

Service level agreement for TB directly observed therapy for community pharmacy

Tuberculosis is becoming an increasing health problem in many parts of the country, especially among socially disadvantaged groups such as homeless, asylum seekers and injecting drug users. The effective treatment of tuberculosis and the prevention of acquired drug resistance rely on full compliance with medication treatment regimens. 'Directly Observed Therapy' (DOT) has been used in many countries to improve compliance; a comparison of self-treatment versus various forms of DOT has shown that completion of treatment is significantly higher when the treatment is supervised.

1. Agreement

This agreement is made on the date shown on page 6 between Betsi Cadwaladr University Health board (hereinafter referred to as BCUHB) and the pharmacy named on page 6 (hereinafter referred to as 'the Service Provider').

2. Service description

- This service will require a registered pharmacy professional to supervise and register the consumption of antituberculous drugs at the point of dispensing in the pharmacy, ensuring that the dose has been taken by the patient;
- Pharmacies will offer a user-friendly, non-judgmental, client-centred and confidential service;
- The pharmacy will provide support and advice to the patient, including potential side effects and referral to primary care or specialist centres where appropriate.

3. Objectives

- To improve patient support and TB treatment outcomes;
- To ensure compliance with the agreed treatment plan by:
 - dispensing in specified instalments (doses may be dispensed for the patient to take away to cover days when the pharmacy is closed),
 - ensuring each supervised dose is correctly consumed by the patient for whom it was intended.
- To reduce the risk to the local community of under usage of antituberculous drugs, in particular the risk of the emergence of treatment-resistant strains of tuberculosis;
- To provide service users with regular contact with health care professionals and to help them access further advice or assistance. The service user will be referred to specialist treatment centres or other health and social care professionals where appropriate;
- To increase partnership working and improved communication between registered pharmacy professionals and other healthcare professionals;
- To enhance the registered pharmacy professionals practice

4. Service outline

- Consumption of medication will be observed within a consultation room/area, which provides a sufficient level of privacy and safety;
- The registered pharmacy professional will present the medicine to the service user in a suitable receptacle and will provide the service user with water in a disposable plastic container to facilitate administration;
- The registered pharmacy professional will record the doses after the patient has taken their medication in the PMR;
- Terms of agreement will be set up between the prescriber, registered pharmacy professional and patient (a three-way agreement) to agree how the service will operate, what constitutes acceptable behaviour by the client, and what action will be taken by the GP/clinic and registered pharmacy professional if the user does not comply with the agreement, or does not attend for treatment on the day/date agreed. The pharmacy contractor will monitor attendance of patients in line with the three-way agreement and missed doses will be reported as outlined below;
- The pharmacy contractor has a duty to ensure that the registered pharmacy professional and any other staff involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service;
- The pharmacy contractor has a duty to ensure that registered pharmacy professional and staff involved in the provision of the service are aware of and operate within local protocols;
- The pharmacy should maintain appropriate records to ensure effective ongoing service delivery and audit;
- The registered pharmacy professional will share relevant information with other health care professionals and agencies, in line with locally determined confidentiality arrangements.

Issuing of prescriptions

Prescriptions will be issued for 28 days' supply. In most cases prescriptions will be issued by the Respiratory team at Wrexham Maelor Hospital, however prescriptions may also be issued by the patient's GP.

Missed doses

The purpose of DOT is to ensure that patients comply with their medication regimen. It follows, therefore, that it is extremely important that the patient does not miss doses. However, there may be occasions on which a patient fails to attend for a dose. Action to be taken in the event of missed doses will depend on both the regimen and the number of doses missed.

Contact for respiratory team in Wrexham Maelor hospital is Pam Lloyd: Telephone 03000 858457

Thrice weekly regimen:

Single missed dose

If a patient fails to attend for one dose, the registered pharmacy professional will endeavour to contact the patient and arrange for the patient to attend on the next working day. If the patient is unable/unwilling to attend, or the registered pharmacy professional is unable to contact the patient, then the registered pharmacy professional will record that the patient has missed one dose and will notify the prescriber.

Consecutive missed doses

If a patient misses three consecutive doses then they should be referred back to the prescriber for a review of the prescribed regimen.

Daily regimen:

Single missed dose

If a patient fails to attend for one dose, the registered pharmacy professional will endeavour to contact the patient and arrange for the patient to attend later the same day. If the patient is unable/unwilling to attend, or the registered pharmacy professional is unable to contact the patient, then the registered pharmacy professional will record that the patient has missed one dose and will notify the prescriber.

Consecutive missed doses

If a patient misses consecutive doses for one week then they should be referred back to the prescriber for a review of the prescribed regimen.

5. Payments

Fee per observed session - £3.34

Fee per month per patient - £12.22

These fees are based on the supervised consumption fee plus compensation for loss of dispensing fees (as dispensing daily against a 28 day prescription)

6. Service providers

- The registered pharmacy professional providing the service is required to have completed NCSA
- It is the responsibility of the registered pharmacy professional to train pharmacy staff on the operation of the scheme;
- Each service provider should develop a Standard Operating Procedure (SOP) for provision of the service;
- It is the responsibility of the pharmacy contractor to ensure that all locums employed to work in the pharmacy are made familiar with all aspects of the service and the requirements of this SLA by appropriate means, e.g. a signed and dated declaration that the locum has read the SOP;
- The registered pharmacy professional should maintain clinical knowledge appropriate to their practise by attending relevant study days, courses and to make themselves aware of appropriate literature;

- It is recommended that all staff involved in the provision of this service should have had a tuberculin skin test and BCG vaccination if appropriate.

7. Premises

The service can only be provided in an approved pharmacy, which should have a suitable consultation room/area. The service may be provided in a quiet area within the shop where privacy can be maintained, rather than a separate room.

8. Indemnity

The service provider will operate in accordance with all Acts of Parliament, statutory regulations or other such laws, recommendations, guidance or practices as may affect the provision of services specified under the Agreement. Any litigation resulting from an accident or negligence on behalf of the Provider is the responsibility of the Provider who will meet the costs and any claims for compensation, at no cost to BCUHB. The registered pharmacy professional must ensure that their professional indemnity insurance provider has confirmed that this activity will be included in their policy.

9. Transfer and subcontracting

The service provider will not assign the whole or any part of the Agreement or subcontract the supply of services without the previous consent in writing of the Purchaser, unless special conditions are included elsewhere in the Agreement.



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University Health Board

Service Level Agreement for TB DOT service

Contractor application form which is to be submitted to Betsi Cadwaladr University Health Board by a pharmacy or contractor requesting participation in the TB DOT Service

TO BE COMPLETED BY OR ON BEHALF OF THE CONTRACTOR

LHB area in which the pharmacy premises are situated (County)

Name of contractor:

Correspondence address:

Postcode:

SIGNING OF THE AGREEMENT

This document and the attached notes comprise the Agreement concluded between BCUHB and the pharmacy named above.

BCUHB - SIGNED: **Date:**

Provider - SIGNED: **Date:**