

MODEL TERMS OF AGREEMENT FOR SUPERVISED ADMINISTRATION

I, the client, understand and agree with the following terms of agreement:

- To treat the practice, clinic, pharmacy, its customers and staff with respect.
- To attend the practice, clinic and pharmacy within agreed times and at agreed intervals
- To collect my medicines personally, quietly and promptly at the agreed time
- Not to be a nuisance, abusive or violent to the practice, clinic or pharmacy staff
- That my doctor, pharmacist and drug worker are free to discuss and exchange information on my behaviour, my state of health, attendance and other factors relating to my treatment
- Not to attend the practice, clinic or pharmacy intoxicated with alcohol and/or drugs
- That smoking and consumption of alcohol on these premises is forbidden
- That if I am not in a fit state, the doctor, drug worker or pharmacist has the right to refuse to see me.
- That failure to keep appointments (unless by prior arrangement) may result in the treatment being discontinued
- To take my medication on the pharmacy premises in the agreed manner
- That if I fail to collect a dose on the specified day, I will not be able to collect it on a later day
- To be responsible for my medicine(s) during bank holidays and weekends and to take as prescribed.
- Not to take any drugs other than those prescribed to me and I will provide a urine sample for analysis when requested
- To return to my doctor or clinic for re-assessment if I have not collected my medication from the pharmacy for x(3?) days

As the Pharmacist I agree to:

- Provide a quiet area for supervised administration
- Check the legality of the prescription and correctness of detail
- Register the patient onto the Patient Medication Record (PMR)
- Keep records of attendance
- Arrange and agree a mutually convenient time with the client for administration
- Dispense the medicine in accordance with the prescription and in advance of the agreed time of administration
- Discusses terms of agreement with client
- Liaise with the GP or liaison worker with regard to the treatment
- Refer the client back to the surgery/ clinic if:
 - non-attendance exceeds three days
 - client's behaviour causes problems
 - client's health raises concerns
- Explain that medication will not be dispensed if the client is intoxicated and that missed doses cannot be collected the next day

- Supervise consumption according to local arrangements
- Supply weekend/bank holiday doses for self administration as required
- Complete necessary paperwork
- Ensure that staff and locums are aware of the procedures to allow the service to run smoothly.

As the General Practitioner I agree to:

- Provide a regular prescription for the duration of treatment
- Discuss terms of agreement with client
- Arrange for the prescription to be sent to the nominated pharmacy
- Address the patient's general health needs
- Arrange relevant tests when necessary
- Liaise with the pharmacist and liaison worker regarding the progress of the client
- Re-assess and review at agreed intervals

(Optional) As the Liaison Worker I agree to:

- Ensure that the pathways are set up between the patient's GP and chosen pharmacy
- Complete the initial client assessment
- Complete the relevant paperwork
- Liaise with the GP and pharmacist on the client's behalf
- Discuss terms of agreement with client

	Name	Signature	Contact number	Date
Patient				
GP				
Pharmacist				
Liaison worker				

Surgery/Clinic address:

Pharmacy address:

Copies to: 1. Client 2. Pharmacy 3.GP 4. Liaison worker

THIS INFORMATION IS CONFIDENTIAL TO THE ABOVE PARTIES