



 **Redbridge Supervised**

 **Consumption Programme**

##### SERVICE LEVEL AGREEMENT

**1 April 2021 – 31 March 2024**

 **Service Level Agreement for the provision of a**

**Supervised Consumption Service**

1. Introduction
	1. This agreement shall serve as the formal contract between the WDP Redbridge Service and the pharmacist detailed for the provision of a Supervised Consumption Service.
	2. The terms and conditions as set out in this agreement shall exist between the WDP Redbridge Service and the following pharmacist:

|  |
| --- |
| **PLEASE PRINT** |
| **Pharmacist name:** |  |
| **Company name:**  |  |
| **Address:** |  |
| **Telephone number/s:** |  |
| **Fax number/s:** |  |

1. **Aims**
	1. The Supervised Consumption Programme is an integral and complementary part of the WDP Redbridge Service’s strategy for substance misuse.
	2. 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 key 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 service user safety, liaising with the prescriber or named key worker as appropriate
* Improving retention in drug treatment
* Improving drug treatment delivery and completion
	1. To reduce the risk to local communities of:
* Overuse or underuse of medicines
* Diversion of prescribed medicines onto the illicit drugs market
* Accidental exposure to the dispensed medicines
	1. To help service users access treatment by offering referral to specialist drug and alcohol treatment centres and health and social care professionals where appropriate.
1. **Service outline**
	1. The pharmacist is expected to operate the scheme in accordance with the Code of the Ethics and Professional Standards as laid down by the Royal Pharmaceutical Society of Great Britain (RPSGB).
	2. The service may be accessed by any drug user who presents at a participating pharmacy.

Accepting new service users into Supervised Consumption

* 1. The prescriber (WDP Redbridge Service) will ask the service user which pharmacy participating in the supervised consumption programme, would be most convenient for daily visits and at what times.
	2. The prescriber will contact that pharmacist before issuing the first prescription to ensure the pharmacist has the capacity to accept the service user at that time.
	3. The prescriber or keyworker will complete the Pharmacy Introduction Letter (including the service user agreement) with the service user, including signing the form and stamping it with an official clinic stamp.
	4. All prescriptions will have the agreed dispensing pharmacist name printed on the prescription.
	5. The service user will attend the named pharmacy with their prescription for supervised methadone or buprenorphine consumption as agreed with the prescriber or keyworker. The Pharmacy Introduction Letter must accompany the prescription.
	6. 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.

Service user/pharmacy agreement (contract)

* 1. Service users must have a written contract with the WDP Redbridge Service, part of which covers behaviour in the pharmacy. However, it is important that pharmacists use the service user agreement in the Pharmacy Introduction Letter, which outlines in greater detail the procedure for daily supervision.
	2. The aim of the contract is to reduce the potential for misunderstandings and negative feeling to arise between service user and pharmacist.
	3. Service users should be informed in advance of what arrangements are made for them when the pharmacy is closed.
	4. In addition, the service user should be given a 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

* 1. The service user’s identity must be checked to ensure the prescription is dispensed to the correct person. The Pharmacy Introduction Letter aims to assist this process.
	2. If there is any uncertainty with the identity of the service user the prescriber must be contacted and the dose withheld until the individual’s identity is ascertained.

Controlled drugs prescriptions

* 1. Controlled Drug prescriptions are subject to additional regulation and therefore must be checked before medication is dispensed.
	2. 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 doctors to apply for handwriting exemptions to computer generate prescriptions. However, the signature must be handwritten.
	3. Methadone should be prescribed on FP10MDA forms for no more than 14 days. On rare occasions, a FP10SS (green) form may be used if a single dose is being requested.
	4. If more than one item is prescribed, separate forms should be used as the FP10MDA form only has space to record 14 dispensing episodes.
	5. Buprenorphine may be prescribed on FP10MDA or FP10SS forms.
	6. 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.
	7. 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.
	8. The prescription must specify clearly that supervision is required.
	9. The prescription should also state if the buprenorphine tablets are to be crushed.
	10. The prescription should not be in any way tampered with, or in a condition where the instructions are no longer clear – e.g. water damaged, torn, etc.
	11. 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 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’, this provision should be used in exceptional cases only, and the prescriber must alert the pharmacist that this instruction is to be made. The pharmacist should also notify the prescriber when this occurs.
	12. 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.
	13. 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 a service user’s prescriber changes, the clinic or service should inform the pharmacist of this change.
	14. If a service user fails to pick up their medication for three consecutive days, please do not dispense to said service user and contact the WDP Redbridge Service immediately on 0300 303 4612 or info.R3@wdp.org.uk.

Preparation of medication

* 1. 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 a bad example to children in the pharmacy.
	2. 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 user’s 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 service users.
	3. 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.
	4. The whole operation should be as discreet and efficient as possible, maintaining the service user’s dignity and saving the pharmacist’s time.
	5. 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.

Discreet and efficient supervision by the pharmacist

* 1. Consumption should take place in discreet area, or at times when the pharmacy is not likely to be busy, as agreed with the pharmacist. This will be discussed with pharmacies as part of the application process.
	2. 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.
	3. Buprenorphine – The tablet or crushed granules must be tipped directly under the tongue without handling and the service user supervised until the tablets have 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 help speed up the process. Service users 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.

Disposal of waste

* 1. Labels should be removed from containers and the container rinsed and immediately discarded. Waste should be disposed of safely and steps taken to minimise risks of infection through meticulous hygiene and vaccination of staff if required.

Incidents

* 1. If an incident occurs at the pharmacy involving one of the WDP Redbridge Service’s service users, please ensure that details are sent to the WDP Service Manager on 0300 303 4612 or info.R3@wdp.org.uk.
1. **Additional scheme requirements**

* 1. The part of the pharmacy used for provision of the service needs to afford sufficient levels of privacy and safety to service users.
	2. The pharmacist entering into the service level agreement will ensure that the equipment and facilities necessary for the provision of the service are available in the pharmacy. This includes adequate stocks to meet the anticipated demand, but stored in such a way so as to be inaccessible to customers. Storage conditions must be appropriate to the storage of sterile medical equipment.
	3. The pharmacy contractor has its own Standard Operating Procedure (SOP) in place for this service. In addition, the contractor also has a duty to ensure that pharmacists and staff involved in the provision of the service have read and understand the SOP for that service.
	4. The pharmacy should maintain appropriate records to ensure effective ongoing service delivery and audit.
	5. With the exception of bank holidays, the service will normally operate Monday to Saturday inclusive. Adjustments to the service will be made to cover those pharmacies not open on Saturdays.
	6. All transactions involving the Supervised Consumption Programme must be conducted under the supervision of a pharmacist.
	7. All members of staff must exercise, and be contractually obliged to exercise, strict confidentiality in all matters relating to the Supervised Consumption Programme.
	8. All pharmacists participating in the scheme must make arrangements to ensure that they have indemnity insurance covering the provision of the service.
	9. A representative from all pharmacies participating in the scheme must attend a twice-yearly training session held with WDP Redbridge Service.
	10. All pharmacists participating in the scheme must offer alcohol Identification and Brief Advice (IBA) to all service users. There will be training and support around alcohol IBAs provided to pharmacies by WDP Redbridge Service, if needed.
1. **Access, referral and discharge plans**
	1. The service is accessed by self-referral. Service users are not normally discharged from the service. Should a service user be discharged, they must be provided with information on other locations where they can access the service.
	2. The pharmacist may refuse to supply service users who become abusive and disruptive. The Supervised Consumption Champions and WDP Redbridge Service must be kept informed of any problems with a particular service user or group. However, due to the anonymity of the service it may be difficult to implement an outright ban.
	3. The community pharmacists are supplied with information on specialist services and referral pathways from WDP Redbridge Service.
2. **Record-keeping**
	1. All pharmacies on the Supervised Consumption Programme are required to use PharmOutcomes, a secure web-based record-keeping and audit system. System log-ins and activation details are provided to each pharmacy by WDP Redbridge Service.
	2. The pharmacist is required to register all service users on PharmOutcomes before details of supervisions can be entered on the system. Service users only need to be registered once.
	3. The service user information that needs to be entered at the point of registration is:
* Service user name
* Service user date of birth
* Gender
* Medicine type (either methadone or buprenorphine)
	1. Recording a supervision has been designed to mimic a 14-day blue prescription and data should be entered on the day the prescription is completed. When a prescription is complete, either enter on PharmOutcomes after endorsement or at the end of that day.
	2. The information to be included when recording a supervision is:
* The start date of the prescription (this dictates pick-up dates as these are calculated from the start date and will change in line with start date entered)
* The service user name (after entry of the first four letters, names that are registered will appear along with date of birth). If a name does not appear then registration has not been completed and the pharmacist should return and register the service user.
	1. Once the start date has been chosen, each day has a drop-down box that allows data to be recorded that is relevant to that day’s collection, i.e. whether doses were supervised or missed. If ‘Refused supply’ is chosen, the pharmacist needs to select a reason for refusal from a list of options.
	2. There is also a free text entry box at the end of the service user record to allow the inputting of any other relevant information.
	3. Once all the information is completed accurately and reflects the script, the data entry is saved and the claim is recorded.
	4. Once pharmacists have saved data on the system they do not need to return any paperwork to process claims as this is an automated process.
	5. All claims should be recorded within 24 hours of supply. The grace period for claims is two months and any claims recorded past this point will not be honoured.
1. **Training and accreditation**
	1. Pharmacists participating in this scheme will be required to attend an initial training session and twice annual update training as required. It is desirable that key members of pharmacy staff are also appropriately trained. It is the pharmacist’s responsibility to recommend and put forward relevant staff member(s) for training.
	2. Mandatory training is provided by WDP Redbridge Service for all community pharmacy staff involved in the provision of the service. This training informs on good practice, health and safety and other issues deemed appropriate.
	3. All community pharmacists providing the service should complete an appropriate distance learning pack from the Centre for Pharmacy Postgraduate Education (CPPE).
	4. Pharmacists providing this service will be expected to participate in appropriate Continuing Professional Development in compliance with the criteria set out by the RPSGB.
	5. If agency pharmacists are used to cover pharmacist leave, the agency pharmacists must be fully briefed on this SLA and the minimum standards and requirements for dispensing.
2. **Terms of contract**
	1. The duration of this contract and service level agreement will be for the period beginning from **1 April 2021 to 31 March 2024**. Contracts will be reviewed on a quarterly basis.
	2. In the event of termination of the service the party terminating the service will ensure a minimum of 90 days’ notice of termination of the scheme is provided to service users receiving the service.
	3. The WDP Redbridge Service may terminate this agreement by giving notice in writing to the pharmacist at any time in the event of any of the following:
* The pharmacist ceasing to, or threatening without good reason to cease to, carry out all or part of the agreed obligations and responsibilities as constituted at the start of this contract
* The pharmacist being in breach of contract
* Any other unforeseeable events that deem the scheme inoperable
	1. The pharmacist may terminate this agreement by giving notice in writing to: Service Manager, **WDP Redbridge Service, 3rd Floor, Ilford Chambers, 11 Chapel Road, Ilford, Essex, IG1 2DR.**
	2. Termination of this agreement by either party, whether by expiry or early determination, shall not affect any monies owed up to the date of termination provided that the terms and conditions of the scheme have been met and that the scheme forms have been completed and returned.
1. Disputes
	1. In the event of a dispute regarding the provision of this service, the matter will bereferred to the WDP Service Manager and then to the WDP Operations Manager.
2. Remuneration
	1. The fee payable for the provision of a community pharmacy Supervised Consumption Programme service is a fee for each dose issued:

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| --- | --- |
| Payments to be made (fee per visit): | Amount: |
| * Methadone
* Buprenorphine
 | £3.50 per dose£3.50 per dose |

* 1. The yearly retainer fee will be £300 this will be paid yearly.
	2. The fees for doses issued will be paid quarterly in arrears.
1. **Pharmacy queries**
	1. Please direct your queries to the Service Administrator at WDP Redbridge Service (info R3@wdp.org.uk / Service Telephone Number).
2. Contract agreement

The signatures below constitute an agreement between the parties concerned for the provision of a Supervised Consumption Programme.



Signature Sheet

|  |  |  |
| --- | --- | --- |
| ***On behalf of WDP:***Service Manager |  | ***Pharmacist:****………………………………………………****Print name*** |
| *Signature:*……………………………………………… |  | *Signature:**……………………………………………….* |
| *Date:* *....................................................................* |  | *Date:**..................................................................* |

**Relevant contact details:**

|  |  |
| --- | --- |
| **WDP Redbridge Service** **3rd Floor****Ilford Chambers****11 Chapel Road****Ilford****Essex****IG1 2DR**Tel: XXXXXXXXXXXXXEmail: info.R3@wdp.org.uk  |  |