Private & Confidential

Subject to Contract

**Date Signed : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Pharmacy Contractor [Insert Name] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (1)**

**-AND-**

**Pharmacy Services North East Limited (2)**

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| **VARIATION AGREEMENT TO AGREEMENT FOR THE SUPPLY OF THINK PHARMACY FIRST, SPECIALIST DRUGS, AND MAR CHART SERVICES WITHIN SOUTH TYNESIDE** |

**THIS VARIATION AGREEMENT** is made **BETWEEN:**

(1) **The Pharmacy Contractor** ; and

(2) **Pharmacy Services North East Limited,** registered in England number 09764592 whose registered office is at Azure Business Centre, High Street, Newburn, Newcastle upon Tyne, NE15 8LN **(“**the **Commissione**r**”)**

each a ‘Party’ and together the ‘Parties’

**BACKGROUND**

(A) The Pharmacy Contractor and the Commissioner entered into an Agreement (*as defined below*) for the provision of Think Pharmacy First, Specialist Drugs, SharpEnd and Mar Chart services for all eligible patients in Northumberland, North Tyneside, Newcastle, Gateshead and South Tyneside.

(B) The Parties now wish to vary the arrangements between them by way of a variation to the terms of the Agreement as set out in this Variation Agreement.

**THE PARTIES AGREE** as follows:

# Definitions & Interpretation

## In this Variation Agreement:

**“Agreement”** means the original agreement under which The Contractor provided Think Pharmacy First, Drugs, SharpEnd and Mar Chart services for all eligible patients in Northumberland, North Tyneside, Newcastle, Gateshead and South Tyneside.

**“Effective Date”** means 1st October 2019.

## All terms defined in the Agreement shall have the same meaning in this Variation Agreement.

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# Commencement

## This Variation Agreement shall come into force on the Effective Date.

## Save as varied by this Variation Agreement, the provisions of the Agreement shall remain in full force and effect. In the event that there is any conflict between the provisions of the Agreement and this Variation Agreement, the provisions of this Variation Agreement shall prevail.

## All references to Clauses or Schedules are to clauses of or schedules to the Agreement.

# Variations

## With effect from the Effective Date, the following variations shall be made to the Agreement:

### Schedule 2 and 3 shall be altered to include the details in Annex 1 of this Variation Agreement.

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Annex 1

Variation to Schedule 2; Addition of the following service

**The service**

**Community Pharmacy Micro-Spirometry Service**

**1st October 2019 – 31st March 2020**

1. **Purpose of this Service Level Agreement (SLA)**
   1. To offer opportunistic screening by undertaking a micro-spirometry test on appropriate patients, to identify undiagnosed patients at high risk of COPD, and to initiate signposting to their GP for further investigations and treatment where appropriate.
2. **Background** 
   1. Chronic obstructive pulmonary disease (COPD) causes breathing difficulties. The name covers a group of lung conditions that get worse with time. There are an estimated 3 million people with COPD in the UK. About 2 million of these will not know that they have the disease. Smoking tobacco causes most COPD cases.
   2. Some people with COPD have symptoms such as breathlessness and persistent cough. In the early stages people may not have symptoms. Without treatment the quality of life of people with COPD will worsen.
   3. COPD is expected to become the third most common cause of morbidity and mortality worldwide by 2020. In the UK the prevalence of COPD has been estimated at around 2%, but this is most likely underestimated as many patients complaining of respiratory symptoms remain undiagnosed in primary care.
3. **Summary of Local Need**
   1. A systematic approach to screening and early intervention is a key part of the South Tyneside Long Term Conditions (LTC) Strategy, and is an important priority for South Tyneside as part of the work to reduce and delay the burden of LTCs.
   2. The prevalence for COPD in South Tyneside is 3.72%, compared to the England average of 1.91% (based on observed GP registered prevalence in 2017/18).
   3. We estimate that there are potentially 4,000 people in South Tyneside at risk of having COPD who do not know they have this condition and so are not getting help to manage it.
   4. This Service is the first stage of a pathway redesign to identify previously undiagnosed patients with COPD. Many of these patients will be regular visitors to a pharmacy often attending with self-limiting conditions. Pharmacy provides good access and choice for this group of patients. Evidence suggests that early diagnosis of patients with COPD provides much improved outcomes for patients in better managing their condition and the NHS through reduced exacerbations.
   5. The Service will provide screening for patients and will be delivered by Community Pharmacies based within South Tyneside, delivering within community pharmacy and other community venues.
4. **Service Period**
   1. This Service Level Agreement will run for a period of 6 months from 1st October 2019 to 31st March 2020.
5. **Service Outline**
   1. The Check will consist of:

* Identifying suitable patients as per criteria in Section 6.
* Carrying out a micro-spirometry test.
* Interpreting the result according to agreed criteria.
* Explanation to the patient of the result and next steps.
* Referral to their GP for appropriate patients.
  1. Each pharmacy will recruit and screen up to 200 patients. Those reaching 200 screens before 31st March 2020 may be given permission to exceed this number according to outputs from other participating pharmacies.
  2. Each pharmacy will identify suitable patients and offer a micro-spirometry assessment.
  3. Individual assessment forms must be completed at the time of the assessment and a copy sent to the patient’s GP within 5 working days (via pharmoutcomes).
  4. Patients falling in a higher risk category for COPD following an initial assessment will be referred to the GP for further assessment and confirmation of diagnosis. Patients will also be signposted to other health services to support their needs such as smoking cessation, asthma, clinics, self-help groups etc. and given some basic self-care advice. Patients will also have the opportunity of having a Medication Use Review should they already be prescribed medication.



1. **Access Criteria**

* Aged 18 or over
* Registered with a South Tyneside GP Practice
* A Smoker or Ex-smoker
* Must not already have a diagnosis of COPD or asthma or be prescribed any inhalers for these conditions.
* Must not have not received a previous spirometry assessment

1. **Location of Service**
   1. The service is to be provided within the locality of South Tyneside.
   2. The service shall be delivered from facilities and settings which are suitable for the purpose and support the confidentiality and dignity of the patient.
2. **Funding**
   1. **Target Population:** The target population is those patients who are not excluded from the scheme as outlined in Section 6.
   2. **Payment:** Contractors will be reimbursed £10 for each test completed.
   3. **Funding Arrangements:** As this is a pilot, funding is limited. Pharmacy activity will be monitored on a monthly basis and the LPC reserves the right to withdraw the service if the delivered target number of screens has been met before 31st March 2020. Claims will be made monthly via the PharmOutcomes module.
   4. All pharmacy staff delivering this service must attend training before commencing delivery. Pharmacies are not eligible for payment without completion of this.
3. **Service Monitoring and Evaluation**
   1. The Pharmacy is required to report by the fifth working day of each month using PharmOutcomes.
   2. The Pharmacy will also be expected to contribute to patient pathway review and quality improvement work.
   3. The Pharmacy is required to co-operate with any local assessment of service user experience, as part of the service evaluation.

**Micro-Spirometry (Breathing) Check**

We estimate that there are potentially 4000 people in South Tyneside at risk of a breathing condition called Chronic Obstructive Pulmonary Disease (COPD) who do not know they have this condition and so are not getting help to manage it. Some people with COPD have symptoms such as breathlessness and persistent cough. In the early stages people may not have symptoms. It is recognised that early identification is key to supporting patients and to ensure they stay as health and well as possible.

**What is Micro-Spirometry?**

A micro-spirometry device tests the amount of air you can breathe in and out. It’s simple and painless. This test can help to identify if you are at risk of having COPD despite having no symptoms.

**Can I have a test?**

You are can have a check if you are –

* Aged 18 or over
* Registered with a South Tyneside GP Practice
* A Smoker or Ex-smoker
* Not currently diagnosed with COPD / Asthma

**What do I need to do?**

You will be asked to take a deep breath, and you’ll blow hard into a mouthpiece connected to a small handheld device. (Three separate times) The device measures how fast you blow air out of your lungs.

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| **Organisation undertaking micro-spirometry test** …………………………………  **Health Adviser name** ………………………………..…………………………………  **Organisation contact details**…………………………………………………………. |

**Results.** FEV1%\_\_\_\_\_\_\_\_\_  
 Colour Rating - Red ⬜ Amber ⬜ Green ⬜

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| **What next?**  ⬜ No further action required (Green Reading)  ⬜ Book an appointment with your GP (Amber / Red Reading)  Date / Time of GP appointment …………………………………………….. |

**Informed Consent Form**

Please read the information below and sign at the bottom if you wish to proceed.

**Informed Consent**

All breathing tests will only be conducted with your complete consent. If you are currently under medical supervision for **any** health issue, are pregnant, taking any medication e.g. blood thinning medication, you must check with your doctor / health adviser **before** undertaking this test.

**Involving Your Doctor**

Following your breathing test your results may be forwarded to your family Doctor (GP Practice) in confidence. If your result indicates that it would be wise for you to see your family doctor the health adviser will make a written referral to your doctor and you will also be advised by the health adviser to make an appointment. In the event that the health adviser feels that this is a matter of urgency he/she will contact your doctor and make an appointment for you. Your personal clinical information will remain confidential to the health adviser and your GP Practice only.

**Confidentiality**

All personal information and results will be kept completely confidential and we store all data in line with the Data Protection Act. Your anonymous results (information not specific to individuals) may be shared with South Tyneside Clinical Commissioning Group (CCG) to help evaluate this service.

**Screening Checklist for suitability**

Patients with any of the below will not suitable for screening

* **Chest Infection - Blood Clot**
* **Headaches / Migraine - Coughing up Blood**
* **Hypertesnion / Dizziness. - Heart Conditions**

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| I have read and understand the content of this form. I am happy for the information to be stored safely and shared with my GP, and for my anonymous results to be used for research. I know of no reason why I cannot undertake a breathing test.  **Client signature** …………………………………………………………………………..  **Print name** …………………………………………………………………………………  **Date** …………………………………………………………………………………………  **GP Practice** ……………………………………………………………………………….  **Date of Birth ………………………………………………………………………………**  **Ethnicity ………………………………………..…………………………………………** |

Variation to Schedule 3: Addition of Pricing for Micro Spirometry Service

**Fees, Invoicing, Pricing and Payment**

Contractors will be reimbursed £10 for each test completed.

**This Variation can be digitally accepted via a submission on Pharmoutcomes contracting module however should your company’s procedures require a signature from an authorised person please print this variation, sign below, date the front page and email to sami.hanna@psne.co.uk**

**IN WITNESS OF THE ABOVE** the parties have signed this Variation Agreement on the date written at the head of this Variation Agreement.

**SIGNED** by )

***[insert name of signatory] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** ) ................................

on behalf of ) Authorised Signatory

**The Pharmacy Contractor )**

***[insert name of Contractor] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )***



**SIGNED** by )

David Carter ) ................................

on behalf of ) Authorised Signatory

**Pharmacy Services North East Limited** )