

## SCHEDULE 2

# **Service Specification for Provision of Sharps Waste Collection Service Community Pharmacy**

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## Definitions

Definitions within this service specification are defined below:

<b>Term</b>	<b>Definition</b>
Commissioner(s)	The commissioning organisation and lead is Cheshire East Borough Council. The Commissioners include authorised representatives of the Council including the Contract Manager.
Provider	Refers to the Provider who is responsible for the management, coordination, provision and delivery of the Service.
The Council	Cheshire East Borough Council
The Service	The provision of a sharps waste collection service specifically for residents of Cheshire East
Service User(s)	Residents of Cheshire East who require the disposal of prescribed sharps safely when presented in an approved and sealed sharps container provided by a healthcare provider

## 1.0 Introduction and Context

### 1.1 Introduction

This service specification defines the terms and standards required by Cheshire East Borough Council (the “Council”) for the provision of a sharps waste collection service specifically for residents of Cheshire East (“the Service”).

## 2.0 High Level Service Outcomes

### 2.1 Service principles

- To maintain a quality professional service for Cheshire East residents
- To enable Cheshire East residents to dispose of prescribed sharps safely.

### 2.2 Service values

The following Service values and approaches underpin the Service aims and ethos which the Provider is to adhere to:

- Openness and trustworthiness
- A commitment to quality
- Dignity and respect
- Collaboration
- Communication
- Personalisation
- Compassion and empathy towards all Service Users
- Providing support for individuals or groups facing greater social or economic barriers
- Third sector engagement
- Community engagement
- Market development

### 2.3 Social values

The Provider will be expected to identify targets within their model aligned to one or more of the following social value objectives:

- **Promote employment and economic sustainability** – tackle unemployment and facilitate the development of skills;

- **Raise the living standards of local residents** – working towards living wage, maximise employee access to entitlements such as childcare and encourage third party providers to source labour from within Cheshire East;
- **Promote participation and citizen engagement** – encourage resident participation and promote active citizenship;
- **Build the capacity and sustainability of the voluntary and community sector** – practical support for local voluntary and community groups;
- **Promote equity and fairness** – target effort towards those in the greatest need or facing the greatest disadvantage and tackle deprivation across the borough;
- **Promote environmental sustainability** – reduce wastage, limit energy consumption and procure materials from sustainable sources.

## 3.0 Service Requirement and Deliverables

### 3.1 Service model

The Provider will be responsible for maintaining a sharps waste collection service at the Provider's pharmacy specifically earmarked for residents of Cheshire East through the provision of:

- an appropriately designed and located container ("Sharps Bin") in each Provider pharmacy for use only by such residents and
- support and assistance from Provider pharmacy staff who have been appropriately trained in accordance with this specification and the Agreement which incorporates it.

### 3.2 Operational service model requirements/ service areas

The Provider will operate and provide the service strictly in accordance with this service Specification.

- 3.2.1 The service specification will be subject to review every three years unless a significant change of practice in this interval prompts an early review.
- 3.2.2 Cheshire and Merseyside ICB within the boundaries of Cheshire East Borough Council, are responsible for commissioning the waste collection and treatment contractor on behalf of Cheshire East Borough Council.

### 3.3 Service description/ pathways

The Provider will accept sharps for disposal, from all Cheshire East residents who present with them in an approved and sealed sharps container provided by a healthcare provider.

- 3.3.1 It is the responsibility of the patient to obtain a one way sharps container from a health professional and to ensure that the sharps are safely sealed in this before presenting it to the community pharmacy for disposal.
- 3.3.2 Before accepting sharps for disposal, Provider staff will make a visual check of the returned sharps container to establish that it is sealed and safe to accept. Provider staff should ask the person returning the container to demonstrate that it is properly sealed.
- 3.3.3 The Provider will not accept returned sharps in any container other than an approved sealed sharps container.
- 3.3.4 Sealed sharps containers should be placed into the collection bin earmarked for use by Cheshire East residents as supplied to the Provider by the Cheshire and Merseyside ICB's commissioned waste contractor.
- 3.3.5 When full, seal Sharps Bin for collection by the waste carrier. Please do not seal and return the bins until full.
- 3.3.6 Full Sharps Bins will be collected as per directions issued by Cheshire and Merseyside ICB within the boundaries of Cheshire East Borough Council. Any requests for interim or ad hoc collections should be made by email to [customerservice@sharpsmart.co.uk](mailto:customerservice@sharpsmart.co.uk)
- 3.3.7 Each Sharps Bin collected by the waste carrier incurs a charge to Cheshire and Merseyside ICB within the boundaries of Cheshire East Borough Council, as such please only return full bins.
- 3.3.8 Sharps from the Service must not be placed into a container with sharps from a Syringe and Needle Exchange Scheme.
- 3.3.9 Before handling any returned sharps container Provider staff should ensure that the container is properly sealed.
- 3.3.10 Using the handle on the returned container place it in the final waste collection container.

**See flow chart in Appendix 1**

3.3.11 The Provider may display their own posters etc. to advertise the Service.

3.3.12 The Provider will prominently display any material, no greater than A4 e.g. posters, provided by the Council to support service delivery if requested. The Council acknowledges that there may be limited space for posters; therefore the Provider pharmacists should speak to the patients when they dispense the medication to let them know they can return used sharps to the pharmacy. In such instances, Provider pharmacies must ensure patients are told about this and posters must be displayed where possible.

## **4.0 Service Standards and Delivery**

### **4.1 Referral, accessibility and acceptance criteria**

Any Cheshire East residents may present with waste sharps, (other than needle and syringe exchange) contained in an approved and sealed sharps container, for disposal at the Provider's pharmacy.

### **4.2 Discharge/ exit from service**

The Council reserves the right to stop the service of one or all of its commissioned service providers with immediate effect if:

- There are serious breaches of compliance with the service specification
- There are prolonged periods of time where the service provider is unable to or fails to provide the service.
- The individual pharmacist and / or Provider acts outside the ethical governance framework for the profession, brings the profession into disrepute, or is subject to an NHS or professional disciplinary process. In this case the termination of the Service will be with immediate effect.
- The pharmacist fails to maintain competence.
- It becomes uneconomical to continue to commission the Service.
- Service funding is withdrawn.

4.2.1 Either party may terminate this agreement by providing written notice of their intention to do so. A period of not less than 30 days should be given as notice. The Council will advise Cheshire and Merseyside ICB (within the boundaries of Cheshire East Borough Council) of such notice. On notification of this change to arrangements, Cheshire and Merseyside ICB (within the boundaries of Cheshire East Borough Council) will arrange for the collection of the sharps waste bins from the pharmacy.

4.2.2 Where the Provider gives notice to terminate the Service the contractor must continue to provide a full Service during the notice period.

### **4.3 Insurance**

It is the responsibility of the Provider to maintain insurance in respect of public liability and personal indemnity against any claims whatsoever which may arise out of the terms, conditions and obligations of this Agreement.

4.3.1 The Provider shall be responsible for all VAT, Income Tax liabilities or similar contributions in respect of their fees.

### **4.4 Operating hours**

The Service should be provided for the total hours the Pharmacy is open and for the duration of the Contract Period.

### **4.5 Using information technology**

The use of new technology in the provision of the new service for service user records, making appointments, reminding about appointments will be delivered in a way that supports the new service delivery model reflecting how Service Users now access information and services.

## **5.0 Workforce**

### **5.1 Workforce requirements/ structure**

The Provider has a responsibility to ensure that all Provider staff provide this Service strictly in accordance with the Service specification.

- 5.1.1 The Provider will have a Standard Operating Procedure (SOP) / protocol which specifically detail the operational delivery of this Service and must be available to the Council on request.
- 5.1.2 The Provider must ensure that all staff including those other than pharmacists, involved in the provision of the Service must be aware of and compliant with the current version of the company SOPs and health and safety policies and evidence of this training should be available to the Council
- 5.1.3 The Standard Operating Procedure / protocol must be available to the Council. The Council acknowledges that some companies may have an overarching waste SOP which covers all aspects of waste, and that sharps disposal will be included within this rather than a stand alone SOP.

## **5.2 Mandatory training**

A record of Provider staff training pertaining specifically with the Service must be maintained and should be available to the Council

- 5.2.1 It is the Provider's responsibility to ensure that staff they employ are trained and competent to provide the Service.
- 5.2.2 Staff should not provide the Service until trained.
- 5.2.3 The Provider must ensure that there are systems in place to make locum pharmacists aware of the enhanced service and trained to provide the service.

## **6.0 Service Improvement**

### **6.1 Continuous service improvement**

The Council's vision is one of partnership and a collaborative approach to service design and delivery. Future systems and processes may require continuous development to meet the changing needs of the population, to support the market and to adhere to legislation, policy and best practice.

## 7.0 Contract Management and Quality Assurance Standards

### 7.1 Quality specific standards

Service specifications and patient group directions do not remove inherent professional obligations or accountability. All pharmacists and registered technicians involved in providing this service must adhere to their professional code of conduct and at no point does this service abrogate their professional responsibility, professional judgement must be used at all times.

- 7.1.1 It is the professional's responsibility to practice only within the bounds of their own competence.
- 7.1.2 The responsible pharmacist on each given day has overall responsibility for ensuring the service is delivered in accordance with this service specification
- 7.1.3 Where there are concerns regarding individual poor performance in the delivery of this service these will be addressed as a clinical governance matter.
- 7.1.4 The Provider is expected to have in place robust governance framework and supporting processes, which ensure that it is compliant with appropriate legal requirements and standards.

#### Quality Assurance

- 7.1.5 The Provider is required to complete quality assurance checks in relation to Service delivery to ensure that outcomes are being met and that contract compliance is achieved.

### 7.2 Performance management / Service Funding

The Provider will be reimbursed at £250 per year per pharmacy, irrespective of the quantity of Sharps collected.

- 7.2.1 The Council will issue on an annual basis a “Sharps Waste Collection Service and Monitoring Self assessment Document” will be sent to the service provider approximately one month before payment is due to confirm that the pharmacy has been collecting sharps and wishes to continue with the scheme for the remaining contract period.
- 7.2.2 The fee will be paid as a lump sum on receipt of the “Sharps Waste Collection Service and Monitoring Self-assessment Document” from the service provider.
- 7.2.3 The Provider will have an NHS dispensing contract with Cheshire and Merseyside ICB within the boundaries of Cheshire East Borough Council and must fully comply with the National Pharmacy Contract regulations for delivery of Essential Services.
- 7.2.4 The Council retain the right to audit any part of the service at any time to ensure continued quality.
- 7.2.5 The Council reserve the right to ask for evidence from the pharmacy that it is following the procedures outlined in this specification.
- 7.2.6 The Provider will co-operate with any Council led assessment of Service User experience or audit of the service in order to evaluate service provision and identify areas for service improvement.
- 7.2.7 The Council reserve the right to evaluate other health professionals’ perception of the overall quality of the Service
- 7.2.8 Changes to the level or quality of the Service will not be introduced without prior agreement with the Council. Changes will be authorised in writing.

### **7.3 Complaints, Compliments and Ombudsman investigations**

#### **7.3.1 Complaints and Compliments**

The Provider must have a complaints procedure that complies with Local Authority Social Services and National Health Service complaints (England) Regulations 2009.

- 7.3.2 Feedback both positive and negative should be forwarded to the Council so that action can be taken to amend the service as necessary.

The Provider will have a written Complaints Policy which is compliant with The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. The Provider will ensure that Service Users or their representatives are aware of the Complaints Policy and how to use it.

A copy of the Provider's Complaints Procedure will be made available to the Service User as standard practice from the commencement of Service delivery and will form part of the Service User guide within the individuals' home.

Where the complaint is received by the Council, the Council reserves the right to determine the conduct of these complaints.

Service Users referred to the Provider by the Council have a legal right to submit a complaint directly to the Council and to utilise its complaints procedure. The Provider will ensure that the Service User is aware of this right from the commencement of Service delivery.

The Provider will (at its own expense) co-operate fully with the Council at all times to enable the Council to investigate any complaint which is referred to it under this section.

All complaints and compliments received by the Provider from Service Users must be recorded and will be made available to the Council upon request.

### **7.3.3 Ombudsman investigations**

The Council is under a legal obligation by virtue of the Local Government Acts, to observe the rights and powers of the Local Government and Social Care Ombudsman, who has independent and impartial powers to require persons to provide information and/or produce documents for the purposes of carrying out investigations into relevant matters that may have been referred to him for adjudication when maladministration has been alleged against the Council.

The Provider shall make available any documentation or allow to be interviewed any of the Provider's Staff and assist at all times the Ombudsman or their staff and shall co-operate with any enquires that are requested by the Ombudsman or his staff in investigating any complaints whatsoever.

Upon determination of any case by the Ombudsman in which the Provider has been involved or has been implicated, the Council shall forward copies of these determinations to the Provider for comments before reporting the details to the relevant Committees of the Council. The Provider shall indemnify the Council against any compensation damages, costs or expenses which the Council shall incur or bear in consequence of any claim of maladministration where such maladministration arises from the negligent act or omission by or on behalf of the Provider resulting from failure to observe and perform the obligations under this Agreement.

The Provider shall comply with all recommendations, in so far as the Law allows, made by the Ombudsman as to the changes of methods or procedures for service delivery if requested to do so in writing by the Council.

All Providers are to comply and co-operate with any Ombudsman investigations which occur as a result of a complaint being made.

#### **7.4 Managing Information**

The Provider will maintain and retain copies of the official documentation required by the waste carrier.

- 7.4.1 The Provider will maintain training records in accordance with this specification and will show evidence of this to the Council.
- 7.4.2 The Provider will provide a non-judgmental patient centred confidential service.
- 7.4.3 Provider Staff must not disclose to any person other than authorised by the Council any information acquired by them in connection with the provision of the Service which concerns;
- Cheshire and Merseyside ICB (within the boundaries of Cheshire East Borough Council); its staff or procedures
  - The identity of any service user
  - The medical condition or any treatment received by any service user
- 7.4.4 Pharmacists may need to share relevant information with other health care Professionals and agencies. In line with locally determined confidentiality arrangements which includes, where appropriate, the need for the permission of the patient to share the information.
- 7.4.5 For further advice on disclosing patient information refer to the GPhC's professional standards and guidance documents.
- 7.4.6 In exceptional circumstances information can be disclosed without the patient's consent, if in the pharmacist's professional opinion disclosure will prevent serious injury or damage to the health of the client, a third party or public health.
- 7.4.7 The Provider must protect personal data in accordance with provisions and principles of the Data Protection Act.
- 7.4.8 The Provider must ensure that all staff conform to the NHS Code of Practice on Confidentiality and data protection and ensure that all staff involved with the service are appropriately trained.
- 7.4.9 No data collection is required for this service

#### **7.5 Commissioner information requests**

- 7.5.1 Both parties recognise that this service specification and/or associated recorded information

may be subject to Freedom of Information requests (FOI). Each party shall comply with any such Freedom of Information requests received, in accordance with the Freedom of Information Act 2000 legal obligations.

7.5.2 A copy of the service specification and this agreement to be kept by the Provider and available for reference by all staff

7.5.3 The Provider will be responsible on behalf of the commissioner for preparing responses to MP letters, Compliments and Complaints, Freedom of Information requests for the commissioner's approval where these relate solely or partially to the service.

## **7.6 Expectations in using systems**

The Provider will complete a Data Security and Protection Toolkit annually in accordance with Community Pharmacy England guidance at: <https://cpe.org.uk/digital-and-technology/data-security/data-security-and-protection-toolkit/>

## **7.7 Record keeping**

The Provider will:

- Create and keep records which are adequate, consistent and necessary for statutory, legal and business requirements;
- Achieve a systematic, orderly and consistent creation, retention, appraisal and disposal procedures for records throughout their life cycle;
- Provide systems which maintain appropriate confidentiality, security and integrity for records and their storage and use;
- Provide clear and efficient access for employees and others who have a legitimate right of access to the records in compliance with current Information Governance (IG) legislation;
- To provide training and guidance on legal and ethical responsibilities and operational good practice for all staff involved in records management;
- Compliance to current Cheshire East policies and NHS Code of Practice;
- Comply with IG requirements for any future service transition arrangements.

## **7.8 Storage of information**

The Provider has a duty to make arrangements for the safe-keeping and eventual disposal of their records.

## **7.9 Equality and diversity**

7.9.1 The Provider must comply with requirements of the New Equality Bill 2010, and will not treat one group of people less favourably than others because of their colour, race, culture, religion, gender, nationality, age, marital status, sexual orientation, disability or ethnic

origin.

7.9.2 It is the responsibility of the Provider to make reasonable adjustments to meet the individual needs of their patients.

## **7.10 Health and safety**

7.10.1 In addition to the specific health and safety requirements for staff providing this service, the service provider shall comply with the requirements of the Health and Safety at Work Act 1974, the management of health and safety at work regulations 1999 and any other acts, regulation, orders or rules of law pertaining to health and safety.

7.10.2 The Provider shall ensure that your health and safety policy statement (as required by the Health and Safety at Work Act 1974) and any other policies and procedures relating to health and safety are made available to the Council on request.

7.10.3 The Provider must have written guidance which covers the specific health and safety risks associated with this service. Including:

- Minimising risk and risk assessment
- Action to be taken in the case of needle stick injury
- Prompt first aid and seeking immediate professional advice

7.10.4 This information must be referenced by Standard Operating Procedure/protocol for this service.

7.10.5 Staff should be made aware of and trained to follow the specific health and safety procedures and action to be taken in case of needle stick injury before providing the service.

7.10.6 Health and Safety guidance should be reviewed with the Standard Operating Procedure. Update training should be documented in the training log.

## **7.11 Safeguarding**

7.11.1 All sharps incidents should be managed immediately (ideally within the first hour) seek advice from GP in practice hours or A/E out of practice hours.

- The Provider's official accident report form must be completed, as per their own standard operating procedures

7.11.2 Needle stick injuries should be reported to the UK Health Security Agency and Office of Health Improvement and Disparities. acute desk during working hours on 0344 225 0562 (option 1) and out-of-hours to the on-call staff via The Contact People on 0151 434 4819.

7.11.3 Once notified UK Health Security Agency and Office of Health Improvement and Disparities. will undertake risk assessment and provide advice on relevant public health action as appropriate.

7.11.4 The Provider's official accident report form must be completed.

7.11.5 The Council to be informed within 24 hours.

- Hepatitis B Vaccine - although the risk of needle stick injury is very low, staff who provide the service may choose to have a Hepatitis B vaccine.
- For multiple contractors – contact your occupational health department who may provide the vaccine for staff.
- Where this is not possible your GP may offer the vaccine. For occupational risk hepatitis B vaccine should not be administered as an NHS procedure.

**N.B Some GP practices do not offer vaccination for Hepatitis B, referring the patient to a private provider.**

## **7.12 Significant Event Reporting**

7.12.1 The Provider must have an adverse incident and near miss reporting system in place which includes maintaining a log of patient safety incidents.

7.12.2 Patient safety incidents or near miss incidents must be reported to the Council.

7.12.3 The Provider should be able to demonstrate to the Council that it has learnt from an event.

7.12.4 The Council reserves the right to undertake its own root cause analysis if it feels that the root cause is derived from the implementation of the service specification

## 8.0 Governance Requirements

### 8.1 Legal compliance

The Provider will ensure that the service is fully compliant with all relevant legislation and regulations. The service will lead to improvements in health and wellbeing. The service will be delivered within the allocated budget. Failure to meet agreed targets would result in the commissioner requiring a remedial time specific action plan to address the issues of concern. Continued underperformance may lead to contract termination in line with the contract terms and conditions. For services that are not registerable, inspection arrangements will be through other routes such as Local Health Watch, and via the commissioner's right to enter services at any time.

### 8.2 Service sustainability and business continuity

It is the responsibility of the Provider to have a process in place which ensures that all new staff, are aware of all enhanced services provided by the pharmacy and commissioned by the Council and must maintain continuity of service during and after staff changes.

8.2.1 The Service will be provided for the total hours that the pharmacy is open and for the duration of the contract agreement period between the Provider and the Council.

8.2.2 If this commissioned service cannot be provided under the terms of this agreement, for whatever reason the service provider must contact the Council. Where notification is absent the Council reserves the right to instigate discussions with the service provider in relation to performance management concerns which could ultimately lead to termination of the contract

### 8.3 Information governance

The Provider will comply with the Information Governance (IG) Toolkit <https://www.igt.connectingforhealth.nhs.uk/requirementsorganisation.aspx>.

8.3.1 This integrates the overlapping obligations to ensure confidentiality, security and accuracy when handling confidential information set out in the not exhaustive list below:

- The Data Protection Act 1998;
- The common law duty of confidentiality;
- The Confidentiality NHS Code of Practice;
- The NHS Care Record Guarantee for England;
- The Social Care Record Guarantee for England;
- The ISO/IEC 27000 series of information security standards;
- The Information Security NHS Code of Practice

- The Records Management NHS Code of Practice;
- The Freedom of Information Act 2000.

8.3.2 Patient identifiable data (PID) will only be accessed by authorised staff where the service user has given explicit consent. Where consent is not given by the individual service user only anonymised or aggregate data will be accessed. Patient confidential data (PCD) will only be accessed where it is absolutely necessary to support or facilitate the service user's care. All PCD will be handled in accordance with the Information Governance (IG) Toolkit <https://www.igt.connectingforhealth.nhs.uk/requirementsorganisation.aspx>. This includes:

- Ensure that agencies comply with their responsibilities to inform service users of the uses of their information and the agencies it is shared with;
- Protect and keep in the strictest confidence all information;
- Use the confidential information only for the purpose of supporting or facilitating the care of the service user;
- Notify the Commissioner immediately upon learning of any improper disclosure or misuse of any confidential information, login and passwords. Also to take whatever steps are reasonable to halt and otherwise remedy, if possible, any such breach of security. Also to take appropriate steps to regain the confidential information, and to prevent any further disclosures or misuses;
- Ensure that the service Provider has a current data protection notification, which is updated on an annual basis;
- Ensure that all members of staff are contractually bound by confidentiality agreements and are aware of their responsibilities to adhere to these e.g. the NHS Confidentiality Code of Practice;
- Appropriate technical and organisational measures will be taken against unauthorised or unlawful processing of personal data and against accidental loss or destruction of, or damage to, personal data;
- Regular confidentiality audits will be carried out to ensure that security measures remain appropriate and up to date. All audits will be carried out in accordance with the Information Commissioner's Office (ICO) Confidentiality Audit Guidance.

#### **8.4 Clinical governance**

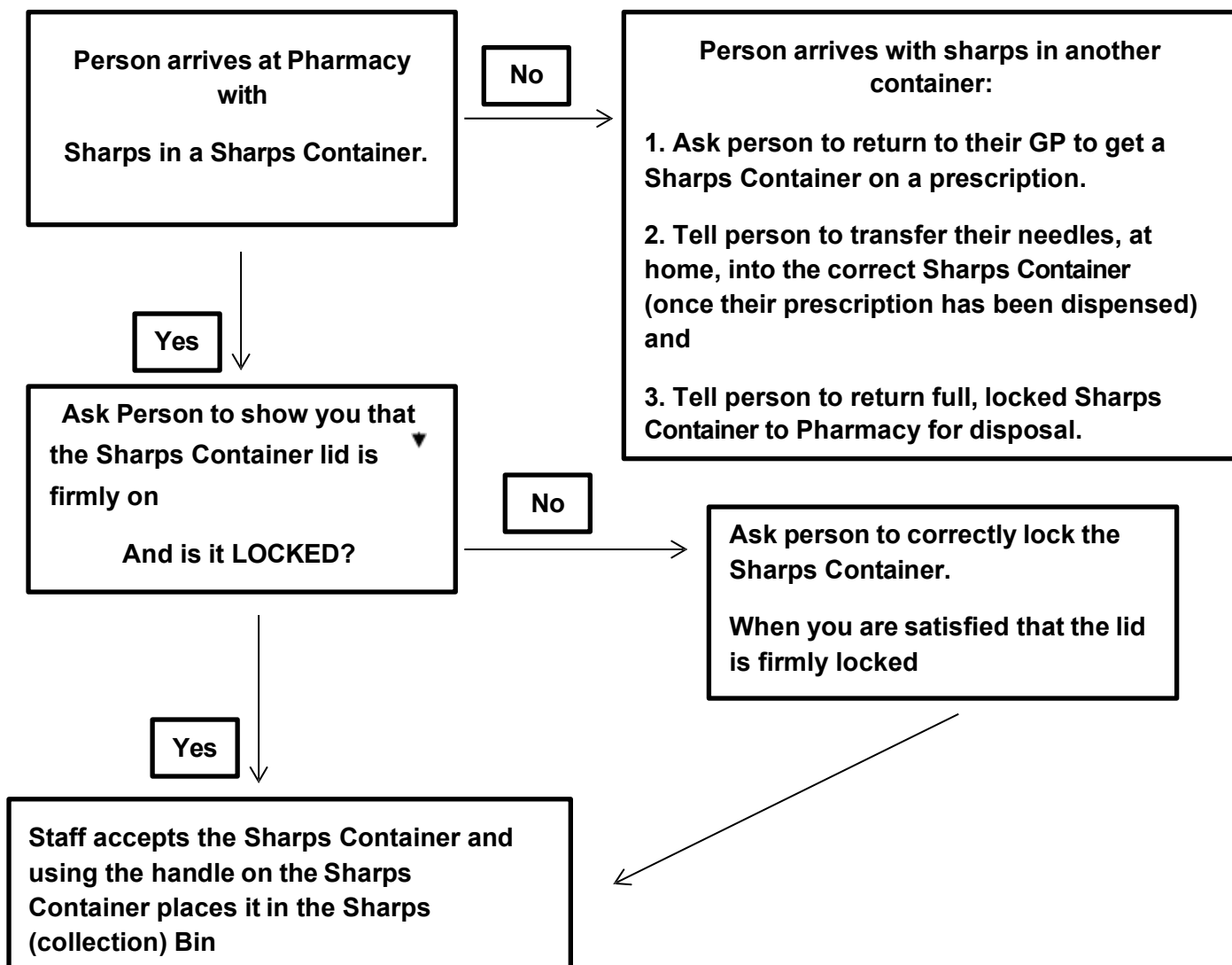
Appropriate and robust clinical governance arrangements are of paramount importance to the commissioner and it is intended that these will be monitored through contract monitoring arrangements and through any other Clinical Governance forum arrangement deemed appropriate by the commissioner. We would expect compliance with NHS Standards and Clinical Governance arrangements and protocols in line with NICE, NHS and UK Health Security Agency and Office of Health Improvement and Disparities. guidance, local Government Association.

- 8.4.1 The Provider will ensure that the service has robust mechanisms in place to manage all aspects of clinical governance including medicines management and other aspects of shared care and complete care pathway services. Such arrangements will account for but not be limited to:
- Safeguarding incidents and concerns – suspected and occurred abuse / violence;
  - Serious untoward incidents (SUI) – clinical incidents that do not fall under the definition requiring safeguarding processes to be followed, including staff vacancies and absences that cause service disruption and compromise minimum safety requirements determined by the Provider;
  - Risk prevention and management;
  - Medicines management;
  - Service Inspection and Registration;
  - Safe service transitions between Providers;
  - Policies and procedures including Audit and Clinical Governance, and Clinical Supervision;
  - Medical and clinical interventions it delivers including psychosocial interventions ensuring that these are evidence based and delivered by appropriately qualified, experienced and supervised practitioners;
  - To utilise evidence based assessment tools to assess the nature and severity of substance misuse.
- 8.4.2 All processes should include escalation and notification of events to the Provider who will be responsible for assuring the commissioner of the services compliance with clinical governance standards and policies and learning from any breaches or serious incidents.
- 8.4.3 The Provider must report all serious and untoward incidents (SUIs), complaints and compliments to the commissioner. Where compliments and less serious complaints occur these can be reported as part of the quarterly monitoring cycle. However serious complaints, untoward incidents and safeguarding occurrences must be reported to the commissioner at the first available opportunity.
- 8.4.4 The Provider must adhere to local prescribing governance arrangements and ensure compliance with requirements of the relevant Controlled Drugs Accountable Officers (CDAOs).

**Appendix 1 – Procedure for Pharmacy Staff**

**PROCEDURE FOR PHARMACY STAFF**

**RECEIVING PRESCRIPTION SHARPS CONTAINERS FOR DISPOSAL**



**X** Remove any patient identifying information before placing the person's returned Sharps Container into your final Sharps Bin (for collection by the waste carrier)

## Appendix 2 - Provider Details

### Provider Details

CONTACT DETAILS	
Name of organisation	
Trading as (name of pharmacy)	
Address of pharmacy where Service will be provided	
Postcode	
Name of person with overall responsibility for the Service	
Telephone Number	
Email address	
ASSURANCE ARRANGEMENTS	
I have enclosed proof of insurance (public liability, employers liability and medical indemnity insurance)	Yes <input type="checkbox"/> No <input type="checkbox"/>
PAYMENT DETAILS	
Please note - Payment will be made to your local pharmacy unless otherwise indicated	
Invoices will be generated via PharmOutcomes therefore you do not need to generate your own invoice. If you are part of a group / chain	Yes I would prefer one PO number <input type="checkbox"/> No <input type="checkbox"/>

<p>and prefer invoices to be generated against one Purchase Order Number, please state here</p>	
<p>If you are part of a group / chain and wish for payment to be made centrally through your head office, please provide:</p> <ul style="list-style-type: none"> <li>• Name of organisation</li> <li>• Head office address</li> <li>• Postcode</li> </ul> <p>(NB if this is not listed on the Council's approved supplier list you will be asked for further information)</p>	

Signed.....

Position.....

Date.....

Please return one copy of this signed Form to: [EnvironmentalCommissioning@cheshireeast.gov.uk](mailto:EnvironmentalCommissioning@cheshireeast.gov.uk)

Or post to:

Strategy & Customer Manager,  
Cheshire East Environmental  
Hub, Cledford Lane, Middlewich  
CW10 0JR

**Appendix 3**  
**Example Annual Monitoring form**

**Annual Monitoring Form**

**For Backdated claims for the period 2023-2024, and 2024-25at £200 per year (if applicable)**

**We confirm we have continued to provide the Sharps service during this period.**

Yes  No

**Add any further details as needed below:**

**CONTACT DETAILS**

Name of organisation

Trading as (name of pharmacy)

Address of pharmacy where  
Service has been provided

Postcode

Name of person with overall  
responsibility for the Service

Telephone Number

Email address

**ASSURANCE ARRANGEMENTS**

I have enclosed proof of insurance  
(public liability, employers liability  
and medical indemnity insurance)

Yes  No

**PAYMENT DETAILS**

Please note - Payment will be made to your local pharmacy unless otherwise indicated	
Payment will be made to the bank details held on file for you.  Please confirm your bank details on letter headed paper so we can ensure your supplier details are set up correctly.	Yes my bank details are the same <input type="checkbox"/> No, I need to change them <input type="checkbox"/>
If you are part of a group / chain and wish for payment to be made centrally through your head office, please provide: <ul style="list-style-type: none"> <li>• Name of organisation</li> <li>• Head office address</li> <li>• Postcode</li> </ul> (NB if this is not listed on the Council's approved supplier list you will be asked for further information)	

Signed.....

Position.....

Date.....

Please return one copy of this signed Form to:

[EnvironmentalCommissioning@cheshireeast.gov.uk](mailto:EnvironmentalCommissioning@cheshireeast.gov.uk)

Or post to:

Strategy & Customer Manager,  
Cheshire East Environmental  
Hub, Cledford Lane, Middlewich  
CW10 0JR