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| **Rationale of Checklist** | | | |
| This checklist will be completed by the LPC sub-committee for every new or recommissioned service specification sent to the LPC for comment/consultation. The response summary is completed after consultation and agreement by the sub-committee.  The Checklist contains the LPC 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.  The LPC’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 the LPC** | | | |
| **Needle Exchange, Southampton CC** | | | |
| The LPC has rated this service specification as Amber / Red based on the comments made below. Our recommended actions to further improve the service are:   1. Backfill payment for attendance of the compulsory annual workshop – clarification. 2. Remuneration for the provision of Hep B vaccinations to required staff – clarification. 3. Staff turnover needs to be recognised and so it is not fair to limit Hep B payments to ‘new’ pharmacies. 4. Improved remuneration from current £1. Rate has not changed for at least 10 years and should be index linked. This rate seriously undervalues the service provided by community pharmacies and the health & social benefits that the service creates. The £1 rate is substantially lower than other commissioners. 5. Restricted commissioning availability for pharmacy contractors. | | | |
| **Time-line & Next Steps for the LPC** | | | |
| The LPC will publish this service participation rating to contractors in **due course when you the results of the public consultation have been published.**  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 the LPC’s recommendation to its contractors. | | | |
| **Commissioners response to LPC feedback** | | | |
| Please enter response here, returning promptly to [richard.buxton@hampshirelpc.org.uk](mailto:richard.buxton@hampshirelpc.org.uk) | | | |
| **Point Covered** | | | **Action or Notes** |
|  | | **LPC Consultation** | |
| LPC Consulted? | | | Yes |
| LPC Consulted with sufficient time to comment? | | | Yes |
|  | | **Remuneration** | |
| Does remuneration include/cover set up costs, backfill, consumables etc..? | | | No set up, backfill or consumables costs involved.  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. However annual workshop attendance is required – no backfill provided.  Hep B vaccination to all staff working on the premises is recommended – not remunerated.  DBS for pharmacist recommended but not compulsory. |
| 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. |
| Where equipment is required who provides/calibrates/services this? If contractor, does remuneration sufficiently cover the cost of this? | | | No equipment required except use of PharmOutcomes to enter information.  Consumables provided as described above. |
| Is remuneration fair? | | | Rate is low.  £1 per transaction |
|  | **Is/does the Service.....** | | |
| Sustainable? | | | Yes |
| Clinically sound and in line with appropriate National or local guidance? | | | Yes  Reduce the rate of sharing and other high risk injecting behaviours and reducing the spread of BBVs are local and national priorities. |
| Enhance patient care? | | | Yes |
| Have suitable monitoring arrangements and termination clauses? | | | Three months’ notice if the pharmacy wishes to terminate.  SCC 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? | | | On the limit, due to low remuneration rate.  Service only available to geographically invited pharmacies within the City. |
| Have performance criteria that supports a quality service? | | | Service to be available preferably during all opening hours.  Pharmacy will maintain appropriate records using PharmOutcomes. |
|  | **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 pack & online assessment ‘Substance Use and Misuse’ within 3 months of signing agreement.  Pharmacist must have a signed version of the DoC for Needle Exchange and must review this every 3 years.  Key staff should attend an annual workshop for education and training.  Sharps Safety Guidelines supplied for the team to reduce risk of needle stick injury.  Substance Misuse signposting details provided. |
| 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. | | |  |
| Suggested RAG Rating | | |  |