

Service	Supervised consumption service
Authority Lead	Jane Sunter, Public Health Strategic Manager – Living Well, Ageing Well
Provider Lead	
Period	1 April 2022 to 31 March 2023

1. Purpose and Scope

1.1 Local Picture

County Durham has some of the greatest health needs in England. Substance misuse is strongly associated with poverty and deprivation and impacts on substance misuse related deaths, blood borne virus infections, crime, child protection issues, domestic abuse and mental health. In County Durham the legacy of the loss of ready employment, especially male employment through mining and other industries has left many communities vulnerable to the effects of substance misuse. These communities are not concentrated in specific areas across the county but spread among a diverse range of areas including towns and small villages.¹

1.2 National Guidance

Current guidelines recommend that all new treatment for opioid dependence be subject to supervised consumption for the first 3 months or a longer period considered appropriate by the prescriber. The rationale for this recommendation is to provide routine and structure for the client, helping to promote a move away from chaotic and risky behaviour.

Key national guidance is:

- Drug misuse and dependence: UK guidelines on clinical management. DHSC. Updated 15 Dec 2017. www.gov.uk/government/publications/drug-misuse-and-dependence-uk-guidelines-on-clinical-management (commonly known as the Orange Guide).
- Drug misuse in over 16s: opioid detoxification. NICE guidance CG52. Published 25 Jul 2007. <https://www.nice.org.uk/guidance/cg52>

1.3 Aims and Objectives

The aims of the service are to:

- Provide a supervised consumption service to clients which will help to ensure that prescribed medication is consumed under professional supervision.
- Co-operate with local services to ensure that clients are aware of all treatment options and services which promote recovery from dependence.

The objectives of the service are to:

- Ensure compliance with national guidance for supervision arrangements.
- Prevent prescribed medication being diverted to the illegal market.

2. Service

IMPORTANT POINTS

Before the service can commence, the provider must sign a Public Health contract. Contact Adult and Health Services Commissioning (email: AHS.Commissioning@durham.gov.uk)

Appendix 1 describes how service provision may alter during a pandemic.

2.1 Service Description

This is a locally commissioned service within the community pharmacy contractual framework commissioned by Durham County Council, through Public Health to meet the needs of the population of County Durham.

2.2 Access to the Service

- In the event of any service disruption, the local Recovery Centre (Tel: 03000 266 666) must be informed so that arrangements can be made to prevent disruption to clients. See Appendix 2 for a copy of the *Pharmacy Business Continuity Plan: Essential actions required by pharmacy staff for the supervised consumption service during the absence of a*

¹ <https://www.durhaminsight.info/living-well/substance-misuse/>

pharmacist briefing, and please note that it is unacceptable for the pharmacy to send clients back to the local Centre without any prior communication with that Centre.

- The pharmacy should check the client's contact telephone number on a monthly basis.
- The pharmacy is responsible for determining a safe client list size in line with clinical governance and risk management criteria.
- If the pharmacy is reaching its capacity for a safe client list, then the pharmacy should inform the Recovery Centre clinical lead to see if any arrangements can be made to mitigate this. For example: for established clients receiving prescriptions in advance of collection / supervision days; staggering different supervision days for clients.
- Supervision will be available at an agreed time when the contractors' premises are open for business (see Appendix 3 for a copy of the client agreement, where suitable times for attendance can be discussed).
- Prescribed doses for days when the premises are not open for business e.g. Sundays and Bank Holidays, and in rare exceptions Saturdays, will be dispensed on the last working day before.

2.3 General Pharmacy Responsibilities

- To have in place suitable Standard Operating Procedures (SOPs) to cover all processes involved with this service. Company policies are acceptable where they reflect the principles of the service. The SOPs should be readily available to all members of staff and in particular, locum staff.
- To have a designated named lead pharmacist at the pharmacy who will be responsible for the day to day running of both aspects of this service and ensure all locums are informed.
- To ensure that the appropriate indemnity arrangements are in place.
- To promptly enter data onto PharmOutcomes once each FP10(MDA) is complete.
- To only accept clients for supervised consumption who have been appropriately referred by the recovery provider. The signed client agreement will be emailed to the pharmacy using the pharmacy shared NHS Mailbox (i.e. pharmacy.ODScode@nhs.net) (see Appendix 3).
- To work collaboratively with the client, recovery provider and recovery coordinator to ensure the objectives of the service are met in accordance with the clients care plan.

2.4 Pharmacy Responsibilities to Client

- To ensure the client is treated as an individual, with respect, and to aim to maintain utmost confidentiality at all times.
- To register the client on the PMR and the PharmOutcomes supervised consumption registration template.
- To check the client's contact telephone number each month.
- At first contact to confirm clients' understanding of their responsibilities to the pharmacy within the client agreement (see Appendix 3) and to discuss any restrictions on timings for supervision or collection.
- To introduce themselves and any other key members of staff to new clients. The client should also be informed of any other member of staff not present but who may supervise the client at a future date.
- To remind the client when they are nearing the end of the prescription.

2.5 Supervised Consumption and Dispensing of Doses

2.5.1 National Guidance

The Home Office approved wording for instalment prescriptions is:

- Please dispense instalments due on pharmacy closed days on a prior suitable day.
- If an instalment's collection day has been missed, please still dispense the amount due for any remaining day(s) of that instalment.
- Consult the prescriber if 3 or more consecutive days of a prescription have been missed.
- Supervise consumption on collection days.
- Dispense daily doses in separate containers.

This wording is 'mixed and matched' to express the prescriber's intention, and is described in full in Annex A of the Home Office Circular (027/2015) at www.gov.uk/government/publications/circular-0272015-approved-mandatory-requisition-form-and-home-office-approved-wording

2.5.2 Local Guidance

- Pharmacists must be satisfied that the prescription is legal, and the quantities and details are correct for that client.
- Doses of medication for supervision should be prepared in advance (assuming possession of a current prescription in the pharmacy) prior to the client's arrival and all daily doses of methadone should be dispensed in separate containers.
- Doses for consumption on days when the pharmacy is closed e.g. Sundays and Bank Holidays, should be dispensed in individual daily doses and labelled in accordance with the Medicines Act (Appendix 4 for further guidance).
- Child resistant closures should be used on all home doses where appropriate and advice given to clients about safekeeping of the medicine (particularly if it is known that there are young children within the home).

The pharmacist should withhold medication and contact the recovery coordinator when:-

- There are any problems with the prescription and/or identity of the client.
- The client misses 3 or more doses consecutively.
- The client tries to avoid supervision.
- The client does not consume the full dose.
- The client appears ill.
- The client appears intoxicated (e.g. with alcohol or other drugs).
- The behaviour of the client is unacceptable (e.g. shoplifting, verbal and/or physical abuse).

2.5.3 General Supervision Issues

- Pharmacists and registered pharmacy technicians who have undertaken the necessary training (Section 3.2) can supervise a client taking their medication.
- Supervision should take place in a designated area offering suitable privacy for the client, other customers and the general public. Supervision must never take place in the dispensary.
- The identity of clients must be confirmed. In all cases clients should be asked for proof of identification on first attendance.
- On each occasion consider checking with the client what dose they are expecting and informing them how many doses they have left on the current prescription.
- Supervision will normally continue for 3 months, however this may be negotiated on an individual basis between prescriber and client.

2.5.4 Methadone Supervision Issues

- When a client attends the pharmacy, the daily dose can be offered from the container or the client may pour the dose into a disposable cup if preferred.
- The client must be observed whilst taking the prescribed dose.
- The client should be given a drink of water and requested to drink it whilst being observed again.

BEWARE!!!! Some clients may say that they prefer to use a can of soft drink to wash down their methadone. However, what they may be doing is discharging the dose of methadone INTO the can for sale later as "spit-methadone". It is preferable to encourage the client to rinse the mouth with water. This will, at least, wash some of the acidic mixture out of the mouth and away from teeth.

- The pharmacist / registered pharmacy technician should discreetly check that the dose is not retained in the mouth by engaging in some conversation.
- The disposable cup should be discarded after single use.

2.5.5 Buprenorphine Supervision Issues

Sublingual (SL) Buprenorphine

Crushing SL buprenorphine tablets should only be undertaken when it clearly states this requirement on the prescription.

Crushing SL buprenorphine tablets is an unlicensed use of the medicine therefore contractors will need to check with their liability insurer as to whether they cover this activity. For example, the National Pharmacy Association (NPA) will indemnify members provided they comply with NPA guidance.

Key practice points to consider are:

- Clients should be offered a drink of water before taking their dose. This speeds up the time

it takes to dissolve the crushed tablet(s) under the tongue.

- Break the tablet(s) into granular pieces in the client's presence. Do not crush the tablet(s) into a powder (this will create a sludge that sticks to the buccal mucosa). An appropriate crushing device should be used that minimises any loss of dose.
- Ask the client to sit down and then observe the client tipping the granules directly under their tongue (the client should put their head back and tip the granules under the tongue without touching the medication).
- Check the client's mouth to ensure the medication has dissolved and provide another drink of water.

Espranor

- Pharmacies may receive a small number of prescriptions for Espranor.
- Espranor is a freeze-dried wafer (oral lyophilisate) which contains buprenorphine (2mg or 8mg).
- The administration of Espranor is different to SL buprenorphine products as it is placed on the tongue (not under it). The oral lyophilisate should be removed from the blister pack with dry fingers – any contact with moisture will result in disintegration of the wafer. Median time for disintegration is 2 minutes. Swallowing should be avoided for 2 minutes and food or liquids must not be consumed for 5 minutes after dissolution.
- Espranor is not interchangeable with other buprenorphine SL formulations at the same dose as the bioavailability is 25-30% higher.
- The initial dose of Espranor is 2mg compared to 0.8mg – 4mg for other oral SL buprenorphine preparations and the maximum single daily dose for Espranor is 18mg compared to 32mg for Subutex (i.e. SL buprenorphine).
- There is no 0.4mg strength of Espranor, the lowest strength is 2mg: the Espranor license suggests that clients may need to be switched to 0.4mg SL buprenorphine tablets to enable dose reduction. This should be done accounting for the bioequivalence differences between the buprenorphine products.

2.6 Treatment Providers' Responsibilities

The service supports clients with both clinical (e.g. non-medical prescribers) and non-clinical staff (e.g. recovery coordinators). Therefore, for any clinical enquiry pharmacy staff should ask to speak to a clinical member of staff.

The service is open access currently delivered from three Recovery Centres across the County. There is a single telephone number for this service: 03000 266 666 which is available 9am – 5pm Mon-Fri.

If the pharmacy finds it difficult to contact the relevant Centre on the central 03000 266666 telephone number, then the following Centre managers and deputy senior practitioners should be directly contacted instead:

Centre	Centre Manager	Deputy Centre Senior Practitioners	
Durham	Jane Curtis 07894 462476	Rob Cheesman 07522 234860	
Dales	Georgina Hollingsworth 07894 936966	Lucy Bennett 07894 462476	Robert Walker 07976 762931
Horden	Derek Bilton 07545 204166	Kim Hodgson 079760 73580	

The service will:

- Contact the designated pharmacy in advance of prescribing to:
 - Agree their acceptance of individual clients; provide details of the client - this should include the recovery coordinator contact, drug, dose, start and end date of prescription.
 - Confirm the client has signed the agreement in Appendix 3. This will be emailed to the pharmacy.
- Clearly endorse prescription 'For supervised consumption only', and for SL buprenorphine to be crushed as appropriate.
- Inform the pharmacy when clients are taken off the scheme, discharged, or move area or pharmacy.
- Respond to any issues highlighted by the pharmacist e.g. intoxication, missed doses etc.
- Ensure that prescriptions comply with necessary legal requirements.

2.7 Harm Reduction Advice and Support

Pharmacists / registered pharmacy technicians should provide direct input wherever possible to promote harm reduction, to include:

- Identification of immediate risks (such as injection site injuries) to provide appropriate advice, treatment or referral.
- Provision of relevant harm reduction (including the use of naloxone) and drug related information.
- Advising on sexual health issues including safer sex and referral to local GUM services if required.
- Advising on blood borne viruses (BBV) especially hepatitis B, hepatitis C and HIV; and signposting individuals to local services to access the full range of BBV testing facilities, and immunisation services.
- BBVs are passed between people through:
 - Sharing equipment to inject or snort drugs – even if only once. This includes needles, syringes, spoons, water, filters, acidifiers, and straws.
 - Unprotected sex – vaginal, anal or oral.
 - Unsterile medical treatment or unsterile body piercing / tattoos.
 - Sharing razors or toothbrushes with an infected person.

Pharmacies should inform the Service if they provide the advanced Hepatitis C testing service (<https://psnc.org.uk/services-commissioning/advanced-services/hep-c/>).

2.8 Location(s) of Service Delivery

To ensure county-wide access to supervised consumption services, all community pharmacies within the County Durham area will be given the opportunity to provide this service.

3. Clinical Governance

Pharmacy providers are required to operate to appropriate standards of clinical governance. The pharmacy will comply with the GPhC standards for pharmacy premises at www.pharmacyregulation.org/standards/standards-registered-pharmacies

3.1 Confidentiality/Information Sharing

It is extremely important to clients and customers to know that pharmacy staff will give professional care and will protect their privacy and dignity, in confidential and in open pharmacy areas.

It is good practice for pharmacists to share relevant information with prescribers and other healthcare professionals and agencies in line with their professional duties of care and confidentiality. This is part of the two-way process of communications that also includes prescribers providing relevant information or raising concerns with the pharmacist whenever appropriate, for example, when:

- the pharmacist is aware that clients are failing to comply with their treatment, for example, when clients are missing scheduled pick-ups, and particularly with any significant change of behaviour pattern
- there are concerns about a client's health or wellbeing
- the client is repeatedly attending the pharmacy in a state of intoxication, or has unusually presented intoxicated for the first time
- the prescriber is considering changing frequency of supervision or dispensing, at which time clinical feedback from the pharmacist may be helpful to inform the prescribing decision.

Pharmacies that are also operating a needle and syringe scheme should not usually share information with the prescriber that a client receiving prescribed medication is also obtaining supplies of injecting equipment from the pharmacy, except where the pharmacist has the permission of the client to do so.

It is good practice for the pharmacist to engage the client in a discussion regarding risk management to ensure all harm reduction options have been addressed (such as overdose awareness and supply of naloxone) but also to encourage the client to agree to the pharmacist communicating with the prescriber about current difficulties identified, to facilitate maximum support for the client.

3.2 Education and Training

It is the duty of the provider to ensure that the service is delivered by staff who have the necessary competence and training in this service.

A lead pharmacist should be assured that all staff (including locum pharmacists and registered pharmacy technicians) are adequately trained to meet the requirements of the service.

For 2022 – 23, training will be declared by a lead pharmacist by completion of a PharmOutcomes Declaration (see Appendix 5 for the template PharmOutcomes Declaration).

The lead pharmacist providing this service should have completed the CPPE substance use and misuse e-course (or a previous equivalent CPPE course) at <https://www.cppe.ac.uk/programmes//substance-e-02>:

- Unit 1 – Individual experience of substance use and misuse
- Unit 2 – Risks and challenges of substance use and misuse and associated harm reduction services
- Unit 3 – Recovery and treatment
- Unit 4 – Delivering holistic and seamless care

All pharmacy staff involved in the service are expected to read the service Annual Update Briefing and consider any further training needs.

Staff are also expected to keep up to date with guidance / service changes (via information circulated on PharmOutcomes) and to assess their competence on an ongoing basis.

3.3 Incident Reporting

- Incidents or complaints should be reported to the service commissioner Jane Sunter (Email: jane.sunter@durham.gov.uk). The provider will inform the commissioner in a timely manner with details of the incident/complaint(s) and an action plan for ensuring any such incidents/complaints can be avoided in the future, and how lessons learned have been learnt.

4. Payment

Payment claims are made via PharmOutcomes. All fields must be complete and accurate. Any inaccurate claims (e.g. claiming a supervision fee when the pharmacy is closed) will be investigated on a quarterly basis. In the event of over claims being made, the Local Authority has the right to reclaim all monies.

Information on the FP10(MDA) is entered onto PharmOutcomes once that prescription is complete (and remember to enter prescriptions for each client in strict date order - see Appendix 6).

Public Health will generate the monthly claims from PharmOutcomes for all pharmacies on the 15th of every month and send the report to DCC Finance for payment. There will be no requirement for pharmacists to send invoices. Any queries relating to payment must be made to publichealth@durham.gov.uk.

Pharmacies will receive a payment of £2.50 ex VAT for each methadone supervised consumption per client visit on the pharmacy premises; and £3.50 ex VAT for each buprenorphine supervised consumption per client visit on the pharmacy premises. Please note that:

- The fee per supervision is per client supervision (i.e. one supervision claim per client visit to the pharmacy) and not, for example, for each different strength of buprenorphine given to a client to make up a specific dose - therefore if a client has more than one prescription for buprenorphine (to make up a specific dose) only one of those prescriptions should then be entered onto PharmOutcomes in order to claim the supervision fee for that occasion.
- If a client attends a pharmacy on two separate occasions during the day to receive supervised medication, then the twice daily PharmOutcomes template must be used to claim payment (Appendix 6).

5. Termination of Agreement

Any pharmacy contractor wishing to terminate this agreement must give 3-month notice prior to

termination.

Notice of termination must be emailed to:

Jane Sunter

Public Health Strategic Manager – Living Well, Ageing Well

Public Health Team

Durham County Council

County Hall

Durham

DH1 5UJ

Email: jane.sunter@durham.gov.uk

Durham County Council and Public Health may also terminate this agreement with 3 months written notice.

Appendix 1: Alteration of service provision during a pandemic

IMPORTANT: Pharmacies should not stop or then restart any supervisions of clients without first contacting the Drug and Alcohol Recovery Service.

The following will apply:

- A pharmacy must inform the Service if the pharmacy is closed (this is essential if the Service then needs to issue new prescriptions to another pharmacy) or has reduced opening hours. All pharmacies should have up to date contact numbers for all clients (which are checked each month) in order to also inform clients of any changes.
- It is not a legal requirement to get the back of the prescription signed for the CD collection. Advice in the MEP states that²: *It is good practice for the person collecting a Schedule 2 or 3 CD to sign the space on the reverse of the prescription form that is specifically for this purpose. A supply can be made if this is not signed, subject to the professional judgement of the pharmacist.*
- If a client representative needs to pick up medication, inform the client that the representative must bring in a signed note from the client stating the reason why the client can't collect and the representative's name; and that the representative must bring ID³.
- If a pharmacy receives a request from a client to deliver their medication, the Service can be contacted to complete a verbal risk assessment of this request and decide on the course of action.
- Clients should be aware of the need to wear face coverings when visiting a pharmacy. Pharmacies can contact the client's recovery coordinator if this is not the case and there is no medical exemption for this.
- This service specification does not require a client to be taken into the consultation room⁴.
- A pharmacy should continue to consult the prescriber if 3 or more consecutive days of a prescription have been missed.
- A pharmacy should continue to dispense daily doses in separate containers.

Stopping supervised consumption

If another pandemic situation arises, the Service will endeavour to swap the majority of clients onto once weekly pick up's, however there will be a small cohort of clients (e.g. those with mental health problems, homeless, etc) who cannot be transferred to an unsupervised service.

Pharmacies may be approached by the Service to:

- Continue to supervise this small cohort of very high-risk clients to help reduce the harm from overdose.
- Supervise doses for the first 3 days for new clients or for restarts of medication for an existing client.

The Orange Guide (p104) states that: *While supervision of prescribed medication, even if directed on the prescription, is not a legal requirement, any deviation from the prescriber's intended method of supply should be documented and the justification for this recorded.*

Therefore, if the pharmacy does not supervise a dose of medication (e.g. due to a client self-isolating) then a new prescription is not required however if pharmacies need to suspend supervision then the Service must be informed.

Restarting supervised consumption

Pharmacies should not restart any supervision of clients without first contacting the Service since a dose re-titration appointment is likely to be needed for a number of clients.

When the Service begins to restart clients on supervised consumption, in order to make this process as safe as possible:

² Advice in Section 3.6.8 Collection of dispensed controlled drugs (MEP July 2021)

³ Further advice in Section 3.6.8 Collection of dispensed controlled drugs (MEP July 2021)

⁴ The service specification states: Supervision should take place in a designated area offering suitable privacy for the client, other customers and the general public. Supervision must never take place in the dispensary.

- All prescriptions will accurately reflect the daily take out / supervision instructions for each client.
- All initial prescriptions that are issued for a restart of supervision will be issued as a split twice daily dose. This will be a short-term measure for each client in order to avoid any potential overdoses with clients who may have not taken the take out doses as prescribed. The twice daily dose will be split into a supervised dose and a take out dose. This will be titrated according to the schedule:

Methodone

- If a client is currently receiving a high dose of over 60mls, prescribe 40mls supervised and the remainder of the dose as a daily take out dose.
- If a client is currently receiving a low dose of below 60mls, prescribe 30mls supervised and the remainder of the dose as a daily take out dose.
- Increase both high and low supervised doses by 10mls every 3 to 7 days until the client is back to a fully supervised dose.

Buprenorphine

- If a client is currently receiving a high dose of over 12mg, prescribe 8mg supervised and the remainder of the dose as a daily take out dose.
- If a client is currently receiving a low dose of below 12mg, prescribe 4mg supervised and the remainder of the dose as a daily take out dose.
- Increase both high and low supervised doses by 2 / 4mg until the client is back to a fully supervised dose.

Drug and Alcohol Service Briefing

Briefing Note 12: November 2021

For the Pharmacy Business Continuity Plan

Essential actions required by pharmacy staff for the supervised consumption service during the absence of a pharmacist

Summary

Please continue to endeavour to maintain contact telephone numbers for all clients.

It is unacceptable for pharmacy staff to send clients back to the local Centre without any prior communication with the Centre. The local Centre will not normally offer clients a replacement prescription (to be dispensed at another pharmacy) and would expect the pharmacy to contact clients to make suitable arrangements in line with the pharmacy business continuity plan.

In the event of a pharmacist absence:

Pharmacy staff should contact the local Recovery Centre on 03000 266666 to make the Centre aware of:

- The temporary cessation of the supervised consumption service, due to a pharmacist absence.
- How many clients are affected and confirmation that the pharmacy has a contact telephone number for each client.

Depending on the length of the pharmacist absence from the premises, pharmacy staff should seek advice from the Centre on the risk to individual clients of delaying a supervised dose of medication.

If the pharmacy finds it difficult to contact the relevant Centre on the central 03000 266666 telephone number, then the following Centre managers and deputy senior practitioners should be directly contacted instead:

Centre	Centre Manager	Deputy Centre Senior Practitioners	
Durham	Jane Curtis 07894 462476	Rob Cheesman 07522 234860	
Dales	Georgina Hollingsworth 07894 936966	Lucy Bennett 07894 462476	Robert Walker 07976 762931
Horden	Derek Bilton 07545 204166	Kim Hodgson 079760 73580	

Pharmacy staff should ring all affected clients to discuss suitable arrangements e.g. asking clients to attend the pharmacy at a time when a pharmacist becomes available.

Pharmacy staff should keep the local Centre informed as the situation changes (e.g. by informing the Centre when a pharmacist has arrived).

PHARMACY TREATMENT AGREEMENT

PATIENT NAME:.....**DATE OF BIRTH**.....

PATIENT PHONE NUMBER:.....

RECOVERY WORKER:.....

PRESCRIBER:.....

PHARMACY:.....**PHONE:**.....

The Client agrees to the following:

- I agree to take my prescriptions to my nominated pharmacy on the day they are provided to me by the Service. I accept that for any lost or stolen prescriptions, I will report this to the police and obtain a lost property number.
- I will attend my nominated pharmacy alone, collecting my medication from the pharmacist as arranged. I am aware that I may be asked to attend the pharmacy at a specific time. I accept that I will be asked to confirm my date of birth, and provide I.D. as required (particularly at my first visit and if a locum pharmacist is on duty).
- I am aware that the pharmacy will check my telephone number on a monthly basis to contact me in the rare event of a pharmacy service disruption.
- I am aware that the pharmacist will double check what dose of medication I am expecting, and will then inform me how many doses I have left on my current prescription.
- I am aware that should my behaviour be unacceptable, that the pharmacy is under no obligation to continue to supply my medication and that I will be asked by my recovery worker to attend a treatment review. I understand that this review may result in changes to my prescription or a change of pharmacy. I accept that it will be my responsibility to make the relevant transport arrangements following any change of pharmacy.
- I agree to take my medication as prescribed. If I wish to change the dose I am receiving I will contact my recovery worker.
- I understand that in the rare circumstances that I need another person to collect my medication, that I must first inform my recovery worker who will then inform the pharmacy on my behalf.
- I understand that it is an offence to supply prescribed medication to others, and that giving away or selling my prescribed medication will result in a review of my medication and the police being informed.
- I will be responsible for the safe keeping of my medication. I accept that lost medication will not be replaced.
- I acknowledge that my substitute medications are lethal to children or adults who are not prescribed. I will store my medication in a safe and secure place, well away from children and others.
- I will not bring any prescribed medication to appointments unless requested to do so by staff.
- If I am unhappy with any aspect of the pharmacy service, I agree to approach the pharmacist in the first instance.
- I agree to follow the Drug and Alcohol Recovery Service complaints procedure if I am not satisfied with my treatment package.

The Drug and Alcohol Service will:

- Pre-arrange appointments, monitor the client, and treat all clients with dignity and respect.
- Maintain patient confidentiality regarding specific details of sessions/reviews, unless there is risk to self or others.
- Liaise with the dispensing pharmacy with regard to prescription issues/changes, e.g. dose changes or collection date changes.

- Prescribe in line with the latest clinical guidelines, working with the client to determine the dosages of increase and reduction.
- Issue prescriptions that conform with the standard Home Office approved wording.
- Contact a pharmacy in advance of prescribing to agree their acceptance of individual clients, provide details of the client (this will include the recovery worker contact, drug, dose, start and end date of prescription), and confirm that the client has signed this *Prescribing Treatment Agreement*.

The Pharmacy will:

- Store prescriptions and medication safely and securely.
- Treat the client with courtesy and respect at all times.
- Maintain client confidentiality with regard to client's collection of medication.
- Supervise medication consumption in a designated area offering suitable privacy for the client, other customers and the general public. Supervision must never take place in the dispensary.
- Ask the client to confirm their date of birth and provide I.D, as required.
- Ask the client for a contact telephone number on a monthly basis to be used in rare cases of pharmacy service disruption.
- Supply medication to be consumed as take home doses in single dose containers with child resistant closures.
- Offer a drink of water following medication consumption on the pharmacy premises, in order to ensure that medication has been consumed.
- On each occasion, check with the client what dose they are expecting, and then inform the client how many doses are left on the current prescription.
- Contact the Centre to inform the prescriber if doses of medication are missed (this is essential if 3 or more consecutive days of a prescription have been missed).
- Contact the Centre to inform the prescriber of any known prison or inpatient admission / discharge.
- Be aware that if the client's behaviour is unacceptable, the pharmacy is under no obligation to continue to supply medication, and should contact the client's recovery worker who will then organise a treatment review.
- Be aware that, in the rare circumstances that the client needs another person to collect medication, that the client's recovery worker will inform the pharmacy directly.
- Inform the client's recovery worker of any changes to the client's presentation, including the general health of the client, evidence of concurrent illicit drug use, or intoxication.
- Withhold client medication if there are any significant concerns with client presentation.

Appendix 4: Dates on prescriptions over a holiday period

Current Medicines, Ethics and Practice guidance (July 2021 edition, section 3.6.7 'Instalment direction for scheduled 2 or 3 controlled drugs') states that:

The first instalment must be dispensed within 28 days of the appropriate date. The remainder of the instalments should be dispensed in accordance with the instructions (even if this runs beyond 28 days after the appropriate date).

The appropriate date is either the signature date or any other date indicated on the prescription as a treatment start date before which the drugs should not be supplied - whichever is the later.

The prescription must then be marked with the date of each supply.

The instalment direction is a legal requirement and needs to be complied with. However, because there are acknowledged practical difficulties with missed doses and dates when the pharmacy is closed (e.g. bank holidays), the Home Office approved wording gives pharmacists a degree of flexibility when making a supply to ensure patient care is not compromised, provided pharmacists are satisfied of the prescriber's intention. If the relevant approved wording is used, a pharmacist can supply:

- The balance of an instalment if the interval date is missed (i.e. if 3 days' supply was directed to be supplied on day one but it was missed, it allows 2 days' supply to be issued on day two).
- Treatment prior to the start date on the prescription, if this is on a day the pharmacy is closed for example during bank holiday periods (e.g. if the start date is a bank holiday Monday and the pharmacy is closed, a supply can be made if the signature date is before the start date).

Additional useful information in Appendix 4 of the *Drug Misuse and dependence: UK guidelines on clinical management* (i.e. the Orange Guide) at www.gov.uk/government/publications/drug-misuse-and-dependence-uk-guidelines-on-clinical-management states that:

- Controlled drug prescriptions are valid for 28 days after the appropriate start date on the prescription. The appropriate date is either the issue date or any other date indicated on the prescription (by the prescriber) as the treatment start date before which the drugs should not be supplied, whichever is the later. There are specific circumstances, normally at holiday periods, where the pharmacy may be closed on the treatment start date. If the issue date is before the treatment start date and the appropriate Home Office wording is included regarding pharmacy closed days, the pharmacist can exercise professional judgement on the appropriate supply date to ensure there is no disruption to treatment.
- The Home Office approved wording '*Please dispense instalments due on pharmacy closed days on a prior suitable day*' is added to prescriptions to enable advance supplies on bank holidays, public holidays, or other irregular or emergency pharmacy closures. If the prescription is stating the need to provide in advance for a regular closure of a pharmacy such as on Sundays, for example, the amount to supply in advance should be stated.

Local FP10(MDA) prescription appearance

Pharmacists therefore have a degree of flexibility to determine how to provide the daily instalments depending on the opening hours of the pharmacy over a holiday period. The following sample FP10(MDA) is based on a regular pharmacy closing day of Sunday:

Methadone sugar free 1mg/1ml Solution
Daily Dose as Follows: 40ml in instalments
Total: 560ml (five hundred and sixty ml)

Treatment Period: 23/12/2021 to 05/01/2021 (dates inclusive)

Please dispense:

23/12: 40ml	24/12: 40ml	25/12: 80ml	26/12: 0ml	27/12: 40ml
28/12: 40ml	29/12: 40ml	30/12: 40ml	31/12: 40ml	1/1: 80ml
2/1: 0ml	3/1: 40ml	4/1: 40ml	5/1: 40ml	

Please dispense instalments due on pharmacy closed days on a prior suitable day.

Dispense daily doses in separate containers.

Supervise consumption on collection days.

If an instalment's collection day has been missed, please still dispense the amount due for any remaining day(s) of that instalment.

Consult the prescriber if 3 or more consecutive days of a prescription have been missed.

Appendix 5: PharmOutcomes Declaration for Supervised Consumption 2022-23

Core requirement

I can confirm that the contractor has signed the Public Health pharmacy contract (for any enquiries email AHS.Commissioning@durham.gov.uk).

Service specific requirements

As the lead pharmacist, I can confirm that:

Training

- I have completed the necessary CPPE substance misuse learning.
- I have read and understood the latest Service Specification and the 2022-23 Annual Update Briefing.
- Other members of staff providing the service have read the 2022-23 Annual Update Briefing.
- I will keep up to date with guidance / service changes (via information circulated on PharmOutcomes), and cascade this to other members of staff providing the service.

Intervention

- All daily doses of methadone will be dispensed in separate containers.
- Medication will be withheld, and the recovery coordinator contacted if the client misses 3 or more doses consecutively.
- All pharmacists are aware that any handwritten changes made to FP10(MDAs) will be initialled and dated by the prescriber.

Access to the service

- In the event of any service disruption, the local Recovery Centre will be informed so that arrangements can be made to prevent disruption to clients.
- Clients' contact telephone numbers will be checked each month.
- If the pharmacy is reaching its capacity for a safe client list, then the pharmacy will inform the Recovery Centre clinical lead to see if any arrangements can be made to mitigate this.

Appendix 6: Inputting supervised consumption claims onto PharmOutcomes

Frequently asked questions

What does the supervision fee pay for?

The supervision fee is per client supervision, i.e. one supervision claim per client visit to the pharmacy. Therefore, the PharmOutcomes once daily template does not allow duplicate supervision claims for the same patient on the same day.

Prescriptions for each client MUST be entered in strict date order. PLEASE NOTE THAT THIS IS ESSENTIAL – even if you enter and then cancel a prescription with a later date, you will still not then be able to enter an older prescription onto the template for that particular client.

How should I claim for supervised buprenorphine where more than one strength has been prescribed to make up a specific dose for a client?

The supervision fee pays for each client visit to the pharmacy and not for each different strength of buprenorphine prescribed to a client to make up a specific supervised dose. Therefore, if a client has more than one strength of buprenorphine prescribed (to make up a specific dose) on more than one prescription then only one of these prescriptions should then be entered onto PharmOutcomes in order to claim the client supervision fee.

Because the PharmOutcomes template only asks you to specify the drug that is supervised, and not the strength prescribed or the total dose that is taken, it does not matter which buprenorphine strength prescription is then entered onto PharmOutcomes in order to claim the single supervision fee.

What if a client is supervised twice a day on two separate occasions?

If a client attends a pharmacy on two separate occasions during the day to receive supervised medication (e.g. twice daily buprenorphine to allow for a quicker dose titration; or the supervision of methadone at one time during the day and then diazepam at a separate time) then claim for this using the PharmOutcomes twice daily template which allows supervision claims for clients who attend a pharmacy on two separate occasions during the day.