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| **Rationale of Checklist** | | | |
| This checklist will be completed by the CPSC sub-committee for every new or recommissioned service specification sent to CPSC for comment/consultation. The response summary is completed after consultation and agreement by the sub-committee.  The Checklist contains CPSC sub-committee’s comments/recommendations for any requested changes to the proposed/draft service specification in order to achieve / improve further the green rating. It will be sent to the service commissioner for consideration of amendments ideally prior to go-live of the service.  CPSC’s purpose is to work positively with commissioners to ensure high quality outcomes from the service, which are both professionally and commercially viable for contractor participation. | | | |
| **Response summary feedback from CPSC** | | | |
| **Needle Exchange, IOW Public Health** | | | |
| CPSC has rated this service specification as Green based on the comments made below. Our recommended actions to further improve the service are:   1. It would be preferable for the Pharmacist to have a signed version of the CPPE DoC for Needle Exchange at each pharmacy, confirming this on PharmOutcomes and ensuring this is updated every 3 years. 2. Consultation on any proposed assessment of the service would be good to ensure proportionate in time taken to complete/volume/complexity to service. | | | |
| **Time-line & Next Steps for CPSC** | | | |
| CPSC will publish this service participation rating to contractors.  Publication of this recommendation will be via individual email and posting on our website.  Commissioners are asked to please respond promptly with feedback / proposed changes so that they can be included within CPSC’s recommendation to its contractors. | | | |
| **Commissioners response to CPSC feedback** | | | |
| Please enter response here, returning promptly to [richard.buxton@cpsc.org.uk](mailto:richard.buxton@cpsc.org.uk) | | | |
| **Point Covered** | | | **Action or Notes** |
|  | | **CPSC Consultation** | |
| CPSC Consulted? | | | No |
| CPSC Consulted with sufficient time to comment? | | | No, however there were no major changes proposed to the previous service spec, so I believe the Public Health team assumed that the roll-over to this new service spec would be acceptable |
|  | | **Remuneration** | |
| Does remuneration include/cover set up costs, backfill, consumables etc..? | | | No set up, backfill or consumables costs involved, except for safety equipment (gloves, overalls, goggles etc)  All consumables provided (needles, syringes, other harm minimisation paraphernalia, personal sharps bins and dedicated waste disposal contractor)  No off-site training required, all completed on-line  No requirement for DBS of staff involved |
| Does the payment structure use a system that is suitable for all contractors and are the payment terms acceptable? | | | Yes, PharmOutcomes  Automated claims sent monthly and paid monthly in arrears |
| Where equipment is required who provides/calibrates/services this? If contractor, does remuneration sufficiently cover the cost of this? | | | No equipment required except provision of a sufficient level of safety for service users and other members of the public  Use of PharmOutcomes to enter information  Consumables provided as described above |
| Is remuneration fair? | | | Yes  per transaction  for needle exchange collection and storage of needle exchange bins on premises  Remuneration allows for necessary Hep B vaccinations of staff and attendance to annual training event or contractor meetings held during the year |
|  | **Is/does the Service.....** | | |
| Sustainable? | | | Yes |
| Clinically sound and in line with appropriate National or local guidance? | | | Yes  Minimise BBV transmission amongst drug users and the wider population, promote harm reduction & health promotion messages, reduce the risk of sharing & other high-risk behaviours, guide users from injectable to oral use, provide accessible disposal facilities and improve quality of care |
| Enhance patient care? | | | Yes |
| Have suitable monitoring arrangements and termination clauses? | | | 30-day notice if the pharmacy wishes to terminate.  IOW Public Health can terminate immediately where there are reasonable grounds |
| Enhance relationships with other HCPs? | | | Yes  Collaboration with primary care and specialist substance misuse service providers |
| Deliverable? | | | Yes |
| Attractive enough for contractors to consider it worthwhile? | | | Yes |
| Have performance criteria that supports a quality service? | | | Provision of a reliable, regular service from the pharmacy  Appropriate Health Promotion material available  Pharmacy will maintain appropriate records using PharmOutcomes  All staff to operate to their company SOPs and locally agreed protocols and review SOPs annually  Risk assessment to be undertaken and evaluated  Needle Stick injury SOP to be in place to reduce risk of needle stick injury  Staff to consider having Hep B vaccination which is recommended due to increased risk  Evidence of CPD relevant to the service (copies of certificates to be provided to IOW Public Health)  Pharmacy procedures in place for handling complaints and reporting these to the Contract Manager  Co-operation with any assessment of service user experience |
|  | **Service Delivery** | | |
| Are the performance measures reasonable and achievable? | | | N/A |
| Is the administration proportional to size or service and remuneration? | | | Yes |
| Are any reporting systems suitable to all contractors? | | | PharmOutcomes requires internet access  Use essential to enter information |
| Is the training required for the service reasonable? Consider accessibility to CPPE for non-pharmacist/technician staff. | | | Completion of CPPE learning packs & online assessment ‘Substance Use and Misuse’ and ‘Opiate treatment: Supporting pharmacists for improved patient care’ within 3 months of signing agreement. Training must be completed every 3 years  Pharmacist must send their completed certificates of completion to Public Health and update their training every 3 years  Pharmacists and other members of the pharmacy are expected to participate in relevant periodic updates, meetings and refresher training as and when required |
| Does record keeping or sharing of information requirements meet current IG regulations. | | | Yes  All records are kept securely on PharmOutcomes |
|  | **Miscellaneous Information** | | |
| Any other information specific to this service. | | | Pharmacies must display the ‘standard logo’ for participation in the pharmacy needle exchange scheme in their front windows |
| Suggested RAG Rating | | |  |