

SCHEDULE A – Service Specification

Supervised consumption of Opiate Substitute Treatment

Service Specification No.	26 OST
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Start Date:	1 April 2026
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1. Population Needs	
1.1 Context <p>Supervising the self-administration of methadone and buprenorphine is an important mechanism for ensuring the safe and effective provision of opiate substitution treatment. Supervised consumption also plays a part within the harm reduction agenda and supports the aims of North Somerset's Health and Wellbeing strategy¹ and the Council's Corporate Plan²</p>	
1.2 Population <p>The number of opiate users receiving a prescription in North Somerset ranges between 330 and 420 on a monthly basis (in December 2024 there were 371, of which 74 individuals received supervised consumption in the month with approximately half on daily supervised consumption).</p>	
2. Aims, Objectives and Outcomes	
2.1 Aims <ul style="list-style-type: none">• To provide a safe environment while clients are being stabilised allowing qualified staff (pharmacists) to assess clients prior to dispensing medications for any obvious signs of "on top" use.• To reduce the risk of overdose by limiting the ability to stockpile the medication or young children accessing it• To reduce the possibility of medication being sold or swapped (diversion).• To minimise the risk of misuse of the medication or mixing it.	
2.2 Objectives <ul style="list-style-type: none">• To ensure that service users are being prescribed the optimal (safe and effective) level of medication.• To ensure that medication is consumed correctly in accordance with the prescription.	

¹ [Joint health and wellbeing strategy 2025-28 | North Somerset Council](#)

² <https://n-somerset.gov.uk/sites/default/files/2024-04/corporate%20plan%202024-28.pdf>

- To ensure any adverse reactions are rapidly responded to.
- To prevent diversion of medication.
- To reduce the risk of stockpiling of medication.
- To reduce the risk of accidental/unintended consumption of medication.

2.2.1 Inclusion criteria

The North Somerset Supervised Consumption Scheme will be provided, at the request of the agency undertaking the prescribing, to any individuals in receipt of opiate substitution treatment.

2.2.2 Outcomes

This service will support the outcomes measured by the Department of Health and Social Care (DHSC) through the Office of Health Inequalities and disparities (OHID).

2.3 Service description/pathway

Pharmacies providing supervised consumption treatment will:

- Conduct supervision in a respectful and discreet manner. Where possible supervised administration should not take place in the dispensary.
- Supervised consumption **must** be always made under the direct supervision of a pharmacist or other suitably qualified person with delegated responsibility by the pharmacist.
- Check the identity of the client and cross reference against the name on the medication container.
- All methadone prescribed and dispensed must be of 1mg/ml strength.
- Dispense in specified instalments (doses may be dispensed for the patient to take away to cover days when the pharmacy is closed and will be remunerated through the normal prescription route).
- Medicines will be issued in a suitable receptacle alongside water to facilitate complete administration. Staff supervising consumption of medication must ensure that the patient has swallowed the dose by either offering them a glass of water after the dose and ensuring that he or she drinks it, or by having a conversation with the patient after offering the dose. All reasonable steps should be taken to ensure that the client has consumed the medication.
- Following the consumption of medication, the Provider will observe the individual to quickly recognise and respond to any adverse effects.
- The Provider will collect, record, and report all relevant information.
- The Provider will work in partnership with the local specialist substance misuse treatment service (at the time of writing this is We Are With You) and the provider of the local shared care scheme (at the time of writing this is Graham Road Surgery) and any other relevant primary care services to meet the needs of service users.
- The Provider will take advantage of any interaction with a service user to discuss and respond to other health and social needs.
- All staff involved in the provision of the service will have received training on all associated activities. North Somerset Council may request to see evidence that all relevant staff have completed the necessary training. The Provider will submit this to the Council within two working days of the request being received.
- All staff involved in the provision of the service will operate within the requirements of the specification.
- PharmOutcomes (online web system) will be used to record and report all supervised consumption data; all relevant fields must be completed and loaded in time to meet the payment run.

- The Provider, where appropriate, will share relevant information with other health care professionals and agencies. Any information sharing will comply with locally determined confidentiality arrangements.
- All other protocols relevant to the safe and effective running of a health care service must be in place and followed. This includes protocols for such things as infection control, and medication storage.
- Providers will be expected to review the standard of their supervised consumption service. The Council may request to see both the content and outcomes of these reviews. On request for this information the Provider will submit the necessary documents to the Council within two working days.
- Read and respond to all messages sent by the Council in relation to supervised consumption as required including recording any actions taken.
- Comply with the Council's Severe Weather Emergency Protocol (SWEP).
- Report all critical incidents related to dispensing and supervision of opiate substitute treatment to the council in line with the council's critical incident protocol in addition to the requirement to report to NHS England.

2.3.1 Dispensing arrangement changes:

If a dose is missed or dispensing arrangements are changed the following actions **MUST** occur:

- All dispensing must be conducted in accordance with the prescription; there is **NO** room for flexibility.
- Any concerns relating to the information contained in a prescription must be discussed with the agency that generated the prescription prior to any medication being dispensed.
- Any requests made by service users to change dispensing arrangements, for example holiday scripts, change of pick-up regime (e.g. from supervised to take home) or a request for third person to collect the medication, must have been agreed by We Are With You beforehand. For this to be actioned any request will have to be made to We Are With You (preferably in writing to ns.wearewithyou@nhs.net) during office hours (Monday, Tuesday & Thursday 08:00 – 17:00; Wednesday & Friday 08:00 – 20:00). Routine requests usually require a minimum of 14 days' notice and make take several days for confirmation. Urgent requests (e.g. the need for a third person to collect medication due to client being too ill to attend) will be discussed and a decision reached on the same day. Urgent requests may be made by telephone to ensure it is received and actioned as soon as practicable.
- If a patient misses daily pick-up of medicines (methadone or buprenorphine) for three days this should be communicated with the prescriber as it may be an indicator of instability or increasing risk. (see Orange book p106 section 4.6.3.3 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/673978/clinical_guidelines_2017.pdf) Local protocol requires the Provider to report any missed collections to We Are With You (01934 427940) within 24 hours of a client failing to collect their prescription.

2.3.2 Standard Operating Procedures (SOPs)

Each pharmacy is required to have up to date SOPs which cover all aspects of this service. In line with the Controlled Drugs Regulations 2013 the SOPs must cover the following matters -

- Who has access to controlled drugs.
- Where the controlled drugs are stored.
- Security in relation to the storage and transportation of controlled drugs as required by the misuse of drugs legislation.
- Disposal and destruction of controlled drugs.
- Who is to be alerted if complications arise.

- Record keeping.

In addition, SOPs must address where the supervised consumption will take place, who will supervise consumption and the process to be adopted.

2.4 Population covered

The North Somerset Supervised Consumption Scheme will be provided, at the request of the agency undertaking the prescribing, to any individuals in receipt of opiate substitution treatment.

2.5 Any acceptance and exclusion criteria and thresholds

See 2.4.

2.6 Interdependencies with other services

The provider will work with the specialist services below to ensure clients receive continuity of care and timely medication. Any queries related to prescriptions should be communicated to the specialist substance misuse service and the specialist GP prescriber where appropriate:

- **Specialist substance misuse service**
- **Specialist GP providing shared care prescribing service.**

2.7 Any activity planning assumptions

See. 1.2.

3. Applicable Service Standards & Clinical Governance Requirements

3.1 Clinical Effectiveness & Research-Applicable national & local standards e.g. NICE

The Provider will comply with all relevant guidance, regulations and statutory circulars in so far as they are applicable to the services provided. Particular consideration should be given to reviewing and implementing any relevant elements of the following guidance documents:

- DHSC (2017) Drug Misuse and Dependence - Guidelines on Clinical Management. Online: www.gov.uk/government/publications/drug-misuse-and-dependence-uk-guidelines-on-clinical-management
- NICE (2007) Methadone and buprenorphine for the management of opioid dependence TA114. Online: www.nice.org.uk/Guidance/TA114
- OHID (2024) Community pharmacy: delivering substance misuse services. Online: www.gov.uk/government/publications/community-pharmacy-delivering-substance-misuse-services/community-pharmacy-delivering-substance-misuse-services

CPPE Training which may support this service:

The Centre for Pharmacy Postgraduate Education (CPPE) produce an open learning pack <https://www.cppe.ac.uk/programmes/U/substance-e-02/> which provides the necessary knowledge to underpin the provision of this service. There is a pharmacist and technician version of this module available from CPPE. It is highly recommended (and supported by Best Practice Guidance) that this should be completed before providing the service or in the case of new pharmacists within 3 months including locum pharmacists.

Further educational opportunities are available through:

- [Association of Pharmacy Technicians UK](http://www.pharmacytechnicians.org.uk)

- [College of Mental Health Pharmacy](#)
- [Royal Pharmaceutical Society](#)

3.2 Audit

- Providers will take part in the General Pharmaceutical Council (GPhC) annual national audit programme.
- Providers will complete the NHSE-I annual Community Pharmacy Assessment Framework (CPAF) screening questionnaire.
- Providers will participate in Local Authority led audit and review activity.

3.3 Risk Management

- Providers must comply with latest Infection Prevention Control (IPC) Guidance
- Any serious incidents need to be reported in accordance with the providers local incident reporting policy and NHSE reporting requirements: www.england.nhs.uk/patient-safety/patient-safety-insight/learning-from-patient-safety-events/ as applicable and notified to the commissioner within one week.
- The provider should provide assurance of actions taken and sharing the Lessons Learned.
- Pharmacists should read, understand, and sign the latest local PGD's (available on the ALPC website). The signed PGDs should be retained and made available for reference in each pharmacy.

3.4 Education and Training

- Pharmacists participating in this service specification must have declared themselves competent to do so and provide the evidence using the Declaration of Competence system on Pharm Outcomes. Relevant support and guidance will be provided by the Avon Local pharmaceutical Committee (ALPC).
- Pharmacists should review the self-declaration form at least every 3 years or, earlier if the Pharmacists feels his/her competence levels have declined due to undertaking too few consultations.
- See 3.1.

3.5 Patient and Public Involvement (PPI)

- Pharmacies will complete the annual Community Pharmacy Patient Questionnaire (CPPQ) and review feedback to evaluate public health commissioned services where appropriate and use this information to support service improvement.
- The pharmacy co-operates with any locally agreed North Somerset Led assessment of service user experience. This includes being willing to participate in periodic 'mystery shopping' exercises to monitor quality.

Pharmacists are required to complete an annual Pharmacy Clinical Governance Assurance Statement to provide assurance that public health commissioned services in North Somerset are safe, effective, and meet the required quality standards.

4. Information provision

4.1 Record of activity

- All service activity will be reported through PharmOutcomes which will be used to monitor service delivery and to generate invoices for the payment of service delivery.
- The payment schedule has been designed in such a way that it responds to and rewards output levels.

- Any critical incidents occurring will be reported separately to the Substance Misuse Project Officer in line with the Council's protocol and will be reviewed by the Council and where appropriate the AVON LPC. Any findings from these reviews will be issued to the Provider in writing along with any actions the Council will be taking in response. These actions will range from: the creation and monitoring of improvement plans up to immediate cessation of the service.

4.2 Service user feedback

Service user feedback will be obtained through the annual community questionnaire, and adverse comments will be monitored and associated pharmacies contacted to review.

4.3 Key Performance Indicators (KPI)

There are no set KPI's for this service. This service will support the outcomes measured by the Department of Health and Social Care (DHSC) and the Office of Health Improvement and Disparities (OHID).

Service delivery will be monitored through data recorded on PharmOutcomes, critical incidents and service user feedback.

5. Financial Details

Claims will be accepted up to 3 months after the end of the month being claimed for.

Payments will be based on the activity recorded on PharmOutcomes. Invoices will be calculated and submitted by PharmOutcomes and will be made monthly in arrears.

Payments will be made as follows:

- £2.50 for each supervision per client (data to be recorded – Number of clients supervised each week for the number of days – see example below), although we would not expect many, if any to be supervised once / week.

Number of patients	Supervised Days / week	Payment / month
	2	£21.50
	3	£32.25
	4	£43.00
	5	£53.75
	6	£64.50
	7	£75.25

Commented [FD1]: I have removed the payment for once / week as no scripts are written for this