

## PRIMARY CARE PUBLIC HEALTH SERVICES- SERVICE SPECIFICATION

Service	Supervised Consumption (Treatment of Opioid Dependency)
Authority Lead	Jill Williams, Shared Care Coordinator
Provider representative	Community Pharmacy
Authority Details	London Borough of Barking and Dagenham Barking Town Hall IG11 7LU
Email	Jill.williams@lbbd.gov.uk
Period	1 April 2025 –31 March 2026
Date of Review	March 2026

### 1.0 Introduction

- 1.1 The supervised consumption of opioid substitution therapy (OST) forms a critical element in the treatment for opioid dependency in Barking and Dagenham. OST reduces risk of overdose and non-compliance with treatment, minimises diversion and enables drug users to utilise the benefits of pharmacy choices around positive health choices and is commissioned by the London Borough of Barking and Dagenham (“the Council”) in community pharmacies together with other services for the treatment of drug dependency.
- 1.2 The decision to prescribe OST and utilise supervised consumption is made by clinicians based at CGL St Luke’s (“the Prescribing Service”), the borough’s specialist community drug service. Typically, supervised consumption may be used for all treatment starts and for existing service users with complex needs.
- 1.3 Payment is by activity only. Retainer fees are not paid. The Council does not guarantee any level of activity. Payment is in arrears. Providers normally Invoice LBBd on a monthly or quarterly basis.
- 1.4 The intention of the Council is to ensure a reasonable geographical spread of pharmacies across Barking and Dagenham able to provide supervised consumption services to residents of the Borough undertaking treatment for opioid addiction at the Prescribing Service.

### 2.0 Intended outcomes of the service are:

- 2.1 To help reduce risk of overdose and misuse of OST, including diversion, and to improve the health outcomes of service users in treatment for opioid dependency at Barking and Dagenham’s Prescribing Service.

### **3.0 Scope**

- 3.1 The Provider will support compliance with agreed treatment plans by dispensing in specified instalments as directed by the Prescribing Service:
- 3.2 The provision of supervised consumption services support
- The prevention of overuse or underuse of prescribed OST
  - Reducing diversion of OST medicines to the illicit market
  - Reducing incidents of accidental exposure to OST medicines by third parties
  - Being alert to potential safeguarding issues arising within the supervised consumption cohort and their families.

### **4.0 Service description and pathway**

- The service shall be provided in conjunction with Barking and Dagenham's Prescribing Service for the purposes of the treatment and management of opioid dependent people.
- To ensure that OST, prescribed by Barking and Dagenham's Prescribing Service, is correctly administered to and consumed by the intended service user.
- The Provider's pharmacist must check the service user's details and ensure they understand terms of the service e.g. observation while medicine is being consumed, on their first visit to the pharmacy and at any other subsequent times necessary to ensure safety.
- Please only administer medication if the prescription includes the name of the your pharmacy. (This also applies to TTAs.)
- Medication should be administered in a private consultation area which provides confidentiality to the service user and is safe to use for the pharmacist.
- The pharmacist should be alert to any attempt to divert the medication e.g. such as drinking from their own can/bottle of drink as this affords the opportunity to spit the dose out into the can/bottle. In addition, it is not obvious what the can or bottle contains. Consistent health information should be given around the dangers of mixing OST with other substances such as alcohol.
- Once the pharmacist is satisfied that the medicine has been consumed by the service user supervision ends.
- The service user is expected to abide by the terms of their treatment/recovery plan and to treat the pharmacist and the pharmacy team and premises with courtesy and respect. If a pharmacist decides to bar a service user from the pharmacy as a result of service user's behaviour the Prescribing Service should be informed without delay to avoid any discontinuity in treatment.
- A pharmacist should ensure that the ability to manage new service users is within the capacity of the pharmacy to provide safe and effective care according to this specification.

- The pharmacist should introduce the patient to the pharmacy team and ensure that a system of recognition is in place if locum pharmacists are on duty.
- Any error in administration should be reported without delay to the Prescribing Service and safety advice given the service user. The error should also be reported to the Council specifically by email to the Shared Coordinator (see section 9.4 of this document for contact email). The name of the service user and other personal details should not be given the Shared Coordinator only an outline of the incident and any outcomes.

## **5.0 Population covered**

5.1 This agreement only covers Barking and Dagenham residents receiving treatment in Barking and Dagenham's Prescribing Service for opioid dependency. Normally, the service user will be 18 years or over, but in exceptional cases a young person under 18 may require supervised consumption as part of their treatment (in this situation treatment will be coordinated by both the Prescribing Service and the Young Peoples' Service).

## **6.0 Any acceptance and exclusion criteria and thresholds**

6.1 Dispensing should not occur when:

- The pharmacist believes the prescription is not genuine or is not for the person named on the prescription or with the correctly named pharmacy.
- The pharmacist believes that the prescriber has made a clinical error or that the prescription is clinically inappropriate
- If the service user has missed three consecutive days of medication. The service user must be referred to the Prescribing Service for re assessment as their tolerance to OST may have reduced.
- If a service user shows signs of intoxication, then their dose shall be withheld until they are able to present in a non-intoxicated state. Harm reduction information should be given and the Prescribing Service informed without delay. Harm minimisation advice can be given to avoid risk of overdose.
- The pharmacist should also be alert to missed days, which while not preventing administering medication, shows poor compliance with treatment e.g. service user attending every other day when daily attendance is required. The Prescribing Service should be informed at the earliest opportunity of service users who consistently do not keep to their programme.
- If the service user is not a resident of Barking and Dagenham unless agreement has been obtained from the Council in relation to the provision of supervised consumption services.

## **7.0 Interdependencies with other services**

7.1 This includes:

- Supervised consumption is shared care between the pharmacy and Barking and Dagenham's commissioned community substance misuse services commissioned by the Council.

- If for any reason treatment has been withheld by the pharmacist the Prescribing Service must be informed immediately and the service user advised to return to the Prescribing Service. If the Prescribing Service is not open the pharmacist should inform them as soon as services open and the service user given interim harm reduction advice and information.
- The Prescribing Services will keep the pharmacist advised of any changes to the service user's treatment in respect of their prescription throughout treatment.

## **8.0 Quality and training**

- 8.1 Providers should ensure that all pharmacists are suitably trained to administer controlled drugs and to provide a safe, competent and knowledgeable service.
- 8.2 Providers should ensure that there is adequate storage facilities and record keeping together with suitable Standard Operating Procedures in place.

## **9.0 Payment and reporting**

### **9.1 Payment is by activity only i.e. per supervised consumption is:**

- **£3.50 for methadone and sublingual OST medication**
- 9.2 Invoices should only include the number of days medication was supervised e.g. a script for 7 days showing supervised consumption for 3 days with TTAs for the rest of the week. In this example, an invoice should only be x3, for the actual number of days where medication was supervised and should not include the days where TTAs were given.
- 9.3 Invoices should be payable to the **LB of Barking and Dagenham**, dated and include the BD supplier number, and a supplier reference and address. (Included with this specification is the recommended invoice and activity templates for providers to use.) Bank account number and sort code should also be included.
- 9.4 All invoices should be accompanied by an activity sheet providing the following information:
- The prescription number
  - Number of supervisions
  - Length of prescription
  - The Council may withhold payment if the above data is not included with invoices.
  - Invoices should be submitted by email to the Shared Care Coordinator at [jill.williams@lbbd.gov.uk](mailto:jill.williams@lbbd.gov.uk)

- The Shared Coordinator should be contacted if there are any queries around payment or invoices related to supervised consumption.

**9.5** Invoices should be emailed either monthly or quarterly. If quarterly please follow the schedule below:

<b>Invoice schedule quarterly submissions</b>
Qtr. 1 invoices should be sent before July 31 2025
Qtr. 2 invoices should be sent before October 31 2025
Qtr. 3 invoices should be sent before January 31 2026
Qtr. 4 invoices should be sent before April 30 2026

**Please sign and return by email to the Shared Coordinator at [jill.williams@lbbd.gov.uk](mailto:jill.williams@lbbd.gov.uk)**

Name of Provider (Name & address of Pharmacy)	
Signature	
Print Name	
Position Held	
Date	