Supervised Consumption of Prescribed Medicines

The supervised consumption of prescribed medicines services is intended to ensure adherence to prescribed treatment for a drug use disorder, and to prevent the diversion of controlled drugs.

Service Description: Level One

1.1 The Contractor is required to supervise the consumption of medicines prescribed for the treatment of a drug use disorder at the point of dispensing in the Contractor’s premises, ensuring that the client has consumed the medicine. Medicines may include methadone, buprenorphine, naltrexone, disulfiram and exceptionally other prescribed items.

1.2 Contractors will offer a friendly, non-judgmental, confidential service.
1.3 The Contractor will provide support and advice to the client, including referral to primary care or specialist services when appropriate.

1.4 The Contractor will communicate any non-attendance or other non-adherence to the treatment programme to the appropriate care coordinator.

**Service Description: Level Two**

1.5 In addition to Level One services, the Contractor will measure breath alcohol for specified clients when requested by the prescriber. The Contractor may also measure breath alcohol for other clients if the Contractor intends not to dispense medicine when it is unsafe because the client appears to be intoxicated.

**Aims and Intended Outcomes**

2.1 To ensure adherence to the agreed treatment plan by:
   - Dispensing in specified instalments\(^1\) (doses may be dispensed for the client to take away to cover days when the pharmacy is closed).
   - Supervising consumption, ensuring each dose is correctly consumed by the client named on the prescription.

2.2 To reduce the risk to local communities of:
   - Over usage or under usage of Medicines.
   - Diversion of prescribed medicines into the illicit drugs market.
   - Accidental exposure to medicines.

2.3 To provide regular contact with health care professionals to clients, and to help them access further advice or assistance. The Contractor’s staff will signpost or refer the client to specialist treatment centres or other health and social care professionals when appropriate.

**Service Outline**

3.1 A three-way agreement is established between the prescriber (or specialist service), Contractor and client. A sample agreement is included at Appendix One.

The agreement describes:
   - How the service will operate
   - When the service is available at the pharmacy (e.g. 8AM-8PM)
   - What constitutes acceptable behaviour by the client
   - What action will be taken by the prescriber and Contractor if the client does not comply with the agreement.

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\(^1\) In this Service Specification it is assumed that instalment dispensing is provided for by the provisions of the Dispensing or Repeat Dispensing Essential Services. If this is not the case for a particular medicine which may be included in the service, local arrangements will need to be developed.
3.2 The part of the Contractor’s premises used for provision of the service provides a sufficient level of privacy and safety.

3.3 Clients will be required to present once on each day specified for supervised consumption of their medicine.

3.4 The Contractor shall ensure that medicines are not dispensed if the patient is intoxicated.

3.5 The Contractor will present the Medicine to the client in a suitable receptacle and will provide the client with water to facilitate consumption and/or reduce the risk of the client retaining any medicine in their mouth.

3.6 The Contractor has a duty to ensure that pharmacists and other staff involved in providing the service have relevant knowledge and are appropriately trained in the operation of the service. Contractors shall ensure that pharmacists complete the relevant CPPE pack. The competence and training framework is described in appendix two.

3.7 The Contractor has a duty to ensure that pharmacists and staff providing the service are aware of and operate within local protocols.

3.8 The Contractor shall maintain appropriate records to ensure effective ongoing service delivery and audit.

3.9 The Contractor must ensure that the specialist service has supplied an information sharing agreement for each client using the service. Information sharing agreements are negotiated with the client by their care coordinator at the specialist service.

3.10 The Contractor will share relevant information with other health care professionals and agencies in line with locally determined information sharing arrangements.

3.11 The Contractor is required to communicate non-attendance or other non-compliance with the treatment programme or the three-way agreement to the specialist service. Other issues that the Contractor should report the following to the care coordinator include:

- Regularly missed doses or whole dose not consumed under supervision
- Attempts to avoid supervised consumption
- Daily notification of any missed pick-ups
- Late collection of weekly dispensed medication
- Unacceptable behaviour (including theft)
- Intoxication
- Deterioration in health (mental or physical)
- Problems relating to the prescription
- Requests for decreased frequency of collection
- Requests for early collection of weekend medication
- Any other concerns the pharmacy may have.

3.12 The Contractor will use the SONAR information system to record service activity for payment claims.
3.13 The Contractor is responsible for ensuring that their staff are aware of the potential safeguarding risk posed to children and vulnerable adults who may be accompanying an adult presenting for supervised consumption. This includes noting the presentation of the child/vulnerable adult and the presentation of the adult patient, as well as reporting any concerns in accordance with the East Sussex County Council Safeguarding policies.

3.14 ESCCPPH will arrange four public health provider forum meetings each year to promote service development.

3.15 ESCCPPH will provide details of relevant referral points which pharmacy staff can use to signpost customers who require further assistance.

3.16 ESCCPPH will consider obtaining or producing health promotion material relevant to the customers and making this available to pharmacies.

3.17 ESCCPPH will supply information about the service to the specialist service so that they can arrange supply of the service with clients.

3.18 The cost of all consumables is included in the fee. ESCCPPH will remunerate the Contractors participating in this service by paying the fee indicated below.

<table>
<thead>
<tr>
<th>Level</th>
<th>Annual fee</th>
<th>Per supervised dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1 (All Contractors supplying the service)</td>
<td>None</td>
<td>£1.35</td>
</tr>
<tr>
<td>Level 2 (i.e. breathalyser)</td>
<td>£675</td>
<td>£1.25 (plus Level 1 payment)</td>
</tr>
</tbody>
</table>

Additional Information for Level Two Service

3.18 Any Contractor providing a Level One service can apply to ESCCPPH to provide a Level Two service. ESCCPPH will select pharmacies to provide a Level Two service on the basis of anticipated activity and to ensure a geographical spread.

3.19 Any Contractor supplying a Level Two service must provide its staff with suitable test equipment. The recommended breathalyser device at the time of authoring this agreement is the AlcoQuant® 6020.

3.20 Contracts for providing the Level Two service shall be agreed for two years to ensure the purchase and maintenance costs of the device are offset by the annual fee. Payment of the annual fee shall be at the start of the contract year, not in arrears.

3.21 Example supplier for further product information:
Medacx:
http://www.medacx.co.uk/UserImages/Pdf/AlcoQuantGeneral.pdf
http://www.medacx.co.uk/Safety/Safety-Products.aspx?section=Safety&productId=23&sectionId=14

Example cost of device (all costs before VAT)

| Purchase and Breathalyser cost | £430 |
### Quality Indicators

4.1 The Contractor has completed the quality monitoring self-assessment (appendix four) ‘Part A’ before starting the service, and ‘Part B’ annually by 31 March each year.

4.2 The specialist service will arrange a site visit with the Contractor to visit the pharmacy and meet pharmacists and staff involved in providing the service before the service starts. The purpose of the visit will be to ensure staff understand the service requirement and to address any questions or concerns about how the service will operate.

4.3 The Contractor promotes the distribution of appropriate health promotion resources (e.g. leaflets or other information) for clients.

4.4 The Contractor reviews its standard operating procedure and the referral pathways for the service annually.

4.5 The Contractor can demonstrate that pharmacists and staff providing the service have completed relevant continuing professional development.

4.6 The Contractor fully participates in any audit of the service organised by ESCCPH.

4.7 The Contractor fully participates in any assessment of client experience coordinated by ESCCPH.

4.8 The pharmacist(s) providing the service have completed the Centre for Pharmacy Postgraduate Education (CPPE) Substance Use and Misuse (2nd Edition, May 2012) open learning pack.
Appendix One | Three-way Agreement

Agreement Regarding the Provision of Medicine Prescribed by the Community Substance Misuse Team in the Community Pharmacy

What the patient will do
- Choose a pharmacy that you wish to attend that provides the service that you require.
- Provide the dispensing pharmacist with a signed copy of this agreement.
- Treat the pharmacy staff and other customers with respect.
- Attend the pharmacy (identified by name on the prescription) on the agreed dates and within the agreed times.
- Attend without being intoxicated with alcohol and/or drugs. If you attend intoxicated, your substitute medication may be suspended and you will be asked to see your SMS/CRI care co-ordinator before the medication can be reinstated.
- Not smoke or consume alcohol within the pharmacy.
- Attend alone (unless assistance required due to impaired mobility) and leave pets outside.
- Wait or return later if the pharmacist is busy.
- Be aware that the pharmacist may have to pass on necessary information about you to SMS/CRI on a ‘need to know’ basis.
- If you have been asked to consume medication in the pharmacy this needs to be done under the supervision of pharmacy staff. Having taken your medication you will need to drink some water to confirm that your medication has been absorbed/swallowed.
- Provide a breath/alcohol test if either specified on your prescription or if requested by the Pharmacist.
- Do not allow any other person to attend the pharmacy on your behalf unless previously arranged by SMS/CRI.
- On the rare occasion that you have agreed with the substance misuse service that someone can collect your medication on your behalf, provide the person collecting your medication with written permission signed and dated by you. The person collecting will need to provide some form of identification
- Contact SMS/CRI if you are more than three days late in collecting your medication.

What the pharmacist will do
- Treat you with respect
- Have responsibility for your care and keep records of your attendance.
- Provide a confidential, private place for you to consume your medication under supervision if this is what is specified on the prescription.
- Arrange and agree a convenient time for you to receive your medication
- Dispense medication in accordance with prescription.
- Provide water to drink.
- Liaise when necessary with SMS/CRI with regard to your treatment or concerns about your health or behaviour.
- Provide health promotion information at their discretion.
• Contact the specialist service direct if you fail to attend any arranged pick-ups.
• Discontinue dispensing your medication if you are more than three days late in attending the pharmacy or if your behaviour causes any problems. Missed doses cannot be collected the next day.
• Request a breath/alcohol test if indicated on your prescription or if you appear intoxicated.
• Withhold your medication if you give a reading above 0.35mgs/litre of breath.
• Withhold your medication if you appear intoxicated by a drug other than alcohol.

What the specialist service will do
• Discuss the terms of the agreement with you.
• If the terms of the agreement are not met reconsider where you obtain your medication and/or reconsider you continuing to receive treatment from the specialist service.
• Make available a list of pharmacies that provides the service that you require.
• Write a letter introducing you to the pharmacist who will be dispensing your medication.
• Provide prescriptions for the duration of your treatment.
• Liaise with the pharmacist with regard to your treatment or concerns about your health or behaviour.
• Check with pharmacies on a daily basis of any patients who failed to attend a scheduled pick-up, or make available a process where it is easy for a pharmacy to report a non-attendance.

Review your care.

<table>
<thead>
<tr>
<th>Name</th>
<th>Signature</th>
<th>Contact No.</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client</td>
<td></td>
<td></td>
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<tr>
<td>Substance Misuse Service</td>
<td></td>
<td></td>
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<tr>
<td>Pharmacist</td>
<td></td>
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</tbody>
</table>

Pharmacy Name and Address


Page 7 of 14
Dear Pharmacist,

This letter is to introduce you to _____________________________________________

DOB _____________________________________________

Address _____________________________________________

_____________________________________________________________________________

We would like you to dispense medication to her/him from ___/___/___________

Care Co-ordinator ___________________________________________________________

Care Co-ordinator’s contact number ___________________________________________

MEDICATION DETAILS

Drug _____________________________________________________________

Dose _____________________________________________________________

Dispensing arrangements ___________________________________________________

_____________________________________________________________________________

Signed ____________________________________________________________

Name (print) __________________________________________________________

Date ________________________________________________________________

If you have any queries, please contact the care co-ordinator
Appendix Two | Breathalyser: Instructions to Pharmacy Staff for use, Maintenance and Communication

Reason for use
People who drink excessive amounts of alcohol in addition to taking prescribed respiratory depressant medication such as methadone, suboxone or benzodiazepines are at increased risk of accidental overdose resulting in death.
The breathalyser helps to reduce the risk of the medication we dispense causing overdose.

When to use
Prescriptions for those patients who need to be breathalysed everyday will have BREATHALYSE PRIOR TO DISPENSING, DO NOT DISPENSE IF READING IS ABOVE 0.35MG/L clearly marked on their prescription. For these patients we will request a weekly log of attendance and breathalyser readings to be returned to the Substance Misuse Team (SMT).
If a person misses 3 consecutive doses, they should not be dispensed to on the fourth day. They should be advised to attend the SMT at Thrift House (Hastings) or Lift House (Eastbourne) for re-titration.
Please also advise SMT staff that this has happened.
If a person who does not have this marked on their prescription attends and appears to be intoxicated or smells of alcohol you should breathalyse them. If the breathalyser reading is above 0.35mg they should not be dispensed to and SMT should be advised.
If there is a reading but it is 0.35 or under you may dispense to them but must advise SMT staff.
If there is no breathalyser reading but you consider them to be intoxicated with other substances you should not dispense and advise SMT immediately.

How to use
1. Switch on the breathalyser.
2. Attach a tube to the breathalyser
3. Ask the patient to take a deep breath in and breathe out into the tube steadily until you tell them to stop.
4. The Breathalyser will beep to indicate that enough breath has been provided.
5. Check the display screen for a reading which you can write onto the prescription or print out and attach to the prescription.

Once used, the mouth tube is clinical waste and must be properly disposed of. The tubes are suitable for Orange HT bags. If the site doesn’t use these bags
then use the yellow sharps bins. Please mix these in with normal waste streams as they do not need to be collected separately.

**Maintenance**

The breathalyser should be cleaned daily with a damp cloth. Do not use alcohol wipes.

Every 3 months the breathalyser will need to be sent away for maintenance tests. AlcoQuant will send a replacement breathalyser to cover this period which you will need to return after you receive your own machine back.
Appendix Three | Competencies and training framework

1 Introduction

1.1 Contractors providing the Community Pharmacy Supervised Consumption service must ensure that pharmacists are competent to provide the service.

2 Core Competencies

2.1 These core competencies have been linked, where appropriate, to the general pharmacist competences of the Royal Pharmaceutical Society of Great Britain which are published at http://www.uptodate.org.uk.

a) Understands the terminology, definitions of drug dependence, the concept and practice of harm reduction; in particular the legislation and parameters associated with the supply of injecting paraphernalia as defined in the Misuse of Drugs Act [G1].

b) Has an awareness of the treatment of substance misuse and knowledge of commonly misused drugs with particular reference to drugs liable to be injected [G1].

c) Is able to promote safer practice to users and reduced sharing of equipment [G1].

d) Effectively communicates with drug misusers with respect and courtesy [G1].

e) Advises on general health promotion including sexual health, STIs, BBVs, HIV and Hepatitis C transmission and Hepatitis B immunisation [G2, G3].

f) Is able to counsel and advise individuals about their drug dependence and enable them to exchange their needles and syringes whilst respecting their privacy and treating them with dignity [G2].

g) Is aware of how and when to refer / signpost clients and when to ask for support and advice [G7].

h) Understands the legislation, ethics, duty of care and the need to apply professional judgement for this client group [G1, G10].

i) Understands principles of risk minimisation to patients, staff and members of the public; use of appropriate protective equipment and how to deal safely and effectively with spillages or contamination with potentially infected blood or body fluids [G1, G8].

j) Understands the principles of safe storage of sterile and used equipment; is aware of actions to take in the event of needle-stick injuries [G1, G7].

2.2 A Centre for Pharmacy Postgraduate Education (CPPE) open learning programme provides pharmacists with the necessary knowledge to underpin the provision of this enhanced service: CPPE Substance Use and Misuse (2nd Edition, May 2012).
2.3 A record of completion of this programme for any pharmacist providing the service must be sent to the ESCCPH team.

2.4 Temporary approval to provide the service for six months may be achieved by written self declaration to Public Health stating that the CPPE training pack has been commenced and will be completed within six months. To continue providing the service, the record of completion must be sent to the ESCCPH team as evidence that the training has been completed within six months of the approval.

2.4 CPPE also has a Pharmacy Technician Substance Use and Misuse open learning programme available. Although not required to provide the service, this learning programme supports the delivery and development of the service.
### Supervised Consumption of Prescribed Medicines

**Part A: To be completed by the Contractor before the service starts**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Comment</th>
</tr>
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<tbody>
<tr>
<td>1. I have read the service specification and understand the service requirement</td>
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<tr>
<td>2. Has a site visit been completed by the specialist service?</td>
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<tr>
<td>3. Has/have the pharmacist(s) providing the service completed the Centre for Pharmacy Postgraduate Education (CPPE) Substance Use and Misuse (2nd Edition, May 2012) open learning pack?</td>
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<tr>
<td>Date of completion:</td>
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<tr>
<td>4. If the Contractor requests a temporary approval, pending completion of the CPPE Substance Use and Misuse (2nd Edition, May 2012) open learning pack:</td>
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<tr>
<td>Date approval requested:</td>
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<tr>
<td>Planned date of completion:</td>
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</tbody>
</table>

**I declare that I am competent to provide this service.**

<table>
<thead>
<tr>
<th>Pharmacist’s signature:</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Print name: ________________________________
Registration No: __________________________

Please return this form to:
Public Health
East Sussex County Council
County Hall
St Anne’s Crescent
Lewes
BN7 1UE
## Supervised Consumption of Prescribed Medicines

### Part B: To be completed by the Contractor annually during March and returned to the Public Health department by 1 April 2014.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the Contractor promote the distribution of appropriate health promotion resources (e.g. leaflets or other information)?</td>
<td></td>
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<tr>
<td>Does the Contractor review its standard operating procedures and the referral pathways for the service on an annual basis?</td>
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<tr>
<td><strong>Last Review:</strong></td>
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<tr>
<td>Can the Contractor demonstrate that pharmacists and staff providing the service have completed relevant continuing professional development?</td>
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<tr>
<td>Has the Contractor fully participated in any audit of the service organised ESCCPH?</td>
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<tr>
<td>Has the Contractor fully participated in any assessment of client experience coordinated by ESCCPH?</td>
<td></td>
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</tr>
<tr>
<td>Has/have the pharmacist(s) providing the service completed the Centre for Pharmacy Postgraduate Education (CPPE) Substance Use and Misuse (2nd Edition, May 2012) open learning pack?</td>
<td></td>
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<tr>
<td><strong>Date of completion:</strong></td>
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<td></td>
<td></td>
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</tbody>
</table>

**I declare that I am competent to provide this service.**

<table>
<thead>
<tr>
<th>Description</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacist’s signature:</td>
<td></td>
</tr>
<tr>
<td>Print name:</td>
<td></td>
</tr>
<tr>
<td>Registration No:</td>
<td></td>
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</tbody>
</table>

Please return this form to:
Public Health
East Sussex County Council
County Hall
St Anne’s Crescent
Lewes
BN7 1UE