

NORTHUMBERLAND COUNTY COUNCIL

LOCAL PUBLIC HEALTH SERVICE SPECIFICATION 2020 - 2021

Service	Needle Exchange Scheme - Pharmacy
Commissioner Lead	Liz Robinson – Northumberland County Council
Provider Lead	Pharmacy Named Lead
Period	1 st April 2020 – 31 st March 2021

1.	<p>Overall purpose of service</p> <p>To ensure that people who inject drugs within Northumberland have access to needle exchange facilities across the county.</p> <p>There are a number of health and social harms associated with illicit drug misuse. Community based needle exchange and associated harm reduction initiatives are an important element of a wider approach aimed at reducing and preventing the spread of blood borne viruses and other drug related health harms and reducing drug related deaths. They are particularly important as these services often have contact with people who use drugs who are not engaged with specialist substance misuse services or health services. As such, needle exchange services have an important role in improving and protecting health and reducing harm for people who are most likely to be socially excluded.</p>
2.	<p>Expected outcomes for service</p> <p>The service will:</p> <ul style="list-style-type: none"> ● Reduce the health and social harms associated with injecting drug use ● Contribute to a reduction in discarded injecting equipment and paraphernalia and associated risks to public health. ● Facilitate access to specialist drug treatment services and generic health services for people who inject drug users who may be socially excluded. <p>The specific objectives of the service are to:</p> <ul style="list-style-type: none"> ● Offer a user friendly, non-judgemental, client centred, safe and confidential service. ● Reduce the spread of blood borne viruses (BBV) associated with injecting drug use through the minimisation of sharing equipment between clients and reducing the rates of other high risk injecting behaviours. ● Reduce the social and physical harms associated with injecting drug use, including promoting safer injecting practices. ● Increase and facilitate access to treatment services for clients who are not already engaged in structured treatment. ● Reduce the potential for unsafe disposal of used injecting equipment and therefore reduce the risks to public health. ● Provide and reinforce harm reduction messages including safe sex advice and advice on overdose prevention. ● Maximise the benefits of accessing community pharmacies, such as general health improvement and signposting to other services.

3.	<p>Evidence base for the service</p> <p>National Guidance</p> <p>The service will adhere to all relevant guidance and advice including but not limited to:</p> <ul style="list-style-type: none"> ● Drug misuse and dependence – guidelines on clinical management (Department of Health, 2017) ● Needle and syringe programmes Public health guideline [Nice PH52] 2014 ● Good practice in harm reduction (National Treatment Agency, 2008) ● Understanding and Preventing Drug Related Deaths, Public Health England 2016 ● Models of care for adult substance misusers: updated 2006 (National Treatment Agency, 2006) ● Shooting Up: Infections among people who inject drugs in the UK, 2017 An update, November 2018, Public Health England <p>The service is expected to adhere to all such relevant guidance, including any new publications in-year, and provide details of compliance where necessary.</p> <p>Local information</p> <p>Northumberland is the sixth largest county in England by size with a land area of 500,000 hectares (1,900 square miles) and second largest by population in the region (316,000 at the 2011 Census). However, the population within Northumberland is concentrated in the South East corner where 46% of the population reside in the former Blyth Valley and Wansbeck districts. In total these two areas cover only 3% of the total geographical area of Northumberland, giving a denser, urban concentration in this South East corner. In comparison, the rural districts of the County are very sparsely populated (0.34 people per ha). The physical size and geographical make-up of the County present a challenge in terms of delivering services that are accessible and equitable to all residents of the community who require treatment and support.</p> <p>Glasgow University drug prevalence estimates suggest there are around 1,655 problematic opiate and/or crack users in Northumberland. During 2018/19, there were 935 adult drug users in effective treatment in Northumberland; of which 1092 were problematic drug users, using opiates as the primary substance.</p> <p>Due to the current recording practices of services involved in the delivery of needle exchange provision, there is a lack of accurate data on the number of individuals who access needle exchange services within Northumberland. Data on needle exchange transactions within community schemes indicate that there were around 10,850 needle exchange packs provided through just under 6,300 transactions during 2017/18.</p> <p>66.9% of the needle packs provided were of the Pack 1 (Illicit drug) type, whilst 25% were of the Pack 2 (Steroid) type and just 8.1% were of the Pack 3 (groin injecting) type. Information provided by service users shows the following in terms of the substances they were injecting - 61.9% were injecting heroin primarily, whilst 14.6% were injecting steroids, and 10% were injecting amphetamines.</p>
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4.	<p>Scope of service</p> <p>4.1 Service description (including target group)</p> <p>The service will deliver a healthcare package which provides needle exchange equipment to injecting drug users. This will include the sourcing and distribution of sterile injecting equipment and associated paraphernalia and the safe disposal of returned used injecting equipment.</p> <p>All pharmacies delivering needle exchange facilities must:</p>
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- Ensure that their service is integrated with the overall harm reduction provision in Northumberland, delivered as part of the integrated community drug and alcohol treatment service.
- Source and purchase appropriate injecting equipment and associated paraphernalia to meet the needs of injecting drug users.
- Include both the distribution of sterile injecting equipment and associated paraphernalia and also the collection and safe disposal of used equipment.
- Provide advice relevant to the type of drug and injecting practices, especially higher risk practices such as injecting in the groin or neck.
- Consistently promote safe injecting practices to avoid injection site infections and reduce the risks from infectious illnesses associated with injecting drug use such as encouraging people who inject drugs to make their syringes and other injecting equipment or to use easily identifiable equipment to reduce the risk of accidental sharing.
- Provide a level of privacy to service users that safeguards and maintains their right to confidentiality, for example through the provision of a private area for transactions.
- Provide information on access to community specialist substance misuse services and advice on specific harm reduction interventions, such as BBV screening or safer injecting advice and wound care.
- Provide information and advice with appropriate signposting or referral on:
 - Safe storage and disposal of medicines
 - Overdose prevention and naloxone provision
 - Alcohol awareness
 - Advice on polypharmacy of prescribed medications.
 - Smoking cessation where appropriate.
 - Healthy eating and exercise
 - Sexual health
 - Oral Health
- Encourage and support motivation for change and treatment readiness with service users such as switching to safer methods e.g. Opiate substitution therapy or to stop using drugs and address other health needs.
- Ensure ongoing discussions with service users who are in treatment services and are also assessing Needle and Syringe Exchange NSE with a view to reducing their need to use the NSE.
- Provide specialist advice to people who inject image and performance enhancing drugs including the side effects of these drugs, advice on alternatives (e.g. nutrition and physical training), information about and referral to sexual and mental health services.
- Ensure that the controlled drug register is completed in accordance with legal requirements.

4.2 Entry into service (referral routes)

Access to the needle exchange scheme is open and voluntary. It will be delivered as a low threshold service that will make minimal demands on the client, offering services without attempting to control their use of drugs. Although referrals are made, and accepted, from a wide range of sources, the most common is self-referral and contact with other elements of the treatment system, such as structured treatment is not required to access this service.

4.3 Exit from service (discharge criteria and planning)

There will be no formal discharge or planning involved in this service. The service user will continue to access the scheme as long as they have need to do so and may stop at any time.

4.4 Inclusion/exclusion criteria

This service is for adults over 18 years old only. Young people under this age attempting to access the service should be referred to SORTED, the young people's substance misuse service who will arrange harm

reduction interventions as appropriate. Individual pharmacists reserve the right to refuse a service and refer on to SORTED if they are concerned a client may be under 18.

There may be times that the provider wishes to exclude service users from the premises which would prevent them accessing the needle exchange scheme. This could include incidents of anti-social behaviour by the client such as:

- Shoplifting or attempted shoplifting
- Accidents and injuries
- Acts of violence towards staff or customers
- Verbal abuse including threats of violence
- Incidents of serious intoxication

Following an incident such as outlined above, it may be that the provider no longer wishes to provide a needle exchange service to a particular service user. In the case of severe or repeat incidents, actions taken by the provider could include serving the service user away from the retail area, involving the police, verbal warnings, written warnings and banning orders, in which case the service user will need to be referred to another service that provides exchange services. This should only be used as last resort if negotiation and earlier warnings have failed as this can negatively impact on service user outcomes and be detrimental to any relationship built up between the provider and the service user. Banning orders can have particularly negative consequences in more rural areas as there may not be another needle exchange service operating within a reasonable travelling distance which could lead to sharing needles and BBV transmission.

4.5 Interdependencies

4.5.1 Referrals for specialist harm reduction interventions

Wherever possible and appropriate it will be the responsibility of the pharmacy to facilitate onward referrals into the integrated drug and alcohol treatment system when specialist interventions, beyond the usual scope of the needle exchange provision, are required. This could include care required around safer injecting practices, especially around high risk injectors, for example neck or femoral injectors, or venepuncture skills and wound management. The integrated treatment system delivers interventions that specifically aim to prevent diseases in service users due to blood borne virus (BBV), and also provide:

- Advice, information, and counselling as appropriate, for hepatitis B, hepatitis C, and HIV testing (pre- and post-test).
- Testing for blood borne viruses including hepatitis B, hepatitis C and HIV screening.
- Hepatitis B vaccinations - encourage users to complete the full course and regularly audit uptake.
- Referrals into treatment for Hepatitis B, C, HIV, and sexually transmitted infection.

Referrals for these interventions should not only be opportunistic, they should be actively and regularly promoted to all service users and access should be facilitated by the provider. Care pathways will be developed into the specialist treatment provider so that clients are able to access the above blood borne virus interventions. Some service users who access this service will have accessed structured treatment with the specialist treatment agency and will be offered this suite of interventions but as previously discussed, pharmacists will potentially have more contact with service users than any other healthcare professionals and as such, pharmacists should be reinforcing the harm reduction messages around testing and vaccination against blood borne viruses. Should service users agree to testing and/or vaccination, the pharmacist will be responsible for making the referral.

4.5.2 Referrals to non-treatment services

Staff delivering needle exchange services should promote improving health as well as harm reduction including:

- Recognising people with physical health problems or severe mental health problems and referring them to appropriate services.
- Basic health examinations, including checks on injection sites, first aid, dealing with minor infections. If health problems are identified that cannot be dealt with in the pharmacy, the service user should be supported to access other appropriate services, such as GPs, walk in centres and, where appropriate, A & E.
- Risk reduction advice and health promotion including contraception and safer sex, alcohol misuse and oral health. If risks or issues are identified onward referrals should be facilitated, for example to Genito-urinary Medicine (GUM) clinic.

4.5.3 Referrals into structured treatment

The provider will be responsible for actively encouraging and supporting motivation for change and treatment readiness. As such, should a service user state that they wish to be referred for treatment the provider should support the service user to contact the designated single point of contact within the community drug and alcohol treatment service for assessment.

4.6 Location of service

The service will be delivered from any provider site within Northumberland that has applied for the scheme and has been approved following satisfaction of all of the eligibility criteria as described in the PH52 NICE Guidelines for NSE programmes (March 2014) Northumberland County Council will reserve the right to contract with providers based on the needs of the local populations and as such may not contract with pharmacies that qualify for the scheme but are in areas with adequate provision.

4.7 Geographic coverage of service

There will be no boundary delineated and service users will have the choice of which provider to access, regardless of where they live to suit their wider needs such as access to work and childcare commitments.

4.8 Service availability (opening hours)

As a minimum, providers involved in the delivery of this service will be required to operate between the hours of 9.00 am-5.00 pm Monday to Saturday . However, due to the nature of the service user group, there will be a requirement for some service delivery beyond these hours, including evening service delivery where possible

4.9 Service Model

4.9.1 Standard Operating Procedures (SOP)

Each provider that operates the scheme should have an SOP that outlines what will happen when a service user accesses the scheme. It should contain all of the information any member of staff would need to safely and effectively work on the needle exchange scheme. It should also include information regarding procedures that outline what actions should be taken in an emergency, for example untoward incidents, needle stick injuries etc. All staff delivering the service must be conversant with the SOP and it must be reviewed regularly.

4.9.2 First presentation

When a service user who has not accessed the scheme before presents to the service requesting needle exchange, the following steps must be followed:

- The service user should be taken to a confidential area, where an initial assessment (registration) form will be completed to ascertain the needs of the service user in relation to injecting equipment. Information from the initial assessment/registration form will be recorded on the monthly electronic data return.
- The process of exchange must be explained to the service user including the importance of returning used equipment.
- The service user will be given a maximum of 10 sets of appropriate injecting equipment and informed that failure to return all of this will result in a reduction the next time they attend.

If it is not possible to undertake an initial assessment/registration the first time a service user attends due to exceptional circumstances, the provider may make a judgement to issue equipment if there are risks of not doing so, for example high risk injecting behaviours. The service user will be informed that they must return and undertake an assessment at a later date, and before any further equipment is exchanged.

In addition to the injecting equipment itself the service user should be offered information, both verbal and written on the following:

- Harm reduction relating to their own drug used
- Safer injecting practices
- Hygiene and wound care to prevent infection
- Blood borne virus prevention, testing and vaccination
- Sexual health including provision of condoms
- Overdose
- Safe storage of sharps
- Substance misuse services
- GPs

4.9.3 Subsequent presentations

Returning service users will provide basic information at each visit to the pharmacy, including initials, age and postcode. Pharmacy staff will provide appropriate packs of injecting equipment to meet the needs of the service user, and should issue sufficient injecting equipment to last for a minimum of one week. Basic service user information and the quantities of packs of injecting equipment issued will be recorded.

Follow up assessments for regular users of the needle exchange scheme should take place every six months to ensure that any changes to drug use or injecting behaviour are explored to ensure that the service continues to meet the needs of service users.

4.9.3 Returns

The service user will have been informed on their first visit of the importance of returning equipment and that the number of sets given will be reduced as a consequence of failing to return equipment. Returns should always be requested when the service user asks for new equipment and if nothing is returned the service user should be asked the whereabouts of the equipment, and if possible, asked to return them on their next visit. The amount given to the service user should be reduced by half until returns have been made. This should never be less than 2 sets and service users should never be refused any equipment at all as the primary aim of the service is to prevent the spread of blood borne viruses and this should not be risked for the sake of the subordinate aim of achieving good return rates.

4.9.4 Provision of Injecting Equipment

Pharmacies will provide suitable injecting equipment to service users, based on their needs, taking into account the types of substances used and injecting sites. Three different packs of injecting equipment packs will be available to service users.

Pack 1 **For injection of illicit drugs, tanning agents and human growth hormone**, containing;
 10 x 1ml Nevershare (30G x 12mm)
 10 x Pre-injection swabs
 10 x Vit-C sachets
 10 x Stericups
 1 x Sharps bin 0.45ltr
 1 x Foil sheet
 2 x Condoms

Pack 2 **For injection of steroids**, containing;
 10 x 2ml barrels
 10 x Green needles (21G x 40mm)
 10 x Blue needles (23G x 30mm)
 10 x Pre-injection swabs
 1 x Sharps bin 0.45ltr
 2 x Condoms

Pack 3 **For groin injectors**, containing;
 10 x 1ml LDS barrels
 10 x Orange needles (25G x 25mm)
 10 x Pre-injection swabs
 10 x Vit-C sachets
 10 x Stericups
 1 x Sharps bin 0.45ltr
 1 x Foil sheet
 2 x Condoms

Returning service users should be issued with sufficient injecting equipment to last a minimum of one week.

4.9.5 Sourcing equipment

The provider will be responsible for sourcing and purchasing their own equipment and paraphernalia for the provision of needle exchange. The equipment provided must be in line with Section 4.9.4 of this specification. Pharmacies will be paid for each pack of equipment supplied to service users, as outlined in Section 8 of this specification.

4.9.6 Sharps disposal

The pharmacy must ensure that their staff are aware of the risks associated with handling used injecting equipment and should be aware of the correct procedures which are in place to mitigate those risks. There should also be in place a procedure for dealing with needle stick injuries and all staff should be conversant with it. In addition, all staff operating the scheme should be immunised against Hepatitis B.

The pharmacist will be responsible for the safe storage and disposal of returned injecting equipment. This must be contracted with a waste disposal company that specialises in clinical waste and will be funded by the pharmacy.

4.9.7 Recording transactions

When a service user routinely attends for needle exchange provision the pharmacy must record the following information:

- The amount and type of equipment distributed.
- Demographic details including their initials, date of birth and postcode, which will be recorded on the monthly transaction log along with a record of equipment issued.

- Details of the service users injecting practices and the drugs they are injecting.

This information collected will be requested periodically to contribute to the drug and alcohol needs assessments. Staff within pharmacy should only ask for these details if they are confident it will not discourage the person from using the service.

The member of staff should also record what returns have been made and what equipment is exchanged. Service users should be asked what has been returned and staff should not attempt to open sharps boxes, or accept equipment which is not in a sharps container.

4.9.8 Confidentiality

The needle exchange scheme will be run as a confidential service and will aim to protect the dignity and privacy of the service user. All records pertaining to needle exchange that contain personal information or information that could lead to the identification of a service user will be kept confidential and held in a secure manner. All service user documentation that is no longer needed will be disposed of as confidential waste and not disposed of in general waste unless shredded.

Some providers may deliver both supervised consumption of medicines and also needle exchange schemes from the same location. Service users who use the supervised consumption scheme should not be excluded from using the needle exchange scheme and they are not mutually exclusive. While service users are using both they should be considered as separate and although communication with prescribers regarding supervised consumption is encouraged and should be considered where safeguarding issues are identified in respect of behaviour which would constitute a risk of harm to self, there is not a requirement to routinely share information unless explicitly endorsed by the service user and outside of these instances information shared without consent or specifically to reduce risk of harm would be considered a breach of confidentiality. Pharmacies should use their relationships with service users to discuss their continued injecting behaviours, including risks around overdose when using on top, and encourage the service user to discuss this with their prescriber, or offer to do so on their behalf, however this must only be with the explicit permission of the client.

The pharmacy must make every effort to ensure that such privacy in the service exists so that service users are not readily identified to other customers as drug users.

4.9.9 Service User Information

The service user will be issued with a broad range of information from the provider at the time of registration. It is expected that pharmacies will continue to share harm reduction messages with the service user as long as they are attending and utilising the service. As a minimum this should include provision of information on the following:

- Harm reduction relating to their own drug used
- Safer injecting practices
- Hygiene and wound care to prevent infection
- Blood borne virus prevention, testing and vaccination
- Sexual health
- Oral health
- Overdose
- Safe storage of sharps
- Substance misuse services
- Local GPs

The pharmacy will also facilitate sharing information with service users around on-going and one-off harm reduction campaigns linked to emerging harms, for example contamination of illicit substances.

5.	<p>Quality standards for services</p> <ul style="list-style-type: none"> ● All pharmacists delivering the service will need to demonstrate that they have completed the Centre for Pharmacy Postgraduate Excellence (CPPE) distance learning course “Substance Use and Misuse” available from www.cppe.ac.uk. ● The pharmacist has a duty to ensure that all staff involved in the provision of the service have relevant knowledge and are competent to deliver the service as a minimum this should include awareness training on the need for discretion and the need to respect the privacy and confidentiality of people who inject drugs. It should also include training on how to treat people in a non-judgemental way. ● All pharmacists should ensure that a representative from their pharmacy attends local harm reduction training delivered by the specialist substance misuse service as required. ● The pharmacist has a duty to ensure staff have received health and safety training for example in relation to blood-borne viruses, needlestick injuries and the safe disposal of needles, syringes and other injecting equipment. ● The pharmacist will ensure that hepatitis B vaccinations are available for staff directly involved in the needle exchange programme. ● Relevant, on-going, harm reduction training will be provided to pharmacists and their staff by the commissioned drug and alcohol treatment provider. ● The pharmacy must undertake an initial assessment for all new presentations to the service, and service users should receive follow-up assessments to establish any changes in their injecting behaviours and injecting equipment requirements at six monthly intervals. ● Making Every Contact Count (MECC) is an evidence-based approach promoted by NICE that supports front line staff to deliver “health promoting conversations” as part of routine practice. There is good evidence that doing this at scale will encourage a proportion of the population into positive behaviour change across a range of life style issues e.g. smoking, alcohol and physical activity. The provider will partake in available training to embed a MECC approach to service delivery. Further information about MECC can be found at https://www.makingeverycontactcount.co.uk/ ● The pharmacist shall review the standard operating procedures for the service on an annual basis. ● The pharmacist must demonstrate that service and monitoring guidelines are followed throughout the provision of this service. ● The pharmacy must participate in any audits of service provision and update training. ● The pharmacy must cooperate with any locally agreed NCC-led assessment of service user experience. ● An appropriate consultation area must be available to ensure that the needs of service users are able to be assessed in a confidential manner. ● The accredited pharmacist and/or appropriate pharmacy staff will complete all necessary paperwork and collect data as agreed, to enable monitoring and evaluation of the service. ● The pharmacy must maintain appropriate records to ensure effective on-going service delivery and audit. Records will be confidential and should be stored securely and for the length of time expressed in local NHS record retention policies. ● Pharmacists may need to share relevant information with other health care professionals and agencies, in line with locally determined confidentiality arrangements, including, where appropriate, the need for the consent of the client to share the information.
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6.	<p>Accessibility of service</p> <p>Community needle exchange provision should be equitable throughout the county, including in rural areas. In addition, service users will, within reason, be able to choose which site to attend, which does not have to be the closest to their home, to meet their needs including relating to employment activities and child care.</p>
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All providers will make efforts to ensure that premises from which needle exchange services are offered are accessible, in line with the Equality Act 2010 and should not exclude groups such as those with limited mobility or pushchair users.

The provider will work within the framework of the Northumberland County Council Equality Policy:
<http://www.northumberland.gov.uk/About/Equality.aspx#equalityinnorthumberland>

7. Safeguarding

Due to the regular contact community pharmacies have with service users and their families, they are well placed to identify and raise safeguarding concerns such as child neglect, self neglect, violence, abuse, sexual, financial and criminal exploitation. All staff need to be familiar with local safeguarding arrangements and the process for reporting concerns. This includes participating in regular safeguarding training.

Information about Northumberland's childrens safeguarding arrangements are available at
<https://www.northumberland.gov.uk/Children/Safeguarding.aspx>

Information about Northumberland's adults safeguarding arrangements are available at
<https://www.northumberland.gov.uk/Care/Support/Safeguarding.aspx>

8. Performance management framework

Pharmacies must undertake an initial assessment for services users to establish their needs in terms of injecting drug use and associated equipment and harm reduction information. Returning clients should be re-assessed at six-monthly intervals in order to ensure that changing needs are identified and met.

Quantitative and qualitative information will be used to evaluate the scheme. Pharmacies will be monitored on:

- the number of transactions completed; and
- the number of equipment packs supplied.

Pharmacies will be monitored on the number of packs issued to service users – and are required to issue sufficient supplies of injecting equipment to last a minimum of one week.

The following data is to be supplied monthly by the pharmacy:

Presentation date

Age

Gender

Ward / LSOA – determined from entered postcode / first line of address

Ethnicity

Assessment type

Items returned

Pharmacist

Number of Illicit Drug Injecting packs provided

Number of Steroid Injecting packs provided

Number of Groin Injecting packs provided

Primary injected drug

Second injected drug

Ever shared injecting equipment?
 Has the client been tested for Hepatitis B?
 Has the client been tested for Hepatitis C?
 Has the client been tested for HIV?
 Referred to the Drug and Alcohol Recovery System for testing?
 Has this referral been accepted by the client?
 Is the client registered with a GP?

Data should be submitted on the electronic record form provided within the LPHS Commissioning Portal; this will be a web based individual record form. The web form should be uploaded as it is completed with final notification of the month's total upload completed by 5th of the month. Uploading the electronic records will trigger the appropriate payments.

NB Data may be subject to changes, according to local or national requirements. Pharmacies will be informed of any changes and the LPHS Commissioning Portal submission site adjusted accordingly.

Qualitative information may be gathered via informal service user feedback.

Audit

Audit may be carried out on both the activity and quality elements of the service.

Activity audits may include consideration of:

- Activity volumes and associated payments
- Contribution to performance targets
- Equity of provision

Quality audits may include consideration of:

- Compliance with policy and guidance
- Qualification as provider relating to staff training
- Qualification as provider relating to requirements for premises and equipment
- Reporting of serious untoward incidents
- Patient and user feedback, including compliments and complaints

The Pharmacy must allow the commissioner's internal and other nominated auditors access to all or any papers and relevant data relating to this agreement for the purposes of audit. The pharmacy must fully co-operate to carry out service evaluation audits.

A programme of audit will be set out each year.

9. Price

A fee of £3.00 will be paid for each service user intervention.

Pack 1 (for injection of illicit drugs, tanning agents and human growth hormone) will be reimbursed at £5.46 per pack.

Pack 2 (for injection of steroids) will be reimbursed at £3.96 per pack.

Pack 3 (for groin injectors) will be reimbursed at £7.08 per pack.

These costs will be reviewed annually.

Payment for this service will be made on a monthly or quarterly basis. Payment to pharmacies will be provided according to timely and complete data submitted to the Public Health Team through the LPHS Commissioning Portal. For data submitted after the monthly data submission date, payment will not be processed that month. Activity data will be retained and payment will be made the following month. If the data is submitted after the quarter cut off period, payment will not be paid. Cut off dates are outlined in the contract.

Data should be submitted on the electronic record form provided within the LPHS Commissioning Portal; this will be a web based individual record form. The web form should be uploaded as it is completed with final notification of the month or quarter total upload completed by 5th of the following month. Uploading the electronic records will trigger the appropriate payments.

No payment will be made retrospectively for any part of this service conducted prior to 1st April 2020 or after final annual accounts have been closed for the current financial year.