



Service Specification for the provision of

Supervised Consumption of
Methadone, Buprenorphine and Suboxone
between

Inspire Integrated
Substance Misuse Service
and Community Pharmacists

2013-2014



*safer communities,
healthier lives*

Specification for Supervised Consumption Scheme

Introduction

This specification sets out a model for an enhanced service for supervised consumption scheme and is between Inspire Integrated Substance Misuse Service (the purchaser) and Community Pharmacists (the contractor) who are existing or new participants in the provision of the Supervised Consumption scheme across East Lancashire. Participation by community pharmacists in this service remains voluntary and guided by localised need.

Pharmacists participating in this service will be expected to take on the number of service users that they feel appropriate for their pharmacy within the parameters of good practice advised by the local Drug Services, taking into account all their community responsibilities.

The Role of the Pharmacist

Pharmacists play a key and unique role in the care of the substance users. 'Key', in that through the supervision of consumption methadone or buprenorphine, the pharmacist is instrumental in supporting drug users in complying with their prescribed regime, therefore reducing incidents of accidental deaths through overdose. Also through supervision, pharmacists are able to keep to a minimum the misdirection of controlled drugs, which may help to reduce drug related deaths in the community.

The 'unique' role that pharmacists play in the treatment of drug users is the daily contact that they have with their service users, and their ability to monitor and offer advice on the service user's general health and well being. By integrating pharmacists into the 'shared-care' service this 'gateway role can be developed to maximise the positive impact treatment has for service users.

An important consideration however is that adhering to daily supervision regimes reduces opportunities for individuals to integrate back into society through employment, education, holidays etc. It is important that once the service user is stabilised and feeling confident, that the opportunity to increase their take home doses is finally considered. In line with 'Drug Misuse and Dependence – Guidelines on Clinical Management' take home doses are unlikely to be provided for the first three months. At times of crisis or relapse, supervision may need to be temporarily re-instated. This should not be seen as failure, as making changes to drug use and habitual behaviours can be a lengthy process with 'lapsing' as a common feature.

It is therefore important that the service user attends the same pharmacy with each new prescription and that the pharmacist is supportive with an understanding attitude. The relationship between service user and pharmacist should ideally be friendly, but professional.

Service Aims

The aim of this service is to;-

Ensure compliance with the agreed treatment plan by;-

- Dispensing prescribed medication in specified instalments
- Ensuring each supervised dose is correctly administered to the service user for whom it was intended (doses may be dispensed for the service user to take away to cover days when the pharmacy is closed)
- Liaising with the prescriber, named recovery worker and others directly involved in the care of the service user (where the service user has given written permission)
- Monitoring the service user's response to prescribed treatment; for example if there are signs of overdose, especially at times when doses are changed, during titration of doses, if the service user appears intoxicated or when the service user has missed doses and if necessary withholding treatment if this is in the interest of the service user safety, liaising with the prescriber or named recovery worker as appropriate.
- Improving retention in drug treatment
- Improving drug treatment delivery and completion

To reduce the risk to local communities of:

- Overuse or under use of medicines
- Diversion of prescribed medicines onto the illicit drugs market
- Accidental exposure to the dispensed medicines

Operational Procedures

Outlined below are the operational procedures for delivering substitution therapy with supervised consumption via pharmacies. All staff, including locums, should be aware of the following procedures. It is these procedures, along with the key principles outlined immediately above, which constitute a robust protocol. The operational procedures below make specific reference to buprenorphine, integrating all elements of the NPA model protocol.

Accepting new service users into Supervised Consumption

- Inspire – the prescriber, will ask the service user which pharmacy participating in the supervised consumption programme, would be most convenient for daily visits and at what times.
- The prescriber will contact the pharmacist before issuing the first prescription to ensure the pharmacist has the capacity to accept the service user at that time.
- The prescriber or recovery worker will complete the Service User Identification Form with the service user including signing the form and stamping it with an official clinic stamp.

- The prescriber should complete the Service user Identification form (Appendix 2) for all service users on supervised buprenorphine or methadone.
- All prescriptions will have the agreed dispensing pharmacy name printed on the prescription.
- The service user will attend the named pharmacy with their prescription for supervised methadone or buprenorphine consumption as agreed with the prescriber or recovery worker. The Service User Identification and Record Form must accompany the prescription.
- Service users will be briefed by the prescriber on the date of commencement of supervised consumption. The prescriber should inform the service user fully of what is expected when commencing supervised consumption. In doing so the prescriber will inform the service user that the pharmacy will enter into a contractual arrangement with the service user which the service user will be expected to adhere to.
- For service users in receipt of crushed buprenorphine a signed agreement should be sought from both the prescriber and service user as confirmation that they understand the implications associated with supervised supply of crushed buprenorphine and that they agree to participation on this basis.

Service User/Pharmacy Agreement (Appendix 3)

- Service Users must have a written contract with the substance misuse service, part of which covers behaviour in the pharmacy. However, it is important that pharmacists use the contract, outlining in greater detail the procedure for daily supervision.
- The aim of the contract is to reduce the potential of misunderstandings and bad feeling to arise between service user and pharmacist.

Service users should be informed in advance of what arrangements you make for when the pharmacy is closed.

In addition the service user should be given a practice leaflet detailing additional professional services offered by the pharmacy. Health promotion is an important issue for this group of service users and pharmacists should take every opportunity to provide advice on diet, exercise and oral hygiene.

Identification of Service users (Appendix 2)

- The service users' identity must be checked to ensure the prescription is dispensed to the correct person.
- The Service user Identification Form aims to assist this process.
- If there is any uncertainty with the identity of the service user the prescriber must be contacted and the dose withheld until the individuals identity is ascertained.

Controlled Drugs Prescriptions

Controlled drug prescriptions are subject to additional regulation and therefore must be checked before medication is dispensed.

- The prescription must be checked for legality. Statutory instrument No2005/2864 has amended the Misuse of Drugs Regulations 2001 to allow all details, including the date, to be computer generated. This removes the need for the doctors to apply for handwriting exemptions to computer generate prescriptions. However the signature must be handwritten.
- Methadone should be prescribed on FD10 (MDA) for no more than 14 days.
- If more than one item is prescribed, separate forms should be used as FP10 (MDA) only has space to record 14 dispensing episodes.
- Where the total daily dose of buprenorphine prescribed requires the dispensing of two tablets i.e. 8mg and 2mg for a total of a 10mg daily dose, only one enhanced dispensing fee may be claimed as this is not classed as two supervisions. The intention of the supervision fee is to cover supervision of one dose regardless of the number of tablets required to make up that dose.
- Buprenorphine may be prescribed on FP10 (MDA) or FP10HP (AD).
- If the starting date for dispensing is other than the date of writing the prescription, this must be clearly stated. Start dates should always be clear to prevent the possibility of obtaining two doses at the end of one prescription and the beginning of another.
- The prescription should provide clear dispensing instructions. The amount of the instalments and the intervals to be observed must be specified. Prescriptions ordering 'repeats' on the same form are not permitted.
- The prescription must specify clearly that supervision is required.
- The prescription should also state if the buprenorphine tablets are to be crushed.
- The prescription should not be in any way tampered with, or in a condition where the instructions are not longer clear – e.g. water damaged, torn etc.

Whilst the Home Office have confirmed that prescriptions can now be worded as follows: 'Instalment prescriptions covering more than one day should be collected on the specified day; if collection is missed the remainder of the instalment (i.e. the instalment less the amount prescribed for the day (s) missed may be supplied, this provision should be used in exceptional cases only, and the prescriber should alert the pharmacist that this instruction is to be made. The pharmacist should also notify the prescriber when this occurs.

Emergency supply of methadone mixture and buprenorphine – The Misuse of Drugs Act does not allow for the 'emergency supply' of schedule 2 or 3 Controlled Drugs (exemption – phenobarbitone or phenobarbitone sodium for epilepsy). Doses should never be given in advance of receipt of a valid prescription at the pharmacy. Phoned or faxed prescriptions for controlled drugs are also illegal.

Pharmacists must satisfy themselves of the legality of the prescription, and its clinical appropriateness. If you have any doubts about the validity of the prescription – contact the prescriber.

If the service user's prescriber changes, the clinic or service should inform the pharmacist of this change.

Preparation of Medication

- Methadone – The daily amount should be measured into a suitable container, capped and labelled. When the service user arrives, ideally the measured dose may be poured into a disposable cup. Please note drinking medicines directly from the bottle can set bad examples to children in the pharmacy.
- Buprenorphine – The prescribed tablets should be removed from the foil and placed in an appropriate container, if they are to be crushed they should be crushed into granules rather than a fine powder, in the service users presence. This way the service user can confirm their dose before the medication is crushed. An appropriate crushing device should be used that minimises any loss of dose and has the confidence of the service users.

Sugar free or colourless methadone mixture should only be dispensed if specifically requested on the prescription.

It is important that the dose is ready for the service user's arrival. The whole operation should be as discreet and as efficient as possible, maintaining the service user's dignity and saving the pharmacist's time.

Doses that are collected to be taken on Sundays or Bank Holidays must be dispensed in a container with a child resistant closure. Service users must also be advised to store their medication out of the reach of children.

Supervision by Pharmacist

Consumption should take place in a discreet area, or at times when the pharmacy is not likely to be busy, as agreed with the pharmacist. This will be discussed with the pharmacies as part of the application process.

- Methadone – the pharmacist must be satisfied that the dose has actually been swallowed, for example, by water being swallowed after the dose or conversing with the service user to ensure that the methadone is not retained in the mouth. 'Spit Methadone' has a street value and some service users may be under a great deal of pressure to hand over their dose to others.
- Buprenorphine – the tablet or crushed granules must be tipped directly under the tongue without handling and the service user supervised until the tablets has dissolved – this can take 3-7 minutes depending on the dose, the service user and whether the tablets have been crushed. Providing or advising the service user to bring a drink of water with them for consumption before administering their medication, will speed up the process. Service user should be advised that increased or excessive saliva production may reduce the effectiveness of the drug and is not desirable, and that saliva should be kept in the mouth rather than swallowed during dissolution. You may also wish to inform them that the medication has a bitter taste.

Record keeping and Information Requirements

It is recommended that all the providers should use the latest Governance Toolkit to assist in implementation and assessment of compliance with the policy and legal requirements.

The following forms are required to be completed for supervised consumption:

- Service User Record of Treatment Form (Appendix 5) – Pharmacists are responsible for maintenance of each service user's Service User Medication Record. You should be able to record daily attendance, missed doses and other concerns that you may need to report back to the prescriber. The service user's details should be filled in at the top of the form and a tick should be placed against the relevant date box for every day on which medication is issued to this service user.
- Inspire may at any time request to see the Service User Record of Treatment Forms for the purposes of audit in line with increased requirement to monitor the use of controlled drugs in their areas.
- If buprenorphine tablets have been crushed, this must be indicated on the Service User Record of Treatment Form.
- Record of Medication Administered (Pharmacy Record Form – Appendix 6) – this allows you to record the total number of daily supervised consumption conducted and is purely for remuneration purposes. See Appendix 6 for this pro forma and guidance regarding completion and submission.
- The Controlled Drugs Register must also be completed for methadone and invoices, requisitions and orders for Buprenorphine must be kept for 2 years. Subsequent to statutory Instrument 2005/2864 a controlled drugs register may be computerised and copies of this register may be requested by the Secretary of State or an authorised person. Requisitions and orders for buprenorphine may be preserved in the original form or as a copy on computer.

Concerns regarding Service Users (Feedback form– Appendix 7)

You must contact the prescriber/recovery worker in the following circumstances:

- The service user does not consume the whole dose under supervision
- The service user appears to be ill
- The service user tries to avoid supervision or the process for proper consumption
- The service user appears to be intoxicated – Service users stabilised on methadone or buprenorphine should be clear-headed and coherent. If the pharmacist considers the service user to be grossly intoxicated, the prescriber should be contacted and the dose withheld.

Methadone taken on top of other opiates, alcohol or benzodiazepines may increase the sedative effects leading to respiratory depression and potential overdose.

Buprenorphine is a partial opiate antagonist and, in isolation is less likely to cause overdose in opiate naïve individuals, although it is still a risk. The risk with buprenorphine is also increased when taken in combination with alcohol and benzodiazepines.

Missed doses

Missed doses may result in a drop in opiate tolerance with an increased risk of accidental overdose.

Good practice dictates that all missed doses are communicated to the provider, so that recovery workers are aware of service user adherence to the prescribing regime and can work with service users to improve adherence and reduce risks

- If a service user misses a dose the recovery worker should be informed via fax using the Missed Collection Form (Appendix 10) within 24 hours of them missing a dose.
- Instalment prescriptions covering more than one day should be collected on the specified day: if this collection is missed the remainder of the instalment (i.e. the instalment less the amount prescribed for the day(s) missed may be supplied provided the number of days missed does not exceed three. If stated supervised, supervised consumption of daily dose on specified days: the remainder of the supply to take home.
- There are problems with the prescription – e.g. uncertainty about dates, viability has been tampered with etc.
- The behaviour of the service user is unacceptable and contrary to the service user/pharmacy agreement – ultimately only you can decide what behaviour is 'unacceptable'. In circumstances where a dose is not administered, or you wish to cease with future consumptions, both the service use and prescriber must be made aware of this decision.

The decision is a professional one that should be made after considering the risk to the service user of non-disclosure and the damage that may be done to the supportive relationship between the pharmacist and the service user. Service user confidentiality should be respected at all times.

As an independent provider it is a requirement to report any incidents to Inspire directly to the recovery worker and report through internal incident reporting systems.

Pharmacists Accreditation/Competencies/Continuing Professional Development

Pharmacists involved in the provision of this service must have completed or plan to complete within 6 months of joining the scheme and completed every 3 years thereafter:

- The open learning programme 'Substance use and Misuse' – pharmacist version (2006) available from the Centre for Pharmacy Postgraduate Education CPPE and the CPPE e-assessment 'Substance use and Misuse' – delivering pharmacy services (2009). These can both be accessed via www.cppe.man.ac.uk.

A copy of the record of assessment must be sent to Danielle Gregory, Senior Administrator, Inspire, 44a, York Street, Clitheroe, BB7 2DL

If a pharmacist signs up not having completed the open learning programme and e-assessment, they must successfully complete them within 6 months of their being accepted onto the programme. Inspire must be informed once complete and a copy of the record of assessment sent to the address indicated on the 'Application to Join the Pharmacist Supervised Consumption Scheme' form (Appendix 1).

The pharmacist must also ensure they inform Inspire and forward electronically a copy of the certificate.

Service Outline – Pharmacists participating in the service must:-

- Ensure compliance with all legal and professional requirements.
- Ensure they have appropriate insurance cover – the CPPE course outlines how you can check this.
- From Jan 1st 2005 the pharmacy must have a Standard Operating Procedure (SOP) for all personnel operating the scheme. Local Pharmacy SOP's are intended to support pharmacists working in the community by setting out strategies for risk management and harm reduction that comply with clinical governance requirements. The NPA provides guidance for developing Standard Operational Procedures for dispensing schedule 2 and 3 controlled drugs (see www.npa.co.uk)
- Supervise the daily consumption of methadone mixture (1mg per ml) or buprenorphine 0.4mg 2mg or 8mg sublingual tablets in accordance with prescriber wishes.
- Follow the procedures recommended in this service level agreement.
- Respect service user confidentiality at all times.
- Ensure an accredited pharmacist, as outlined in the training and qualifications section, provides this service at all times.
- Inform the commissioner if there is an interruption to the delivery of this service by an accredited pharmacist. See Appendix 9 'Changes in the Provision of Supervised Consumption of Methadone or Buprenorphine by Accredited Pharmacist'
- Ensure new staff or locums are fully aware of the local pharmacy SOP and are able to enact this agreement appropriately. Locums should undergo accredited training.
- Allow regular audit of service provision and service user records in line with commissioner requirements.
- Report any incidents to the Commissioner.

Infection Control

- The provider will have access and adhere to national and local guidance in relation to infection prevention and control principles and protocols.
- The provider will ensure that up to date infection prevention and control policies are written reviewed and adhered to by all staff.
- The environment must be clean, clutter free and sterile items stored appropriately i.e. not on the floor. A cleaning schedule will be in place and monitored by the provider
- All clinical staff will adhere to standard precautions. Personal protective equipment must be available and clinical staff to don appropriate personal protective equipment in accordance with National Guidance.

- Staff must attend infection prevention and control training annually. Training manual to be made available.
- An infection prevention and control audit or a self assessment will be provided by the provider annually. This will be disseminated to the commissioner of the service.
- Sharps will be stored, handled and disposed of at the point of source in accordance with national guidance. This process will be monitored by the provider.
- All needle stick injuries will be treated as significant event and will be investigated by the provider. The report will be disseminated to the commissioner of the service.

Premises and Equipment

The provider shall ensure that the premises used for the provision of the service are sufficient to meet the reasonable needs of the service users.

Pharmacies which offer Supervised Methadone and Buprenorphine Consumption service shall have the following facilities:

- A service user medication record
- Appropriate storage conditions for increased supply of methadone/buprenorphine
- The service must be provided in pharmacy premises that meet the national standard for consultation areas i.e.
 - i. The consultation area should be a designated area where both service user and pharmacist can sit down together.
 - ii. The service user and pharmacist should be able to talk at normal speaking volumes without being overheard by other visitors to the pharmacy, or by staff undertaking their normal duties.
 - iii. The consultation area should be clearly designated as an area for confidential consultations, distinct from the general public areas of the pharmacy.
- An area for display of relevant health promotion leaflets including advice on the safe and secure storage of medicines.
- The provider shall provide all of the required clinical equipment. This equipment shall be maintained in accordance with manufacturers' guidance and best practice and where appropriate, recalibrated annually.

Significant Events

A proactive approach to the prevention of recurrence of incidents and serious incidents is fundamental to making improvements in service user safety.

The provider should be aware of the various internal reporting systems, such as:

- i. The Medicines and Healthcare Products Regulatory reporting systems for adverse reactions to medication (the yellow card system) and accidents involving medical devices
- ii. The legal obligation to report certain incidents to the Health & Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR).
- iii. The Inspire Reporting systems in conjunction with the Medicines Management.

In addition to their statutory obligations, the provider should give notification, within 72 hours of the information becoming known to him/her, of all emergency admissions or deaths of any patient treated by the provider under this enhanced service, where such admission or death, is or may be due, to the providers treatment of the relevant underlying medical condition covered by this specification.

Monitoring and Reporting

The provider must supply Inspire with such information as it may reasonably request for the purposes of monitoring the provider's performance obligations.

The provider is required to submit monthly data to Lancashire CSU on a monthly basis by the 7th of each month for the previous month.

The provider must complete the Infection Control and Hygiene self-assessment every 12 months and return to the project manager at the relevant site.

Business Continuity

The provider is responsible for ensuring that adequate arrangements are in place for continuity of the service in the event of staffing shortages, facilities and system failures appropriate to the service.

Liaison

Pharmacists must develop and maintain close links with Inspire.

The pharmacist may be contacted by the prescriber/recovery worker:

- For feedback after the first week of treatment
- After three months to feed into the review of the care plan/treatment package
- As required, to update on treatment goals or any significant issues regarding the management of the service users treatment package.

At all other times all steps should have been taken to maintain the service user's confidentiality, with all staff protecting the privileged information they are party to by not divulging anything about the service users outside of the pharmacy.

Daily contact with the service user will allow the pharmacist to provide health promotion support and monitor service user compliance, suspected alcohol/drug intake, physical appearance and family support. People who are dependent on substances often have difficulty in accessing help and other social care. Inspire view pharmacies as a key contributor to a service users recovery plan and will seek feedback from the pharmacy to contribute to reviews.

Post Payment Verification

In accordance with the requirements of section 30 of its Standard Financial Instructions, Inspire reserves the right to undertake validation of claims to ensure the rules have been correctly and consistently applied and payments have been claimed in accordance with the terms of this agreement.

Termination of Agreement

This agreement will be reviewed by 31/03/2014. If the provider wishes to terminate this agreement before this date then the provider is required to give Inspire six months' notice of termination in writing. Inspire has the right to terminate this agreement if a breach occurs but Inspire would aim to support providers to maintain contact.

Payment

Payments will be made per supervision at a rate of:

Methadone - £1.75 per dose supervised

Buprenorphine/Suboxone - £2.50 per dose supervised

Please Note: Where the total daily dose of buprenorphine prescribed requires the dispensing of two tablets i.e 8mg & 2mg for a 10mg total daily dose, only one supervision fee may be claimed as this is not classed as two supervisions. The intention of the supervision fee is to cover the supervision of one dose regardless of the number of tablets required to make up that dose.

Payments will be made **monthly** following the submission of the record of medication Administered form by the 7th of each month for the previous month. Please note late submission of data may affect your payment.

These forms should be sent to the Lancashire CSU by the 7th of the following month to be paid at the end of the month.

It is imperative that the record sheets are sent in on a monthly basis as Inspire are unable to pay accumulative months together.

Payments can only be made to pharmacies who have signed up to this scheme and have agreed to provide the service outlined above. Payments are pharmacy not pharmacist based.

If you have any payment queries, please contact Stephen Lonergan, Finance Administrator at Stephen.Lonergan@cri.org.uk / Tel: 01254 282905.

Applying to join the scheme

Pharmacies wishing to join the scheme should complete the application form enclosed.

Local Point of Contact

If you have any concerns in relation to your contract or other issues, please contact your local project manager:-

Burnley – 01282 644644

Jackie McVan - jackie.mcvan@cri.org.uk - Tel: 07507 845907

Pendle – 01282 644100

Lisa Cochrane – lisa.cochrane@cri.org.uk - Tel: 07507 839034

Rossendale – 01706 253670

Mark Spedding – mark.spedding@cri.org.uk - Tel:07900 656048

Hyndburn/Ribble Valley – 01254 282900 / 01200 413630

Chris Hill – christine.hill@cri.org.uk / Tel: 07969 368773

Finance Queries

Stephen Lonergan – stephen.lonergan@cri.org.uk – Tel: 01254 282905

Application to Join the Pharmacist Supervised Consumption Scheme (Appendix 1)

AGREEMENT

I apply to be paid for pharmacist supervision for methadone, buprenorphine and suboxone consumption by drug misusers in the premises names below in line with the Service Specification and to submit a **monthly** log of activity by the 7th of each month for the previous month to Lancashire CSU.

The owner/manager is an NPA member:-

Owner/Manager Name:	NPA member? Yes <input type="checkbox"/> No <input type="checkbox"/>
If not an NPA member, can you confirm that you have indemnity insurance	Yes <input type="checkbox"/> No <input type="checkbox"/>

The pharmacy is open for 5 / 6 / 7* days per week (*delete as appropriate)

I will claim the fees appropriate to this number of days opening following supervision of methadone and buprenorphine consumption.

Responsible Pharmacy Signature:	
Pharmacy Name:	Key Contact:
Address:	
Telephone:	Email:
Fax:	Date:

Please provide details of those Pharmacist(s) that will be providing the Supervised Consumption Service. Copies of CPPE certificates should be sent to be contact address below. Failure to submit full accreditation certification may result in suspension of service.

Name(s) of Pharmacist(s) and GLPC No. and Designation Registered/Locum	CPPE "Substance Use and Misuse" Pack already completed (please tick)	CPPE pack to be completed within 6 months (please tick)

Pharmacists wishing to join the scheme should complete this form and return it to:

Danielle Gregory, Senior Administrator, Inspire,
44a, York Street, Clitheroe, BB7 2DL

Service User Identification Form (Appendix 2)



Service User Information

Service User Name:		
Address:		
DOB:	Gender:	
Service Users Signature:		Date:

Medical Services Details

Doctor:	Recovery Worker:
Clinic Address:	
Telephone:	Email:
Doctors/Recovery Workers Signature:	Clinic Stamp:
Date:	

For the Pharmacist

The service user should present a form of ID where possible .

Acceptable forms of ID include:-

- Photo ID

Driving licence, passport, proof of age card e.g. prove it, photo student ID,

- Name and address ID – no older than 3 months

Bank statement, credit card statement, utility bill (not mobile phone bill), benefits correspondence, Council tax bill or payment book.

- Letter from Inspire Integrated Substance Misuse Service

Form of ID Shown:
Date:

Service User/Pharmacy Agreement (Appendix 3)

We are pleased to welcome you to the Inspire Supervised Consumption Scheme 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 and a brief explanation as to why these arrangements are necessary. The pharmacists will go through each of the

points with you and explain any that you are unsure about.

When you have completed the Agreement, the pharmacist will introduce you to the staff so that they know who you are and can help you should you require it.

We hope that the scheme proves helpful to you.

The Arrangements	Why they are necessary
<p>We are available to supply your medication between:-</p> <p>From:..... To:</p> <p>From:..... To:</p>	<p>We want to give you your medicine as quickly as possible. We prepare your medicine first thing in the morning and write up our records before the shop closes.</p> <p>When the pharmacy is busy, we must take all customers in turn, which may leave you standing around.</p>
<p>You will need to collect your take home doses on for weekends and bank holidays.</p>	<p>The pharmacy is closed on day and day and on Bank Holidays.</p> <p>Opening Times are:</p>
<p>We will need some way of identifying you. Our pharmacist will explain how this is done.</p>	<p>We want to ensure that we don't give your supply to anyone else.</p>
<p>If you have missed three days collections in a row, we cannot supply your medication without speaking to your prescriber. We also report any missed doses to Inspire.</p>	<p>Your tolerance to the drug quickly drops and to take the full dose may risk your health.</p>
<p>We must supervise you taking your medicine because this has been stipulated on your prescription.</p>	<p>This is done to support you achieving your treatment goals and to reduce the risk of overdose.</p>
<p>When you collect your medication we need time to up date our records.</p>	<p>By law, we have to make detailed records on each collection. We cannot do this in advance.</p>
<p>If you lose your prescription, we cannot supply the medication to you no matter how well we know you.</p>	<p>Again, by law, we can only supply medications with a legally written prescription. If you have lost one you will need to contact your prescriber.</p>

<p>We cannot give you 'missed doses' that you have not picked up.</p>	<p>The supply of your medication has to be made on the day and date specified on the prescription.</p>
<p>Please bring your new prescription promptly before, or just after your current one finishes.</p>	<p>There is sometimes a waiting list for places. If you do not show we may have to give you slot to someone else.</p>
<p>We will make a commitment to always be polite and courteous to everyone.</p> <p>We would like you to come alone and to behave in a reasonable manner in the pharmacy and in the area outside the pharmacy.</p>	<p>We want our pharmacy to be a welcoming place to you and all our customers and expect all our service users/customers to behave in a reasonable manner. Failure to do so will force a withdrawal of services.</p>
<p>Please feel free to ask about other health related issues that maybe worrying you.</p>	<p>We offer information and advice on health related matters to all members of our communities. You are a customer of ours and we value your custom.</p>

Confidentiality: We respect your right to keep matters relating to your health private and confidential and shall endeavour to provide a confidential service for you. However we may talk to your GP/Prescriber or Recovery Worker about your health care or medications.

Name of Pharmacist:	Pharmacy Stamp:
Pharmacy Telephone Number:	
Name and contact details of GP/Prescriber:	
Service Users Signature:	Date:
Print Name: (Service User)	
Pharmacist Signature:	Date:
Print Name: (Pharmacist)	

Complaints Procedure (Appendix 4)

If you are not satisfied with the service that you have received, please speak with your pharmacist, or recovery worker.

Your complaint will be investigated and you will be kept informed of the process and the outcome. A complaints procedure will be made available to you on request.

Notes or Comments

We value your custom and will endeavour to do all we can to meet your health needs.

Record of Treatment (Appendix 5)

Name:
Month:

Day	Dose Taken	Dose Missed	Notes
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
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23			
24			
25			
26			
27			
28			
29			
30			
31			

Pharmacy Record Form (Appendix 6)

Pharmacies can use one of the attached forms depending whether they are using PharmOutcomes.



ClaimForm_ELPharma
cy_ES_V2.2_2407201:



Intergrated
ClaimForm_ELPharma

They submit them electronically to Lancashire CSU by email monthly – one per month to :-

enhancedserviceslcsu@nhs.net

Feedback form (Appendix 7)

Contact the Recovery Worker if:-

Immediate Action required:-

- The Service user appears to be ill.
- The service user does not consume the whole dose under supervision
- The service user tries to avoid supervision
- The service user appears to be intoxicated e.g. alcohol, other prescription and/or illicit drugs
- The service user misses a dose
- The behaviour of the service user is unacceptable e.g. shoplifting, verbal and/or physical abuse
- The pharmacist is contacted by secondary care regarding dosage information due to hospitalisation
- There are problems concerning the prescription e.g. service user moves prescription, ambiguity of dates for dispensing, identity of service user in doubt

Dealt with at Pharmacist discretion:-

- The service user requests treatment that the prescriber can refer to/provide, e.g. Hep B Vaccination
- The pharmacist is aware of other issues that may affect treatment compliance e.g. being made homeless
- The pharmacist believes there may be a concordance/drug interaction issue with other prescribed drugs being taken

Remember contact must be made on the day they occur:-

- Missing doses may result in a drop in opiate tolerance with an increased risk of accidental overdose.
- Service users stabilised on methadone and buprenorphine should be alert and coherent
- As you get to know the service user you may be in a position to notice deterioration in their health
- Only you can decide what behaviour is 'unacceptable'.

Burnley – Tel: 01282 644644
Pendle – Tel: 01282 644100
Rossendale – Tel: 01706 253670
Hyndburn – Tel: 01254 282900
Ribbles Valley – Tel: 01200 413630

Pharmacist – Prescriber Contact Form (Appendix 8)

Service User:	
Doctor:	
Recovery Worker:	

Supervised consumption of prescribed medication has been **withdrawn** because the service user above has:

Please ensure you inform Inspire Services Immediately.

Reason

Further Information

Signature of Pharmacist: _____ Date: _____

<p>Please note this form is only for use when treatment is withdrawn.</p> <p>The prescriber should deal with further issues at their own discretion and in discussion with the service users.</p> <p>Concordance/Drug interaction issues similarly be dealt with at the discretion of the pharmacist and may require more urgency depending on individual circumstances.</p>
--

PLEASE FAX FORM WITHIN 24 HOURS TO YOUR LOCALITY:-

Burnley – Fax: 01282 831348
Pendle – Fax: 01282 612366
Rossendale – Fax: 01706 222816
Hyndburn – Fax: 01254 381771
Ribble Valley – Fax: 01200 423860

Changes in the provision of Supervised Consumption of Methadone, Buprenorphine or Suboxone by Accredited Pharmacists (Appendix 9)

Pharmacy Name:
Pharmacy Address:

Please complete the relevant section:-

Section A – Newly Qualified Pharmacists

..... has now completed
(Pharmacists name) (data) (course name and provider)

Section B – Change in Accredited Pharmacist

Supervised consumption of methadone, buprenorphine and suboxone at

..... will henceforth be administered by
(Pharmacy name) (data) (name)

who has completed on
(course name, provider) (date)

Section C – Temporary / Interim arrangements

Between and the Supervised Consumption of methadone, buprenorphine and suboxone will be provided by (Pharmacist name)

This pharmacist has / has not* completed an accredited course (*delete as appropriate)

Complete if appropriate on
(course name, provider) (date)

The pharmacist must be aware of the Standard Operating Procedures for the scheme.

Section D – to be completed for any other changes to the scheme

Please explain any other changes to the implementation of the scheme by trained pharmacists.
--

Please send to: Danielle Gregory, Senior Administrator, Inspire, 44a, York Street, Clitheroe, BB7 2DL

NOTIFICATION OF MISSED COLLECTIONS

DATE:

REPORTED BY:

PHARMACY:

TELEPHONE NO:

CLIENT NAME	DATE OF BIRTH	DAY 1 MISSED	DAY 2 MISSED	DAY 3 MISSED

FURTHER COMMENTS:

**PLEASE FAX FORM WITHIN 24 HOURS OF MISSED COLLECTION
TO YOUR LOCALITY:-**

Burnley – Fax: 01282 831348
Pendle – Fax: 01282 612366
Rossendale – Fax: 01706 222816
Hyndburn – Fax: 01254 381771
Ribble Valley – Fax: 01200 423860

FAO SENIOR PRACTITIONER
(TO BE TAKEN TO DAILY FLASH MEETING)

Appendix 11

Infection Control and Hygiene Pharmacy Self-Assessment

This assessment should be completed every 12 months by the pharmacy and returned to Stephen Lonergan at Stephen.lonergan@cri.org.uk.

Inspire need to ensure that commissioned services have safe mechanisms in place for the protection of staff and customers therefore the completion of this self-assessment is a necessary part of contract management and failure to do so may result in services being withdrawn.

Pharmacies that provide Supervised Consumption and/or Needle Exchange should complete this assessment

1. All staff are trained and competent in infection control and prevention and medicine handling. Staff inductions include these components.

Met Partially Met Unmet

Evidence
Areas for Improvement/Gaps
Actions

2. All staff are aware of the infection control policy.

Met Partially Met Unmet

Evidence
Areas for Improvement/Gaps
Actions

3. The pharmacy has a risk assessment to take into account risks posed by the environment and people's susceptibility to infection.

Met Partially Met Unmet

Evidence
Areas for Improvement/Gaps
Actions

4. All staff are aware of the BBV policy, if no policy exists they have been made aware of transition routes and are vaccinated

Met Partially Met Unmet

Evidence
Areas for Improvement/Gaps
Actions

5. The service ensures basic cleanliness to prevent and control infection.

Met Partially Met Unmet

Evidence
Areas for Improvement/Gaps

Actions

6. Managers are aware of COSHH regulations for cleaning substances.

Met Partially Met Unmet

Evidence
Areas for Improvement/Gaps
Actions

7. Hand washing posters are displayed in appropriate places.

Met Partially Met Unmet

Evidence
Areas for Improvement/Gaps
Actions

8. Antiseptic gel is available throughout the building.

Met Partially Met Unmet

Evidence
Areas for Improvement/Gaps
Actions

9. There is a blood spillage kit and all staff know of its whereabouts.

Met Partially Met Unmet

Evidence
Areas for Improvement/Gaps
Actions

10. All staff are aware of how to deal with a blood spillage.

Met Partially Met Unmet

Evidence
Areas for Improvement/Gaps

Actions

11. All staff are aware of how to manage people with infected wounds both in the immediate term and in relation to signposting to appropriate services to prevent and control infection.

Met Partially Met Unmet

Evidence
Areas for Improvement/Gaps
Actions

12. Information is provided to customers on how to manage infections inclusive of infection control and prevention.

Met Partially Met Unmet

Evidence
Areas for Improvement/Gaps
Actions

13. Clinical areas are fit for purpose.

Met Partially Met Unmet

Evidence
Areas for Improvement/Gaps
Actions

14. All staff cover cuts and exposed wounds.

Met Partially Met Unmet

Evidence
Areas for Improvement/Gaps
Actions

15. There is a supply of plasters, disposable gloves, aprons available.

Yes No

Evidence
Areas for Improvement/Gaps

Actions

16. All staff are aware of Personal Protective Equipment Policies.

Met Partially Met Unmet

Evidence
Areas for Improvement/Gaps
Actions

17. Staff are aware of anything that needs decontaminating.

Met Partially Met Unmet

Evidence
Areas for Improvement/Gaps
Actions

18. Advice is provided to clients on the effects of their medication and responsibilities for safe storage is discussed

Met

Partially Met

Unmet

Evidence
Areas for Improvement/Gaps
Actions