Enhanced Service Specification for the Supervised Administration and Consumption of Prescribed Medicines

Service Level Agreement

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Financial Details

This enhanced service is for the 12 months commencing 1st April 2010 and finishing on 31st March 2011.

Payment for this enhanced service will be £2.50 (Methadone) per supervised consumption, £5 (Buprenorphine). Payment will not be given for unsupervised doses or non-attendances.

The claim form should be returned to the PCT by the end of the 2nd day of the following month. Payments will be made to the participating pharmacy by the PCT. If any form is incomplete or incorrectly completed, all forms relating to that month will be returned to the Pharmacy and payment delayed until the forms are submitted with all details correctly completed. Pharmacists are advised to retain a copy of the reimbursement form.

PAYMENT WILL ONLY BE MADE UPON RECEIPT OF SIGNATURE SHEET
This document constitutes the agreement between the practice and the PCT in regards to this enhanced service. The pharmacy will notify the PCT if an accredited pharmacist providing this service should leave the pharmacy. Claims will be sent to the PCT on a monthly basis. Claims for payments MUST be received within 3 months of the consultation. Forms received after this time period may not be paid.

I confirm that this Pharmacy wishes to engage with the PCT during 1st April 2010 to 31st March 2011 as per the attached specification.

### Signature on behalf of the Pharmacy:

<table>
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<tr>
<th>Signature</th>
<th>Name</th>
<th>Date</th>
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### Declaration

I declare that neither I, nor any business associate connected with this application, are, or have ever been the subject of any investigation at local, regional or national level in respect of any of the following:
- Criminal investigation in connection with either my, or my associate(s), business or professional practice;
- Fraud investigations in relation to either my, or my associate(s), business or professional practice;
- Professional misconduct or fitness to practise investigations;
- Legal proceedings that may have an impact upon this application;
- Any other investigation that may be relevant to the application.

Signature of principal applicant: .............................................. Date: .................

Associate Signatures: ...........................................................
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If you feel that you cannot sign the declaration, you may still be eligible to make an application. You should provide details below in respect of any investigation of which you or an associate connected with this application have been a party, continuing on a separate sheet if necessary.

All information provided will be treated in strict confidence and will only be taken into consideration if applicable to the application. Please contact the applications office should you wish to discuss in confidence an issue that may impact upon your completion of this declaration.

### Signature on behalf of the PCT:

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<th>Signature</th>
<th>Name</th>
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Background

Drug misuse is an increasing problem that affects not only the drug user themselves, but also their family and the public at large. Pharmacists are well placed to be able to provide services to drug users as part of the strategy of harm reduction. Current guidelines recommend all new treatment of opiate dependence be subject to supervised consumption for the first three months or a period considered appropriate by the prescriber. This provides routine and structure for the client to help support the move away from chaotic and risky behaviour.

Service Description

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. Pharmacies will offer a user-friendly, non-judgmental, client-centred and confidential service.

The pharmacy will provide support and advice to the patient, including referral to primary care or specialist centres where appropriate. The medicines which may have consumption supervised are methadone and buprenorphine used for the management of opiate dependence.

Service Aims and Intended Service Outcomes

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. To reduce the risk to local communities of:
   - Over usage or under usage of medicines;
   - Diversion of prescribed medicines onto the illicit drugs market;
   - Accidental exposure to the supervised medicines.

3. To provide service users with regular contact with health care professionals and to help them access further advice or assistance.

4. The service user will be referred to specialist treatment centres or other health and social care professionals where appropriate.
Service Outline

1. The pharmacist will provide an environment that ensures confidentiality and safety of the service user and others is maintained.

2. The pharmacist will dispense the medication in a suitable receptacle and provide the service user with a glass of water to facilitate administration and prevent doses being held in the mouth.

3. Terms of agreement are set up between the Prescriber, Key worker, Pharmacist and Patient (a four way agreement) to agree how the service will operate, what constitutes acceptable behaviour by the client, and what action will be taken by the prescriber and pharmacist if the user does not comply with the agreement.

4. 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.

5. The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service are aware of the Standard Operating Procedure within the pharmacy and the Guidelines.

6. All qualified staff including locum staff will have read and signed to abide by the SOP.

7. The pharmacy should maintain appropriate records to ensure effective ongoing service delivery and audit.

8. Pharmacists will share relevant information with other health care professionals and agencies as set out in the four way agreement.

Quality Indicators

1. NHS Walsall will undertake an annual review of the service operated within the pharmacy.

2. The pharmacist will submit each month a claim form to the PCT which will be used for payment and audit purposes.

3. The pharmacy will review its own Standard Operating Procedures and referral pathways on an annual basis.

4. The pharmacy will participate in an annual audit of the service facilitated by NHS Walsall.

5. The pharmacy will participate in any locally agreed PCT-led assessment of user experience.
Accreditation

1. The pharmacist will show evidence of Continuing Professional Development by accessing local training events or those delivered by external providers. The pharmacist is responsible for the costs of sending staff on training.

2. A Centre for Pharmacy Postgraduate Education (CPPE) open learning programme provides pharmacists with the necessary knowledge to underpin the provision of this enhanced service:

   - **CPPE Substance Use and Misuse (Pharmacist Version)**
   The Pharmacist must complete the above learning programme within six months of starting to provide a Supervised Consumption Service and a record of completion of this programme must be kept and a copy sent to the PCT for full accreditation.

3. Local PCT / Drug Alcohol Action Team Commissioned (DAAT) workshop.

   Attendance at a workshop is not considered a prerequisite in order for Pharmacists to provide a Supervised Consumption service. Knowledge of local service should be provided by reference to the PCT / DAAT’s service specification.

4. Summary of Assessment and Accreditation

   Each pharmacist must be undertaking or have successfully completed the required assessment for

   - **CPPE Substance Use and Misuse (Pharmacist Version)** open learning programme

   Temporary accreditation for the first six months may be achieved by written self declaration to the PCT stating that the CPPE training pack has been commenced and will be completed within six months. Full accreditation is proved by possession of an expiry dated certificate provided by the accrediting PCT which bears the standard mark of the NW Harmonisation of Accreditation Group.

   PCTs are recommended to maintain records of Pharmacists accredited or re-accredited for a minimum of THREE years.

5. Re-accreditation

   Updates are recommended every two years which may be in the form of a self declaration of competency or other method of assessment as considered appropriate by the accrediting PCT. Where there are concerns regarding poor performance, this should be addressed separately as a clinical governance matter.
6. Cross accreditation

Accredited pharmacists must be advised by the accrediting PCT that if they wish to provide this enhanced service to another PCT, they should contact that PCT for further information.

PCTs may not be commissioning the service. Even so, local paperwork, sources of support, extent of the service, etc., may differ. PCTs should however recognise the accreditation certificate which bears the standard mark of the NW Harmonisation of Accreditation Group and will only therefore need to ensure that pharmacists understand differences of operation in their area.

References

- Barnes, N. Guidance for Pharmacists Supervising Methadone Administration, Walsall TPCT
- PSNC, NHS Community Pharmacy Contractual Framework Enhanced Service – Supervised Administration (Consumption of Prescribed Medicines) (2005)