NHS
Leeds South and East
Clinical Commissioning Group

CPWY Community Pharmacy West Yorkshire
Working to represent, support and promote community pharmacy

Head Lice Service Specification

Locally Commissioned Community Pharmacy Service

This service is commissioned by Leeds South and East CCG to reduce the number of inappropriate referrals made to the Head Start clinic as well as helping GPs make more efficient use of their time and focus on more complex patients.

The pharmacy will provide advice and support to people registered with a Leeds South and East GP on the management of head lice, including where necessary, the supply of combs to detect head lice and medication for the treatment of head lice.

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1 Service description

1.1 The pharmacy will provide evidence-based advice and support to people on the management of head lice, including, where necessary, the supply of combs to detect head lice and medication for the treatment of head lice.

1.2 The service is available without charge to any patient registered with a GP practice in the Leeds South and East CCG area who are exempt from prescription charges. Patients who are not exempt will have to pay a fee (equivalent to the current prescription charge) per treatment or offered purchase of OTC treatment. Those not registered with a GP or registered with a GP from outside of the Leeds South and East CCG area should be offered purchase of OTC head lice treatment or referred to their own GP.

2 Duration

2.1 This agreement shall take effect for a period from 1st July 2016 to 31st March 2017.

2.2 Thereafter this agreement will be reviewed annually.

3 Service outline

Initial counselling

3.1 Initial counselling is only applicable where the client presents to the pharmacy with no evidence of infection.

3.2 The Client is counselled by the Pharmacist or Registered Technician on head lice, detection combing, contact tracing and the pharmacy head lice service including the evidence of infection (sample of a louse) must be presented to the pharmacy for each member of the family/ household, before treatment can be supplied under this agreement. The Leeds Community Healthcare Head Lice leaflet and approved comb is to be provided per household.

3.3 The client details are entered onto the initial counselling section of the head lice treatment form which keeps a record of the intervention and is the basis of the claim.

Advice Consultation – No Lice Present

3.4 This section is applicable where the client presents with a sample that they believe to be head lice but on analysis there is no evidence of head lice infection (i.e.no louse within the sample).

3.5 Pharmacist or Registered Technician checks sample of 'lice' returned.

3.6 If no lice are present, the client is counselled on reason for not supplying treatment (e.g. dandruff, dirt or egg cases returned) and provided with information as outlined in the initial counselling section.

3.7 The client details are entered onto the initial counselling section of the head lice treatment form which keeps a record of the intervention and is the basis of the claim.

Treatment Consultation – Lice Present

3.8 Pharmacist or Registered Technician checks sample of 'lice' returned.

3.9 Check which members of the household are infected, with at least one louse per infected person being presented (but preferably as many lice as have been found).

3.10 The pharmacist / technician will discuss the first-line treatment option with the client and supply as appropriate.

3.11 The pharmacist / technician should ask the client about previous infection and supplies of head lice treatments, with reference made to previous pharmacy supplies where necessary.

3.12 A referral to Head Start should be considered for those with chronic infection, non-compliance with treatment or repeated treatment failure or possible safeguarding case/Common Assessment Framework (CAF) involvement.

3.13 Counsel the client to include how to use the treatment, warnings / cautions, repeating of treatment and to complete contact tracing.

3.14 Advise each treated household member should be checked 2 to 3 days after the second treatment to check for treatment success. If living lice are still present the client should return to the pharmacy with a new sample stuck to piece of paper with clear sticky tape clearly indicating which person the lice have come from.

3.15 Enter the required information onto the head lice treatment form which keeps a record of the intervention and is the basis of the claim.

Treatment consultation -Client returns after treatment with evidence of lice still present

3.16 Pharmacist / technician to check that lice are actually present (samples to be brought to pharmacy as before).

3.17 Assess if treatment failure or potential resistance.

3.18 Repeat the same treatment or switch to a different treatment. The choice of treatment will depend on the preference of the cilent. If malathion has been used, consider the possibility of resistance.

3.19 A referral to Head Start clinic should be considered for those with chronic infection, non-compliance with treatment or possible safeguarding case/Common Assessment Framework (CAF) involvement.

3.20 The client should be counselled as outlined in the treatment section above with particular emphasis on contract tracing.

3.21 Enter the required information onto the head lice treatment form which keeps a record of the intervention and is the basis of the claim.

4 Treatment Options / Formulary

4.1 First line treatment is Hedrin 4% Lotion.

4.2 Second line treatment includes Wet Combing or Derbac M®. Second-line treatment should be selected only when there is either a known allergy to Hedrin or the family are unwilling to use Hedrin. The Pharmacist should select the second-line treatment based on patient characteristics and current availability.

	Product	Supply*	Advice
First Line	Hedrin Lotion	50ml x 2 for normal length and thickness of hair	Each infected person should be treated with 50ml lotion (use full bottle) and repeat treatment after 7 days
		150ml x 1 for medium length and thickness of hair	Each infected person should be treated with half the bottle with the remainder reserved for the second treatment
		150ml x 2 for very thick or long hair	Each person with long / thick hair should be treated with 150ml lotion (use full bottle) and repeat treatment after 7 days
Second Line	**Wet Combing**		Please refer to the LCH Head lice leaflet for technique
	Malathion 0.5% aqueous liquid Derbac M®	50ml x 2 for normal length and thickness of hair	Each infected person should be treated with 50ml lotion (use full bottle) and repeat treatment after 7 days
		200mls x 1 for medium length and thickness of hair	Each infected person should be treated with half the bottle with the remainder reserved for the second treatment
		200mls x 2 for very thick or long hair	Each person with long/thick hair should be treated with 200ml lotion (use full bottle) and repeat treatment after 7 days

*The quantity supplied is the decision of pharmacist/technician making the supply to ensure full coverage

4.3 There is no requirement to label the treatment supplied.

4.4 The medication will be supplied with a product information leaflet.

4.5 The pharmacy will routinely stock the head lice treatments to ensure that clients can immediately access the necessary treatment.

4.6 The pharmacy will ensure that they follow good practice for stock management e.g. stock rotation, volume and check expiry date monitoring.

5 Safeguarding

5.1 Pharmacies and their staff are reminded of their existing obligations to comply with local and national guidance relating to child protection procedures.

5.2 When dealing with all clients, but particularly those with frequent or chronic head lice infection, pharmacy staff have a responsibility to consider if there is a potential safeguarding issue.

5.3 If the pharmacy becomes aware of a potential safeguarding or child protection issue, including neglect, this should be dealt with using the pharmacy's Safeguarding Policy and discussed with the Duty and Advice Team at the Leeds Safeguarding Children Board.

6 Referral

6.1 The pharmacist should refer to the Headstart clinic for the following reasons;

- Repeated treatment failure after two separate courses of Hedrin (or other treatment)
- Chronic case where the child is repeatedly infested with head lice for six consecutive weeks or in three separate months of the school year,
- Safeguarding concerns including neglect after following internal safeguarding policy.

6.2 The pharmacist can contact staff at the Head Start Clinic if they need further advice before making a referral.

6.3 Referrals should be made using the Leeds Community Healthcare referral form and faxed to the Head Start clinic.

7 Payment

7.1 The pharmacy will be paid £2.00 per initial consultation and £4.65 per treatment consultation to include;

- Pharmacist / technician time to provide the service
- Associated staff time to support the pharmacist in providing the service
- Completing claim forms and audit

7.2 Treatments are reimbursed at cost price (based on drug tariff) plus VAT.

7.3 Payments will be made to pharmacies on a monthly basis and within 28 days of submission of the **summary claim form** from the pharmacy to Leeds South and East CCG. Please **DO NOT** send patient identifiable data with this form. The forms should be sent to:-

NHS Leeds South and East CCG
XXHLIDDELLXX
03G Payables L535
Phoenix House
Topcliffe Lane
Wakefield
WF31WE

7.4 The Head Lice treatment forms should be retained in the pharmacy for at least one year after the treatment supply. Forms should be stored in a safe and secure manner and be protected from unauthorised access.

7.5 The Commissioner will periodically request that the Provider makes the head lice treatment forms available as part of a Post Payment Verification process. Post Payment Verification checks may be conducted for each pharmacy at least once per annum, but may occur more frequently dependent on the value of the claims and the accuracy of previous checks.

8 Staff

8.1 The Head Lice Service can only be provided by a pharmacist / pharmacy technician who has demonstrated they are competent to provide a head lice service by completing the CPPE Declaration of Competence (DoC) self-assessment and declaration statement for head lice.

8.2 Duty of pharmacy contractors

The pharmacy contractor has a duty to ensure that pharmacists, pharmacy technicians and staff involved in the provision of the service are competent to deliver the service, have relevant knowledge and are appropriately trained in the operation of the service.

The pharmacy contractor must hold evidence of competency to provide the service for each pharmacy professional (pharmacist / pharmacy technician) who conducts Head Lice consultations (i.e. retain copies of the Declaration of Competence statements for each pharmacy professional) and make these available to the commissioner on their request.

8.3 All pharmacy staff must have relevant knowledge, receive appropriate training and be aware of the service and how it operates to ensure the pharmacy offers a user-friendly, non-judgemental service.

9 Premises

9.1 The pharmacist / technician will give consideration to the part of the pharmacy used for provision of the service, which should provide a sufficient level of privacy and safety for patients accessing the service.

If a consultation room is available then the pharmacist / technician should offer the client the option of the consultation taking place within the consultation room.

10 Accessibility

10.1 The expectation is that the service is available throughout the pharmacies opening hours (both core and supplementary). The service is to be delivered by the pharmacy for at least 45 weeks of the year with no continuous break of more than two weeks.

10.2 If the pharmacy is unable to meet this level of service delivery then they must inform the service commissioner.

10.3 When the pharmacy is unable to provide the service the pharmacy has a duty to signpost any potential clients to another pharmacy, convenient to the client, who are able to provide the service to the client. The pharmacy must ensure that the pharmacy to which the client is being signposted is able to provide the service by phoning the pharmacy to check before the client leaves the pharmacy.

11 Resources to support delivery of the service

11.1 The CCG will provide the necessary leaflets, booklets and combs for service delivery. See the Service Guide for details of this.

11.2 The CCG will be responsible for the promotion of the service locally, including the development of publicity materials, which pharmacies can use to promote the service to the public.

11.3 The CCG will provide details of relevant referral points which pharmacy staff can use to signpost service users who require further assistance.

12 Confidential information

12.1 The Provider will ensure that the storage of patient records/ paperwork containing client details is as outlined in the NHS code of practice for records management and associated guidance. Equipment used to store records should provide storage that is safe and secure from unauthorised access and which meets health and safety, and fire regulations, but which also allow maximum accessibility of the information commensurate with its frequency of use.

12.2 The Provider will treat as confidential and restrict access to records and documents containing information relating to individual clients managed under the terms of the service to personnel authorised to participate in the service and, in the appropriate circumstances, other health care professionals and agencies, in line with local confidentiality arrangements, including where appropriate, the need for the permission of the client to share the information.

12.3 All parties will comply with the Data Protection Act, Caldicott and other legislation covering access to confidential client information. The requirement for confidentiality will be balanced with the needs of the service user.

13 Quality Indicators

13.1 The pharmacy is making full use of the promotional material made available for the service.

13.2 The pharmacy has appropriate CCG provided health promotion and self-care material available for the user group and promotes its uptake.

13.3 The pharmacy reviews its standard operating procedures and the referral pathways for the service on an annual basis.

13.4 The pharmacy can demonstrate that pharmacists and staff involved in the provision of the service have undertaken CPD relevant to this service.

14 Termination

14.1 Either party may terminate the agreement subject to providing three months' notice in writing.

14.2 The Commissioner shall be entitled (without prejudice to our rights and remedies for any breach of this agreement and without prejudice to any continuing obligations you have under this agreement) to terminate this agreement immediately if the Provider seriously breaches the terms of this agreement including by any act or omission which prejudicially affects or is likely so to affect the interests of the Commissioner.

Service Specification Agreement

This document constitutes the agreement of the pharmacy in regards to the delivery of the LSECCG Locally Commissioned Head Lice Community Pharmacy Service.

	Please tick
The pharmacy **agrees** to provide head lice advice and treatment in accordance with the service specification	❐
The pharmacist and pharmacist technician (if applicable) have read and understood the service guide	❐
The pharmacy consents to the sharing and processing of service activity data with LSECCG for the purpose of evaluating the service and making service payments	❐

Address:	
Postcode:	OCS code: F
Contact Number:	Email:

The above named pharmacy will undertake this Local Service in accordance with the service aims and requirements as set out in the service specification.
This agreement will be in force from 1st July 2016 to 31st March 2017

Signature on behalf of the Pharmacy:

Signature	Name	Date
	GPhC No	

Signature on behalf of the Commissioner:

Signature	Name	Date

Please return by 30th September 2016 to:-

Jo Hewitt
Medicines Optimisation Team
Leeds South and East CCG
3200 Century Way
Leeds
LS15 8ZB