**Appendix A: Supervised Consumption Service**

**1. Background**

The service will require the pharmacist to supervise the consumption of prescribed medicines at the point of dispensing in the pharmacy, ensuring that the prescribed dose has been administered to the patient.

Pharmacies will offer a user-friendly, non-judgmental, client-centred and confidential service available for the full opening hours of the pharmacy in the interests of client choice.

The pharmacy will provide general support and advice to the patient, liaising with the GP or Primary care Liaison Worker as appropriate, and including referral to primary care or specialist centres where appropriate.

Medicines normally prescribed in the treatment of dependency include methadone, subutex and buprenorphine (sub-lingual), and other approved medicines used for the management of opiate dependency.

**2. Service Aims**

1. To ensure compliance with the agreed treatment plan by:
* dispensing in specified instalments (doses may be dispensed for the patient to take away to cover days when the pharmacy is closed)
* ensuring each supervised dose is correctly consumed by the
patient for whom it was intended.
1. To reduce the risk to local communities of:
* over usage or under usage of medicines;
* diversion of prescribed medicines onto the illicit drugs market;
* accidental exposure to the supervised medicines.
1. To provide service users with regular contact with health care professionals and to help them access further advice or assistance.  The service user will be referred to specialist treatment centres or other health and social care professionals where appropriate.  The Primary Care Liaison Worker can provide support with this.
2. To comply with future Public Health Bristol initiatives to improve services to clients (e.g. information campaigns etc.).

**3. Service Outline**

1. The part of the pharmacy used for provision of the service provides a sufficient level of privacy and safety and meets other locally agreed criteria.
2. The pharmacist or suitably qualified technician will present the medicine to the service user in a suitable receptacle and will provide the service user with water to facilitate administration and/or reduce the risk of doses being held in the mouth.
3. The contractor has a duty to ensure that pharmacists and staff involved in the provision of the service have relevant knowledge of the operation of the service.
4. The contractor has a duty to ensure that pharmacists and staff involved in the provision of the service are aware of and operate within local protocols.
5. The pharmacy should maintain appropriate records to ensure effective on-going service delivery, audit and the claiming of payment.  This will be done via the PharmOutcomes web-based system.
6. Pharmacists will share relevant information with other health care professionals and agencies where appropriate, in line with locally determined confidentiality arrangements.
7. The pharmacy will ensure that, in the event of an unexpected closure, alternative arrangements are made so that patients can continue to receive their supervised dose of methadone.  In the event of an unplanned closure, the pharmacy will notify NHS England by emailing the information to england.pharmacysouthwest@nhs.net within 2 hours of the closure to inform them of the alternative arrangements made.  Please use the form from the website [https://www.england.nhs.uk/south/info-professional/pharm-info/sw-pharm/](https://urldefense.proofpoint.com/v2/url?u=https-3A__www.england.nhs.uk_south_info-2Dprofessional_pharm-2Dinfo_sw-2Dpharm_&d=DwMFAg&c=1vnCWTgU_iH2bgveKnHUZ8hJXVq2EkkiN8FwZDwwznM&r=XrSZI-tIAcWtNTu_QWOW7RF00SV3SggU7lW80-1ol3M&m=SM6Qh0jsn_zP10ZM9Z-ZBHf70hKJObZGgLXHLRNEl6U&s=IB466ZhX8PUzs_X5cuEK1iHZGmMe9sgNBAGF_f5r7oM&e=) (under ‘unplanned closures’).
8. Public Health Bristol should arrange at least one meeting per year to promote service development and update the knowledge of staff involved in the service.
9. Public Health Bristol will provide details of relevant referral points which pharmacy staff can use to signpost service users who require further assistance.
10. Public Health Bristol will make health promotion material relevant to the
service users available to pharmacies as appropriate.
11. The pharmacy has appropriate Public Health Bristol provided health promotion material available for the service user group and promotes its uptake.
12. The pharmacy reviews its standard operating procedures and the referral pathways for the service as needed.
13. The pharmacy can demonstrate that pharmacists and staff involved in the provision of the service are aware of the protocols pertinent to this service.
14. The pharmacy participates in any Public Health Bristol organised audit of
service provision as required.
15. The pharmacy will participate in any locally agreed assessment of service user experience.

**4. Risk Management and Untoward Events**

The provider will use the Bristol City Council Public Health incident reporting framework to report any clinical or non-clinical risks associated with the provision of this service in a timely fashion.  The attached incident reporting form (Annex 1) should be used for feedback on any incidents / issues arising.

**5. Training and Accreditation**

Opiate treatment: supporting pharmacists for improved patient care open learning.

Locally organised Best Practice meetings - pharmacists will be encouraged to attend multi-disciplinary meetings.

RCGP Certificate in the treatment of substance misuse (Part 1).

**6. Monitoring and Evaluation**

Pharmacies will be expected to record all activity on the web based PharmOutcome system to ensure continued funding.

**7. Fees Payable**

7.1 Each pharmacy contracted to provide this service will receive:

* £2.50 per supervision for patients where the pharmacist has also undertaken and reported to the GP specified [[1]](#footnote-1)physical health checks (annually).
* £2.00 per supervision for patients where physical healthchecks have not been undertaken and reported to the GP.

7.2 To qualify for payment the provider must adhere to the supervised consumption service specification, together with one FP10MDA (blue) prescription form per patient which must be dispensed in full by the pharmacist in each given month.

7.3 The payment per patient will be paid monthly in arrears following completion of the Supervised Consumption monitoring form on PharmOutcomes.

**Procedure Chart at Pharmacy**

**Patient arrives at pharmacy**

**Problem with script**

**Pharmacy unable to issue Opioid Substitution medication, surgery closed**

**Pharmacist rings Out of Hours Service**

**Pharmacist completes pro-forma and notifies Out of Hours Service**

**(with evidence)**

**Pharmacy receives new script**

**Pharmacy issues opioid substitution**

**Pharmacy completes Incident Report**

**Pharmacy sends completed report to patient’s GP and ICB**

**Procedure Chart at Out of Hours Service**

**Out of Hours Service receives telephone call from pharmacy**

**pro forma received with detail of issue**



|  |  |
| --- | --- |
| **Evidence of existing script**  | **Script missing**  |
|      |   |
| **Reprint with amendments**  | **Use proforma to issue** **script for minimum period**  |
|    |   |
|   |   |
| **Out of Hours ensures safe delivery** **of script to pharmacy within 2 hours**  |
|      |
| **Advise patient’s GP within 2 working days**  |

**Request for replacement script (opioid substitution programme)**

Name of requesting pharmacist:

Address of requesting pharmacy (stamp):

Date of request:

Time of request:

**Patient details**

Name: Date of birth:

Address:

GP and surgery address:

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| **Nature of problem (please tick):**  |
| 1. Script needs amendment  | □  |
| 2. Script mislaid  | □  |
| 3. Other  | □  |
|   |
| **1.**  **Amendment needed** (please include copy of script)    |
| **2.** **Lost script** * Details of most recent current script (copy of label)
* Date last dispensed:
* Medication provided:
* Daily dose:
* Level of supervision:
* How many days required:

  |
| 1. **Other** (please specify)

   |

Signature of pharmacist:

Name of pharmacist:

Date:

Please inform BRISDOC Professional Line on: 0117 24 49283

**Annex 1: Incident Reporting**

**Bristol City Council Public Health**

**Serious Adverse Incident Reporting Form**

Please email this form to ph.commissioning@bristol.gov.uk

Phone: 0117 9222311

|  |
| --- |
|  Name of Organisation:   |
|  Name of Person Completing Form:   |
|  Phone No:   |
|  Date of Report:   |  Theseus ID:  |
|  Date and time of incident:   |
|  Place of Incident:   |
| Nature and Outcome of Incident:      |
| **Initial Action Taken**   Public Health informed Does the incident require advocacy? Consider referring to the Advocacy Service at the Care Forum 0808 808 5252       |
| What action would be taken to avoid a similar incident? (State if already implemented).     |
| Was the incident a reoccurrence?                  Yes                             No  | Date of previous occurrence:  |

**Out of Hours**

**Provision of Opiate Substitution**

**Service to be provided**

**Objective**

To provide emergency back up for amendments or re-issuing of established prescriptions for opioid substitution treatment.

**Hours of operation**

Monday – Friday: 6.30 p.m. till 8.00 a.m.

Saturday, Sunday and Bank Holidays: 0.00 p.m. till 12.00 p.m.

**Target group**

Service is to be provided for patients who are currently being prescribed by a Bristol GP or the bristol specialist drug and alcohol service, where evidence shows that they have not missed more than 2 consecutive doses.

**Referral source**

Request for service can only come from a Bristol Community Pharmacist

**Protocols:**

* faxed copy of insufficient prescription to Out of Hours service as proof of existence with details of change required to replace existing script;
* in circumstance where script is lost, then pharmacist faxes details of on-going prescription using official pro-forma script to cover the minimum period required;
* Out of Hours provider to advise patient’s GP of script issued within two working days;
* pharmacist to advise patient’s GP /CCG of incident using standard incident reporting template;
* replacement scripts can only be provided:

a) where script exists but requires amendment;
b) where evidence of the most recent dispensing is available;
NB – this service is intended for compliant patients, and should not be used where it appears there have been more than 48 hours of discontinuous treatment.

* Out of Hours service to ensure safe delivery to the pharmacy within 2 hours.

1. Physical Health Check: blood pressure, Audit C [↑](#footnote-ref-1)