

SERVICE SPECIFICATION

FOR

THE PROVISION OF

ALCOHOL SCREENING AND INTERVENTION SERVICE

IN

HAMPSHIRE

1. Background

- 1.1. Hazardous and harmful drinking creates a huge burden on the health and wider public sector both in terms of the cost of treating alcohol related diseases and the impact on hospital and primary care demand.
- 1.2. Often patients continue to be treated for problems such as high blood pressure, depression or anxiety without ever having the contributing factor of alcohol addressed. If hazardous and harmful drinking is identified and brief advice is offered, it could lead to a reduction in future alcohol related health problems, which could save on treatment costs. This could decrease pressure on the NHS through a reduction in repeat admissions and consultations.
- 1.3. Hazardous and harmful drinking is associated with a wide range of problems, including physical health problems such as cancer and heart disease. In addition, alcohol is involved in a wide range of other social and health issues such as offending behaviours, not least domestic violence; suicide and deliberate self-harm; child abuse and child neglect; mental health problems; and homelessness.
- 1.4. Those with co-existing problems, including people with mental health problems, people with learning disabilities, some older people, and some with social and housing problems, may be particularly vulnerable.
- 1.5. The evidence base indicates that much of this harm is preventable. The introduction and development of comprehensive integrated local alcohol intervention systems considerably benefits hazardous, harmful and dependent drinkers, their families and social networks, and the wider community.

2. Aims and intended service outcomes

- 2.1. To improve access to and choice of alcohol screening and intervention support services closer to peoples' homes.
- 2.2. To provide quicker access to early assessment of potential alcohol related harm.
- 2.3. To provide an early intervention to reduce the number of people who may become alcohol dependent.
- 2.4. To reduce alcohol related illnesses and deaths by helping people to reduce or give up drinking.
- 2.5. To help service users access additional treatment by offering timely referral to specialist services where appropriate.
- 2.6. To minimise the impact on the wider community by reducing the levels of alcohol related crime and anti-social behaviour, thereby improving community safety.

3. Service outline

- 3.1. The pharmacy will screen service users over 18 years of age using pre-set questions on PharmOutcomes.

- 3.2. The pharmacy will screen and provide one to one support and advice. The service will assess drinking level in all service users, and provide brief interventions to motivate them to take positive action and help them modify their drinking patterns, in conjunction with the local Harm Reduction Team.
- 3.3. The provider will actively involve the person in agreeing what advice and/or interventions they will follow. Any decisions must be made in partnership with the person and with their informed consent.
- 3.4. The pharmacy will provide referral to specialist services i.e. Inclusion Recovery if necessary.
- 3.5. Alcohol screening can be completed by any member of the team that has been trained by an accredited health care professional.

3.6. Date recording & information sharing

- 3.6.1. The pharmacy will be expected to ensure secure systems and records to prevent misuse of service, and to ensure the confidentiality for service users.
- 3.6.2. The pharmacy will create a record on PharmOutcomes using the information provided by the service user for all services.

4. Accessibility

- 4.1. This will be available on an open access basis with no requirement for service users to be referred from another agency.
- 4.2. The service user will determine:
 - Which delivery site they access
 - The frequency of engagement
 - Which interventions they access

5. Service requirements

- 5.1. The pharmacy will ensure the service is user friendly, non-judgemental, person-centred and confidential at all times.
- 5.2. 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.
- 5.3. 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.
- 5.4. The Pharmacy must ensure that the Contact Manager is informed of any changes to personnel such that the service becomes unavailable at the pharmacy.
- 5.5. 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.

6. Duration

6.1. This Service Specification is valid from 1st July 2018 to 31st June 2023.

7. Safeguarding and governance

- 7.1. 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.
- 7.2. 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.
- 7.3. If the issues remain unresolved after this, the option to withdraw the service from the pharmacy may be exercised.
- 7.4. 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.
- 7.5. Pharmacy staff must be aware of local child, and vulnerable adult, protection procedures. These must be followed at all times.

8. Training requirements

- 8.1. All pharmacists are recommended to read the following as it will help them to provide the service and train their staff:
 - CPPE Alcohol misuse: Support and advice from the pharmacy team – Distant Learning Pack
 - CPPE Dealing with difficult discussions – eLearning
- 8.2. A pharmacist and representative will be required to attend an initial training session, either remotely via a suite of training slides and e-learning or face to face, and any training updates.
- 8.3. The declaration training and reading and signing the SOP will need to be confirmed on PharmOutcomes via enrolment.
- 8.4. LloydsPharmacy aim to arrange at least one contractor meeting per year to promote service development and update the knowledge of the named pharmacist.

9. Use of Locum Pharmacists

- 9.1. 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

- 9.2. 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.
- 9.3. 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.
- 9.4. 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.
- 9.5. The pharmacy will ensure that appropriate professional indemnity insurance is in place.
- 9.6. 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.

10. Premise

- 10.1. The 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.
- 10.2. The pharmacy will have appropriate health promotion material available for the users of the service and promotes its uptake.
- 10.3. Ensure internet access to use PharmOutcomes.

11. Quality standards

11.1. The pharmacy should ensure the following:

- 11.1.1. Pharmacists and staff involved in the provision of the service must be aware of and operate within any locally agreed protocols and operate to the Standard Operating Procedures (SOPs) for the delivery this Service Specification. One will be provided for you if required.
- 11.1.2. The pharmacy is making full use of promotional material.
- 11.1.3. The pharmacy can demonstrate that pharmacists and staff involved in the provision of the service have undertaken some CPD relevant to this service on at least an annual basis
- 11.1.4. The pharmacy has a complaints procedure in place and will report any complaints, comments or concerns to the Contract Manager as soon as possible by email or phone
- 11.1.5. Co-operation with any review of the client experience.
- 11.1.6. Participation in any audit of the service.

11.2. The quality standards for the pharmacist are:

- 11.2.1. Accreditation by commissioner.

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
Alcohol Screening	£2.00 (inclusive of VAT)
Alcohol Intervention	£5.00 (inclusive of VAT)

- 14.1.1. Payments will be made on a monthly basis.
- 14.1.2. The annual target is 78 patients screened, once achieved the target contact the Contract Manager to discuss extension of provision. Any claims over 78 will not be paid.

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 5th 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

Email: hampshirepds@lloydspharmacy.co.uk

Inclusion Recovery - Hampshire

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

Email: inclusionhants@sssft.nhs.uk

Young Persons Services - Catch 22

Email: 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