

NHS Community Pharmacy Contractual Framework Enhanced Service – Supervised Administration (Consumption of Prescribed Medicines) 1st March 2018 – 28th February 2020

1. Service description

- 1.1 This service will require the pharmacist to supervise the consumption of prescribed medicines at the point of dispensing in the pharmacy, ensuring that the dose has been administered to the patient.
- 1.2 Pharmacies will offer a user-friendly, non-judgmental, client-centred and confidential service.
- 1.3 The pharmacy will provide support and advice to the patient, including referral to primary care or specialist centres where appropriate.
- 1.4 The medicines which may have consumption supervised are methadone and buprenorphine (including Suboxone) used for the management of opiate dependence.
- 1.5 The service includes the provision of take-home naloxone for the reversal of opioid overdose.

2. Aims and intended service outcomes

- 2.1 To ensure compliance with the agreed treatment plan by:
 - ◆ dispensing in specified instalments (doses may be dispensed for the patient to take away to cover days when the pharmacy is closed, as specified by the prescriber on the prescription),
 - ◆ ensuring each supervised dose is correctly consumed by the patient for whom it was intended.
- 2.2 To reduce the risk to local communities of:
 - ◆ over usage or under usage of medicines;
 - ◆ diversion of prescribed medicines onto the illicit drugs market; and
 - ◆ accidental exposure to the supervised medicines.
- 2.3 To provide service users with regular contact with health care professionals and to help them access further advice or assistance. The service user will be referred to specialist treatment centres or other health and social care professionals where appropriate.
- 2.4 To reduce the number of drug-related deaths associated with opioid overdose.

3. Service outline

- 3.1 The service is delivered by an accredited pharmacist who is responsible for providing the services at the pharmacy in keeping with the published guidelines. If the accredited pharmacist permanently leaves the pharmacy in question, CGL must be informed within 14 days to ensure that a new accredited pharmacist is trained as soon as is feasible.
- 3.2 The service is provided within a community pharmacy in an area maintained to a professional standard. The supervision will take place in a consultation room which, as a minimum, should:
 - Allow the client to take the medication out of public view;
 - Be constructed such that the client cannot be easily overheard when talking to the pharmacist;
 - Not be soundproofed;
 - Should not be used to store stock or act in the capacity of a staff room at any time.
- 3.3 The pharmacist will present the medicine to the service user in a suitable receptacle and will provide the service user with water to facilitate administration and/or reduce the risk of doses being held in the mouth.
- 3.4 The pharmacist will dispense the medicine in specified instalments as instructed on the prescription and supervise the consumption of the

prescribed medicines at the point of dispensing to ensure that the prescribed dose has been correctly consumed by the service user.

- 3.5 **Where the service user has not collected their medication for three consecutive days, the supply must be stopped and not be started again without the agreement of the prescriber or recovery co-ordinator.**
- 3.6 The responsible pharmacist on any given day should contact the service if a service user:
- Misses three consecutive days of their medication
 - Refuses to consume their dose as prescribed
 - Is collecting erratically (even if not breaching the 3-day rule)
 - Is under the influence of drugs/alcohol resulting in the pharmacist making a professional judgement decision not to dispense a dose
 - Shows clear signs of deterioration of physical and/or mental health
 - Has been violent or has threatened violence
 - Is involved in a serious or untoward incident that affects or may affect the expected outcome of the treatment
- 3.7 On the first day that the service user presents at the pharmacy, the four-way agreement should be discussed (Appendix 1) and a signature obtained from the service user to confirm their agreement. One copy should be given to the service user for reference, and one copy should be filed securely in the pharmacy. The service user should be provided with any relevant pharmacy information at this point (such as opening times).
- 3.8 The contractor has a duty to ensure that staff and other pharmacists (including locums) involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service to ensure the smooth continuation of the service in their absence.
- 3.9 The contractor will ensure that there are no unreasonable or strict time restrictions imposed on the service user.
- 3.10 The responsible pharmacist will take appropriate steps to ensure (s)he is confident of the identity of the service user before supervising each dose.
- 3.11 The responsible pharmacist will make an assessment that it is safe to supply the medication before supervising the dose.
- 3.12 Pharmacists will share relevant information with other health care professionals and agencies, in line with the CGL information sharing agreement.
- 3.13 CGL should arrange at least one contractor meeting per year to promote service development and update the knowledge of the accredited pharmacist. Attendance is mandatory.
- 3.14 CGL will provide a framework for the recording of relevant service information for the purposes of audit and the claiming of payment via the web-based PharmOutcomes system.
- 3.15 All service users in contact with opioids are to be offered training in recognising the symptoms of opioid overdose, how to respond appropriately and how to administer naloxone. The training can be delivered by any member of the pharmacy team who has been appropriately trained and has been deemed competent to do so by the pharmacist in charge. Once completed, a take-home naloxone kit may be issued to the service user.
- 3.16 The pharmacy should hold at least one naloxone kit in stock.

4. Quality Indicators

- 4.1 The accredited pharmacist will attend the initial training and accreditation evening organised by CGL before commencing the service.
- 4.2 The pharmacist will have standard operating procedures (SOPs) in place specific to their individual premises. The pharmacist will review these standard operating procedures and the referral pathways for the service on an annual basis.

- 4.3 The accredited pharmacist must have successfully completed the CPPE course "Substance Use and Misuse" (Pharmacist Version). The completion certificate for this course must be no more than three years old. In addition, the lead pharmacist must have completed and submitted the relevant CPPE declaration of competence.
- 4.4 The pharmacy participates in an annual CGL-organised audit of service provision and delivers any action points reported on the audit within the agreed timescales.
- 4.5 The contractor must have a system in place that ensures that messages are checked on a regular basis (at least weekly) on PharmOutcomes and actioned appropriately as this is the primary communication tool between CGL and Birmingham pharmacies.
- 4.6 The pharmacy co-operates with any locally agreed CGL-led assessment of service user experience, including use of "mystery customers".
- 4.7 Staff involved in the delivery of training for the take-home naloxone programme have been signed off by the contractor as competent to do so using protocols agreed by CGL.
- 4.8 Where possible, the contractor should ensure that the pharmacy is staffed by a regular pharmacist/s. Should a participating pharmacy be in a position where the pharmacy will be run on different locum pharmacists for more than a month, CGL must be informed. CGL has the right to withdraw the service from a pharmacy that is not staffed with regular pharmacists. Alternatively, CGL may impose additional conditions on the pharmacy in order for the pharmacy to remain providing the service. The locum pack must be readily available for all locums to read and sign. (see Appendix 2). There should be a named member of support staff given responsibility for ensuring locum pharmacists read the Locum Pack and sign to say that they have done so.
- 4.9 The contractor should ensure that there are adequate support staff, including staff specifically trained to support this service in the pharmacy at all times in order to support the pharmacist (including locum pharmacist) in the operational elements of the service and to help ensure the safe and smooth running of the service.
- 4.10 Please note that it is a requirement of the scheme that the pharmacy has in place a child protection / safeguarding policy and that all staff are aware of the content and adhere to it.
- 4.11 The contractor will ensure that appropriate professional indemnity insurance is in place.
- 4.12 The pharmacy contractor will ensure availability of written information and leaflets in the pharmacy relevant to the service, substance misuse and drug treatment as made available by the CGL.
- 4.13 It is a requirement for pharmacies signing up to this agreement to comply with all the requirements of the essential services of the NHS Community Pharmacy Contractual Framework.

5. Funding and Claiming Procedure

- 5.1 The scheme will be funded on a payment-for-activity basis at the rate of £2/dose of supervised methadone mixture and £3.50/dose of supervised buprenorphine via the local protocol. GCL reserves the right to review the payment structure should new formulations of these medications become available. Please note that for patients on alternate day dosing, a payment will only be made for the dose that is actually supervised. All payments are made in arrears. This funding includes for the provision of leaflets which CGL may require pharmacies to supply to each client each time medication is supplied.
- 5.2 Contractors will be reimbursed the cost of each take-home naloxone kit (currently Prenoxad @ £15.30 each), together with a fee of £10 to cover time involved training each client. Please note that the brand of

- naloxone (and therefore the price) may be subject to change within the term of this contract if new naloxone products become available.
- 5.3 Fees will be paid on the basis of submitted claims usually via BACS into a bank account specified by the contractor.
 - 5.4 All claims should be submitted via the PharmOutcomes website. Activity should be recorded on the day that the script is completed (or, at the very latest, by the next working day). Please note that any claims not entered by the close of business on the last day of each month following script completion will not be paid.
 - 5.5 Contractors are responsible for entering accurate claims data on the correct website (<https://pharmoutcomes.org>). Any claims entered on any other website (including others operated by PharmOutcomes such as test websites) will not be paid.
 - 5.6 Payment for this service will only be made where the accredited pharmacist holds the relevant CPPE certificate in substance misuse and is accredited to provide the service by CGL. Any change in the accredited pharmacist must be notified to CGL in advance of the change where possible, but no later than 14 days after the change has occurred. The new pharmacist will be included on the next available accreditation event. Attendance is compulsory for the scheme to continue at that pharmacy.
 - 5.7 Use of the service will be reviewed on a regular basis and the service may be redeployed to an alternative location by CGL if uptake of the service is low.
 - 5.8 Either party wishing to terminate this agreement must give one month's notice in writing. However, CGL reserves the right to suspend or terminate the service at short notice following a significant event or serious incident (for example, following a fitness to practice incident).

6.0 Governance

- 6.1 It is implicit in the service being provided that it is delivered to the standard specified, and complies with the legal and ethical boundaries of the profession.
- 6.2 During the course of any visit to the pharmacy by representatives of CGL, issues may be identified that will require corrective action in order to maintain the integrity of the service. The process will be as follows:
 - The CGL representative will identify any issues and will agree with the accredited pharmacist (or responsible pharmacist in their absence) what corrective action needs to be taken. The timescales will be agreed according to the level of risk.
 - CGL will send a written report to the named pharmacist within two weeks of the visit summarising what action needs to be taken and by when.
 - The CGL representative will contact the pharmacy again once the agreed timescales have elapsed to confirm that the corrective action has been taken.
 - If any further action needs to be taken, this will be documented and new timescales agreed.
 - If the issues remain unresolved after this, the option to withdraw the service from the pharmacy may be exercised.
- 6.3 Please note that the pace with which the process progresses will be determined by the level of risk. In addition, any serious professional

matters identified may be escalated to Public Health England and/or the GPhC.

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I have received a copy of the above specification and agree to provide the Supervised Consumption service to this specification.

Name of accredited pharmacist:

Date:

Signature of accredited pharmacist:

Pharmacy Stamp:

Please return this completed form (scanned to email) to Emma Walker at CGL by 23rd February 2018.

emma.walker@cgl.org.uk

Thank you.