**APPENDIX A – SERVICE 7**

**SERVICE SPECIFICATIONS: PHARMACY SUPERVISED CONSUMPTION SERVICE**

|  |  |
| --- | --- |
| Service Specification No.  | PH/PSCS |
| Service | Pharmacy - Supervised Consumption Service/s |
| Authority Lead | Kate Daniels (DAAT – Swindon Borough Council) |
| Provider Lead | Name of Pharmacy Manager  |
| Period | 1st April 2017 to 31st March 2021 |
| Date of Review | 1st December 2017 |

|  |
| --- |
| 1. Population Needs |
| **1.1 National/Local Context and Evidence Base**Methadone and buprenorphine (oral formulations), using flexible dosing regimens, are recommended as options for maintenance therapy in the management of opioid dependence.The decision about which drug to use should be made on a case by case basis, taking into account a number of factors, including the person's history of opioid dependence, their commitment to a particular long-term management strategy, and an estimate of the risks and benefits of each treatment made by the responsible clinician in consultation with the person. If both drugs are equally suitable, methadone should be prescribed as the first choice.Methadone and buprenorphine should be administered daily, under supervision, for at least the first 3 months. Supervision should be relaxed only when the patient's compliance is assured. Both drugs should be given as part of a programme of supportive care.Diamorphine is the most widely misused opiate, and its misuse can lead to accidental overdose. Injecting diamorphine may also be associated with the spread of blood-borne viruses such as HIV and hepatitis B or C. The mortality risk of people dependent on illicit diamorphine is estimated to be around 12 times that of the general population. Psychiatric comorbidity – particularly anxiety, but also affective, antisocial and other personality disorders – is common among opioid-dependent people.Associated social problems include marital and relationship breakdown, unemployment, homelessness, and child neglect, which often results in children being taken into the care system. There is also a clear association between illicit drug use and crime. Some opioid-dependent people become involved in crime to support their drug use. It is estimated that half of all recorded crime is drug related, with associated costs to the criminal justice system in the UK estimated at £1 billion per annum in 1996.The National Drug Treatment Monitoring System (NDTMS) estimates that in 2004–05 there were 160,450 people in contact with drug treatment services in England. Most of the people in treatment were dependent on opioids. There are about 40,000 people in prisons in England and Wales at any time who misuse illicit drugs. In one UK survey, 21% of prisoners had used illicit opioids at some point during their sentence, and 10% had used illicit opioids during the previous week. |
| 2. Key Service Outcomes |
| **2.1 Key Service Outcomes** The service will support delivery against the two main substance misuse Public Health Outcome Framework[[1]](#footnote-1) measures:* Successful completion of drug treatment

In addition it will protect health and reduce the rate of blood-borne infections and drug related deaths among service users and protect the wider Swindon population.  |
| 3. Scope  |
| **3.1 Aims and Objectives of Service*** The overall aim of this service is to ensure that, where appropriate, pharmacists supervise the consumption of prescribed medicines to ensure that the dose has been administered to the patient. This is an enhancement to normal instalment dispensing.
* Examples of medicines which may have consumption supervised include methadone and other licensed medicines used for the management of opiate dependence.
* Compliance with the agreed treatment plan is promoted by: dispensing in specified instalments (doses may be dispensed for the patient to take away to cover days when the pharmacy is closed), ensuring each supervised dose is correctly consumed by the patient for whom it was intended.
* The intended effect is:
	+ a reduction of inadequate opiate replacement leading to a return to dependence
	+ a reduction of over usage or under usage of medicines
	+ a reduction of diversion of prescribed medicines onto the illicit drugs market
	+ a reduction of the risk of accidental exposure (e.g. by children) to the supervised medicines

Service objectives include:* Pharmacies will offer a user-friendly, non-judgmental, client-centred and confidential service.
* Health advice, over the counter sales and signposting should be offered within essential services of the NHS Community Pharmacy contractual framework.
* Provide professional support to service user through regular contact with community pharmacist. Pharmacists are the only members of the team who see patients daily.
* The regular contact with health care professionals will also help service user access further advice or assistance when required.
* Provide professional support to service user through regular contact with community pharmacist. Pharmacists are the only members of the team who see patients daily.
* Maintain open communication with prescriber and key worker about service users general well being. Though supervised consumption is the visible and remunerated part of the service, of equal importance is the communication of concerns to prescribers or key workers.
* Provide feedback to treatment teams about missed doses when requested by the Treatment Service and if necessary on a regular basis. After three missed doses a previously safe dose may be dangerous due to reduced tolerance.
* Overall responsibility for the dispensing and supervision of the medication lies with the Responsible Pharmacist at the time of the supervised consumption.
* The trained pharmacy technician is to ensure consistency and contact with other members of the treatment teams in pharmacies where there is no regular pharmacist.
* The pharmacy contractor agrees to ensure that there is a trained pharmacist(s)/registered pharmacy technician engaged in the pharmacy for the majority of the time that the pharmacy is open.
* If the trained pharmacist(s)/registered pharmacy technician leaves the pharmacy, the pharmacy contractor will need to notify the SBC-DAAT immediately. The pharmacy contractor will have three months to train a new pharmacist/registered pharmacy technician for the service.

**3.2 Service Description/Pathway**The Service Specification is as follows:* The part of the pharmacy used for provision of the service provides a sufficient level of privacy: - the conversations between the pharmacist and service user cannot be over heard by members of the public or other pharmacy staff.
* The Treatment Service (which includes the prescriber and key worker) will liaise with the pharmacy before a new service user is referred to a pharmacy for instalment prescribing with supervised consumption.
* The pharmacy will liaise with the Treatment Service should a service user present at their pharmacy without advanced knowledge.
* In line with the Drug Misuse and Dependence: Guidelines on Clinical Management (NTA, 2007), all new service users being prescribed an opioid substitute would usually be supervised for the first three months of their treatment (Nice TA 114).
* The requirement for supervision should be reviewed with the prescriber after the initial three-month period and periodically thereafter.
* Terms of agreement are set up between the pharmacy and service user to agree how the service will operate, what constitutes acceptable behaviour by the service user, and what action will be taken by the pharmacist if the user does not comply with the agreement.
* The service user will also have an agreement with the Treatment Service which will include how the service will operate, what constitutes acceptable behaviour by the service user, and what action will be taken by the Treatment Team if the user does not comply with the agreement.
* The key worker will issue the patient with a copy of the contract, to be signed by the patient key worker and the pharmacy. (Appendix D)
* If the pharmacy is aware that a service user’s GP is prescribing independently (i.e. in isolation, no involvement with the treatment service), the pharmacist should notify the Senior Commissioner for Drugs and Alcohol at SBC-DAAT on 01793 466505.
* Doses should be supervised according to the protocol in Appendix I.
* Pharmacists will share only clinically relevant information with other health care professionals and agencies.
* Pharmacists will record details of any missed or withheld doses and share this information with the Treatment Team when requested or if the pharmacist feels that it is necessary to inform the prescriber/key worker.
* Pharmacists will make a clinical judgement as to when it may be appropriate to withhold a dose, e.g. during dose titration, if the patient is intoxicated with drugs or alcohol, if there are signs of overdose, if the patient has missed three days’ prescribed treatment or if the pharmacist has cause for concern about the patient’s safety.
* After three missed doses no further doses should be given without clarification from the prescriber/key worker.
* Pharmacists should feel able to discuss any concerns regarding the service user’s health or well being with the prescriber/key worker.
* Pharmacists should not automatically inform the prescriber/key worker if service users on opiate substitutes are also collecting needles for intravenous drug use as this may only lead to disengagement and the re-use of needles. However the pharmacist should encourage the service user to discuss this request with their key worker.
* The pharmacist and staff should be supportive with understanding attitudes and should maintain a friendly but professional relationship with the patient.
* Pharmacists should report to the Controlled Drugs Accountable Officer (Julie McCann Phone No 0113 825 3499 Mob 07900 715189 julie.mccan3@nhs.net safe haven fax: 0300 4211853) any issues or incidents incurred, including near misses, prescription problems, and supply issues.
* If the pharmacist is unable to supply the mediation for whatever reason they should contact the treatment team, ensuring that the service user is directed to an alternative pharmacy or back to the treatment team. For example if a service user presents a prescription that the pharmacy is not expecting, and there are insufficient stocks to supply that service user taking into account the other service users that the pharmacy is supplying.
* A written standard operational procedure should be in place in the pharmacy and all staff, including locum pharmacists, should be made aware of the contents.

The procedure should include:* Maintenance of records
* Identification of patient
* Details of preparation of daily dose
* Discreet and efficient supervision of consumption
* Disposal of waste
* Doses to be take away on pharmacy closed days
* When to contact prescriber/key worker.
* It is important that the dose is ready for the service user within a reasonable time frame on arrival in the pharmacy by the service user. The process should be as discreet and efficient as possible, maintaining the service user’s dignity.
* Waste should be disposed of safely and steps taken to minimise the risk of infection through meticulous hygiene and vaccination of staff.
* In addition to the legal requirements of Patient Medication Records and Controlled Drug Register. The pharmacy should maintain appropriate records including: name of key worker, details of interventions with treatment services, date of birth and details of missed and withheld doses for each patient. This will ensure effective ongoing service delivery and audit: A suggested method for this is to update these fields in PharmOutcomes.
* Exemption from supervision can only be made with direct prior agreement between pharmacy and key worker. The key worker should telephone the pharmacy if a representative needs to collect a dose on behalf of service user. The representative should supply the pharmacy with a form signed by the patient allowing collection of the dose. Appendix I.
* Pharmacists should maintain close links with prescribers and key workers.
* Currently there is no local agreement in place to allow pharmacists to supply methadone / Subutex, which has been prescribed for supervised consumption, to the police for patients in custody.

**3.2.1 Service Levels** * Participating pharmacist/pharmacy technician must have satisfactorily completed the following training, within the last two years.
* The CPPE distance learning course on Substance Misuse
* The pharmacy contractor should provide evidence that the above training has been completed by all participating staff if to SBC-DAAT
* A participating pharmacy contractor must have in place in their pharmacy suitable procedures and appropriately trained staff to ensure the good practice detailed in this service specification operates in their absence.
* The pharmacy has appropriate health promotional materials available for the service users and actively promotes its uptake and is able to discuss the contents of the material with the service user, where appropriate.
* The pharmacy has details of relevant referral points which pharmacy staff can use to signpost/refer service users who require further assistance
* The pharmacy contractor reviews its Standard Operating Procedures and the referral pathways for the service on an annual basis.
* The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service.
* The pharmacy contractor can demonstrate that pharmacists and staff involved in the provision of the service have undertaken CPD relevant to this service and are aware of and operate within local protocols.
* The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service adhere to the ‘Standard for Instalment Dispensing’ in the Royal Pharmaceutical Society of Great Britain Medicine Ethics and Practice – A Guide for Pharmacists.
* The pharmacy contractor co-operates with any assessments of service user experience.

**3.3 Population Covered**The service must operate an open access policy regardless of residence of the patient.**3.4 Any Acceptance and Exclusion Criteria and Thresholds**The pharmacist should be satisfied that at the point of contact the patient is not ill or intoxicated. If the pharmacist considers the patient is grossly intoxicated the dose will be withheld and the key worker or prescriber contacted. Inappropriate behaviour in the pharmacy will also be notified to the patient’s key worker.**3.5 Interdependencies with other Services**The Provider will maintain efficient working relationships with allied services, agencies and stakeholders to enhance the quality of service delivered. Specifically, linkages will be maintained with other Pharmacies, Swindon Drugs and Alcohol Team (Swindon Borough Council), wider Local Authority services, GP’s, Adult Drug Treatment Services, Swindon Young People’s Substance Misuse Service, Health Promotion, other sexual health and secondary health service providers for use when relevant. The SBC - DAAT should arrange at least one contractor meeting per year to promote service development and update pharmacy staff with new developments, knowledge and evidence.  |

|  |
| --- |
| 4. Applicable Service Standards  |
| **4.1 Applicable National Standards e.g. NICE**The service is underpinned by the following:* + PH52 Needle and Syringe programs NICE (2014)
	+ Community engagement. NICE public health guidance 9 (2008).
	+ Interventions to reduce substance misuse among vulnerable young people. NICE public health guidance 4 (2007).
	+ Drug misuse: opioid detoxification. NICE clinical guideline 52 (2007).
	+ Drug misuse: psychosocial interventions. NICE clinical guideline 51 (2007).
	+ Naltrexone for the management of opioid dependence. NICE technology appraisal 115 (2007).
	+ Methadone and buprenorphine for the management of opioid dependence. NICE technology appraisal 114 (2007).
	+ Peginterferon alfa and ribavirin for the treatment of mild chronic hepatitis C. NICE technology appraisal 106 (2006).
	+ Adefovir dipivoxil and peginterferon alfa-2a for the treatment of chronic hepatitis B. NICE technology appraisal 96 (2006).
	+ Interferon alfa (pegylated and non-pegylated) and ribavirin for the treatment of chronic hepatitis C. NICE technology appraisal 75 (2004).

**4.2 Data Requirements** * The SBC – DAAT will require the recording of relevant service information to be entered on the PharmOutcomes database for the purposes of audit, claiming of payment and equalities monitoring. In the absence of PharmOutcomes or other suitable electronic transfer, the DAAT will specify reverting to paper copies being submitted.
* SBC-DAAT will provide up to date details of other services which pharmacy staff can use to refer service users who require further assistance. The information should include the location, hours of opening and services provided by each service Provider.
* SBC - DAAT 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.
* SBC - DAAT will be responsible for the provision of health promotion material, relevant to the service users and make this available to the pharmacies.
* Monitoring of quality indicators of pharmacy contractors will be included in any regular contract monitoring visit undertaken jointly by SBC – DAAT and the Drug Treatment Team. The contractors will be requested to complete a Community Pharmacy Assurance Framework (CPAF) for this enhanced service Appendix C.
* The pharmacy contractor may be requested to participate in an audit or service users survey of the service by SBC – DAAT.
* The pharmacy contractor will be required to provide copies of their PharmOutcomes patient records to assist with local monitoring arrangements.
 |
| 5. Location of Provider Premises |
| **The Provider’s Premises are located at:*****(Insert service location)*** |
| 6. Required Insurances |
| **6.1 If required, insert types of insurances and levels of cover required** Employers Liability Insurance - £10 millionPublic Liability Insurance - £10 millionProfessional Indemnity Insurance (including Medical Malpractice) - £10 million |

**APPENDIX B – SERVICE 7**

**CONDITIONS PRECEDENT**

1. Provide the Authority with a copy of the Provider’s registration with the GphC where the Provider must be so registered under the Law

2. The pharmacy contractor has a Standard Operating Procedure (SOP) and the referral pathways for the service in line with RPSGB guidelines, and this SOP is reviewed on an annual basis. Please provide a copy of your SOP.

3. Participating pharmacists and pharmacy technicians must have satisfactorily completed the following, within the last two years:-

* Most recent CPPE Substance Use and Misuse open learning.
* Attendance at CPS contractor meetings organised by the SBC - DAAT to promote the needle & syringe scheme and update the knowledge of the pharmacy staff.

The pharmacy contractor should provide evidence the above training has been completed by all participating staff within three months of the start of participation in the service. Please provide a copy of your most recent CPPE Substance Use and Misuse Open Learning completion.

4. The pharmacy contractor can demonstrate that pharmacists and staff involved in the provision of the service have undertaken CPD relevant to this service and are aware of and operate within local protocols.

5. Copies of valid insurance certificates covering the duration of the contract period.

 Employers Liability Insurance - £10 million

 Public Liability Insurance - £10 million

Professional Indemnity Insurance (including Medical Malpractice) - £10 million

## APPENDIX C – SERVICE 7

**Community Pharmacy Assurance Framework for this enhanced service**

**Enhanced Service – Supervised Consumption**

Service Description

The supervision of consumption of prescribed medicines to for the management of opiate dependence to service users. This is an enhancement to the normal instalment dispensing.

Aims and intended outcomes

The overall aim of this service is to ensure that, where appropriate, pharmacists supervise the consumption of prescribed medicines to ensure that the dose has been administered to the patient.

* Compliance with the agreed treatment plan is promoted by: dispensing in specified instalments (doses may be dispensed for the patient to take away to cover days when the pharmacy is closed), ensuring each supervised dose is correctly consumed by the patient for whom it was intended.
* The intended effect is:
	+ a reduction of inadequate opiate replacement leading to a return to dependence
	+ a reduction of over usage or under usage of medicines
	+ a reduction of diversion of prescribed medicines onto the illicit drugs market
	+ a reduction of the risk of accidental exposure to the supervised medicines

Self Assessment Form Received by SBC - DAAT:

Pharmacy:

| **Service Specification****Quality Indicators** | **Pharmacy response** | **Comment** | **Notes** | **SBC - DAAT verification at monitoring visit** |
| --- | --- | --- | --- | --- |
| Does the pharmacy have an area which offers a suitable level of privacy (5.1) | [ ] Yes [ ] No |  |  |  |
| Does the Pharmacy liaise with the treatment service if a service user presents without advanced knowledge (5.3, 5.3) | [ ] Yes [ ] No |  | Please report to CSP any concerns if the Treatment Service are not liaising with the pharmacy |  |
| Do you have contract with the service user that are regularly reviewed, and especially if there has been a breach of agreement?(5.6, 5.7, 5.8) | [ ] Yes [ ] No |  | Is there a file containing copies of contracts with service users. |  |
| Do you have a written SOP in place for the service which is reviewed annually (5.20, 6.3, 6.6) | [ ] Yes [ ] No |  | Is there a currentSOP signed by all relevant staff to say they have read it, understand it, and will follow it, and is it being followed? |  |
| Does the pharmacy keep a record to ensure effective ongoing service delivery and audit (5.23) | [ ] Yes [ ] No |  |  |  |
| Date of last review of SOP |       (Date) |  |  |  |
| Have all pharmacists/pharmacy technicians completed CPPE distance learning course on Substance Misuse within the last two years | [ ] Yes [ ] No |  | The pharmacy should keep copies of the certificates of any courses undertaken by the staff. |  |
| The pharmacy contractor can demonstrate that all staff involved in the service have relevant training and they undertake CPD. (6.7, 6.8) | [ ] Yes [ ] No |  | The pharmacy should keep copies of the certificates of any courses undertaken by the staff. |  |
| Does the pharmacy have appropriate health promotional materials (6.4) | [ ] Yes [ ] No |  | Please contact the SBC - DAAT for appropriate materials. |  |

**Monitoring Visit**

| **Agreed action plan** | **Timescale([[2]](#footnote-2))** |
| --- | --- |
|  |  |
|  |  |

Pharmacy: Date:

Signature of Contractor or Representative: Date:

Signature of SBC - DAAT representatives: Date

**APPENDIX D – SERVICE 7**

**Pharmacy Patient Contract for supervised consumption of Methadone and Subutex (buprenorphine)**

We are pleased to welcome you to the Swindon Treatment and Recovery Service and wish you all the best with your treatment. We aim to offer you a discreet and efficient service that supports you in achieving your treatment goals. This ‘agreement’ sets out the arrangements for the service. Your key worker will go through each of the points and explain anything you are unsure about. We hope the scheme proves helpful to you.

|  |  |  |
| --- | --- | --- |
| **Prescriber / Key Worker** | **Client** | **Pharmacist** |
| * Will speak to your pharmacist when necessary to support the client treatment
* Will offer information and advice on health related matters
* Arrange prescriptions to be available promptly before or just after the current one finishes.
* Will help in selection of the most appropriate pharmacy – base on location to home/work, some are open late or 7 days a week. It may not be possible to offer first choice of pharmacy.
 | * Will aim to arrive in the pharmacy & treatment appointments at the arranged time or telephone to inform if there are any problems arriving on time.
* Will not turn up intoxicated (drugs or drink).
* Will consent to the prescriber, keyworker and pharmacist to share any information which affects treatment.
* Will ensure that up to date contact details are shared i.e. let keyworker and pharmacist know if moving.
 | * Will need to arrange with you the best time to pick up your medication
* Will let you know how long you will need to wait, it may not be possible to serve you quickly in busy times as we do need to update your records each time you visit before you leave.
* Will, if they feel that giving you your dose will put your health at risk, ask you to return later
* Will speak to your keyworker/ prescriber if they feel that there are any concerns about your health
* Will offer information and advice on health related matters
 |
| Other requirements specific to individual client: |
| Signature Prescriber: Name: | Signature Keyworker: Name: | Signature:Name: | Signature:Name: |
| Contact Details: | Contact Details: | Contact Details: |

**Treatment Regime**

Supervised / Non Supervised \* delete as appropriate

Time to arrive at pharmacy is between ............. to .............. (Quieter pharmacy may be able to offer a wider window)

Days to pick up or be supervised Mon, Tues, Wed, Thurs, Fri Sat Sun \* delete as appropriate

This agreement will be review regularly and every time there is a change in treatment regime, change of pharmacy or keywork.

Date next review:

Three copies, one each for keyworker/prescriber, client and pharmacist.

**APPENDIX E – SERVICE 7**

**CHARGES**

* The pharmacy contractor will receive the following payments per service user:
* The Pharmacy will receive **£1.45 per client per dose supervised**.
* Pharmacists are required to complete the computerised PharmOutcomes client record daily. This will form the client record and serve as the invoice for payment at the end of each month. Client records should be emailed to SBC-DAAT by the 5th of the following month.
* Any incomplete PharmOutcomes records not received after this date may be subject to delays in payment, and claims will only be paid if a signed Service Level Agreement has been received by SBC – DAAT.

**APPENDIX F – SERVICE 7**

**SAFEGUARDING POLICIES**

The Provider shall ensure all staff are aware of, trained to a level appropriate to their role and abide by guidance and legislation on safeguarding (children and adults).

The Service Provider should ensure that staff are aware of and abide by the **Policy and Procedure for safeguarding adults at risk in Swindon and Wiltshire** <http://www.swindon.gov.uk/sc/Health%20Document%20Library/Information%20-%20Policy%20and%20Procedures%20Safeguarding%20Adults%20at%20Risk.pdf>.This should include understanding safeguarding referral procedures and referral pathways to social care.

**APPENDIX G – SERVICE 7**

**INCIDENTS REQUIRING REPORTING PROCEDURE**

Pharmacists should report to the Controlled Drugs Accountable Officer (Julie McCann Phone No 0113 825 3499 Mob 07900 715189 julie.mccan3@nhs.net safe haven fax: 0300 4211853) any issues or incidents incurred, including near misses, prescription problems, and supply issues.

The Provider will be required to produce a six monthly summary report providing full details of all complaints and how they were resolved.

The Provider will have awareness of and will respond to infectious diseases, outbreaks and other threats to health. Full details of any Serious Untoward Incidents (SUIs) will be communicated without delay to the commissioner. Martin Siddorn, Senior Commissioner Drugs and Alcohol Action Team, Swindon Borough Council MSiddorn@swindon.gov.uk 01793 466505.

**APPENDIX H3 PHARMACY**

**INFORMATION PROVISION**

**Activity Plan**

On a monthly basis, the Provider will be required to submit records of supervised consumptions to PharmOutcomes whereupon the Provider will be reimbursed the stated fee per supervision.

The Provider will also report on a range of activity to the Commissioner on a monthly basis. The Provider will meet annually, with the Commissioner to review performance.

The submitted record to include:

* Date of supervised consumption
* Anonymised client information (there are recognised difficulties collecting some of these elements, pharmacists are asked to use best endeavours to gain accurate information)
	+ Client Initials
	+ Date of Birth
	+ Gender
* Whether dose was supervised, take out dose, refused supply or did not attend

Processing payment of tariffs will not be able to proceed without an error free submission, this will resulting in non-payment.

Please inform the DAAT if there is a problem in submitting files for more than a three month period, the DAAT will process backdated payments of up to six months, and up to 1 year in exceptional circumstances.

Please contact Kate Daniels Swindon Drugs and Alcohol Action Team (01793) 466003 kmdaniels@swindon.gov.uk for all queries.

**APPENDIX I – SERVICE 7**

**SERVICE PROTOCOL FOR SUPERVISED ADMINISTRATION**

**Initiating Supervision**

When it is decided that supervised consumption is required, the prescriber or key worker will contact the patient’s chosen pharmacy. The prescriber/key worker will also explain to the service user that supervised consumption will be a requirement of treatment.

The prescriber will issue a prescription that complies with legal requirements, stating that consumption will be under supervision and giving details of weekend take home doses.

The key worker will issue the service user with 3 copies of the contract (see Appendix D) that the service user will present to the pharmacist at the first supervised consumption visit. The contract will have been signed by the service user key worker and require a signature by the pharmacy. The pharmacy will retain a copy, the service user will retain a copy and return the third copy to the key worker.

If the pharmacy is aware that the service user’s GP is prescribing independently (i.e. in isolation, no involvement with a treatment service), the pharmacist should notify the Senior Commissioner for Drugs and Alcohol at SBC - DAAT on 01793 466505.

**Supervision of prescribed medicines**

Supervised consumption should take place in a designated area of the pharmacy, which allows privacy. The process should be as discreet and efficient as possible, maintaining the patient’s dignity.

It is important that the dose is ready within a reasonable time after the service user’s arrival in the pharmacy.

On arrival in the pharmacy the identity of the patient should be checked, the patient should be allowed to check the name and quantity of their prepared dose.

The pharmacist should be satisfied that they are not ill or intoxicated. If the pharmacist considers the patient is grossly intoxicated the dose will be withheld and the key worker or prescriber contacted. Inappropriate behaviour in the pharmacy will also be notified to the patient’s key worker.

Doses should be taken and supervised as appropriate for the particular drug to ensure the drug is fully ingested before leaving the premises.

Dispensing bottles may be re-used for the same patient for one week, if disposable cups are used. The disposable cups should be rinsed and discarded. If the service user has drunk from the bottle it should be rinsed, the label removed and the bottle discarded.

**Doses taken away**

Doses taken away for the pharmacy closed days should be in a labelled container with a child resistant closure if appropriate. If more than one dose of a liquid is put in a container it is important to give the patient a suitable measuring devise to ensure they can accurately measure their daily dose.

**Prescriptions ending**

Inform the service user when their current prescription is coming to an end. A reminder from you will help to ensure that the drug agency and GP appointments are kept. It also avoids problems when a service user tries to collect a prescription that has finished. The pharmacist should check the continuity of scripts and contact the relevant prescriberif scripts are missing.

**Missed Doses**

Pharmacists will record details of any missed doses and share this information with the Treatment Team when requested or if the pharmacist feels that it is necessary to inform the prescriber/key worker. Do not give methadone or Subutex to a patient after three missed days, or if you have concerns about their health or well being, without consultation with their key worker.

**Cessation of supervision**

Planned cessation of supervision can only be made with direct prior agreement between the pharmacy and the prescriber/key worker. Pharmacists will maintain close links with prescribers and key workers. All services user in receipt of supervised consumption should be reviewed quarterly to determine if supervised dispensing remains appropriate.

When cessation is pharmacy initiated due to a breach of contract, the prescriber and key worker must be notified immediately.

**Records**

Record should be kept daily in the CD register, the prescription and the PharmOutcomes Database. In addition to the legal requirements of Patient Medication Records and Controlled Drugs Register, the pharmacist will ensure the PharmOutcomes Database has the following details entered: name of the key worker, details of interventions with treatment services, date of birth, gender, MUR offered and missed doses of each patient.

**Drug Specific Issues**

***Buprenorphine***

For Buprenorphine (Subutex), each day’s dose should be packed separately, do not put a week’s supply in one box and pop a tablet out daily (Pharmaceutical Society).

The tablets should be removed from their foil into a paper cup for the patient to place in their mouth.

The tablets take up to 10 minutes to dissolve in the mouth, though it is thought that most of the active ingredient is absorbed in the first 3 minutes. Offering a drink of water before the tablet is put under the tongue can accelerate the process.

After the dose has been swallowed, the pharmacist should offer a drink of water to the client – this ensures that the does has not been held in the mouth. A sticky residue may remain which contains no active ingredients.

***Methadone***

Daily doses can be prepared in advance of the service user’s arrival, or when the service user arrives in the pharmacy. The daily amount should be measured, checked and poured into a container, capped and labelled.

After the dose has been swallowed, the pharmacist should offer a drink of water to the client – this ensures that the dose has not been held in the mouth and also serves to remove the sucrose content of the methadone mixture from the patient’s teeth. If the patient declines a drink it is helpful to engage in conversation to ensure the dose has been swallowed. Entry in the CD register should be made on the day of dispensing.

**Authorisation of Collection Form**

Swindon Drug and Alcohol Action Team

***Authorisation for a representative to collect methadone/Subutex for a patient***

Name: ……………………………………………………….. (name of patient)

To the pharmacist at: ………………………………………………………..(name of pharmacy)

It has been agreed by my key worker… (name of key worker)

That my representative: ………………………………………………………..(name of representative)

collects my dose for the following date(s) : ………………………………………………

The reason for this collection is:

If more than one dose is required please give reason:

Signature of patient……………………………………………

Signature of Representative…………………………………….

**Pharmacist it is important that you confirm this authorisation with the named key worker.**

**APPENDIX J – SERVICE 7**

**SERVICE QUALITY PERFORMANCE REPORT**

Please see assurance framework in Appendix C

**APPENDIX K – SERVICE 7**

**DETAILS OF REVIEW MEETINGS**

The SBC - DAAT should arrange at least one contractor meeting per year to promote service development and update pharmacy staff with new developments, knowledge and evidence.

**APPENDIX L – SERVICE 7**

**AGREED VARIATIONS**

1. 1 Public Health Outcomes Framework 2013-16 <http://www.phoutcomes.info/search/drug#gid/1/pat/6/ati/102/page/0/par/E12000009/are/E06000030> [↑](#footnote-ref-1)
2. Normally, a minimum of three months is allowed for remedial action, unless there would be grave danger to the public. If there is such a danger, then Fitness to Practise procedures should be pursued as soon as possible. [↑](#footnote-ref-2)