

To: All Community Pharmacists

Gransha Park House  
15 Gransha Park  
Clooney Road  
LONDONDERRY  
BT47 6FN

Tel : 028 9536 3375

Fax : 028 9536 1166

Web Site :

[www.hscboard.hscni.net](http://www.hscboard.hscni.net)

15<sup>th</sup> January 2019

Dear Colleague

## **TRANSFORMATION FUNDING ALLOCATIONS**

In previous correspondence of 16<sup>th</sup> November 2018 it was noted that a number of proposals for additional funding had been submitted as part of the two year Transformation programme.

I am pleased to advise that additional funding of £4.6m covering the first year (18/19) has been secured for these proposals which have been developed collaboratively between HSC, CPNI and DoH. The DH has advised that further bids for 19/20 remain under consideration.

This funding will contribute to the reform and transformation of the health and social care system and details of a number of the individual projects are detailed below.

### **1. Living Well Service**

**Initial funding of £500 available to each community pharmacy to prepare and sign up for the new service**

The HSCB in conjunction with PHA is launching the above service from 1st April 2019. Funding of £500 per pharmacy is being made available in 18/19 to enable preparation for the delivery of the service in 19/20. Further details are provided in the enclosed Service specification, Guidance Document and Contract for the Living Well service which set out the conditions in relation to the use of the preparation grant funding.. The funding will be allocated by the HSCB on receipt of the signed contract.

### **2. Safer community pharmacies for staff and patients**

**Grant funding allocation of £1,500 to each community pharmacy**

A safe and secure environment is essential for all healthcare staff and a critical foundation for transformation. The enclosed grant funding allocation describes a number of elements which will help enhance the safety of pharmacists, pharmacy staff and the public attending community pharmacies. It is proposed that further grant funding will be sought in 19/20 for security equipment.

**3. Connecting Community Pharmacy to the HSC Network**  
**Grant funding allocation of £3,000 to each community pharmacy**

ICT reform is required for the community pharmacy transformation programme to succeed. The enclosed grant funding allocation will enable community pharmacies to prepare for connection and integration to the HSC network.

**4. Improving Medicines Safety: Falsified Medicines Directive (FMD) Implementation Phase**  
**Grant funding allocation of £3,000 to each community pharmacy**

The enclosed grant funding allocation will support community pharmacies in the implementation of the Falsified Medicines Directive.

**Claims for funding**

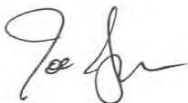
Payment is available to each community pharmacy contractor upon submission of the appropriate claim form for each of the individual projects. Claims should be submitted to your local HSCB office by 31<sup>st</sup> January 2019.

Further correspondence will be issued shortly providing detail of other projects funded from this Transformation Funding Allocation

**Please Note:** As transformation funding has been made available for 2018/19 only, payment cannot be made for any claims made after 31<sup>st</sup> March 2019.

If you have any queries in relation to any of these projects please contact your Practice Support Manager at your local office in the first instance.

Yours sincerely,



**Joe Brogan**  
**Assistant Director of Integrated Care**  
**Head of Pharmacy and Medicines Management**

## **Service Specification – Community Pharmacy Living Well (Public Health)**

### **1. Service Description**

1.1 The provision of opportunistic information and advice to patients receiving prescriptions and general pharmacy visitors on public health issues and pro-active participation in campaigns during agreed campaign periods.

### **2. Aims and Intended Service Outcomes**

2.1 To increase patient and public knowledge and understanding of key healthy lifestyle and public health messages so they are empowered to take actions which will improve their health.

2.2 To target the ‘hard to reach’ sectors of the population who are not frequently exposed to health promotion activities in other parts of the health or social care sector.

2.3 To provide a health promoting environment in the community pharmacy with a health promotion area displaying campaign materials to allow the public access to appropriate health information and support materials.

2.4 To promote the messages of the targeted campaigns by making space available in at least one window unit of the pharmacy for the full duration of each campaign unless by agreement with the Board because of unforeseen or special circumstances (e.g. in the absence of any suitable window).

### **3. Service Outline**

#### **3.1 Opportunistic Intervention**

3.1.1 Pharmacists and their staff will provide opportunistic advice, as appropriate, on specified public health messages, in line with

the public health priorities in the annual HSCB/PHA Commissioning Plan to patients presenting prescriptions or to general pharmacy visitors e.g. to those with diabetes; those at risk of coronary heart disease, especially patients with high blood pressure; those who smoke; and those who are overweight.

3.1.2 The advice will be given verbally, but may be backed up by the provision of written information, e.g. patient information leaflets and/or referral to another source of advice or assistance.

3.1.3 For patients known to the pharmacy staff, a record of the advice given may be made on the patient's pharmacy record when the pharmacist deems it to be of clinical significance or where it is required for any future follow up with the patient.

3.1.4 Pharmacy contractors should have systems (e.g. SOPs) in place to ensure that appropriate advice is given to patients.

3.1.5 The pharmacy will make available to the HSCB all appropriate records maintained as part of the service if required.

## **3.2 Living Well**

3.2.1 Pharmacists and their staff will pro-actively take part in and contribute to the agreed campaign schedule for patients and general pharmacy visitors during the campaign period, including giving advice to people on the campaign issues.

3.2.2 This advice should be supplemented by the provision of written information as appropriate and the display of campaign materials in the pharmacy.

3.2.3 The Board in consultation with CPNI will agree the topics for the annual schedule of campaigns which will be aligned with the Public Health Agency's (PHA) schedule of campaigns and priorities. The Board / PHA will provide any appropriate support materials e.g. briefing packs, posters and literature to support campaign messages.

3.2.4 The pharmacy will provide this service throughout the year in line with the annual schedule of campaigns described in 3.2.3. The pharmacy will record and maintain records as part of the campaign and will submit to HSCB at the end of each campaign

using the evaluation template provided by HSCB/PHA with the campaign materials.

3.2.5 The contractor will use the support materials provided by the HSCB/PHA for each campaign. The pharmacy should not use the campaign to promote a particular product or use commercial advertising material. The pharmacy should ensure that the inclusion of any other material in the display area does not distract from the message of the campaign.

3.2.6 The contractor will use the initial £500 funding supplied by HSCB in 18/19 to prepare for the display of campaign materials and resources. The funding will be used entirely for the preparation of the pharmacy to participate in these campaigns e.g. preparation of an SOP, staff training, purchase of display equipment etc.

Performance of both elements of this service will be assessed through an agreed assurance template.

### **3.3 Remuneration**

The remuneration for this service will be £3,000 per contractor for participation in six campaigns. (dependent on allocation of 19/20 funding)

**Community Pharmacy Service:  
Living Well**

**Guidance Document**

**April 2019 – March 2020**

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## 1. Introduction

“Living Well” is a service for all community pharmacies in Northern Ireland. This pack has been developed to provide community pharmacists and pharmacy staff with an overview of this service.

### Living Well - Service Description

The provision of opportunistic information and advice to patients receiving prescriptions and general pharmacy visitors on public health issues and the pro-active participation in campaigns during agreed periods, to promote public health messages .

There are **two** elements to the promotion of healthy lifestyles service:

- 1. Opportunistic Intervention** – currently community pharmacists and pharmacy staff provide opportunistic verbal advice and written materials (if appropriate) to patients presenting prescriptions and to general pharmacy visitors to promote a healthy lifestyle.
- 2. Targeted Campaign Based Service** – in addition to the above, community pharmacists and pharmacy staff will pro-actively deliver a schedule of healthy lifestyle campaigns each year. This schedule will be aligned with health promotion priorities identified by the Public Health Agency (PHA), and agreed by HSCB and Community Pharmacy Northern Ireland (CPNI) each year. A total of up to six campaigns will be promoted each year



## 2. Background

The Northern Ireland five-year strategy for community pharmacy<sup>1</sup> “Making it better through pharmacy in the community” has set out a number of aims, one of which is to **help people live longer, healthier lives**. With this in mind, the strategy has set a strategic goal:

*“To provide people with access to advice and support from pharmacists in the community, promoting public health, self-care, improved health and well-being and preventing illness.”*

The recent review of health and social care in Northern Ireland which led to the Transforming Your Care<sup>2</sup> (TYC) proposals has also recommended an enhanced role for pharmacy with greater focus on health promotion and medicines management, to support patient centred care by helping people stay independent and well.

It is recognised that community pharmacies are well placed to provide a focal point for the provision of health advice, information and services to help people live longer, healthier lives. Community pharmacies are often open when other healthcare providers are unavailable and they offer convenient access to a trained healthcare professional without the need for an appointment.

Community pharmacies are embedded in their communities with over 30% located in disadvantaged areas. People regularly access pharmacy services; it is estimated that approximately 9% of the population in Northern Ireland visit community pharmacies each day. Studies show that people interact with

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<sup>1</sup> “Making it better through pharmacy in the community – A five year strategy for pharmacy in the community”  
[http://www.dhsspsni.gov.uk/making\\_it\\_better\\_through\\_pharmacy\\_in\\_the\\_community.pdf](http://www.dhsspsni.gov.uk/making_it_better_through_pharmacy_in_the_community.pdf)

<sup>2</sup> Transforming your care – A review of Health and Social Care in Northern Ireland”  
<http://www.transformingyourcare.hscni.net/wp-content/uploads/2012/10/Transforming-Your-Care-Review-of-HSC-in-NI.pdf>

community pharmacists at an average of 12 to 15 times each year, often using the same pharmacy each time. Community pharmacies are very often the first point of contact for many people with the health service and so they are a key resource to help patients within their communities live longer, healthier lives.

Through the **Living Well service** pharmacies can help address risk factors which contribute significantly to the overall prevalence of disease in Northern Ireland. Some of these issues include:

- High blood pressure
- Tobacco use
- Harmful misuse of alcohol
- High serum cholesterol
- Overweight
- Unhealthy diet
- Insufficient physical exercise
- Sexual health
- Substance misuse

**Many of these risk factors are related to health inequalities and lifestyle choices. The promotion of the Living Well service has a role to play in the identification and management of these risks, by providing information, advice and services which support improved self-care and health literacy.**

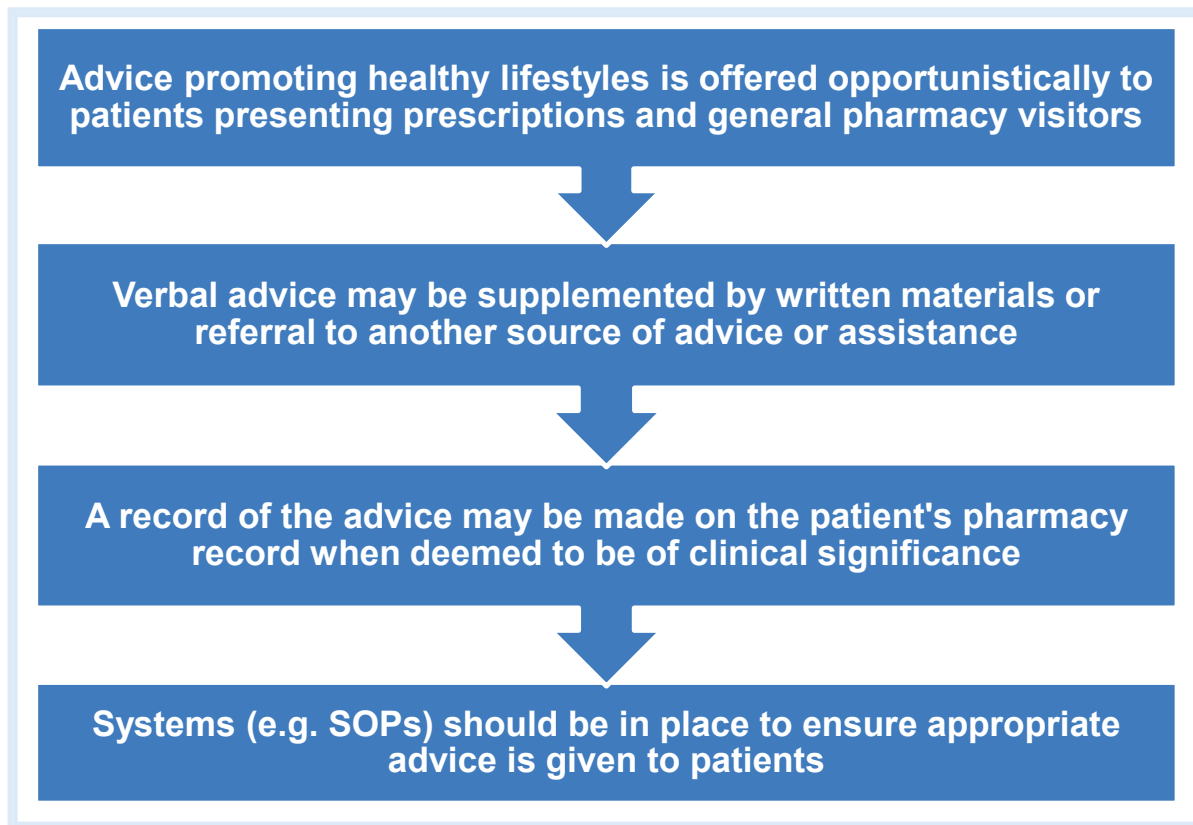
### 3. Aims and intended service outcomes

**The HSCB and CPNI have agreed the following aims and intended service outcomes for the “Living Well” service:**

- To increase patient and public knowledge and understanding of key healthy lifestyle and public health messages so they are empowered to take actions which will improve their health.
- To target the ‘hard to reach’ sectors of the population who are not frequently exposed to health promotion activities in other parts of the health or social care sector.
- To provide a health promoting environment in the community pharmacy with a health promotion area displaying health promotion campaign materials, to allow the public access to appropriate health information and support materials.
- To promote the messages of the targeted public health campaigns, space is made available in at least one window unit of the pharmacy for the full duration of each campaign unless by agreement with the Board because of unforeseen or special circumstances (e.g. in the absence of any suitable window).

## 4. Service overview

### 1. Opportunistic Intervention



To promote healthy lifestyles, community pharmacists and pharmacy staff should provide opportunistic verbal advice to patients who are presenting prescriptions and to general pharmacy visitors. Suitable patients and pharmacy visitors to whom advice may be offered include people:

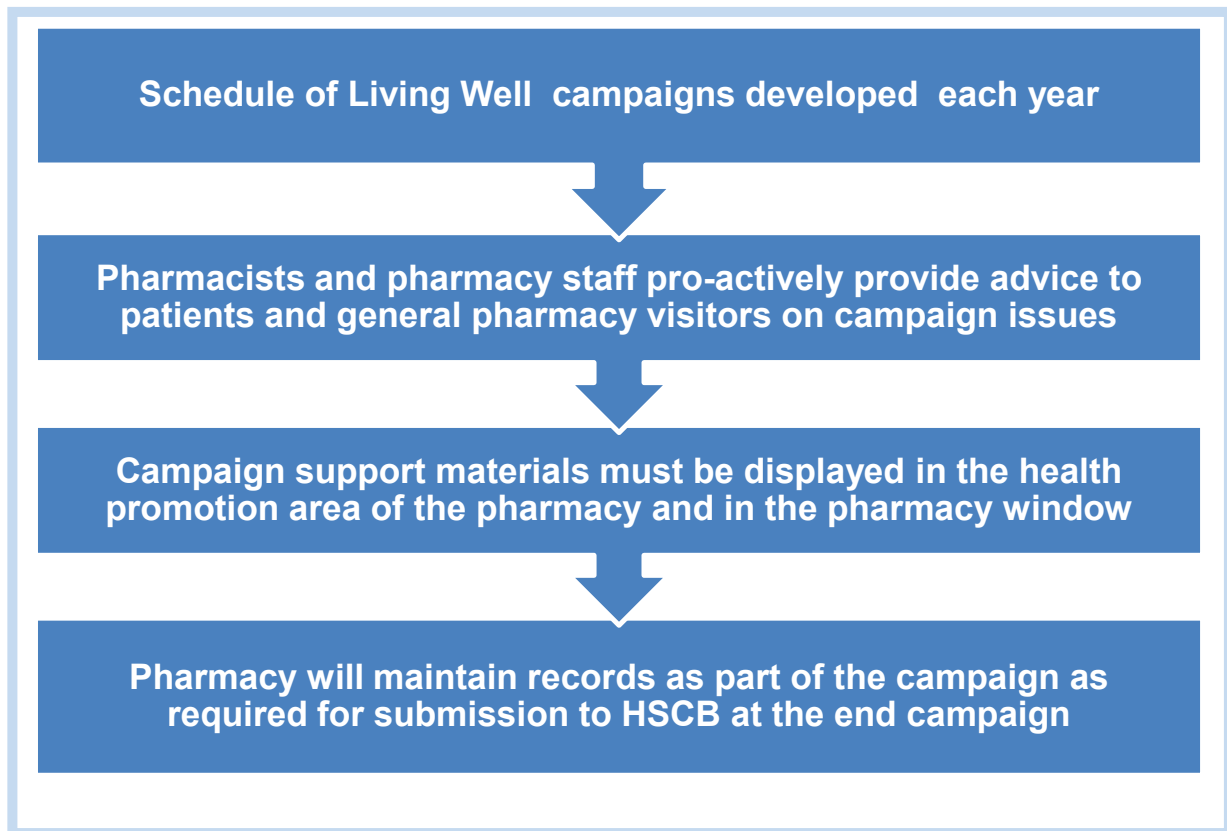
- with diabetes;
- at risk of coronary heart disease;
- with high blood pressure;
- who smoke;
- who are overweight.

If appropriate, the advice given may be supplemented by the provision of written materials such as patient information leaflets. Patients and pharmacy

visitors may also be referred on to another source of advice or to another health care professional who could offer further assistance.

For patients known to pharmacy staff and when the pharmacist deems it to be of clinical significance, a record of the advice given may be made on the patient's pharmacy record. The record should be in a form that facilitates service review and future follow-up care for the person who has been given the advice. This data should be made available to HSCB upon request.

## **2. Targeted Campaign Based Service**



Community pharmacists and pharmacy staff should pro-actively participate in the delivery of an agreed schedule of public health campaigns each year.

A campaign schedule will be developed each year and agreed by HSCB and CPNI. The schedule will be aligned with public health priorities identified by the PHA. A maximum of six campaigns will be promoted each year.

The HSCB/PHA will produce a campaign support pack to accompany each campaign. The packs, containing the campaign materials, will be distributed to community pharmacies in advance of each campaign.

Community pharmacists and pharmacy staff should provide information and advice on the campaign topic to patients presenting prescriptions and to general pharmacy visitors. This advice may be supplemented by providing the person receiving the advice with a copy of the campaign materials.

To participate effectively in each campaign, pharmacies must display the provided campaign materials and ensure they are readily available to the public. To enable this pharmacists are required to:

- Identify a specific area within the pharmacy that will be used as a “public health display area”. This area should be clearly sign-posted and accessible to the public.
- Make space for campaign materials available in at least one window unit of the pharmacy for the full duration of the campaigns (unless by agreement with the HSCB because of unforeseen or special circumstances e.g. the absence of any suitable window).

The pharmacy should only use the campaign materials provided. Commercial advertising materials should not be used in the designated health promotion area and window space. Inclusion of any other materials in the health promotion area and window space should not distract from the health improvement message of the campaign. The campaign should not be used to promote any particular product.

As part of the evaluation of each campaign, pharmacies are required to maintain records that should be submitted to HSCB/PHA at the end of each

campaign. A template for the required information will be included in the campaign support pack. (Appendix 1)

A copy of the evaluation template for each campaign should be retained in a portfolio as evidence of participation in the campaign and should be presented, on request, to your Pharmacy Adviser if required.

**A written SOP should be in place which covers the identification of suitable people to be offered health improvement information as part of this service, to ensure appropriate advice is given. Health advice should include stopping smoking, reduction of alcohol intake, diet and nutrition, physical activity and weight management as appropriate.**

## 5. Campaign Support Packs

In preparation for the campaign, HSCB is providing £500 for each pharmacy in 18/19 to help them prepare for the display of resources and to publicise the campaigns. This must be used in total for the following :

- Preparation of an SOP
- Staff training
- Preparation of displays for pharmacy health promotion area
- Equipment to support window displays e.g. poster holders

A campaign support pack, developed by HSCB/PHA, will be sent to community pharmacies in advance of each of the health improvement campaigns. The support pack will provide:

### ➤ Overview of the campaign

This will help inform the rationale for the campaign and will clearly state the aims and objectives of the campaign.

### ➤ Details of target audience

It is important that campaign advice is targeted towards those who will benefit most. The pack will outline the campaign's target audience e.g. age-group, sex, socio-economic factors.

### ➤ Details of the key campaign message(s)

This will outline the specific information that should be communicated to patients and general pharmacy visitors to help promote living a healthier lifestyle.



➤ **Details of the campaign activities**

This will provide information on the procedure to follow during the campaign period.

➤ **Resources to support the campaign**

Posters for display in window of pharmacy, patient information leaflets for distribution and any additional resources will be included with the campaign pack.

➤ **Evaluation of campaign**

Information will be provided on the records that should be maintained as part of the campaign. An evaluation template will be provided which should be submitted to HSCB at the end of each campaign.

## 6. PHA Schedule of Campaigns April 2019 – March 2020

| Campaign Dates | April 2019 | May 2019 | June 2019 | July 2019 | August 2019 | September 2019 | October 2019 | November 2019 | December 2019 | January 2020 | February 2020 | March 2020 |
|----------------|------------|----------|-----------|-----------|-------------|----------------|--------------|---------------|---------------|--------------|---------------|------------|
| Campaign 1     |            |          |           |           |             |                |              |               |               |              |               |            |
| Campaign 2     |            |          |           |           |             |                |              |               |               |              |               |            |
| Campaign 3     |            |          |           |           |             |                |              |               |               |              |               |            |
| Campaign 4     |            |          |           |           |             |                |              |               |               |              |               |            |
| Campaign 5     |            |          |           |           |             |                |              |               |               |              |               |            |
| Campaign 6     |            |          |           |           |             |                |              |               |               |              |               |            |

## 7. Community Pharmacy Schedule of Campaigns

| Campaign Dates | April 2019 | May 2019 | June 2019 | July 2019 | August 2019 | September 2019 | October 2019 | November 2019 | December 2019 | January 2020 | February 2020 | March 2020 |
|----------------|------------|----------|-----------|-----------|-------------|----------------|--------------|---------------|---------------|--------------|---------------|------------|
| Campaign 1     |            | Yellow   |           |           |             |                |              |               |               |              |               |            |
| Campaign 2     |            |          | Green     |           |             |                |              |               |               |              |               |            |
| Campaign 3     |            |          |           |           | Pink        |                |              |               |               |              |               |            |
| Campaign 4     |            |          |           |           |             |                | Blue         |               |               |              |               |            |
| Campaign 5     |            |          |           |           |             |                |              |               | Orange        |              |               |            |
| Campaign 6     |            |          |           |           |             |                |              |               |               |              | Purple        | Purple     |

Appendix 1: Living Well Campaigns Evaluation Template



Community Pharmacy Living Well Campaigns Evaluation Template 2019/20

| Campaign topic  | Campaign date | From:           |            | To:     |        | Action (+)              |  | Additional Notes |
|-----------------|---------------|-----------------|------------|---------|--------|-------------------------|--|------------------|
|                 |               | Date of Contact | Gender (+) | Leaflet | Advice | Referral if appropriate |  |                  |
| Customer number |               | Male            | Female     | Other   |        |                         |  |                  |
| 1               |               |                 |            |         |        |                         |  |                  |
| 2               |               |                 |            |         |        |                         |  |                  |
| 3               |               |                 |            |         |        |                         |  |                  |
| 4               |               |                 |            |         |        |                         |  |                  |
| 5               |               |                 |            |         |        |                         |  |                  |
| 6               |               |                 |            |         |        |                         |  |                  |
| 7               |               |                 |            |         |        |                         |  |                  |
| 8               |               |                 |            |         |        |                         |  |                  |
| 9               |               |                 |            |         |        |                         |  |                  |
| 10              |               |                 |            |         |        |                         |  |                  |
| 11              |               |                 |            |         |        |                         |  |                  |
| 12              |               |                 |            |         |        |                         |  |                  |
| 13              |               |                 |            |         |        |                         |  |                  |
| 14              |               |                 |            |         |        |                         |  |                  |
| 15              |               |                 |            |         |        |                         |  |                  |
| 16              |               |                 |            |         |        |                         |  |                  |
| 17              |               |                 |            |         |        |                         |  |                  |
| 18              |               |                 |            |         |        |                         |  |                  |
| 19              |               |                 |            |         |        |                         |  |                  |
| 20              |               |                 |            |         |        |                         |  |                  |
| 21              |               |                 |            |         |        |                         |  |                  |
| 22              |               |                 |            |         |        |                         |  |                  |
| 23              |               |                 |            |         |        |                         |  |                  |
| 24              |               |                 |            |         |        |                         |  |                  |
| 25              |               |                 |            |         |        |                         |  |                  |
| 26              |               |                 |            |         |        |                         |  |                  |
| 27              |               |                 |            |         |        |                         |  |                  |
| 28              |               |                 |            |         |        |                         |  |                  |
| 29              |               |                 |            |         |        |                         |  |                  |
| 30              |               |                 |            |         |        |                         |  |                  |
| 31              |               |                 |            |         |        |                         |  |                  |
| 32              |               |                 |            |         |        |                         |  |                  |
| 33              |               |                 |            |         |        |                         |  |                  |
| 34              |               |                 |            |         |        |                         |  |                  |
| 35              |               |                 |            |         |        |                         |  |                  |
| 36              |               |                 |            |         |        |                         |  |                  |
| 37              |               |                 |            |         |        |                         |  |                  |
| 38              |               |                 |            |         |        |                         |  |                  |
| 39              |               |                 |            |         |        |                         |  |                  |
| 40              |               |                 |            |         |        |                         |  |                  |
| <b>Total</b>    |               |                 |            |         |        |                         |  |                  |

Complete all relevant boxes for each customer. You should also retain a copy of your campaign evidence with your portfolio of evidence to be presented on request to your Pharmacy Adviser. Please send a copy of this form to your local office, see below for contact details.

| Belfast & South Eastern   | South   | North  | West  |
|---|---|--|---|
| Rachel Murphy<br>Business Support<br>Integrated Care<br>12-22 Linenhall Street<br>Belfast<br>BT2 8BB<br>Tel: 028 9556 5555<br>Email:<br>Rachel.Murphy@hscni.net | Janice Brown<br>Business Support<br>Integrated Care<br>Tower Hill<br>Armagh<br>BT64 5DR<br>Tel: 028 9556 2104<br>Email:<br>Janice.Brown@hscni.net | Kathryn Bradley<br>Business Support<br>Integrated Care<br>County Hall<br>182 Geigorm Road<br>Ballymena BT42 1QB<br>Tel: 028 9556 2824<br>Email:<br>Kathryn.Bradley@hscni.net | Jacquelyn Bellard<br>Business Support<br>Integrated Care<br>Grange Park House<br>13 Grange Park Clooney Road<br>Londonderry BT47 6PH<br>Tel: 028 9556 5055<br>Email:<br>Jacquelyn.Bellard@hscni.net |

## COMMUNITY PHARMACY SERVICE: LIVING WELL CAMPAIGNS CONTRACT

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### **Please note:**

Contractors must ensure that the service is provided in accordance with the service specification and operate in accordance with all relevant Acts of Parliament, statutory regulations or other laws. As the service is developed, contractors will be expected to comply with guidance that has been formulated in consultation with Community Pharmacy Northern Ireland.

This document comprises the agreement between the Health and Social Care Board (purchaser) and the pharmacy contractor (provider).

### **Indemnities**

The provider hereby agrees to indemnify the purchaser against any claims for damages for loss, damage, injury (including death), plus all associated costs arising out of the acts or omissions of the provider, his servants or agents.

### **Information Requests**

The information gathered will be used to evaluate the scheme. All documentation is open to evaluation at any point.

### **Period of contract**

This contract may be terminated by either the purchaser or the provider by giving notice of 1 week.

### **Remuneration**

Payment of £500 is available to each community pharmacy contractor upon submission of this signed contract to your local HSCB office by 31<sup>st</sup> January 2019.

### **Verification and Clawback**

The HSCB will be monitoring compliance with the requirements of this contract. Where the HSCB identifies failure to comply, the HSCB reserves the right to recover all, or part of, this funding.

## COMMUNITY PHARMACY SERVICE: LIVING WELL CAMPAIGNS

### Signing of the Agreement

This document comprises the agreement between the Health and Social Care Board (purchaser) and the pharmacy contractor (provider).

I would like to participate in the above service. I confirm that the appropriate Standard Operating Procedure is in place and a suitable health promotion area and window space is available. I will ensure the pharmacy is prepared to host the planned campaigns with appropriate supporting fixtures and fittings, using the full £500 provided by HSCB to the pharmacy contractor. I confirm the pharmacist(s) providing the service have achieved the agreed competencies for the service and will maintain competence on a continuous basis through commitment to CPD.

Name of pharmacy contractor provider: \_\_\_\_\_

Contact person(s) for queries in  
respect of the service (please print) \_\_\_\_\_

Contractor number \_\_\_\_\_

E-mail contact \*\* \_\_\_\_\_

*\*\* Email addresses must be provided. This enables newsletters, updates and regular correspondence in relation to running the campaigns to be sent to the pharmacy by Public Health Agency.*

Pharmacist's Signature \_\_\_\_\_

Date \_\_\_\_\_

Pharmacy Stamp



Signed on behalf of the HSCB: \_\_\_\_\_ Date: \_\_\_\_\_

Please select the resources that you will be able to utilise in your pharmacy:

A3 posters (size 297mm x 210mm) will be supplied in Living Well campaign packs. If you prefer larger sized posters please indicate below.

Leaflets will be supplied in packs of 100. If you prefer additional leaflets please indicate below:

Contractor number :

| Tick if required | Resource                        |
|------------------|---------------------------------|
|                  | A1 posters (size 841mm x 594mm) |
|                  | A2 posters (size 420mm x 297mm) |
|                  | 200 leaflets                    |

Please return signed contract by 31/01/2019 to your local Office, see below for contact details.

| <b>Belfast &amp; South Eastern</b>  | <b>South</b>  | <b>North</b>   | <b>West</b>   |
|---|---|--|---|
| Rachel Murphy<br>Business Support<br>Integrated Care<br>12-22 Linenhall Street<br>Belfast<br>BT2 8BS<br>Tel: 028 9536 3338<br>Email:<br>Rachel.Murphy@hscni.net | Janice Brown<br>Business Support<br>Integrated Care<br>Tower Hill<br>Armagh<br>BT61 9DR<br>Tel: 028 9536 2104<br>Email:<br>Janice.Brown@hscni.net | Kathryn Bradley<br>Business Support<br>Integrated Care<br>County Hall<br>182 Galgorm Road<br>Ballymena BT42 1QB<br>Tel: 028 9536 2824<br>Email:<br>Kathryn.Bradley@hscni.net | Jacquelynn Ballard<br>Business Support<br>Integrated Care<br>Gransha Park House<br>15 Gransha Park Clooney Road<br>Londonderry BT47 6FN<br>Tel: 028 9536 1053<br>Email:<br>Jacquelynn.Ballard@hscni.net |

# **Safer Community Pharmacies for staff and patients**

## **Grant Funding Allocation**

**January 2019**



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## **1. Background**

A safe and secure environment is an essential need for all healthcare staff and a critical foundation for transformation. This proposal aims to support enhanced measure to protect community pharmacy staff, customers and premises from attacks. This is in response to the increasing occurrence of aggressive, violent and dangerous incidents in community pharmacy. Urgent measures are necessary to provide adequate security and reassurance to community pharmacies and their staff.

## **2. Grant outline**

The purpose of this grant funding allocation is to describe how a number of elements will help to enhance the safety of pharmacists, pharmacy staff and the public attending community pharmacies.

## **3. Grant description**

The pharmacy must be approved by the HSCB. This is via a declaration signed by both the HSCB and the pharmacy.

### **3.1 Security policies and procedures**

Written policies and procedures must be in place regarding pharmacy security and should cover the following areas:

- Staff training
- Security equipment
- Emergency responses
- Incident reporting
- Incident review
- Pharmacy security assessment
- Lone working procedures

### **3.2 Training on pharmacy security policies and procedures**

The pharmacy contractor must ensure that staff members are **fully trained** (and retrained at least annually) to ensure that they are aware of the policy and procedures.

Staff training is critical to prevent and respond effectively to security breaches. Training includes initial training, staff induction and periodic review / refresher of skills. Training should include instruction on:

- Operation of security related equipment
- What to do in the event of a pharmacy security breach
- How to handle potential precursors to robbery (e.g. the presence of suspicious customers)

### **3.2 Security assessment**

An objective security assessment of the pharmacy premises will help increase the security of the pharmacy and allow the pharmacy contractor to evaluate risk and take precautions to ensure appropriate security standards.

The security assessment must be undertaken annually using the HSCB self-assessment template provided (Appendix Two). Additional assessments will be required in the event of a security breach.

A record of the current completed security assessment should be maintained in the pharmacy and made available to HSCB upon request.

### **3.3 Security equipment**

Security equipment must be checked on a regular basis, as per the manufacturer's guidelines, to ensure that it is in good working order and meets the standards required.

Where CCTV is used this must be registered with the Information Commissioner's Office.

### **3.4 Signage**

The following notices should be clearly displayed within the pharmacy where appropriate:

- Zero tolerance to abuse / violence
- Time delay safes on site
- Monitored CCTV
- Monitored Alarm / panic button
- Unacceptable behaviour will be reported to the Police and CCTV images gathered may be used for the purposes of prosecution

#### **4. Remuneration**

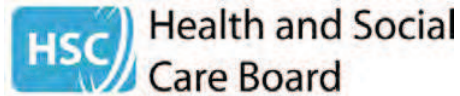
Payment of £1,500 is available to each community pharmacy contractor upon submission of Appendix 1 to your local HSCB Office by 31<sup>st</sup> January 2019.

**Please Note:** This grant is provided from transformation funding made available for 2018/19 only. Payment cannot be made for any claims made after 31<sup>st</sup> March 2019.

#### **5. Verification and clawback**

The HSCB will be monitoring compliance with these requirements. Where the HSCB identifies failure to comply, the HSCB reserves the right to recover all, or part of, this grant funding.

Appendix One



**Safer Community Pharmacies for staff and patients  
Grant Funding Allocation**

**DECLARATION OF COMPLIANCE**

---

**Pharmacy Details**

|                   |  |
|-------------------|--|
| Contractor Number |  |
| Pharmacy Name     |  |
| Pharmacy Address  |  |

---

**Declaration of Compliance:**

I can confirm that the funding will be used to enable the pharmacy to fully meet the requirements of the HSCB Safer Community Pharmacies for Staff and Patients Grant Funding Allocation.

I understand that where the HSCB identifies failure to comply, the HSCB reserves the right to recover all, or part of, this grant funding via an adjustment to the pharmacy's BSO payment account.

Signed on behalf of the pharmacy: \_\_\_\_\_

Position: \_\_\_\_\_ Date: \_\_\_\_\_

**This form to be returned to your Practice Support Manager at your local HSCB Office by 31<sup>st</sup> January 2019.**

Signed on behalf of the HSCB: \_\_\_\_\_ Date: \_\_\_\_\_

# **Connecting Community Pharmacy to the HSC Network**

## **Grant Funding Allocation**

**January 2019**

## Content

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## 1. Background

For the community pharmacy transformation programme to succeed, ICT reform is required. As part of this reform, funding is being made available to community pharmacies to help prepare for connection to the BSO Secure Web Portal which will provide community pharmacy with access to a variety of electronic services such as the Northern Ireland Electronic Care Record (NIECR), HSCNI secure email and the FPPS Pharmacy Payments System. This will be accessed via a secure network connection using a Cryptocard.

## 2. Grant Aim

The purpose of this grant funding allocation is to support community pharmacy in their preparation for connection and integration to the HSC network.

## 3. Grant Description

### 3.1 Equipment /software requirements

In order to ensure the community pharmacy network is enabled to deliver a successful connection to the BSO Secure Web Portal, pharmacy contractors must ensure that the equipment/software used in the pharmacy meets the following minimum requirements for connection:

- At least 1 PC running a compatible version of Microsoft Windows. At present only the following Windows versions are accepted:
  - Windows 7 (32 and 64 bit versions)
  - Windows 8 or 8.1 (32 and 64 bit versions)
  - Windows 10 (32 and 64 bit versions)
- Working Internet connection
- Internet Explorer program installed on your PC. All users are advised that Version 11 is the only version of Internet Explorer recommended by BSO for external connection as it is the only version currently supported by Microsoft. No other web browsers are currently compatible for allowing external connection.
- An up-to-date and active anti-virus program installed. Please see attached current list of approved anti-virus software

***An information guide detailing how to check the above requirements is included in Appendix B.***



### **3.2 Audit**

- Pharmacy contractors must carry out a self-audit of currently installed system software structure and where necessary, procure any equipment/software needed to meet the minimum requirements for connection.
- The audit for completion is included in Appendix A.

### **3.3 Secure connection**

Community pharmacy contractors must adopt the Cryptocard provided to access a secure network connection, which will facilitate the following:

- Connection to HSCnet
- Receiving Drug Alerts electronically
- Secure email to facilitate information exchange between community pharmacy and other providers
- Secure email to facilitate the implementation of new services
- Access to NIECR in community pharmacies
- FPPS Payment Portal
- Regular system updates

## **4. Remuneration**

Payment of £3000 is available to each community pharmacy contractor upon submission of Appendix A – Pharmacy IT Audit, Declaration & Claim Form to your local HSCB Office.

**Please Note: This grant is provided from transformation funding made available for 2018/19 only. Payment cannot be made for any claims made after 31<sup>st</sup> March 2019.**

## **5. Cryptocard**

Once your completed form (Appendix A) has been returned, you will be sent a Portal User Agreement. Upon submission of signed User Agreement, a pharmacy visit will then be organised to deliver your Cryptocard and establish a connection to the BSO Secure Web Portal. An information pack will be provided and system access will be demonstrated at this visit.

**Community Pharmacies must establish a successful connection within 1 month of receiving the Cryptocard.**

## **6. Verification**

If a successful connection is not established within the agreed timeframe, barring factors outside of the pharmacy's control, any funding paid will be recouped via an adjustment to your BSO payment account.

**Appendix A**  
**Connecting Community Pharmacy to the HSC Network**  
**Grant Funding Allocation**  
**Pharmacy IT Audit, Declaration & Claim Form**

**Pharmacy Details**

|                   |  |
|-------------------|--|
| Contractor Number |  |
| Pharmacy Name     |  |
| Pharmacy Address  |  |

**System Audit Details –**

|   |          |
|---|----------|
| PC running a compatible version of MS Windows | Yes / No |
| Version of Windows on PC                      |          |
| Working Internet connection                   | Yes / No |
| Version 11 of Internet Explorer on PC         | Yes / No |
| Approved Anti-Virus Program on PC             | Yes / No |
| Name & Version of Anti-Virus Program          |          |

**Declaration**

I confirm that the above named pharmacy meets the minimum requirements to connect to the Pharmaceutical Secure Web Portal.

I confirm that the above named pharmacy does not currently meet the minimum requirements to connect to the Pharmaceutical Secure Web Portal, but will procure the necessary hardware/software to do so before 28 February 2019.

I understand that by claiming this funding, the pharmacy is committing to using the secure web portal as described in the grant funding allocation, and must establish a successful connection within 4 weeks of receipt of the pharmacy Cryptocard. I understand that if a successful connection is not made within 4 weeks, any funding paid to the pharmacy will be recouped via an adjustment to my BSO payment account.

**Signed on behalf of the pharmacy:** \_\_\_\_\_

**Position:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Completed Appendix A to be returned to your Practice Support Manager at  
your local HSCB Office before 01 February 2019**

## 7. Appendix B - Information Guide

### How to Check Version of Microsoft Windows:

1. On the taskbar at the bottom of your screen, click Start
2. Then click Run
3. In the Run dialog box, type winver
4. Click ok
5. A dialog box displays the version you are running

### How to Check Internet Explorer Version:

6. Open Internet Explorer.
7. Click the Settings gear or Help.
8. Click About Internet Explorer.
9. Look for the "Version:" number.

### How to Check Antivirus Software:

1. Click on the 'start menu'
2. Select control panel and change 'view settings' to large icons
3. Click on 'Action Centre'
4. Click on 'Security' dropdown heading to reveal Antivirus Software
5. To check antivirus software version, open software to check product version (can often be accessed by double clicking on antivirus software icon on taskbar at bottom of screen. This should open the program allowing you to check the product version)
6. The list of approved antivirus software and versions can be accessed on the BSO website at the following address:

<http://www.hscbusiness.hscni.net/services/2799.htm>

**Local HSCB Office Addresses – Please return your completed Appendix A form to your local office, marked for the attention of the Pharmacy PSM.**

#### **Eastern HSCB Office**

(Belfast and South East Areas)  
12-22 Linenhall Street  
Belfast  
BT2 8BS

#### **Northern HSCB Office**

County Hall  
182 Galgorm Road  
Ballymena  
BT42 1QE.

#### **Southern HSCB Office**

Tower Hill  
BT61 9DR.  
Armagh

#### **Western HSCB Office**

Gransha Park House  
15 Gransha Park  
Clooney Road  
Derry  
BT47 6FN.

### **Enquiries**

If you would like to discuss any aspect of the pharmacy IT grant funding allocation process, please contact the Practice Support Manager in your local HSCB office in the first instance.

**Safer Community Pharmacies for Staff and Patients: Community Pharmacy Self- Assessment**

*Please take a few minutes to go through this risk assessment and if you answer 'no' or 'don't know' to any of these questions, appropriate remedial action should be taken.*

**Pharmacy Details**

|                |  |
|----------------|--|
| Pharmacy Name: |  |
| Address:       |  |
| Completed by:  |  |
| Date:          |  |

**General Security**

|   | Yes | No | Don't know | n/a |
|---|-----|----|------------|-----|
| Has a full risk evaluation survey of your premises been undertaken in the last two years?   |     |    |            |     |
| Have you been in contact with your local police sources or with approved installers from the security industry on any security measures that you may require? |     |    |            |     |
| Have you sought professional advice on the siting, quality, and capacity of security equipment necessary to meet the risk level?                              |     |    |            |     |
| Have you taken steps to address any areas identified as being particularly vulnerable to vandalism or forced entry?   |     |    |            |     |
| Do you provide training and safety advice to your staff?  |     |    |            |     |
| Do you carry out refresher training for this at least once a year?  |     |    |            |     |

**Retail Related Crime**

|  | Yes | No | Don't know | n/a |
|--|-----|----|------------|-----|
| Have your staff received PSNI led Safe Shop Scheme training? |     |    |            |     |

### External Environment

|   | Yes | No | Don't know | n/a |
|---|-----|----|------------|-----|
| Are the boundary walls, fences and gates of the premises regularly inspected to ensure that they have not been damaged and that their security capacity has not been compromised? |     |    |            |     |
| Have you installed security lights on your premises and do you make regular inspections of the lighting to ensure that it is in good working order?                               |     |    |            |     |
| Are the premises in good general repair?  |     |    |            |     |
| Has consideration been given to protecting/eliminating recessed doorways, concealed yards, shrubs, planted areas and similar features that can give cover to intruders?           |     |    |            |     |
| Are the premises regularly checked for neglect and kept clear of rubbish?   |     |    |            |     |
| Have you checked that the siting of outbuildings, bin shelters and other potential climbing aids do not offer a means of access?  |     |    |            |     |

### Building Security

|   | Yes | No | Don't know | n/a |
|---|-----|----|------------|-----|
| Are all doors of a sufficiently solid nature and adequately secured against potential break-in?   |     |    |            |     |
| Do all the locks, bolts and other door furniture meet the necessary security standards for the level of risk?                           |     |    |            |     |
| Are all of the locks frequently inspected to ensure that they are in full working order?  |     |    |            |     |
| Is the locking up procedure of the premises under the control of competent staff?   |     |    |            |     |
| When external doors are closed are all keys removed from the premises or adequately supervised and protected?                           |     |    |            |     |
| Do you limit key holding to specific people and have adequate key control systems in place?   |     |    |            |     |
| Are the frame structures of all windows fully secure and fitted with quality locks or limiters and do they meet the security standards? |     |    |            |     |
| Have you considered security bars or grilles particularly for the most vulnerable windows?  |     |    |            |     |
| Do you regularly check the bars, grilles, and surrounding masonry for weaknesses and deterioration?                                     |     |    |            |     |

### Alarms and Alarm Communication

|   | Yes | No | Don't know | n/a |
|---|-----|----|------------|-----|
| Do you have an alarm system installed which meets the following standard?<br>BS EN 50131 PD6662 grade 3 system for police response (Hold-Up & Intruder)   |     |    |            |     |
| Are all areas of the main buildings included in the alarm coverage?   |     |    |            |     |
| Does your alarm's performance meet police requirements and minimise the incidents of false alarms?  |     |    |            |     |
| Are the names and details of key holders to be contacted in case of emergency logged?   |     |    |            |     |
| Is the alarm system set and un-set solely by designated personnel, trained for the task?  |     |    |            |     |
| Is the alarm system inspected and maintained regularly?   |     |    |            |     |
| Do you use a central alarm monitoring station?  |     |    |            |     |
| If you are about to purchase an alarm system, have you obtained more than one quote from reputable dealers and asked whether the installers are members of a recognised independent body?   |     |    |            |     |
| Is the installation and maintenance company compliant with PSNI security system requirements? see <a href="https://www.psni.police.uk/advice_information/security-systems/">https://www.psni.police.uk/advice_information/security-systems/</a> |     |    |            |     |

### CCTV

|   | Yes | No | Don't know | n/a |
|---|-----|----|------------|-----|
| Do you have CCTV installed to the following standard?<br>BE EN 50132-7: 2012+ A1:3013 <i>CCTV surveillance systems for use in security applications</i> |     |    |            |     |
| Does your system suit the existing level of risk and lighting conditions?   |     |    |            |     |
| Are all cameras regularly checked to ensure that they are in good working order?  |     |    |            |     |
| Have you sought professional advice on the siting of cameras, remote monitoring, and the latest technology?   |     |    |            |     |
| Do you adhere to the police and data protection requirements for recordings to be used in court?  |     |    |            |     |
| Have you registered your CCTV system with the Information Commissioner?   |     |    |            |     |

### Controlled Drugs

|   | Yes | No | Don't know | n/a |
|---|-----|----|------------|-----|
| Are controlled drugs stored in accordance with the requirements of the Misuse of Drugs (Safe Custody)(Northern Ireland) Regulations 1973?   |     |    |            |     |
| Is your controlled drugs time delay safe installed to BS/EN 1143 standard?  |     |    |            |     |
| Is the time-delay mechanism always activated and the code changed regularly?  |     |    |            |     |
| Is the capacity of the safe sufficient to meet the current needs of the pharmacy?   |     |    |            |     |
| Is there a policy for the storage of keys for the safe, including out-of-hours?   |     |    |            |     |
| Do you ensure that the stock of other controlled drugs and other drugs liable to abuse / misuse is maintained at levels adequate to meet patient need but not excessive, and these are stored in the safe where possible? |     |    |            |     |
| Do you conduct regular audits of drugs liable to abuse / misuse?  |     |    |            |     |

### Consultation areas / rooms

|   | Yes | No | Don't know | n/a |
|---|-----|----|------------|-----|
| If the consultation room / area is accessed via the dispensary, are there procedures in place to manage this?                             |     |    |            |     |
| Are there procedures in place to manage the use of the consultation area / room in order to ensure the safety of both patients and staff? |     |    |            |     |

### Property Marking

|  | Yes | No | Don't know | n/a |
|--|-----|----|------------|-----|
| Have you clearly publicised at all points of access the security measures that have been taken?  |     |    |            |     |
| Have you recorded all details of electronic/computer equipment e.g. make, model and serial number, and kept this record in a safe place? |     |    |            |     |

### Personal security

|  | Yes | No | Don't know | n/a |
|--|-----|----|------------|-----|
| Are staff trained in the safe opening / closing of the premises?                             |     |    |            |     |
| Are staff trained in how to deal with a robbery / attack?                                    |     |    |            |     |
| Have all key holders been briefed to check that requests to attend the premises are genuine? |     |    |            |     |
| Do you operate a Lone Worker policy?   |     |    |            |     |

### Robbery Prevention

|   | Yes | No | Don't know | n/a |
|---|-----|----|------------|-----|
| Have you removed advertising / posters etc. from the windows that obstruct the view of staff and passers-by?  |     |    |            |     |
| Do you take steps to make sure you don't hold large amounts of cash in your till?   |     |    |            |     |
| Do you use a drop safe to securely store takings until they are checked and prepared for banking?   |     |    |            |     |
| Do you ensure that the keys for the drop safe are not stored in the till safe?  |     |    |            |     |
| Does cashing up take place in a secure room with the door locked?   |     |    |            |     |
| Do you use a professional cash carrying company for banking?  |     |    |            |     |
| Are tills fixed below counter level or have till guards fitted?   |     |    |            |     |
| Do you have in place signage around your premises such as "Time Delay Safes", "CCTV", "alarm systems", "Staff do not have unrestricted access to the safe"? |     |    |            |     |
| Are your staff fully trained in what to do if they find something suspicious or if they come under attack?  |     |    |            |     |
| Is the CCTV on your premises near the main front door facing inwards?   |     |    |            |     |
| Are the cameras covering all vulnerable points including till and safes?  |     |    |            |     |



### Cyber Crime

|   | Yes | No | Don't know | n/a |
|---|-----|----|------------|-----|
| Do you have current and updated anti-virus software on your computer or network?  |     |    |            |     |
| Have you configured your system to receive auto updates and patches from software providers?  |     |    |            |     |
| Do you have a firewall installed?   |     |    |            |     |
| Do you have strong passwords and password management?   |     |    |            |     |
| Have you joined the Cyber Information Sharing Partnership (CISP – <a href="http://www.ncsc.gov.uk/cisp">www.ncsc.gov.uk/cisp</a> ) to receive the latest threat advice?   |     |    |            |     |
| Have you introduced the free Government Cyber Essentials accreditation to ensure you have the basic IT hygiene requirements? ( <a href="http://www.gov.uk/government/publications/cyber-essentials-scheme-overview">www.gov.uk/government/publications/cyber-essentials-scheme-overview</a> ) |     |    |            |     |

### Fraud

|  | Yes | No | Don't know | n/a |
|--|-----|----|------------|-----|
| Do you shred all confidential waste?   |     |    |            |     |
| Do you have password protection and restricted access to confidential documents? |     |    |            |     |
| Do you have delegated limits on some categories of expenditure?                  |     |    |            |     |
| Do you conduct audit exercise on a regular basis?                                |     |    |            |     |

### **Further information:**

*Further information on crime prevention is available on the Police Service's website at: [https://www.psn.police.uk/advice\\_information/business-crime/](https://www.psn.police.uk/advice_information/business-crime/)*

*If you would like any crime prevention advice following completion of this self-assessment or safe shop scheme training for your staff then please contact your crime prevention officer on 101.*

**Improving Medicines Safety  
Falsified Medicines Directive  
Implementation Phase**

**Grant Funding Allocation**

**January 2019**

## **Content**

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## 1. Background

The EU Falsified Medicines Directive (2011/62/EU) (FMD) was adopted in 2011 and introduced new harmonised measures to ensure that medicines in the European Union (EU) are safe and that trade in medicines is properly controlled. This European Union Directive aims to prevent the entry into the legal supply chain of falsified medicinal products.

On 9<sup>th</sup> February 2016, the Commission Delegated Regulation (EU) 2016/16<sup>1</sup> was published, which sets out detailed rules for new safety features to appear on the packaging of medicinal products intended for human use. Member States have until 9<sup>th</sup> February 2019 to implement the final part of the Directive, the 'safety features' Delegated Regulation.

Two crucial elements of this Directive for community pharmacy are:

- a unique identifier (a 2D data matrix code and human readable information) that must be scanned at fixed points along the supply chain; and,
- an anti-tampering device allowing verification of whether the packaging of a medicinal product has been tampered with.

Implementation of FMD will require community pharmacists to scan products at the point of supply to patients. This will require a minimum of one scanner per community pharmacy and will also have workload implications for pharmacy staff with an average of 2 medicine scans estimated per prescription.

<sup>1</sup>

[https://ec.europa.eu/health/sites/health/files/files/eudralex/vol1/reg\\_2016\\_161/reg\\_2016\\_161\\_en.pdf](https://ec.europa.eu/health/sites/health/files/files/eudralex/vol1/reg_2016_161/reg_2016_161_en.pdf)

## 2. Grant outline

The purpose of this grant funding allocation is to support community pharmacies in the implementation of the Falsified Medicines Directive

## 3. Grant description

The pharmacy must be approved by the HSCB. This is via a declaration signed by both the HSCB and the pharmacy

### **3.1 Equipment**

Funding of £3,000 per contractor will be made available to provide pharmacies with the barcode scanners, IT changes and monthly maintenance fees to support the implementation of the Falsified Medicines Directive.

Contractors are free to purchase barcode scanners of their choice; a complete list of FMD suppliers is available at the link below:

<https://fmdsource.co.uk/suppliers/>

### **3.2 Scanning**

In order to comply with the requirements of FMD, pharmacy contractors will be required as part of the dispensing process (from 9th February 2019 and for products that bear “safety features”) to:

- Check the anti-tampering device (ATD) to ensure it is intact prior to dispensing. This is a simple visual inspection.
- Change the status of the pack in the UK’s National Medicines Verification System\* from “active” to “inactive—supplied”. This involves scanning the 2D barcode on each pack and communicating with the National Medicine Verification System (NMVS).

### **3.3 Standard Operating Procedures (SOPs)**

- It will be up to individual contractors to determine the best process for scanning medications within their pharmacies. The pharmacy must update their Standard Operating Procedures (SOPs) to reflect the approach to FMD processes adopted within the particular pharmacy.
- All staff involved in the dispensing process need to be aware of any changes to these SOPs.

Further information on the implementation of the Falsified Medicines Directive within community pharmacy is available at the link below:

<https://pharmacyfmd.files.wordpress.com/2018/08/fmd-cp-working-group-way-forward-paper-jan-18-public-v1-0-final.pdf>

#### **4. Remuneration**

Payment of £3,000 is available to each community pharmacy contractor upon submission of Appendix 1 to your local HSCB Office by 31<sup>st</sup> January 2019.

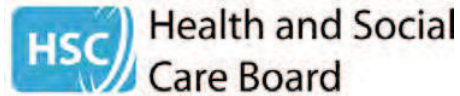
**Please Note:** This grant is provided from transformation funding made available for 2018/19 only. Payment cannot be made for any claims made after 31<sup>st</sup> March 2019.

#### **5. Verification and clawback**

HSCB will be collating data on the compliance of the Northern Ireland community pharmacy network with the Falsified Medicines Directive and will also be reviewing data from the central FMD database.

Where the HSCB identifies failure to comply, the HSCB reserves the right to recover all, or part of, this grant funding.

Appendix One



**Falsified Medicines Directive  
Grant Funding Allocation  
DECLARATION OF COMPLIANCE**

---

**Pharmacy Details**

|                   |  |
|-------------------|--|
| Contractor Number |  |
| Pharmacy Name     |  |
| Pharmacy Address  |  |

---

**Declaration of Compliance:**

I can confirm that IT equipment will be purchased to enable the pharmacy to meet the requirements of the HSCB FMD Grant Funding Allocation and so enable our pharmacy to be fully compliant with the Falsified Medicines Directive.

I understand that where the HSCB identifies failure to comply, the HSCB reserves the right to recover all, or part of, this grant funding via an adjustment to the pharmacy's BSO payment account.

Signed on behalf of the pharmacy: \_\_\_\_\_

Position: \_\_\_\_\_ Date: \_\_\_\_\_

**This form to be returned to your Practice Support Manager at your local HSCB Office by 31<sup>st</sup> January 2019.**

Signed on behalf of the HSCB: \_\_\_\_\_ Date: \_\_\_\_\_