

Brighton & Hove Pharmacy Enhanced Service (PLES 01)
(2007/8)

Supervised Consumption of Methadone and Buprenorphine.

Glossary	SMS	Substance misuse Service
	CJS	Criminal Justice Service
	DTTO	Drug Treatment and Testing Order
	NES	National Enhanced Service
	CRI	Crime Reduction Initiative

This enhanced service requires the pharmacist to supervise the consumption of Methadone or Buprenorphine by the client at the point of dispensing in the pharmacy.

1. Aims of the Service

- 1.1 To ensure patient/client compliance of an agreed treatment plan by dispensing the prescribed medicine in specified instalments and supervising its consumption
- 1.2 To reduce the risk to local communities of over usage or under usage of controlled medication
- 1.3 To reduce the diversion of methadone and/or buprenorphine onto the illicit drugs market.
- 1.4 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 health and social care professionals where appropriate.

2 Service description

- 2.1 The pharmacy will offer a user-friendly, non-judgmental, client-centred and confidential service.
- 2.2 Supervision should take place in a designated area offering suitable privacy for both client and other customers. Supervision should not take place in the dispensary.

- 2.3 To qualify for this service the medicines which have supervised consumption are methadone and buprenorphine. Any other supervised consumption is outside this specification.
- 2.4 The pharmacy will provide support and advice to the client, including referral to primary care or the substance misuse service where appropriate.
- 2.5 An agreement to include all parties involved in the service will be set up. (Appendix 1) This sets out the conditions and behaviour that is expected by all parties. This can be initiated by any healthcare professional involved in the management of the client.
- 2.6 The pharmacist must ensure that the client is in an appropriate state to consume the medicine. A record of attendance and administration will be kept and any change or deterioration in client's general appearance should be noted (Appendix 2) and if significant report to GP/SMS or key worker as appropriate.
- 2.7 The pharmacist must observe the client consume the medicine. It may be consumed directly from the bottle or in a suitable cup provided by the pharmacist.
- 2.8 All labels must be removed from the patient's dispensed containers and destroyed in accordance with data protection guidance. The containers must be and rinsed out before being thrown away.
- 2.9 The supervision procedure must be discrete and efficient to observe clients dignity and the pharmacists time.
- 2.10 Doses to be consumed on days when the pharmacy is closed should be dispensed in accordance with the Medicines Act.
- 2.11 If three or more consecutive doses are missed then communication with the Doctor or Liaison Nurse/Key worker as specified in the agreement should take place before further doses are dispensed.
- 2.12 The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service.
- 2.13 Pharmacists will share relevant information with other health care professionals and agencies, in line with locally determined confidentiality arrangements.
- 2.14 The pharmacist should maintain appropriate records to ensure effective on-going delivery and provide a robust audit trail.
- 2.15 All invoices to be submitted quarterly by the 5th of the following month

3 Terms and Conditions

For the Pharmacy

- 3.1 The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service are aware of and operate within the service specification.
- 3.2 All pharmacists providing supervised administration need to have completed or are in the process of completing the following:
 - **PCT Supporting Behaviour Change Programme.** Details from Health Promotion team at the PCT on 01273 295490 (Kate Lawson)
 - CPPE open study pack titled **Substance Use and Misuse.** Copies can be ordered by from the CPPE website www.cppe.manchester.ac.uk
- 3.3 Pharmacists providing the service must attend at least 2 of the 3 multidisciplinary meetings arranged by the PCT per year to promote service development and discuss issues with their colleagues
- 3.4 The pharmacy will have appropriate PCT provided health promotion material available for the user group and promotes its uptake.
- 3.5 The pharmacy will review its standard operating procedures to which all staff providing the service are signed up to, on an annual basis.
- 3.6 The pharmacy will participate in an annual PCT organised audit of service provision.
- 3.7 The pharmacy will co-operate with any locally agreed PCT-led assessment of client experience

For the PCT

- 3.8 The PCT will provide details of relevant referral points which pharmacy staff can use to signpost service users who require further assistance.
- 3.9 The PCT will produce health promotion material relevant to the clients and make this available to pharmacies. Health promotional material to be obtained from the Health Promotion Library on 01273 523312
- 3.10 The PCT will provide a framework for the recording of service information for the purposes of audit and the claiming of payment.

4 Payments for the service

- 4.1 The training, accreditation requirements and data collection are reflected in the fee structure. This is split between a retainer fee and a payment based on activity.
- 4.2 Quarterly Retainer Fee **£125.**
- 4.3 Supervision Fees: **Methadone £1.00 per swallow**
Buprenorphine £1.50 per swallow
- 4.4 Payment invoices to be submitted **quarterly** to Shared Business Services for each service. (Appendix 3)

APPENDIX 1

AGREEMENT OF ROLES AND RESPONSIBILITIES OF ALL INVOLVED IN THE SERVICE

The General Practitioner:

1. To provide a prescription (as per NES protocol) for the duration of the prescribing agreement, levels of medication to be agreed with GP Liaison Nurses.
2. To address the' general health needs of the client, including encouragement of screening for Hepatitis B and C and uptake of vaccinations for Hepatitis B
3. To liaise on a regular basis with the GP Liaison Nurses and if necessary pharmacist
4. To review the care plans at a minimum of three monthly intervals and review accordingly.

The Substance Misuse Service:

1. To ensure the client is registered with a GP.
2. To ensure liaison between GP, SMS consultant, liaison nurse and accredited pharmacist.
3. To ensure that the nominated pharmacy is willing to participate and has the capacity to undertake the dispensing, supervised consumption and everyday care of the client.
4. To ensure relevant paperwork has been completed.
5. To complete the assessment and discuss treatment options with the GP
6. To review the clients progress on a regular basis.
7. To liase with the nominated pharmacy on a regular basis
8. To facilitate fast tracking back to SMS for problematic clients.
9. Act as Case co-ordinator as per the models of care and local ICP protocol.

The Pharmacist

The pharmacist should report the following to the GP or Liaison nurse as appropriate.

1. Regularly missed doses or whole dose not consumed under supervision
2. Attempts to avoid supervised consumption
3. Three or more missed consecutive daily doses
4. Late collection of weekly dispensed medication
5. Unacceptable behaviour (including theft)
6. Intoxication
7. Deterioration in health (mental or physical)
8. Problems relating to the prescription
9. Requests for decreased frequency of collection, or requests for early collection of weekend medication or any other concerns the pharmacist may have.

The Client:

1. Will attend the pharmacy where possible unaccompanied. The exceptions to this being; child care issues or the need for a carer or advocate to also attend.
2. Will behave in an acceptable and appropriate manner.
3. Will provide samples when requested to do so, either urine or mouth swab.
4. Female clients will inform GP Liaison Nurse immediately if they suspect they may be pregnant.
5. Will accept responsibility for dispensed medication and store it in a safe and appropriate place. To accept that lost or stolen medication will not be replaced.

6. Will accept that inappropriate or abusive behaviour at the GP surgery, pharmacy, CRI (Crime Reduction Initiative) or SMS may result in termination of treatment programme.

Date	Signed by	Patient
		GP
		Pharmacist
		SMS