

**SERVICE SPECIFICATION**

**FOR**

**THE PROVISION OF**

**BLOOD BORNE VIRUS SCREENING**

**IN**

**HAMPSHIRE**

## **1. Aims and intended service outcomes**

- 1.1. The aim of the service is to delivery Hepatitis B (Hep B) and Hepatitis C (Hep C) testing service in a Pharmacy setting.
- 1.2. To identity client's previously undiagnosed Hep B and Hep C through targeted testing of the local population.
- 1.3. Refer clients who have tested positive to Hep B and/or Hep C in a community pharmacy setting to specialist services as quickly as possible.
- 1.4. To decreased onward transmission in the community as well as improvement in health outcomes for individuals who are diagnosed positive.

## **2. Service outline**

- 2.1. The service is available to:
  - Needle Exchange and Supervised Consumption service users
  - Current injecting drug users
  - Former injecting drug users
  - Sexual partner of a current or former injecting drug user
  - People given tattoos, piercing or acupuncture in unregistered premises or with possibly unsterile equipment.
  - Men who have sex with men
- 2.2. The service is available to adults aged 18 years or over
- 2.3. The service user must be resident within the Hampshire area.
- 2.4. The pharmacy will deliver interventions that specially aim to prevent diseases due to blood borne viruses (BBV), infections and other drug related harm, including over dose and drug related deaths.
- 2.5. The pharmacy must provide advice, information and counselling, as appropriate
- 2.6. To work jointly with Inclusion to deliver appropriate test in order to reach as many service users affected by blood borne virus' as possible.
- 2.7. To provide referrals for service users to access treatment for Hep B and Hep C.
- 2.8. The pharmacy provider will need to obtain client consent and record details on PharmOutcomes.
- 2.9. Pre-test discussion**
  - 2.9.1. Advice on:
    - Possible risk factors associated with hep B and C and reasons for testing
    - How to reduce the risk becoming infected or infecting others
    - Benefits of early diagnosis and treatment
    - Advise 3 month window period for re-test if recent exposure
  - 2.9.2. Outline the process of the dry blood spot test to the client.

- 2.9.3. The procedure for giving results will be explained and a mutually convenient follow-up appointment will be made at the pharmacy within 2 weeks. Ascertain if the client is happy to receive a phone call, email or letter if they fail to attend the follow up appointment.
- 2.9.4. Explain the test is confidential and the information that they choose to give the staff will be covered by the data protection act.
- 2.9.5. Explain that Hep B and C are notifiable diseases and that this is treated confidentially.
- 2.9.6. The staff will answer any questions the client may have.
- 2.9.7. If drug user is disclosed, then signpost/refer to local drug services.
- 2.9.8. Clients who require further information must be signposted to Inclusion Recovery.

#### **2.10. Consent**

- 2.10.1. The staff will seek confirmation that the client is happy to give their consent to be tested and this will be recorded on PharmOutcomes.
- 2.10.2. Clients will be asked to give consent to the Health Protection Agency (HPA) of a positive test.
- 2.10.3. Clients who refused to give consent to the above must not be tested.

#### **2.11. Client testing**

- 2.11.1. The staff will follow the procedure below when carrying out the test:
- The staff will wash his/her hands and wear surgical gloves.
  - The clients finger/thumb will be swabbed with an alcohol swab.
  - The clients finger/thumb will be pricked with a safety lancet from the testing kit.
  - The staff will place blood spots onto the indicated areas on the blood spot card and follow the instruction given with the test kit.
  - The staff will complete the documentation in the testing kit and post as per instructions.

#### **2.12. Results**

- 2.12.1. Results will be sent to the pharmacy by secure email to the pharmacy.

#### **2.13. Follow up appointment**

- 2.13.1. The staff will provide the client with a follow up appointment to receive their results 2 weeks after the test date.
- 2.13.2. If the client fails to attend the follow up appointment for results the pharmacy shall endeavour to contact the client in order to schedule another mutually agreeable appointment time. If the client does not present within a week the pharmacy is expected to contact the client on at least two occasions by telephone to rearrange an appointment.

#### **2.14. Positive result**

- 2.14.1. A positive result will be delivered by the trained Pharmacist.
- 2.14.2. The Pharmacist shall provide sensitive but detailed information to clients who have tested positive for Hep B and/or Hep C, ensuring their questions are answered.

2.14.3. Advice will be provided on how to prevent passing Hep B or Hep C to other people:

- Not to donate blood or carry an organ donor card
- To stop or reduce alcohol consumption
- Not to share any injecting equipment and avoid sharing razors or toothbrushes
- Sexual transmission and condom use
- Informing any regular sexual partners in being tested

2.14.4. If the clients tests positive but does not attend their follow-up appointment to collect their results from the pharmacist and does not respond to the reminder, the Pharmacy shall send a letter with the diagnosis to the client's GP provided client consent was given.

2.14.5. The client will be reminded that family members will need testing and vaccination (for Hep B). These include sexual partners, children living at home and any other family members living in close proximity with the client. Emphasis will be placed on the need to avoid all risk activities.

### **2.15. Negative result**

2.15.1. Should the clients test result return as negative shall the Pharmacist give advice on how to prevent infection with Hep B or Hep C in the future. If the client remains at risk from Hep B, the staff should recommend a course of vaccination which the client can arrange via Inclusion Recovery.

### **2.16. Data recording & information sharing**

2.16.1. Pharmacists may need to share relevant information with other health care professionals and agencies, in line with locally determined confidentiality arrangements. If the pharmacist believes information will need to be disclosed the client's permission should be attained and recorded.

2.16.2. The accredited staff must complete the client record on PharmOutcomes to ensure effective ongoing service delivery and audit. Records will be confidential and should be stored securely. Paper copies of the client record and/or results should be securely stored and kept for 8 years.

2.17. Service providers may need to share relevant information with other health care professionals and agencies, in line with locally determined confidentiality arrangements. If the pharmacist believes information will need to be disclosed the client's permission should be attained and recorded. The service user should be informed that information is being shared (unless to do so would put another person at risk e.g. in the case of suspected child abuse).

## **3. Accessibility**

3.1. This will be available on an open access basis with no requirement for service users to be referred from another agency.

3.2. The service user will determine:

- Which delivery site they access
- The frequency of engagement

- Which interventions they access

#### **4. Service requirements**

- 4.1. The pharmacy will ensure the service is user friendly, non-judgemental, person-centred and confidential at all times.
- 4.2. The pharmacy has a duty to ensure that pharmacists and staff involved in the provision of the service are aware of and operate within local protocols.
- 4.3. The pharmacy must ensure that pharmacists and staff involved in the provision of the service have relevant knowledge and are appropriately accredited in the operation of the service, including sensitive, client centred communications skills and confidentiality.
- 4.4. The accredited pharmacist will be responsible for reporting any ADR's.
- 4.5. The pharmacy must ensure that Contact Manager is informed of any changes to personnel such that the service becomes unavailable at the pharmacy.
- 4.6. Where a pharmacist leaves a community pharmacy currently accredited to provide this service, the community pharmacy must assess the impact to service delivery and ensure that Contract Manager is informed of service issues as soon as possible. Every effort should be made to ensure service continuity.

#### **5. Duration**

- 5.1. This Service Specification is valid from 1<sup>st</sup> July 2018 to 30th June 2023.

#### **6. Safeguarding and governance**

- 6.1. It is implicit in the service being provided that it is delivered to the standard specified, and complies with the legal and ethical boundaries of the profession.
- 6.2. Should an issue be identified either through a visit of the contract manager or through any other means an action plan will be produced. LloydsPharmacy will identify any issues and create an action plan with the named pharmacist. The timescales will be agreed according to the level of risk and the Contract Manager will send a written report to the named pharmacist within two weeks of the visit, summarising what action needs to be taken and by when. The Contract Manager will contact the pharmacy again once the agreed timescales have elapsed to confirm that the action plans has been completed. If any further action needs to be taken, this will be documented and new timescales agreed.
- 6.3. If the issues remain unresolved after this, the option to withdraw the service from the pharmacy may be exercised.
- 6.4. Please note that the pace with which the process progresses will be determined by the level of risk. In addition, any serious professional matters identified may be escalated to Public Health England or GPhC.
- 6.5. Pharmacy staff must be aware of local child, and vulnerable adult, protection procedures. These must be followed at all times.

## **7. Training requirements**

- 7.1. To ensure, on a 3 yearly basis, that the lead pharmacist providing the service has successfully completed:
  - CPPE Needle Exchange and Supervised Services and the associated Declaration of Competence.
  - CPPE e-learning module Safeguarding Children & Vulnerable Adults and the associated e-assessment.
- 7.2. All pharmacists will be required to complete the CPPE Declaration of Competence for Needle Exchange and Supervised Administration of prescribed medication. It is recommended that all registered pharmacy technicians complete the same declaration. The declaration will need to be confirmed on PharmOutcomes via enrolment.
- 7.3. The accredited pharmacist and staff should attend the initial training and accreditation evening organised by LloydsPharmacy before commencing the service.
- 7.4. A representative from the pharmacy may be required to attend an annual training event.
- 7.5. Only those pharmacists providing The Needle Exchange Service and Supervised Consumption Service will be invited to deliver the BBV Screening Service.
- 7.6. Be responsible for identifying their own staffs learning needs and recording their Continuing Professional Development (CPD) and where relevant, cascade training to all staff to ensure everyone is aware of the key issues and can respond sensitively and appropriately to enquiries.

## **8. Use of Locum Pharmacists**

- 8.1. The pharmacy has a duty to ensure that staff and other pharmacists (including locums) involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service to ensure the smooth continuation of the service in their absence
- 8.2. Where possible, the pharmacy should ensure it is staffed by a regular pharmacist/s. Should the pharmacy be in a position where the pharmacy will be run on different locum pharmacists for more than a month, the Contract Manager must be informed.
- 8.3. LloydsPharmacy has the right to withdraw the service from a pharmacy that is not staffed with regular pharmacists. Alternatively, LloydsPharmacy may impose additional conditions on the pharmacy in order for the pharmacy to remain providing the service.
- 8.4. The pharmacy should ensure that there is adequate support staff, including staff specifically trained to support this service in the pharmacy at all times in order to support the pharmacist (including locum pharmacist) in the operational elements of the service and to help ensure the safe and smooth running of the service.
- 8.5. The pharmacy will ensure that appropriate professional indemnity insurance is in place.
- 8.6. It is a requirement for pharmacies signing up to this agreement to comply with all the requirements of the essential services of the NHS Community Pharmacy Contractual Framework.

## 9. **Premise**

- 9.1. The BBV Screening Service must be provided from a designated consultation area in the pharmacy that meets as a minimum the national standards required for the provision of the Medicines Use Review Service.
- 9.2. Ensure internet access to use PharmOutcomes.

## 10. **Ordering consumables**

- 10.1. It is the responsibility of the pharmacy to order additional BBV kits required for the service by contacting your local Inclusion hub. A P2P volunteer will deliver the kits directly to the pharmacy.
- 10.2. It is the responsibility of the pharmacy to order all other consumables for the service.

## 11. **Quality standards**

### 11.1. **The pharmacy should ensure the following:**

- 11.1.1. Operate to a Standard Operating Procedure (SOP) for the delivery this Service Specification. One will be provided for you if required.
- 11.1.2. The accredited pharmacist has undertaken CPD relevant to the service.
- 11.1.3. The pharmacy has a complaints procedure in place
- 11.1.4. Co-operation with any review of the client experience.
- 11.1.5. Participation in any audit of the service.

### 11.2. **The quality standards for the pharmacist are:**

- 11.2.1. Accreditation by commissioner.
- 11.2.2. Undertake a DBS check. A copy of your DBS may be required by the Contract Manager.

## 12. **Audit**

- 12.1. The pharmacy will participate in audits of this service provision organised by the Contract Manager, as and when required, and delivers any action points reported on the audit within the agreed timescales.
- 12.2. The Contract Manager may employ mystery shoppers as part of this audit.

## 13. **Reporting incidents**

- 13.1. The Pharmacy is required to have a robust incident reporting and investigation procedure in place for all clinical and non-clinical incidences.
- 13.2. Any incidents pertinent of this service should be reported using the Pharmacy's normal incident reporting procedure and a copy of this report should be sent to the Contract Manager.

## 14. **Payment arrangements**

### 14.1. **Payment and Reimbursement Structure**

Service Provided	Fee
BBV Screening	£25.00 per recorded service provision (VAT Exempt)

14.1.1. Payments will be made on a monthly basis.

#### **14.2. Claims for Payment**

14.2.1. Payments will be made monthly upon input onto PharmOutcomes. Invoices will be generated automatically by PharmOutcomes on the 5<sup>th</sup> of the month. The service contract and financial details will have needed to be completed and returned before any payments will be made.

14.2.2. Evidence of your bank details, for example a paying in slip, will be required for payment.

#### **15. Local contact information**

##### **15.1. Contract Manager**

[hampshirepds@lloydspharmacy.co.uk](mailto:hampshirepds@lloydspharmacy.co.uk)

##### **Inclusion Recovery - Hampshire**

Telephone number: 0300 124 0103 (follow options for relevant hub)

Email: [inclusionhants@sssft.nhs.uk](mailto:inclusionhants@sssft.nhs.uk)

##### **Young Persons Services - Catch 22**

Email: [247hants@catch-22.org.uk](mailto:247hants@catch-22.org.uk)

24/7 emergency crisis line for young people: 0800 599 9591

##### **Fareham Office**

5aThe Gardens Office Village, Broadcut, Fareham, Hampshire, PO16 8SS

Telephone number: 0845 459 9405

Telephone number: 01329 248037

##### **Basingstoke Office**

The Square, Basing View, Basingstoke, Hampshire, RG21 4EB

Telephone number: 0845 459 9405

Telephone number: 01256 369160