2.1 provide access to sterile needles and syringes, and sharps containers for return of used equipment. To promote safe injecting practice and reduce transmission of infections by substance misusers.

2.2 To provide service users support and advice including referral to other health and social care professional and specialist drug and alcohol treatment services if appropriate, proceeding as gateway to other services.

2.3 To provide health advice and information, including written material where relevant, and to encourage alternatives to injecting, in order to reduce the rate of blood-borne infections and drug related deaths among service users, reducing the rate of sharing and other high risk injecting behaviours, providing sterile injecting equipment and other support, promoting safer injecting practices, providing harm reduction messages including safe sex advice and advice on overdose prevention.

2.5 To improve the safe disposal of used injecting equipment in order to prevent the spread of blood-borne infections.

2.6 To maximise the access and retention of all injectors, especially the highly socially excluded.

2.7 To encourage patients that access the needle exchange and are receiving opiate substitution treatment, to discuss this with their doctor or key worker and give information about harm reduction, if possible.
2.8 It is good practice to work to engage clients in the development of a brief and basic plan that identifies goals and milestones for changes in risk behaviours and harm reduction. However this is not a requisite for accessing clean injecting equipment.

3. Pharmacist Responsibilities

3.1 To work to the aims and objectives outlined within this agreement

3.2 To produce a Standard Operating Procedure that complies with the specifications of the guidelines attached.

3.3 To ensure that the service is provided in a user-friendly, non–judgmental, client-centred and confidential way, and with sufficient level of privacy and safety.

3.4 To guarantee the availability of trained staff providing the service and who are aware of the risk associated with handling returned used equipment.

3.5 To attend appropriate meetings with prescribers within Bath and North East Somerset Primary Care Trust (and officers), representatives from the Local Pharmaceutical Committee, Bath and North East Somerset Drug and Alcohol Team (B&NES DAAT), and drug and alcohol treatment providers to discuss the management of drug dependence.

3.6 To follow the guidelines attached including a written protocol for the pharmacy staff (including locums).

3.7 To keep and submit quarterly registration records to B&NES DAAT Recovery Provider …………………….. (information about gender, age, truncated post code, ethnic group and injecting drug of choice – see Appendix A). The provider can be contacted at:

………………………………
………………………………
……………………………………

Telephone: 01225 ………………… Fax: 01225 …………………

3.8 To liaise with the Recovery Provider to receive injecting equipment necessary for service users accessing the needle exchange programme and agree equipment usage levels.

3.9 To take part in Harm Reduction campaigns.

3.10 To attend one B&NES DAAT training session per year as detailed in the attached training programme.
3.11 To comply with the following monitoring requirements:

- The NHS Code of Conduct and Royal Pharmaceutical Society of Great Britain Code of Ethics
- All patient records will be treated as confidential
- Anonymised information may be used for research, audit and monitoring purposes
- Pharmacists may be required to undertake an annual audit of the service

3.11 To provide professional judgment in order to proceed under the next situations:
- information share with other drug service providers (ie service user using alcohol abusively)
- Quantity of needles given out per exchange.

4. **DAAT Responsibilities**

4.1 To ensure prompt payment of:
   - Fees per pack paid quarterly
   - Annual fee at the end of the year

4.2 To Commission the Recovery Provider to act as B&NES DAAT agent for the ordering, collection of stock and facilitate any community safety needs of the pharmacy in terms of client contact.
   - To provide information on local services and key contractors for Community Pharmacies, e.g. SDAS, DHI.
   - To guarantee that SDAS supplies information about sanctions being used for service users producing positive drug tests.

4.3 To identify training/support needs of pharmacists and agree an action plan.

4.4 To provide information awareness training every year (as detailed in 3.10 above).

5. **Service Payment**

The Contractor will be paid an annual fee of £400 for the additional cost of the service. The Contractor will also receive £1 per pack issued upon submission of the quarterly claim form (as detailed in 3.7) to the Recovery Provider.

The pharmacy should clearly display the national scheme logo or a local logo indicating participation in the service.
6.  Termination of Agreement

A participating pharmacy must give B&NES DAAT four weeks’ notice if at any time problems are anticipated in fulfilling the terms of this agreement.

A participating pharmacy must inform B&NES DAAT if it wishes to modify or withdraw the service for which funding is given during the course of the year. Funding arrangements may be modified by agreement between BANES PCT, B&NES DAAT and the Local Pharmaceutical Committee. Any change will be notified in writing.

7.  Authorised Officers and Points of Contact

The authorised officer acting on behalf of B&NES DAAT is:

Carol Stanaway
Substance Misuse Commissioning Manager
Drugs & Alcohol Action Team
Second Floor, Trust HQ,
St Martins Hospital
Clara Cross Lane
Bath   BA2 5RP

Tel: 01225 477971
E-mail: daat@bathnes.gov.uk

The person empowered to act for Local Pharmaceutical Committee is:-

Lydia Holbrook

These people will be the points of contact for B&NES DAAT and the Local Pharmaceutical Committee.

The Provider can be contacted on 01225 …………………………. fax on 01225 ………………………. Or by post at:

……………………………………………..
……………………………………………..
……………………………………………..
……………………………………………..

8.  Certification
We, the undersigned certify that this memorandum is an accurate record of the agreement made between the parties listed:

For: Bath & North East Somerset Drug and Alcohol Team
Name: CAROL STANAWAY
Position: SUBSTANCE MISUSE COMMISSIONING MANAGER
Address: Drugs & Alcohol Action Team
Second Floor, Trust HQ,
St Martins Hospital
Clara Cross Lane
Bath    BA2 5RP

Signature: CStanaway

Date: 26 April 2012
Tel Number: 01225 477971

For: the Pharmacy Contractor
Name:…………………………………………..
Position:…………………………………………..
Pharmacy:……………………………………….
Address:………………………………………….
…………………………………………...
……………………………………………

Signature:

Date:…………………………………………..
Tel Number: ………………………………….
# APPENDIX A

## BATH AND NORTH EAST SOMERSET DRUG AND ALCOHOL TEAM

**CLAIM FOR THE PROVISION OF NEEDLE AND SYRINGE EXCHANGE**

<table>
<thead>
<tr>
<th>NAME OF PHARMACY</th>
<th>ADDRESS</th>
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<table>
<thead>
<tr>
<th>CLAIM FOR: (HIGHLIGHT):</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
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<tr>
<th>PATIENT INITIAL</th>
<th>GENDER</th>
<th>YEAR OF BIRTH</th>
<th>Truncated postcode (eg BA2) or area of Bath (twerton, Weston) or town (eg Radstock)</th>
<th>ETHNIC GROUP</th>
<th>INJECTING DRUG OF CHOICE</th>
<th>TOTAL NO. OF VISITS DURING QUARTER PER CLIENT</th>
<th>TOTAL NUMBER OF PACKS OF 1ml COMPLETES GIVEN OUT</th>
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Please return this completed form by to ............
If you have any queries please phone 01225 ............

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