Kent

Supervised Administration of Methadone/Subutex/Suboxone

Contract agreement
2011/12

Signed on behalf of LPC ........................................
Signed on behalf of Kent and Medway PCT .................
Signed on behalf of KCA ........................................
Signed on behalf of KDAAT ...................................
Signed on behalf of Medway DAAT ...........................

Kent Local Pharmaceutical Committee

Medway DAAT
Drug & alcohol action team

NHS

Kent and Medway
1.0 Overview

Drug misuse causes a wide range of health problems and where possible drug misusers should be guided through a rehabilitation process which includes the elimination of the high risk activity of injecting by substitution of an equivalent oral dose, and then controlled reduction of the dependency on oral drugs.

Methadone is a suitable substitute for opioid withdrawal as it is a long acting partial agonist for opioid receptors, which is unlikely to be injected, requires only one daily oral dose for opioid equivalence and has a relatively low street value. However, there is an illicit market for methadone and to prevent "street leakage" it is preferable that the self-administration of the daily dose of methadone is supervised by a pharmacist and that larger quantities are dispensed only to reliable clients.

Buprenorphine is a synthetic opioid, which is now licensed (1999) for treatment of drug dependence. It is a partial opiate agonist with low intrinsic activity and high affinity at opioid receptors. It is effective in treating opiate dependence because:

- It alleviates/prevents withdrawal and craving
- It reduces the effects of additional opiate use because of its high receptor affinity
- It is long acting, allowing daily dosing. The duration of action is related to the dose administered: Low doses (e.g. 2mg) exert effects for up to 12 hours; Higher doses (e.g. 16 – 32mg) exert effects for as long as 48 – 72 hours.

Pharmacists have the most contact with patients of any of the health care professionals, and many are experienced in providing services to drug misusers.

Pharmacists are easily accessible and the frequent contact between pharmacist and patient following on from supervised self-administration means that pharmacists are well placed to monitor the patients' health and give appropriate advice.

Liaison between pharmacists, prescribers and other health and drug workers is often on an informal basis. By the introduction and development of a multidisciplinary approach to formal guidelines and referral networks, and adequate remuneration for the pharmacists' role, efficient and cost effective care for drug misusers can be established.
2.0   Service Aims and Objectives

2.1   Aims

- To formalise the arrangements for supervised consumption in community pharmacies across Kent.
- To reduce "street leakage" of methadone, subutex and not as significant an issue suboxone.
- To provide cost effective care to drug users in the area.
- To provide a patient focused service sensitive to the needs of its users
- To minimise risk of harm to the user and to others.

2.2   Objectives

- To develop a multidisciplinary approach to establish formal referral networks
- To ensure appropriate training is undertaken by all participating staff
- To agree guidelines for supervised consumption
- To evaluate the project by audit process
- To establish the effectiveness of the programme for use as a basis for the provision of an ongoing service
OUTLINE PROCEDURES AND RESPONSIBILITIES

1. SUPERVISED METHADONE/SUBUTEX/SUBOXONE GUIDELINES

This document outlines procedures to carry out the service and has been split into pharmacist, service user and keyworker responsibilities. For the purpose of this document “the Contractor” is the pharmacy, the “Pharmacist” is the service provider and that may be a locum pharmacist who is fully conversant with these procedures; “the Keyworker” a member of staff at KCA (UK)’s Prescribing Service or the GP that has responsibility for prescribing Methadone/Subutex/Suboxone for the particular client.

2. KEYWORKER RESPONSIBILITIES

a. The keyworker will reach an understanding with the client that Methadone/Subutex/Suboxone will be dispensed at a designated community pharmacy where the Pharmacist will supervise administration and consumption.

b. The key worker will negotiate the most suitable/convenient pharmacy, which provides this service, with the service user. The keyworker will contact the pharmacy in advance to discuss the dispensing arrangements for the service user.

c. If the pharmacy accepts the service user, the keyworker will inform the pharmacy of the name and address of the service user, Methadone/Subutex/Suboxone dose, start and expiry date of the prescription, name of the service user’s key worker and include a letter of introduction along with an agreement form.

3. PHARMACIST RESPONSIBILITIES

a. When the service user arrives, the Pharmacist will check the details of the introductory letter and register the service user on the Patient Medical Record (PMR) System. The service user will be given a PMR registration card, which they must show when collecting their Methadone/Subutex/Suboxone.

b. The Pharmacist will go through the agreement form with the service user and sign it in the space provided. The main issues to be covered are:

   i. Time of day for supervised dispensing
   ii. Missed doses cannot be dispensed at a later date
   iii. Methadone/Subutex/Suboxone will not be dispensed if service user has missed three or more consecutive instalments
   iv. If the Pharmacist suspects there is evidence of drug and/or alcohol intoxication Methadone/Subutex/Suboxone will not be dispensed and the service user will be referred back to the keyworker for assessment.
   v. The service user should come in alone
   vi. On site behaviour will be acceptable and consistent with that identified in the service user’s signed contract.
   vii. The Pharmacist will introduce the service user to key members of staff.

4. METHOD OF SUPERVISING DISPENSING

a. When a prescription is presented it will be checked to confirm that it is legal and that the quantities and patient details are correct for that client.
b. Supervision should never take place in the dispensary. A designated area offering suitable privacy will be selected in each pharmacy and should be used for this purpose.

c. Doses of Methadone/Subutex/Suboxone should be made up in advance each day (assuming the pharmacist is in possession of a current prescription). Methadone should be dispensed into an appropriate child resistant container labelled in accordance with the requirements of the Medicines Act and must be stored in the Controlled Drugs cabinet until the client arrives at the pharmacy.

d. Only Methadone mixture DTF 1mg/1ml purchased ready made, or Methadone mixture 1mg/1ml extemporaneously prepared to the specified formulation may be used.

e. When the service user arrives, the Pharmacist will ensure that the service user is correctly identified and receives his/her dose of Methadone/Subutex/Suboxone.

f. The Methadone may be consumed directly from the bottle or may be poured into a plastic cup as requested by the service user.

g. The Pharmacist must observe the consumption of the Methadone by the service user and will offer a glass of water for the service user to drink (which helps prevent tooth decay) and engage in conversation with the service user. This is to ensure that the Methadone has been swallowed.

h. The Pharmacist will offer a glass of water to the Subutex client and observe for several minutes whilst the tablets begin to dissolve and afterwards engage in conversation to ascertain the breakdown of the tablets.

i. The Pharmacist will offer a glass of water to the Suboxone client and afterwards engage in conversation to ascertain the breakdown of the tablets.

j. All labels must be removed from the service users’ dispensed containers before throwing away, to maintain service user confidentiality.

k. Methadone/Subutex/Suboxone may not be given to the service user’s representative unless previously authorised by a Doctor or Keyworker.

l. After each dispensing/supervision the Pharmacist will make appropriate entries in the Controlled Drugs register and on the prescription. Any unusual event(s) should be recorded on the report form and returned to KCA (UK)’s Prescribing Service. If there is a need to contact KCA (UK) urgently this should be done by telephone (number 01622 690944/01233 640040). A report form can then be sent soon afterwards. At all times the service user’s consent should be obtained before passing on information to another party, other than the keyworker.

m. The scheme resource file containing all forms, details of how to operate the scheme, relevant telephone numbers etc, should be kept in the dispensary at all times. They must not be passed to anyone else, except those authorised to see it.

n. Locum Pharmacists must be made aware of this service and the procedures in advance of providing locum cover. It is essential that the service runs smoothly and all records are kept up to date. Further information for locums may be obtained from KCA (UK)’s Prescribing Service on 01622 690944 (West Kent) and 01233 640040 (East Kent).

o. Pharmacists should ensure that they have adequate insurance cover prior to commencing the service.
p. Pharmacists should make enquiries for Hepatitis B vaccinations with the Health Authority. KCA (UK) recommends that participants have a vaccination. For further information contact KCA (UK)’s Prescribing Service.

q. Methadone/Subutex/Suboxone should not be dispensed to service users who are intoxicated with drugs and/or alcohol. If the Pharmacist suspects the service user is intoxicated, he/she should telephone the keyworker to inform them and the service user will be sent back to the keyworker for assessment. If this occurs on a Saturday then the Pharmacist should ask the service user to return later after they have ‘sobered up’.

r. Methadone/Subutex/Suboxone must not be dispensed to any service user who has missed three consecutive doses. The service user must be referred back to the keyworker for assessment, as his/her tolerance to Methadone/Subutex/Suboxone may have fallen and the pharmacist should inform KCA (UK).

s. Where the pharmacist has not dispensed a daily dose of Methadone/Subutex/Suboxone, the pharmacist must indicate this on the prescription as ‘not dispensed’ next to the relevant date.

t. Where the dispensing service has been terminated for a service user for whatever reason, the pharmacist should indicate ‘not dispensed’ for any remaining days on the current prescription. Any prescriptions, which have not yet been started, should be returned to the clinic.

5. SERVICE USER RESPONSIBILITIES

a. Service users should arrive at the pharmacy for their daily dose of Methadone/Subutex/Suboxone between the hours agreed with the pharmacists. Service users should avoid presenting to the pharmacy for their daily dose of Methadone/Subutex/Suboxone within the last half hour of business.

b. Service users must conduct themselves in accordance with the details of the signed agreement.
Dear Pharmacist

This letter is to introduce you to _______________________________. He/she will be receiving Methadone Oral Solution 1mg/ml or Subutex and/or Suboxone (sub-lingual varying strength) from you, to be consumed in the pharmacy under your supervision on the designated dates.

Start date at Pharmacy

---------------------------------------------------------------

Medical problems/ drug allergies

Length of time in treatment

---------------------------------------------------------------

Key Worker (print name)

Drug details

Methadone Oral Solution 1mg/ml

Daily dose _____ mg/ml

Subutex/Suboxone (sub-lingual)

Daily dose _____ mg/ml

To be supervised on

---------------------------------------------------------------

With take home dose for

Signed

---------------------------------------------------------------

Name (print)

---------------------------------------------------------------

Date

---------------------------------------------------------------

If you have any queries, please contact the key worker on 01622 690944 (West Kent) and 01233 640040 (East Kent).
KCA(UK) Prescribing Service including Shared Care  

Supervised Administration of Methadone/Subutex/Suboxone in the Community Pharmacy  

Client/Pharmacist Agreement Form  

What you will do  
Treat the pharmacy staff and other customers with respect.  
Attend the pharmacy daily within agreed times.  
Attend without being intoxicated with alcohol and/or drugs.  
Attend alone and leave pets outside.  
In exceptional circumstances, wait or return later if the pharmacist is busy.  
Contact KCA (UK)’s Prescribing Service for an appointment if you have not attended the pharmacy for three days or more.  
Not allow any other person to attend the pharmacy on your behalf unless previously arranged by KCA (UK)’s Prescribing Service.  
Be aware that the pharmacist may have to pass on necessary information about you to KCA (UK)’s Prescribing Service on a “need to know” basis.  

What the pharmacist will do  
Treat you with respect.  
Provide a confidential, private place for your Methadone/Subutex/Suboxone supervision.  
Keep records of your attendance.  
Have responsibility for your care.  
Dispense Methadone/Subutex/Suboxone in accordance with the prescription.  
Liaise when necessary with KCA (UK)’s Prescribing Service with regard to your treatment or medication.  
Refer you back to KCA(UK)’s Prescribing Service and discontinue dispensing your prescription if you do not attend the pharmacy for three days or more or if your behaviour causes any problems. If you attend intoxicated, your substitute medication will not be dispensed for that day.  
Provide health promotion and education at the discretion of the pharmacist.  

<table>
<thead>
<tr>
<th>Your Name</th>
<th>Pharmacist’s Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature</td>
<td>Signature</td>
</tr>
<tr>
<td>Date</td>
<td>Date</td>
</tr>
</tbody>
</table>
Community Pharmacy Report Form – East Kent

<table>
<thead>
<tr>
<th>Client Name</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Pharmacy Name</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Pharmacy Address</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Type of Incident (tick one or more boxes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervision refused</td>
</tr>
<tr>
<td>Advice given</td>
</tr>
<tr>
<td>Contact with prescribing agency</td>
</tr>
<tr>
<td>Referral</td>
</tr>
<tr>
<td>Intoxication</td>
</tr>
<tr>
<td>Disruptive behaviour</td>
</tr>
<tr>
<td>Police called</td>
</tr>
<tr>
<td>Friends/family involved</td>
</tr>
<tr>
<td>Health related problem</td>
</tr>
<tr>
<td>Other</td>
</tr>
</tbody>
</table>

Please enter full details of incident and outcome in space provided

Return this form to Pharmacy Liaison Worker, KCA(UK) Prescribing Service, 171 Beaver Road, Ashford, Kent TN23 7SG
Community Pharmacy Report Form – West Kent

Client Name

Type of Incident (tick one or more boxes)
- Supervision refused
- Advice given
- Contact with prescribing agency
- Referral
- Intoxication
- Disruptive behaviour
- Police called
- Friends/family involved
- Health related problem
- Other

Pharmacy Name

Pharmacy Address

Please enter full details of incident and outcome in space provided

Return this form to Pharmacy Liaison Worker, KCA(UK) Prescribing Service, Mill Street, Mill House, Maidstone ME15 6XH
Please complete all sections

Please state which month you are claiming for:

Pharmacy Name: _________________________________________
Pharmacist Name: _________________________________________
Pharmacy Address: _________________________________________
Telephone No: _________________________________________
E-Mail Address: _________________________________________

Number of KCA clients being claimed for:

<table>
<thead>
<tr>
<th>Number of KCA clients being claimed for:</th>
<th>Total number of KCA supervisions:</th>
<th>Total number of missed collections:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>METHADONE And SUBOXONE</td>
<td>METHADONE/ SUBOXONE</td>
</tr>
<tr>
<td></td>
<td>£1.82 per supervision</td>
<td>£3.30 per supervision</td>
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<tr>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td><strong>Totals</strong> £</td>
<td>£</td>
</tr>
<tr>
<td></td>
<td>Clients starting a new episode of treatment this month – additional £5.00 per client</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Meeting attended on ...........(date) by .......................(pharmacist) £140 per pharmacist per annum</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>£</strong> Total fee claimed</td>
<td></td>
</tr>
</tbody>
</table>

I confirm that this pharmacy has supervised the number above, have recorded any missed collections and claim the total amount shown above.

Signed: ________________________________ Date: ____________

Comment by pharmacist:

PLW: ________________________________ SM: ________________________________

For finance use: Methadone/Suboxone: 04-98-708-0 £
Subutex: 04-98-709-0 £
New Client: 04-98-735-0 £
Meeting: 04-98-736-0 £

Please submit this claim at the end of each month to KCA(UK), Mill Street, Mill House, Maidstone ME15 6XH
**East Kent - Pharmacy Monthly Claim Form – Front Sheet**

*Please complete all sections*

**Please state which month you are claiming for:**

- **Pharmacy Name:** _________________________________________
- **Pharmacist Name:** _________________________________________
- **Pharmacy Address:** _________________________________________
- **Telephone No:** _________________________________________
- **E-Mail Address:** _________________________________________

<table>
<thead>
<tr>
<th>Number of KCA clients being claimed for:</th>
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<th>Total number of missed collections:</th>
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<td></td>
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<td>£</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td>£</td>
<td>£</td>
</tr>
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**Clients starting a new episode of treatment this month – additional £5.00 per client**

**Meeting attended on ...........(date) by .......................(pharmacist) £140 per pharmacist per annum**

**£**

**Total fee claimed**

I confirm that this pharmacy has supervised the number above, have recorded any missed collections and claim the total amount shown above.

Signed: ____________________________  Date: ____________

**Comment by pharmacist:**

**PLW:**

**SM:**

<table>
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<th>For finance use:</th>
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<tr>
<td></td>
<td>New Client: 04-99-735-0 £</td>
</tr>
<tr>
<td></td>
<td>Meeting: 04-99-736-0 £</td>
</tr>
</tbody>
</table>

Please submit this claim at the end of each month to KCA(UK), 171 Beaver Road, Ashford, Kent TN24 9NB.
Agreement For The Provision Of Pharmaceutical Supervised Administration Of Methadone/Suboxone/Subutex

1. Introduction

1.1. This document serves as an agreement between KCA (UK) and the contractor detailed in section 1.2 for the provision of a Pharmaceutical Supervised Administration of Methadone/Subutex/Suboxone to drug dependant Kent residents.

1.2. This agreement is between KCA (UK) and the following contractor who will be deemed to be represented by the pharmacist identified under who shall be referred to in this document as “the pharmacist” or “Contractor”.

Pharmacist

Company

Address

Telephone  Fax

2. Aims of the Service

2.1. The Rolleston report accepted the principle that doctors legitimately prescribe addictive drugs as part of the treatment of dependence.

2.1.1. those who are undergoing treatment for the cure of addiction by the gradual withdrawal method

2.1.2. persons for whom, after every effort has been made for the cure of addiction, the drug cannot be withdrawn because either:

2.1.2.1. complete withdrawal produces serious symptoms, which cannot be satisfactorily treated

or

2.1.2.2. Patient is able to maintain a normal life as long as he/she takes a certain non-progressive quantity.

2.2. This programme will look at the supervised administration of Methadone/Subutex/Suboxone with the aim of:

2.2.1. reducing the patient need to use drugs of misuse

2.2.2. reducing the possibility of leakage into the community

2.2.3. reducing the level of crime associated with drug misuse

3. The Service

3.1. The contractor will be responsible for providing the service described in this agreement. KCA (UK) at its absolute discretion may allow other pharmacists to undertake the work on the contracting pharmacist’s behalf providing that the participating pharmacist has explained the procedures. The contractor will have in place SOP covering the provision
of the service. If a relief pharmacist is to be employed for more than four weeks, the
training details in 4.27 must be met; arrangements must be made with KCA (UK) in
advance. The pharmacist identified in 1.2 will remain accountable for the provision of
the service.

3.2. There is no absolute maximum or minimum number of clients any contractor would be
asked to manage at any time. KCA would look to ensure that no contractor was managing
more clients than they had capacity to deliver effectively. Similar KCA would look to
ensure that whilst clients had access to a range of sites from which to collect supplies
each contractor had a reasonable number of clients.

3.3. The contractor will have in place written contingency systems to ensure that the service
would be able to operate in the event of the expected pharmacist being unable to be at the
premises.

4. Specification

Pharmacist responsibilities:

4.1. When the clients arrive the pharmacist must check the details of the introductory letter in
the Patient Medical Record (PMR) system. The client should be given a PMR
identification card, which he/she should be encouraged to show when collecting
Methadone/Subutex/Suboxone.

4.2. Methadone/Subutex/Suboxone should not be dispensed to clients who are intoxicated
with drugs and/or alcohol. If the pharmacist suspects the client is intoxicated, he/she
should telephone the clinic to inform them and the client must be sent back to the clinic
for assessment.

4.3. Methadone/Subutex/Suboxone must not be dispensed to any client who has missed three
consecutive doses. The client must be referred back to the clinic for assessment, as
his/her tolerance to Methadone/Subutex/Suboxone may have fallen and the pharmacist
should inform KCA (UK). Where a daily dose of Methadone/Subutex/Suboxone has not
been dispensed by the pharmacist, the pharmacist must indicate this in the prescription as
“not dispensed” next to the relevant date. Entries should be made on the relevant data
collection form(s).

4.4. Where the dispensing service has been terminated for a client for whatever reason, the
pharmacist should indicate “not dispensed” for any remaining days on the current
prescription. Any prescriptions, which have not yet been started, should be returned to
the clinic.

4.5. The pharmacist will go through the agreement form with the client and sign it in the
space provided. The main issues to be covered are:

4.5.1. time of day for supervision
4.5.2. missed doses cannot be dispensed at a later date
4.5.3. Methadone/Subutex/Suboxone will not be dispensed if client has missed three or
more instalments
4.5.4. Methadone/Subutex/Suboxone will not be dispensed if the pharmacist suspects
there is evidence of drug and/or alcohol intoxication (client to be referred back to
KCA (UK) for assessment)
4.5.5. client should come in alone
4.5.6. acceptable behaviour

4.6. The pharmacist should introduce the client to key members of their staff.

4.7. When a prescription is presented it will be checked to see if it is legal and if the quantities and patient details are correct for that client.

4.8. Supervised dispensing should never take place in the dispensary. A designated area offering suitable privacy will be selected in each pharmacy and should be used for this purpose.

4.9. Doses of Methadone/Subutex/Suboxone should be made up in advance each day (assuming the pharmacist is in possession of a current prescription). Methadone should be dispensed into an appropriate child resistant container labelled in accordance with the requirement of the Medicines Act, and must be stored in the CD cabinet until the client arrives at the pharmacy.

4.10. Only Methadone Oral Solution 1 mg/ml purchased ready made may be used.

4.11. When the client arrives, the pharmacist must ensure that the client is correctly identified and receives his/her dose of Methadone/Subutex/Suboxone.

4.12. The Methadone may be consumed directly from the bottle or may be poured into a plastic cup, as requested by the client.

4.13. The pharmacist must observe the consumption of the Methadone by the client and should offer a glass of water for the client to drink which helps prevent tooth decay. The pharmacist should also engage in conversation with the client. This is to ensure that the Methadone has been swallowed.

4.14. The pharmacist will offer a glass of water to the Subutex client and observe for several minutes whilst the tablets begin to dissolve and afterwards engage in conversation to ascertain the breakdown of the tablets.

4.15. The pharmacist will offer a glass of water to the Suboxone client and afterwards engage in conversation to ascertain the breakdown of the tablets.

4.16. All labels must be removed from the client’s dispensed containers before throwing away, in order to maintain client confidentiality.

4.17. Methadone/Subutex/Suboxone may not be given to the client’s representative unless previously authorised by a member of KCA (UK)’s clinical staff.

4.18. After each dispensing/supervision the pharmacist must then complete the usual records in the CD register or community pharmacy record forms.

4.19. Where events have occurred, the pharmacist must complete a “Community Pharmacy Report Form” at the time of the event.

4.20. All information and data collection should be treated as confidential and only passed on to authorised personnel.

4.21. The resource pack containing the documentation, forms, details on how to operate the scheme, relevant telephone numbers etc., should be kept in the dispensary at all times. The pack must not be passed on to anyone else, except those authorised to see it.

4.22. Locum pharmacists must be aware of this service and the procedures IN ADVANCE of providing locum cover. It is essential that the service runs smoothly and all records are kept up to date. Further information for locums may be obtained from KCA (UK)’s Prescribing Service.
4.23. Pharmacists should ensure that they have adequate insurance cover prior to commencing the service.

4.24. Pharmacists should make arrangements for Hepatitis B vaccinations with the Health Authority.

**Client Responsibilities:** The participating pharmacist or pharmacists should make the client aware of the following responsibilities:

4.25. Clients should arrive at the pharmacy for their daily dose of Methadone/Subutex/Suboxone between the hours agreed with the dispensing pharmacists. Clients should avoid presenting to the pharmacy for their daily dose of Methadone/Subutex/Suboxone within the last half-hour of business.

4.26. Clients must conduct themselves in accordance with the details of the signed agreement.

4.27. **Training:** Pharmacists participating in this service will be expected to attend one of two training sessions organised by KCA (UK) and must be undertaking or have successfully completed the CPPE Substance Use and Misuse Open Learning Programme and accompanying assessment (10 hours).

4.28. **Client Information:** Adequate information and opportunity should be provided so that the client understands the service. This is expected to contain appropriate information on:

   4.28.1. the purpose, and expected benefits, of the service
   4.28.2. the nature, action and effect of drugs being taken
   4.28.3. safe storage of medicines

5. **Client Confidentiality**

5.1. All information collected regarding clients is strictly confidential. Any records kept must comply with the Data Protection Act, 1984 and Access to Health Records Act, 1990. Patient confidentiality will be maintained as per NHS guidance.

6. **Insurance**

6.1. The contractor will be responsible for ensuring that appropriate arrangements are made to cover the service, plus their staff who are employed for this function. Evidence of this may be requested by KCA.

7. **Terms of Contract and Remuneration – full details are in Appendix 1**

7.1. Payment of the community pharmacists will be calculated in accordance with the following table:

<table>
<thead>
<tr>
<th>Supervision of Self Administration:</th>
<th>£1.82 per supervision inc. of V.A.T.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Methadone/Suboxone:</td>
<td>£3.30 per supervision inc. of V.A.T.</td>
</tr>
<tr>
<td>Subutex:</td>
<td>£5.00 per new client inc. of VAT</td>
</tr>
<tr>
<td>Additional one off payment for client starting new episode of treatment with the prescribing service</td>
<td></td>
</tr>
<tr>
<td>Attendance at multidisipinary meeting:</td>
<td>£140.00 per meeting (maximum of 1</td>
</tr>
</tbody>
</table>
8. **Forms Used in the Operation of the Service**

The following forms will be used in operation of the service:

8.1. *Community Pharmacy Report Form*: This will be prepared by the community pharmacist when indicated following an entry in the Daily Supervised Report Form (indicated by the asterisk).

8.2. *Supervised Methadone at the Community Pharmacy*: This is the agreement between the pharmacy and the client and should be fully explained before the client signs. A copy of the agreement must be given to the client at the first visit. A copy should also be kept at the pharmacy for each client.

9. **Monitoring, Audit and Evaluation of Project**

9.1. This will be based on numbers attending and any comments on the scheme.

10. **In the Event of a Dispute**

10.1. In the event of a dispute regarding the provision of the service, the matter will be referred to the Assistant Director of KCA (UK)’s Prescribing Service. If it is unresolved, it will be referred to the Chief Executive, KCA (UK), who will resolve the matter or decide on further action.

11. **Termination**

11.1. This agreement may be terminated with 3 months notice by KCA(UK) by giving notice in writing to the contractor at any time in the event of:

11.1.1. The contractor ceasing or threatening to cease to carry out all or part of its undertaking as constituted at the start date.

11.1.2. The contractor being in breach of any obligations on their part under this agreement, after prior notice from KCA(UK) to the pharmacist of such breach, giving the pharmacist a reasonable opportunity to remedy it if capable of remedy.

11.1.3. The contractor not ensuring that all pharmacists (including locums) who regularly support clients attend multidisciplinary meetings organised by the KCA.

11.1.4. The PCT identifies that the contractor is not fulfilling any element of the essential pharmacy contract (as identified in the Pharmaceutical Regulation 2005) in particular the areas relating, but not exclusively to, clinical governance.

11.2. This agreement may be terminated by the contractor with 3 months notice by giving notice in writing to KCA (UK) if in breach of any obligation on its part as agreed at the start date, after prior notice from the contractor to KCA (UK) of such breach, giving KCA (UK) a reasonable opportunity to remedy it if capable of remedy.
11.3. Termination of this agreement in accordance with the agreement, whether by expiry or early determination, shall be without prejudice to any rights of either party against the other which may have accrued up to the date of determination or are capable of surviving termination including, without limitation, any provisions relating to any quarter or any accounting year, or part thereof, ending on or prior to the date of termination.

11.4. This agreement may be terminated in any event by either side by giving three months notice in writing.

Signed: ....................................................................................

On behalf of KCA (UK)

Date: ....................................................................................

Signed ....................................................................................

The pharmacist on behalf of the contractor detailed in 1.2:

Date: ....................................................................................

Appendix 1

Contract payments 2010/11

KCA have changed their payment structure from a fixed retainer fee towards an uplift of the supervised administration fee. This will acknowledge the need for pharmacists providing the service to be involved in multidisciplinary meetings and to more clearly reflect the payment in relation to the work undertaken.

KCA has noted that clients starting a new episode of treatment with the prescribing service take a significant time to ensure effective arrangements are in place both with the client and the key worker.

Payment for 2010/11

- Fee for attendance at a KCA facilitated multidisciplinary meeting - £140 per pharmacy per annum. A maximum of one payment per pharmacy for attending meeting(s) will be made each year in line with the Harmonisation Accreditation Group (HAG) Guidelines. In addition the expectation will be for the Pharmacist to undertake the HAG online assessment and submit a copy of the certificate to KCA upon completion.

A pharmacist who regularly undertakes supervised dispensing at the contractor’s premises must attend the meeting.

- Fee for administration:
  Methadone £1.82 per supervised administration
  Suboxone £1.82 per supervised administration
  Subutex £3.30 per supervised administration
The higher supervised administration fee for Subutex is reflected in the need for the length of time taken for the tablet to dissolve in comparison to oral methadone mixture consumption which can more easily be observed.

Suboxone being a mixture of buprenorphine and naloxone is not attractive for diversion.

- Fee of £5 for every client starting a new episode of treatment with the prescribing service, to reflect the work undertaken with the new client and key worker
- Start up fees of £250 will be awarded to new contractors.