

PHARMACEUTICAL SERVICES (SCOTLAND)

ADDITIONAL SERVICES

COMMUNITY PHARMACY Alcohol Brief Interventions (ABI) SCRATCH CARD INITIATIVE

AGREEMENT

BACKGROUND

Additional Pharmaceutical Services are available in NHS Forth Valley based on the local need for each specific service. All community pharmacy contractors are eligible to apply to participate in the provision of additional services under the National Health Services (Pharmaceutical Services) (Scotland) Regulations 1995, as amended.

This document is an agreement between NHS Forth Valley and an NHS Forth Valley community pharmacy contractor to provide an additional pharmaceutical service – Community Pharmacy Alcohol Brief Intervention (ABI) Scratch Card Initiative. The service specification for this additional service accompanies this agreement.

1. Parties to the agreement

1.1 The agreement is between NHS Forth Valley and (Community Pharmacy contractor, address)

1.2 The agreement is effective from (date).

2. Agreement

In signing this agreement the community pharmacy contractor is consenting to provide the Community Pharmacy Alcohol Brief Intervention Scratch Card Initiative as detailed in the specification accompanying this Agreement. It is also the responsibility of the community pharmacy contractor to ensure, within reason, that any pharmacist they either directly employ or engage in providing pharmaceutical services from the pharmacy comply with the service specification standards for this Additional Service.

3. Activity

The accompanying Service Specification outlines the requirement for the Community Pharmacy ABI Scratch Card Initiative. The service specification provides details on the

service aims, service outline and standards, training, benchmark tariff and monitoring and evaluation.

4. Monitoring and evaluation

It is a requirement for this Additional Service that the community pharmacy contractor keeps and maintains appropriate records to enable verification of service provision and training undertaken and to provide information to NHS Forth Valley for internal and external audit and evaluation purposes. There are differing requirements for monitoring and evaluation for each of the additional services and these are outlined in the 'Monitoring and evaluation' section in each service specification. In the spirit of the terms of the *National Health Service (General Pharmaceutical Services) (Scotland) Regulations 1995*, Health Boards may request access to the records maintained by a community pharmacy contractor for audit and evaluation. Where appropriate, peer review will be offered as an option to support the monitoring and evaluation of Additional Services.

5. Finance

The method of claiming the payment for providing this additional pharmaceutical service and how NHS Forth Valley will make the payment to community pharmacy contractors is stated in the service specification accompanying this agreement.

6. Complaints

Any complaint made by, or on behalf of, a person in relation to the service rendered by a community pharmacy contractor under the service specification for the *Community Pharmacy ABI Scratch Card Initiative* will normally be referred to the pharmacy contractor for investigation in an attempt to seek resolution of the complaint at a local level. In the event of the person making the complaint being dissatisfied with the outcome of the local resolution, the matter if appropriate will be referred to the Forth Valley Performance Review Group. If still not satisfied then they can request that the Scottish Public Services Ombudsman review their care.

7. Changes to agreement

If any changes are made to the agreement and / or to the service specification of this additional pharmaceutical service, then these must be notified to the community pharmacy contractor by NHS Forth Valley. A new agreement and / or service specification will be issued and the community pharmacy contractor will be expected to notify NHS Forth Valley of their intentions within the specified timeframe. If the community pharmacy contractor agrees to provide the additional pharmaceutical service with this change, they should then sign and return this agreement.

8. Cessation of the contract/changes to the contract

This initiative will continue for a 2 month period so no notification of service discontinuation will be required.

Background information

The following documents provide background information to each of the additional service specifications.

RPSGB Medicines, Ethics and Practice: A Guide for Pharmacists and Pharmacy Technicians (current edition)

British National Formulary (current edition)

The Management of Harmful Drinking and Alcohol Dependence in Primary Care
<http://www.sign.ac.uk/guidelines/fulltext/74/index.html>

Alcohol Use Disorders: preventing harmful drinking
<http://publications.nice.org.uk/alcohol-use-disorders-preventing-harmful-drinking-ph24>

NES Child Protection Distance Learning Resource Pack & eLearning programme
http://www.nes.scot.nhs.uk/media/2115152/nesd0095_child_protectionenb.pdf

Useful references

The following documents are useful reference resources for each of the additional service specifications.

NHS NES Public Health website
<http://www.nes.scot.nhs.uk/education-and-training/by-theme-initiative/public-health/resources/health-improvement-publications/alcohol-brief-interventions-competency-framework.aspx>

Community Pharmacy and ePharmacy Programme website
<http://www.communitypharmacy.scot.nhs.uk/index.html>

NHS Forth Valley

ADDITIONAL PHARMACEUTICAL SERVICES

ADDITIONAL SERVICES PROVIDED BY THE PHARMACY CONTRACTOR

Community Pharmacy ABI Scratch Card initiative

A. CONTRACTOR DETAILS

NAME OF CONTRACTOR

TRADING NAME

CONTRACTOR CODE

PHARMACY PREMISES ADDRESS

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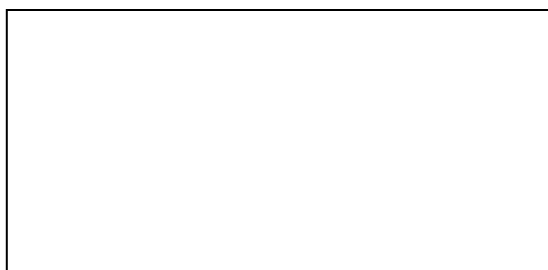
OPENING TIMES

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PHARMACY STAMP



B. ADDITIONAL SERVICES PROVIDED UNDER LOCAL TERMS AND CONDITIONS

COMMUNITY PHARMACY ABI Scratch Card Initiative

TERMS OF AGREEMENT

NHS Forth Valley and the community pharmacy contractor agree to the terms of this agreement.

The agreement to provide the additional pharmaceutical service as outlined in this document is signed by:

To be completed by/on behalf of the Community Pharmacy Contractor

.....
SIGNATURE

.....
NAME (PRINT)

.....
DATE

COMMUNITY PHARMACY CONTRACTOR