Gloucestershire County Council and Gloucestershire Drug and Alcohol Action Team

Service Level Agreement for the provision of the Local Enhanced Service in Community Pharmacy

Supervised Consumption of Methadone and Subutex Scheme

2013/2014

Service Description

The ‘supervised consumption scheme’ is an agreement between identified community pharmacies and Gloucestershire Drug and Alcohol Team (DAAT), for the provision of a supervised consumption of methadone, subutex and dexamphetamine. Gloucestershire Stronger and Safer Justice Commission (GSSJC) through its Adult Treatment Joint Commissioning Group (AT JCG) is responsible for the commissioning of drug and alcohol services in Gloucestershire.

Gloucestershire Drug & Alcohol Team (DAAT) is the team of officers employed by Gloucestershire County Council on behalf of the GSSJC, which implements the drug and alcohol services commissioning function.

All further references to DAAT within this document refer to the line of responsibility described above.

The service will be available to patients of primary care drug services, the Countywide Specialist Substance Misuse service (CSSMS) and General Medical Practitioners (NES GPs) who meet the criteria of the specification and service level agreement. The DAAT will annually identify the geographical areas in which this scheme will operate and identify the number of community pharmacies required to be included and the number of daily supervised consumption slots required.

Community Pharmacy contractor providers of this service will comply with the General Pharmaceutical Council standards of conduct, ethics and performance at all times.
Service aims and intended outcomes

- 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, and will be remunerated through the normal prescription route),
- Ensuring each supervised dose is correctly consumed by the patient for whom it was intended.
- To reduce the risk to local communities of:
  - over usage or under usage of medicines;
  - diversion of prescribed medicines onto the illicit drugs market; and
  - Accidental exposure to the supervised medicines.
- 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.
- To provide service users with appropriate health promotion and self help information and support.

Financial details

In 2013–2014 each pharmacy contracted to provide this service will receive:

<table>
<thead>
<tr>
<th>Description</th>
<th>Fee (£)</th>
</tr>
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<tbody>
<tr>
<td>Start up fee for the community pharmacy (newly selected to join the scheme)</td>
<td>£256.25</td>
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<tr>
<td>Annual retention fee</td>
<td>£76.88</td>
</tr>
<tr>
<td>Fee per dose of Methadone (max 6 days per week)</td>
<td>£2.05</td>
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<tr>
<td>Fee per dose of subutex (max 6 days per week)</td>
<td>£3.08</td>
</tr>
<tr>
<td>Fee per dose of dexamphetamine (max 6 days per week)</td>
<td>£2.05</td>
</tr>
<tr>
<td>No fee paid for uncollected doses</td>
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</tbody>
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Contractors signing up to the scheme part way through the year will receive a pro rata payment of the annual retention fee as follows:

- Sign up in quarter 1 – 100%
- Sign up in quarter 2 – 75%
- Sign up in quarter 3 – 50%
- Sign up in quarter 4 – 25%

Payment of the annual retention fee and start up fee (if already providing supervised consumption this will not be a re-start) will be made by the Prescription Pricing Division of the BSA via the NHS Shared Business Services. Reimbursement will only be made if a signed signature sheet has been submitted to the Area Team at NHS England. Payments for the service will be identified on the PPD statement as ‘Local Scheme 7’.
If a pharmacy signed up to provide the Local Enhanced Service shows a substantial period of inactivity (i.e. 6 months), a review of the circumstances involved will be undertaken with the possibility of the annual retention payment being clawed back from the contractor by NHS England at the end of the financial year.

### Contract Period

This is a one year Local Enhanced Service which will run from 1st April 2013 to 31st March 2014. Gloucestershire County Council will review the SLA during the first 6 months and notify pharmacies accordingly.

Should either party wish to cease providing/commissioning this service they will give three months notice in writing.

### Service Outline

- The scheme will be made available to service users referred by primary care drug services/Turning Point prescribing worker or team manager or NES GP.
- The community pharmacy has the right to refuse acceptance of a service user.
- 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.
- The pharmacy 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.
- Terms of agreement are set up between the prescriber service, pharmacist and patient (a three-way agreement) to agree how the service will operate, what constitutes acceptable behaviour by the client, and what action will be taken by the GP and pharmacist if the user does not comply with the agreement.
- Pharmacists will share relevant information with other health care professionals and agencies, in line with locally determined confidentiality arrangements.
- The PCO will arrange one contractor meeting per year to promote service development and update the knowledge of pharmacy staff.
- The PCO will provide a framework for the recording of relevant service information for the purposes of audit and the claiming of payment.
- The PCO will provide details of relevant referral points which pharmacy staff can use to signpost service users who require further assistance.
- The PCO will provide health promotion material relevant to the service users and making this available to pharmacies.
<table>
<thead>
<tr>
<th>Criteria</th>
<th>Statement</th>
</tr>
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| Service  | • This service will require the pharmacist to supervise the consumption of prescribed medicines at the point of dispensing in the pharmacy, ensuring that the dose has been administered to the patient, in accordance with the prescribers’ instructions.  
• Each client will have their unique identifier provided to the community pharmacy.  
• The substance misuse service will provide the names and a centralised contact number for substance misuse key workers to the pharmacy.  
• The substance misuse team will ensure that they operate within current good practice guidelines in the clinical administration of prescriptions that will maintain high levels of patient safety and provide a recovery orientated service that enables patients to move to drug free lives.  
• The pharmacist will inform the substance misuse service, using a PCO provided document to be faxed, at week 8 of the 12 week treatment course for each service user.  
• The pharmacist will provide one 12 week treatment course for each service user referred by the prescriber. The commencement of subsequent 12 week treatment periods must be authorised by substance misuse service.  
• The Pharmacist will inform the substance misuse service if the client does not attend to consume their medication as agreed with the local substance misuse team. The Pharmacist will also inform the substance misuse service if the client does not adhere to any of the other contractual obligations or they have concerns regarding the client's health and welfare.  
• Pharmacies will offer a user-friendly, non-judgmental, client-centred and confidential service.  
• The pharmacy will provide support and advice to the patient, including referral to primary care or specialist centres where appropriate. | How evidenced                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

**Training**

- Pharmacists participating in the scheme will be expected to have successfully completed the CPPE course/study pack ‘drug use and misuse’ (or similar course agreed by DAAT).
- Appropriate training to be provided to pharmacy support staff involved in delivery of the scheme. The content of the training will need to be agreed with DAAT.
- CPPE certificates or equivalent must be provided to Sharon Hodges, Primary Care, at NHS England Area Team annually on request.
- Locum replacement pharmacists working in these pharmacies are expected to comply with all aspects as described above.

**Record keeping**

- The pharmacy should maintain appropriate records to ensure effective ongoing service delivery and audit.
- The pharmacy will maintain the following monthly records as requested by the PCO.
  - Number of patients on supervised consumption
  - Prescribed treatment for each patient
  - Number of supervised doses
  - Number of uncollected doses.

**Quality indicators**

- The pharmacy has appropriate PCO provided health promotion material available for the user group and promotes its uptake.
- The pharmacy reviews its standard operating procedures and the referral pathways for the service on an annual basis.
- The pharmacy can demonstrate that pharmacists and staff involved in the provision of the service have undertaken CPD relevant to this service.
- The pharmacy participates in an annual PCO organised audit of service provision.
- The pharmacy co-operates with any locally agreed PCO-led assessment of service user experience.