

**Service Level Agreement**

**Between Cheshire and Wirral Partnership (CWP)**

**and**

**Community Pharmacy**

**Dispensing of controlled drugs and non controlled drugs**

**And**

**Supervised Self-Administration of Controlled Drugs**

**July 2017- October 2018**

## **1. Overview and service principles**

Community pharmacies play an important role in the care of substance misusers during their progress to recovery. They support service users to comply with treatment regimes through supervising the self-administration of control drugs.

## **2. Aims and intended service outcomes**

To reduce the opportunity for diversion and illicit supply of controlled drugs, prescribed for a specific service user, into the wider community.

## **3. Service Outline**

### **Over arching outline**

- 3.1 The pharmacy will offer a user-friendly, non-judgemental, patient centred and confidential service.
- 3.2 The pharmacy will ensure that a qualified pharmacist is available to provide this service throughout all their opening hours.
- 3.3 The contractor will have standard operating procedures. The pharmacist will review these standard operating procedures and the referral pathways for the service at least every 2 years.
- 3.4 All members of the pharmacy team will treat the service users with dignity and respect at all times, refraining from referring to service users as 'drug addicts'.
- 3.5 The contractor will ensure that appropriate professional indemnity insurance is in place.
- 3.6 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.
- 3.7 The pharmacy will provide support and advice to service users about ,for example contraindications, risks, as well sign posting to other health or social care services
- 3.8 If a service user is in hospital, CWP will inform the pharmacy to suspend the prescription during hospital stay.
- 3.9 If the hospital rings the pharmacy for information, they should be directed to CWP
- 3.10 If the pharmacy identifies any issues of concern in relation to a service user it must inform CWP. This could include issues of domestic violence, ill health, violence or aggression to any issue of risk that could impact on the well being of the service user, staff in the pharmacy, CWP or members of the public.
- 3.11 The pharmacy must report any concerns relating to safeguarding to the relevant agency.
- 3.12 Contact the appropriate agency in relation to any emergency situation or perceived harm of risk to any individual, for example the police
- 3.13 The pharmacy must report any issues of non compliance of taking the medicine(s) as prescribed to CWP.
- 3.14 The pharmacy must report to CWP and the police issues in relation to any attempt to alter the prescription.
- 3.15 Any dispensing errors should be reported, as soon as the pharmacy is aware they have been made to CWP and via the pharmacy internal incident recording protocols.

3.16 The pharmacy will ensure it holds sufficient stock of medicines required for this service. If there is concern about stock availability the pharmacy must notify CWP as soon as possible.

### ***Dispensing of controlled drugs and non-controlled medication***

4.1 The pharmacy will dispense medication to service users in accordance with the instructions on the prescription for missed dose as long as this does not exceed 3 consecutive days.

4.2 If the service user fails to collect medication for 3 consecutive days or more the prescription is to be suspended by the pharmacist and CWP informed.

4.3 Suspended prescriptions can only be issued following confirmation of recommencement by a member of the substance misuse team.

4.4 Holiday prescriptions will be dispensed as per instructions on the prescription. CWP will advise the pharmacist in advance of holiday prescriptions

4.5 The pharmacy will ensure that prescriptions which recommenced on the return from a holiday period are retained until needed by the service user on their return.

4.6 Any existing prescriptions held by the pharmacy will not be dispensed from for the duration of the holiday prescription

4.7 Unless prior agreement is made with CWP, prescriptions must only be dispensed to the person named on the prescription. Known family members and friends are excluded from collecting prescriptions.

### **Supervised self-administration of controlled drugs.**

4.8 The service will require the pharmacist to supervise the consumption of prescribed medicines when indicated by the prescriber, ensuring that the dose has been administered fully to the service user.

4.9 The consumption of the medication should be done in a private consultation room to ensure the service user confidentiality

4.10 CWP will contact the service user's chosen pharmacy, prior to them attending the pharmacy to ensure that the pharmacy has the capacity to take on another service user.

4.11 The Home Office has changed the approved wording on instalment prescriptions for Controlled Drugs. The pharmacist should be aware of the different wordings as listed below, and ensure they dispense in line with the approved wordings on the prescription. If the prescription does not reflect such wording, the regulations only permit the supply to be in accordance with the prescriber's instalment direction:

- ✓ Please dispense instalments due on pharmacy closed days on a prior suitable day.
- ✓ If an instalment's collection day has been missed, please still dispense the amount due for any remaining day(s) of that instalment.
- ✓ Supervise consumption on collection days.
- ✓ Dispense daily doses in separate containers.

4.12 If the medication is dispensed for non-supervised consumption (e.g. Sundays, bank holidays) the service user must be provided with information regarding the safe storage of the medication and reminded of the danger it presents to others.

4.13 Methadone: The pharmacy will present the medicine to the service user in a suitably labelled receptacle and will provide the service user with water to facilitate administration and/or reduce the risk of doses being held in the mouth. If a service user's dose is measured out in advance of their visit then suitable containers with lids should be used. These shall be individually labelled as per normal labelling regulations. Prior to disposal of these containers, all identifying labels shall be removed/anonymised.

4.14 Buprenorphine and Buprenorphine/Naloxone: The pharmacy will prepare the dose and place in a medication measure. The service user will be provided with water (in a disposable cup) prior to issuing the dose, this may speed up the process of the medication dissolving under the tongue. The medication should be tipped directly under the tongue without handling. The service user will need to be supervised until the tablet has dissolved. This may take up to 10 minutes. When most of the tablet is dissolved, and only a chalky residue remains, talk to the service user to determine the dose has fully dissolved. Offer a further drink of water. Crushing of tablets is Off Licence and therefore should not be undertaken unless the prescriber requires this. If required the prescriber must write this on the prescription and both the prescriber and service user must be aware that this is Off Licence. The pharmacist must be allowed to use their professional judgement on whether they wish to participate in this.

## **5 Data Recording and information sharing**

5.1 The pharmacy will maintain records of the service provided. All provisions will be recorded on a web based data management system. These records will be operated together with the Controlled Drug Records required by legislation.

5.2 The pharmacy providing the dispensing service will contact CWP in any of the following circumstances:

- Drug related death in pharmacy premises
- Overdose
- Incorrect dispensing of any controlled substance
- The service user is seen to be selling, swapping or giving away their controlled medication
- Following three consecutive failures to attend. Where three consecutive doses have been missed, the pharmacist will not supply a further dose and the service user should be referred back to CWP to be clinically re-assessed
- Breach of the Service Agreement which the service user has signed
- Any other occasion when the pharmacist is concerned about the service user's well-being
- 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

## 6. Required training

6.1 All pharmacists will be required to complete the CPPE Declaration of Competence for Supervised Administration of prescribed medication, the CPPE Substance use and misuse (2nd edition) and CPPE Safeguarding Children and Vulnerable adults. It is recommended that all registered pharmacy technicians complete the same declaration.

6.2 CWP will arrange at least one contractor interaction per year to promote service development and update the knowledge of the accredited pharmacist.

6.3 Practitioners and staff must meet these minimum requirements within three months of joining the service.

## 7. Payment Arrangements

7.1 Invoice will be paid quarterly and submitted through the data management system

7.2

Service provided	Fee
Methadone liquid supervision	£1.54
Methadone tablet supervision	£1.54
Buprenorphine supervision	£1.85
Morphine supervision	£1.85
Dexamphetamine supervision	£1.54
Start up payment( paid on first invoice)	£100.00

VAT 0%

7.3 Payments will be made monthly upon input of the data onto web based data management solution/system. Invoices will be generated automatically by data management solution on the 5th of the month.

7.4 Fees will be paid on the basis of submitted claims. Please note the CWP preferred method of payment is BACS and this can be easily set-up by sending the Contracts Manager details of the bank account and sort code number on official pharmacy letter headed paper.

7.5 Contractors are responsible for entering accurate claims data onto web based data management solution. This must be done by no later than the end of the following month following the provision date.