

**2019/20
PUBLIC HEALTH SERVICES CONTRACT**

SERVICE SPECIFICATIONS

Service Specification No.	
Service	Supervised Self-Administration of Methadone, Buprenorphine (including Espranor®), Suboxone® for the treatment of Drug Misuse
Authority Lead	Rachel Burns - rachel_burns@middlesbrough.gov.uk
Provider Lead	Community Pharmacy
Period	1st April 2020- 31st March 2021
Date of Review	

1. Population Needs

1.1 National/local context and evidence base

This service is commissioned in line with the current National Drug Strategy which is focused on; reducing demand, restricting supply, building recovery and supporting people to live a drug free life.

One element of a recovery focused drug treatment journey for opiate users is the opportunity for service users to access pharmacological interventions, including the prescribing of substitute medications, including but not limited to, Methadone, Buprenorphine, and Suboxone® (where diversion is a risk). Substitute prescribing can provide a period of stability to the service user through the prevention of withdrawal symptoms and mitigate the risks to health associated with continued injecting practices and remove the imperative to seek the means to purchase illicit drugs, which can lead to criminal behaviour. This is achieved through a substitute opioid drug being administered at regular intervals at a dose high enough to prevent withdrawal symptoms. This frees up the user to focus on working on goals identified through their care plan, towards the ultimate goal of recovery.

Supervised self-administration of these substitute medications supports the users to comply with their prescribing regime, therefore reducing incidents of accidental death through overdose. Supervision also helps minimise misdirection / diversion if the substitute medications.

Current guidance recommends that new patients being prescribed methadone or buprenorphine should be required to take their daily doses under the direct supervision of a professional for a period of time that is usually around three months, subject to assessment of patients' compliance and individual circumstances.

Local commissioners and clinicians have requested that buprenorphine is crushed prior to supervision on the grounds that it supports increased efficacy of treatment through reducing opportunities for diversion and non-compliance with the prescribed treatment regimen. The 'Drug Misuse and Dependence - UK guidelines on clinical management' 2017 provides information on the crushing of buprenorphine and The National Pharmaceutical Association provides guidance on the subject for their members.

Suboxone® is a form of buprenorphine that includes the opioid antagonist naloxone in a combined sublingual tablet. This product can also be supervised under this agreement. No data is available to support the crushing of this product therefore supervision is of the self- administration of the tablet sublingually.

Espranor® (buprenorphine oral lyophilisate) is a freeze-dried wafer formulation of buprenorphine which dissolves rapidly on the tongue in around 15 seconds. The administration of Espranor® is different to buprenorphine tablets or Suboxone® as it is placed **on the tongue** (not under it). Espranor is **not**

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directly interchangeable with other buprenorphine products. Espranor is intended for use in adults and adolescents aged 15 years or over in the treatment of opiate addiction.

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2. Key Service Outcomes

Provision of a service for treatment users and providers to be able to access supervised self-administration of Methadone, Buprenorphine (including Espranor® and Suboxone® when required, in accordance with national guidance, the needs of the local population and the local treatment approach.

3. Scope

3.1 Aims and objectives of service

Ensuring compliance with an individual's agreed treatment plan by:

- Dispensing medication in specified instalments
- Ensuring each supervised dose is correctly consumed by the patient for whom it was intended.

Reducing the risk to the local communities of:

- over usage or under usage of medicines
- misdirection /diversion of prescribed medicines onto the illicit drugs market
- accidental exposure to substitute medicines.

Providing service users with regular contact with health care professionals and to help them access further advice or assistance. Pharmacies will offer a user-friendly, non-judgmental, client-centred and confidential service, providing service users with signposting to specialist treatment centres or other health and social care professionals where appropriate.

3.2 Service description/pathway

Supervised self-administration takes place at the point of dispensing of substitute medicines, within the community pharmacy setting.

3.2.1 Community Pharmacy Responsibilities

This service will require the pharmacist to supervise the whole process of supervised self-administration of prescribed medicines at the point of dispensing in the pharmacy, ensuring that the dose has been self-administered by the client.

3.2.1.1. General Responsibilities

Pharmacy providers are required to operate to appropriate standards of clinical and organisational governance and in accordance with the national and local standards detailed in section 4¹.

The pharmacy provider will

- ensure the service is conducted in accordance with any RPS / GPhC guidance work collaboratively with the client, treatment provider and key worker to ensure the objectives of the service are met
- ensure that **all** staff working in the pharmacy understand the scope of the service and are competent to carry out the actions required of them in accordance with the service description
- have in place a suitable Standard Operating Procedure (SOP) to cover all processes involved in delivery of the scheme. Company policies are acceptable where they reflect the principles of the scheme.
- ensure that pharmacists and staff directly involved in the provision of the service have relevant knowledge and are appropriately trained² in the operation of the service
- also ensure that they are aware of and operate within local protocols³ including the maintenance of required documentation (including the use of PharmOutcomes as required);

¹ Where these standards translate into general responsibilities related to the service they have been included here, avoiding duplication.

² Local training standards are included in section 4.2

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Standard Operating Procedures for the service should be readily available to all members of staff and in particular Locum staff

- only accept clients for supervised self-administration who have been appropriately referred by the treatment provider. The initial prescription will be taken to the pharmacy by the client at an approximate time previously communicated via their key worker (timing of the first dose is particularly important in the case of buprenorphine)
- where a client has not been referred to that pharmacy i.e. if the client has been referred to an alternative pharmacy but changed their preference of pharmacy – pharmacy staff must contact the treatment provider to discuss/confirm dispensing arrangements. Alternatively if the treatment provider refers a client, and that client does not attend the pharmacy – pharmacist must inform the treatment provider at the earliest opportunity.
- complete an incident report and investigation, as appropriate, for every incident occurring during the provision of this service. In addition any incidents involving controlled drugs must be reported to the Controlled Drug Accountable Officer
- handle complaints, and report them in accordance with relevant organisational and local authority policies.
- proactively share information (respecting Caldicott Guidance) with appropriate stakeholders regarding concerns that might be likely to affect the clients' progress
- maintain appropriate paper or electronic records to ensure effective ongoing service delivery and audit.
- participate in any locally agreed Local Authority-led audit of service provision
- co-operate with any locally agreed Local Authority-led assessment of service user experience.

3.2.1.2. Responsibilities to Client

- To ensure the client is treated as an individual, with respect, and aiming to maintain utmost confidentiality at all times.
- At first contact to confirm clients' understanding of their responsibilities to the pharmacy within the client contract.
- To introduce themselves and any other key members of staff to new clients.
- To remind client when they are nearing the end of the prescription.
- A copy of the pharmacy leaflet should be provided and, if appropriate, any restrictions on timings for prescription collection should be discussed with the patient.
- A copy of the relevant Patient Information Leaflet for the medication should be offered to the client.

3.2.1.3. Dispensing of Doses

- Prescriptions must clearly state that **supervision** is required.
- If the prescriber requires (on clinical grounds) that the buprenorphine be crushed prior to administration then the prescription should state to be **crushed and supervised. In such cases it is recommended that signed agreement should be sought from the client to confirm that they understand the implications associated with a supervised supply of crushed buprenorphine. The NPA provide members with a model agreement for this.**
- Pharmacists must be satisfied that the prescription is legal and the quantities and details are correct for that client.
- Doses of medication for supervised self-administration should normally be prepared in advance each day (assuming possession of a current prescription in the pharmacy) prior to the client's arrival and in accordance with the Medicines Act/Misuse of Drugs Act.
- Pharmacies must have suitable quality assurance processes for ensuring accuracy of measured doses.
- 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. Professional judgement should be used for supplies of solid dose products.

³ Local standards with respect to protocols are included in section 4.2

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- Child resistant closures should be used on all home doses where appropriate and advice given to patients about safekeeping of the medicine.

3.2.1.4. Withholding Doses

The Pharmacist should withhold medication and seek advice from the key worker when:-

- There are any problems with the prescription and/or identity of the client
- The client misses 3 doses consecutively. Also if the client has missed **2** doses, **or** is regularly missing doses, **or** in cases of missed doses where the pharmacist is concerned about subsequent supervised doses, the key worker should be contacted.
- The client does not consume the full dose
- The client tries to avoid supervision
- The client appears ill
- The client appears intoxicated (e.g. with alcohol or other drugs)
- The behaviour of the client is unacceptable (shoplifting, verbal and/or physical abuse).
- There has not been satisfactory communication with the key worker regarding timing of the first dose of buprenorphine.
- Client is not complying with the process for correct administration of buprenorphine.

3.2.1.5. Supervision of Doses

General Issues

- 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. If regular staff are not available at all times then some form of patient registration card is recommended. In all cases clients should be asked for proof of identification on first attendance and subsequent attendances where necessary and in line with relevant legislation. (extra care should be taken for 'one' off supervisions)
- Following consumption, labels should be removed from containers before disposal to preserve confidentiality.
- All necessary paperwork should be completed following supervision of a client in accordance with Medicines Act/Misuse of Drugs Act, updated CD regulations and the Supervised Consumption Scheme.
- Appropriate PharmOutcomes activity should be completed for each client.
- Supervision will normally continue for 3 months. Pharmacists may contact the key worker for confirmation where this is not the case.

Methadone Supervision

- Other than in exceptional circumstances, only Methadone Mixture 1mg/ml should be used. Prescribing and dispensing of an alternative strength should only take place following express prior agreement between the pharmacist and treatment provider.
- When a client attends the pharmacy the daily dose can be offered from the dispensed bottle or the clients may pour the dose into a disposable cup if preferred. The disposable cup should be safely discarded appropriately after single use.
- The client must be observed whilst taking the dose.
- The client should be given a drink of water and requested to drink it whilst being observed again.
- The pharmacist should discreetly check that the dose is not retained in the mouth by engaging in some conversation

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.

Buprenorphine tablet / Suboxone Supervision

- The approximate timing of the first dose of buprenorphine should be adequately communicated by the key worker, but it will remain the responsibility of the client to determine when their symptoms are appropriate. The key worker should be contacted in case of query.
- The client should be warned that the buprenorphine tablet has a 'bitter taste'. The pharmacist should also ensure the client understands how the tablet/crushed product should be taken i.e. sublingually.
- The client may be offered a drink of water prior to administration to help speed up dissolution.
- The tablet or crushed tablet must be tipped directly under the tongue without handling and the client supervised until the tablets/ granules have dissolved – this usually takes 3-5 minutes depending on the dose, the client and whether the tablets have been crushed. The client should be offered a further drink of water once the dose has dissolved.
- Suboxone® should not be crushed and any requests to do so should be referred back to prescriber.

Espranor® Oral Lyophilisate Supervision

- The approximate timing of the first dose of Espranor® oral lyophilisate should be adequately communicated by the key worker, but it will remain the responsibility of the client to determine when their symptoms are appropriate. The key worker should be contacted in case of query.
- Espranor oral lyophilisate should be removed from the foil blister as follows:
 - Espranor is sensitive to moisture. Ensure sure hands are dry before handling the oral lyophilisate (wafer)
 - The foil is easily peelable. Do not force the oral lyophilisate (wafer) through the foil as it is fragile and can easily break. Instead, fold back the foil and then peel off
 - The oral lyophilisate (wafer) should be placed on the tongue immediately after opening the foil blister
- The Espranor oral lyophilisate (wafer) **should be placed on the tongue** – not under the tongue – and the mouth closed. Allow the wafer to remain there until dispersed (which usually occurs within 15 seconds)
- The client should be advised to try to avoid swallowing for two minutes and be advised that food or drink should not be consumed for five minutes after administration.

3.2.1.9 Documentation

To retain a copy of signed client contract for each service user under active supervision. The locally recommended document is included in **Annex 1**.

All missed doses should be recorded on the prescription as not dispensed, and on PharmOutcomes as a missed dose.

Controlled drug records should be completed in the usual way. It is recommended pharmacists maintain a stock balance of buprenorphine and buprenorphine/ naloxone (as Suboxone®). (NB not a legal requirement)

Clients currently receiving supervision should be registered on PharmOutcomes.

Supervised self-administration is to be recorded and claimed on PharmOutcomes.

Supervisions should be recorded in a timely fashion onto PharmOutcomes (i.e. on the last day of prescription). This ensures that records are available re supervised, take home, or missed doses after the prescriptions have left the pharmacy.

All documentation relating to the scheme should be retained for a minimum of 3 years and any records must adhere to appropriate standards of information governance regarding client identifiable information.

3.2.2. Treatment⁴ Providers' Responsibilities under Supervised Consumption Scheme

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3.2.2.1. General Responsibilities

- To appropriately identify clients for supervision in accordance with national and local guidance.
- To work collaboratively and communicate all relevant information in a timely fashion to appropriate parties.
- To regularly review the need for on-going supervision in line with national guidance and make necessary arrangements for continuation or cessation of supervision.
- To keep clear and adequate records regarding prescribing decisions, including those related to supervision, such that queries from pharmacists or others may be rapidly resolved.
- In relation to buprenorphine if crushing is to be requested to ensure that the client understands that the buprenorphine will be crushed prior to sublingual administration and that when crushed buprenorphine is unlicensed.

⁴ Contact details for relevant local providers will be maintained on PharmOutcomes.

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- Buprenorphine/ Naloxone (Suboxone®) may be supervised but it is not recommended to be crushed and this should not be requested.
- Clients should only be prescribed 3 doses on a Friday in exceptional circumstances. The local authority has commissioned pharmacies to provide a 6 day a week service for good cause and this service should be used.
- Other than in exceptional circumstances, only Methadone Mixture 1mg/ml should be used. Prescribing and dispensing of an alternative strength should only take place following express prior agreement between the pharmacist and treatment provider.
- To use the locally agreed client contract (Appendix 1). Any requests to use an alternative contract need to be approved by the commissioner.

3.2.2.2. Responsibilities to Client

- To reach an understanding with the client that medication will be dispensed at a designated community pharmacy where administration and consumption will be supervised by the pharmacist
- To agree a suitable pharmacy with the client by offering a choice of participating pharmacies within a locality chosen by the client and usually within the local authority area in which they are resident
- To confirm availability of supervision at the clients' choice of pharmacy or make alternative arrangements if first choice not available.
- To go through the locally agreed contract with the client and obtain the clients' signature to this Agreement. This should ensure highlighting the implications of non-compliance with agreement.
- To ensure prescriptions are correct and available at the proper time, provided the client has attended appointments as agreed.

3.2.2.3 Responsibilities to the Pharmacy

- To contact the designated pharmacy in advance of prescribing to;
 - Agree their acceptance of individual client.
 - discuss dispensing arrangements; NB for buprenorphine - containing products this should include specific information about approximate timing of doses as appropriate.
 - provide details of the client - this should include identifier code, key worker, methadone (or other) dose, start and end date of prescription.- (also expected for 'one' off supervisions)
 - confirm client has signed the Agreement.
- To clearly endorse prescription "For supervision".
- If buprenorphine is required to be crushed to endorse the prescription "to be crushed and supervised"
- To inform the pharmacist when clients are taken off the scheme, discharged or move area or pharmacy.
- To inform the pharmacy when the client stops supervision, either contact the pharmacy or write on the script 'supervision stopped'
- To respond to any issues highlighted by community pharmacist e.g. intoxication, missed doses etc.
- To ensure that prescriptions comply with necessary legal requirements.
- To inform pharmacies if (on an individual patient basis) use of an alternative strength methadone mixture has been approved.

3.3 Population covered

Clients attending a treatment provider commissioned by the local authority, prescribed medicines for the treatment of substance misuse that require self- administration of any doses of that medicine to be professionally supervised at the point of dispensing in a community pharmacy.

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3.4 Any client acceptance and exclusion criteria and thresholds

Clients will present a prescription from a treatment provider of the Borough Council.

3.5 Interdependencies with other services

This Service Specification indicates the arrangements by which supervised self- administration of prescribed medicines for substance misuse is commissioned from community pharmacies in the local authority. Arrangements are also interdependent on the Treatment Providers and Clients meeting their responsibilities as described in section 3.2.

The commissioner will:

- arrange provision of at least one contractor introduction and/ or update opportunity per year (not necessarily face to face) to promote service development and/ or update pharmacy staff with new developments
- provide a suitable framework for the recording of relevant service information for the purposes of audit/ monitoring and the claiming of payment (PharmOutcomes will be used)
- ensure arrangements are in place to process payments
- provide up to date details of other services which pharmacy staff can use for signposting
- provide a clinical contact for any queries concerning the commissioned service and also
- provide a contact for any contractual queries concerning the commissioned service.

3.6 Any activity planning assumptions

The participating pharmacies must agree to accept a minimum of (up to) 10 clients for supervision

Pharmacies with fewer than 10 clients will be permitted to provide the service, provided they agree to be able to accommodate UP TO 10 clients if they receive a request to do so. Many pharmacies provide this service for a substantially greater number of clients. The upper ceiling on client numbers should be determined by the pharmacy themselves reflecting the particular circumstances of that pharmacy (e.g., total prescription volume, staffing levels, premises restrictions etc) and the need to maintain safe systems of work.

Where business changes necessitate a change in the Governance Lead(s), the Local Authority should be notified. It is the responsibility of the public health contract signatories for the pharmacy provider to be assured that processes for maintaining active Governance Leads are in place and followed.

4. Applicable Service Standards

4.1 Applicable national standards e.g. NICE

Pharmacy providers of this locally commissioned service MUST hold an NHS contract with NHS England in the local authority area. The NHS contract permits the pharmacy to dispense the FP10 prescriptions (including FP10 (MDA) associated with this service.

For the avoidance of doubt, the requirements of the Medicines Act and the Community Pharmacy Contractual Framework apply as usual.

All pharmacists providing the service must be appropriately registered with the General Pharmaceutical Council.

Pharmacy premises should comply with GPhC standards.

National standards include:

NICE:

- Drug use disorders in adults (QS23)
- Drug misuse prevention (QS165)
- Drug misuse in over 16s: psychosocial interventions (CG51)
- Drug misuse in over 16s: opioid detoxification (CG52)
- Drug misuse prevention: targeted interventions (NG64)
- Methadone and buprenorphine for the management of opioid dependence (TA114)

Other:

- Drug Strategy 2017 - <https://www.gov.uk/government/publications/drug-strategy-2017>
- Drug Misuse and Dependence: UK Guidelines on Clinical Management (Department of Health, 2017)

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4.2 Local Standards

To ensure good client access to this enhanced service, all NHS community pharmacies within the local authority will be given the opportunity to provide this service, provided all accreditation and service standards are met. All participating pharmacies will be expected to offer supervised consumption of methadone and buprenorphine (including buprenorphine/naloxone in combination).

However, a pharmacy cannot provide supervised consumption unless accepted on to the Local Authority supervised consumption scheme. Pharmacies interested in providing this service must apply to the relevant local authority commissioner. On a biannual basis the commissioner's contract manager for this service will invite expressions of interest.

A pharmacy provider must:

- nominate a pharmacist who will be the governance lead for this service and thereby take overall responsibility for ensuring the service is provided to the required standards. Where business change necessitates a change in governance lead, the authority lead (see above) should be notified via email. It is the responsibility of the pharmacy provider's public health contract signatories to be assured that processes for maintaining a current governance lead are in place and followed. It is also the responsibility of the nominated governance lead to take steps to ensure that the commissioned service is available – reporting by exception if for any reason the service cannot be provided in accordance with the contract terms for more than 7 working days
- have access to NHSmail
- have in place a suitable Standard Operating Procedure (SOP) to cover all processes involved in delivery of the scheme. Company policies are acceptable where they reflect the principles of the scheme. Service protocols should reflect national guidelines and local child and vulnerable adult protection guidelines. It is not considered good practice to allow clients known to be prescribed treatment for supervision to collect prescribed medicines on behalf of other clients
- review standard operating procedures and referral pathways for the service on an annual basis
- demonstrate on request that pharmacists and staff involved in the provision of the service have undertaken training relevant to this service;
 - participating community pharmacy providers must ensure that as a minimum, the nominated governance lead pharmacist has completed the current CPPE Substance Use and Misuse e-learning (Modules 1 to 4), and completes and maintains the CPPE Supervised Consumption of Prescribed Medicines Declaration of Competence (DoC). All staff must attend local scheme implementation and update training. It is the responsibility of the nominated governance lead pharmacist to be assured that all staff (including support staff and locum pharmacists) are adequately trained to meet the requirements of the service at all times
- ensure that an organisational policy is in place to manage any complaints arising from provision of this service
- ensure that an organisational policy is in place to manage any clinical incidents arising during provision of this service which will enable incidents to be suitably investigated and reported
- agree to use PharmOutcomes for the purposes of data collation, monitoring and management of this local commissioned service and ensure that all staff are trained to use it such that data entry is of a high level of quality and accuracy. The pharmacy will ensure good recording-keeping practice; records are confidential and should be stored securely for a suitable length of time
- ensure that they have appropriate indemnity arrangements in place
- co-operate with any locally agreed Local Authority led assessment of service user experience

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- agree to provide the prescribed dose of methadone / buprenorphine for daily consumption on pharmacy premises for a minimum of 6 days a week (Monday to Saturday ~ excluding Bank Holidays). Prescribed doses for days when the pharmacy is closed will be dispensed in a standard container to take away, as required by the Medicines Act

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- The pharmacy provider will participate in an annual Local Authority organised audit of service provision and allow access to commissioners to undertake quality assurance/ contract monitoring visits as required.
- The pharmacy has appropriate Local Authority health promotional material available for the patient group and promotes its uptake.

5. Location of Provider Premises

The service will be provided from accredited pharmacies located in the local authority area. A list of currently accredited pharmacies will be included in PharmOutcomes, and provided to treatment providers.

6. Required Insurances

As per terms and conditions of the Public Health Contract terms and conditions.

7. Quality Outcomes Indicators

Quality Indicators	Outcomes	Threshold	Method of Measurement	Consequence of breach
Timely entry of service data onto PharmOutcomes and /or submission of monitoring data within suitable timeframe		Pass/Fail	PharmOutcomes	Advisory notice first, thereafter breach notice issued
Completion of relevant Training		100%	Training record inspection at up to 6-monthly intervals	Breach notice issued
Currency of nominated pharmacist governance lead		Yes /No	PharmOutcomes monthly return to declare, random audit to confirm	Breach notice issued
Self-declaration of compliance with national and local standards		Yes/No	PharmOutcomes monthly return	Breach notice issued
Compliance with specific national and local standards		Pass/ fail	Contract compliance visit	Breach notice issued

8. Charges

Payments will be made at a rate of:
£44 per client per month where clients are supervised in the pharmacy for at least 14 days in the claim period. These fees are not liable for VAT.

Pharmacies should submit the monthly invoice return via PharmOutcomes (which will provide associated monitoring information) by the 5th of the month for the previous month. Local payment processes i.e. via Middlesbrough Borough Council's Public Health Commissioning Team, will be advised via PharmOutcomes. Payments will be made via Borough Council financial systems.

9. Termination

Pharmacies may be given 3 months' notice of termination of the service where service need is no longer identified. Pharmacies may also terminate the agreement with 3 months' notice written provided to the Contract Manager at Middlesbrough Borough Council's Public Health Team. Notice is required to allow the services to respond and not disadvantage clients.

**Client Contract for Supervised Methadone or Buprenorphine
(including Espranor®) or buprenorphine / naloxone
(Suboxone®)* Consumption**

*delete as appropriate

Client Name:		Key Worker:	
Prescriber Name:		Clinic / Practice:	
Pharmacy Name:		Pharmacy Location:	

I understand that in order to participate in the Supervised Consumption Scheme I must read and agree to the following terms and conditions:

Appointments and Prescriptions:

- I agree to attend my appointments with my key worker/ prescriber on time and alone. I understand that if I miss my appointment without prior notice I may not be seen.
- I understand that missing my appointment is not a valid reason for using the 'Out of Hours' service.
- I understand I am responsible for the safe-keeping of my prescription once issued and that there will be NO replacements for 'lost' or 'stolen' prescriptions.
- I understand that I may be required to provide a sample of urine, or OMT swab for analysis
- I understand that if I attend for my appointment intoxicated, I may not be seen and that my treatment may be subject to review.

Dispensing of Medication

- I agree that I will not use my own drink (e.g. cans of Coke etc.) immediately after swallowing my medication but will take the drink of water provided.
- I understand that I will need to return the empty bottle/cup back to the pharmacist for their disposal.
- I realise that the pharmacist is advised to refuse to supply me with my medication if he/she suspects that I am intoxicated and will refer me back to the clinic. ***This is a safety measure and is meant in my best interest.***
- I understand that I will be given a dose for the days when the pharmacy is closed e.g. Sundays and Bank Holidays and I will be responsible for this supply. ***Replacement medication will not be given under any circumstances including 'lost', 'spilled' or 'stolen' doses.***
- I accept that if I do not attend for my medication, the pharmacist may notify my key worker of my non-attendance, who will inform my prescriber.
- I understand that if I miss consecutive supervised doses, the pharmacist is instructed to refuse any further supplies and refer me back to my key worker.

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- I understand that if I miss a days' supply, I will not be able to receive it at a later date.
- I agree to attend for my medication alone.

Dispensing of Supervised Methadone:

- I understand that I will be required to swallow my daily dose of methadone at the pharmacy followed by a drink of water. If I refuse to comply then the pharmacist is instructed to inform my key worker and my prescription may be reviewed.

Dispensing of Supervised Buprenorphine:

- I understand that I must attend for administration of the buprenorphine at the specified time, particularly for the first dose, as discussed with my key worker.
- I understand if requested by my clinician that the buprenorphine tablets may be crushed by the pharmacist and I will then have to place the crushed tablets under my tongue under the supervision of the pharmacist. I understand that this is not a licensed use of the tablets. I understand that buprenorphine tablets and Suboxone are administered sublingually. I understand that the pharmacist will need to observe me on the premises for up to 2-5 minutes. If I refuse to comply with the above then the pharmacist is instructed to inform my key worker and my prescription may be reviewed.
- I understand that Espranor® (buprenorphine oral lyophilisate (wafers)) are administered **on the tongue** (and not under it) and I understand that the pharmacist will need to observe me on the premises. I understand that swallowing should be avoided for 2 minutes and I understand that I should not eat food or drink for 5 minutes after having the dose

Behaviour:

- I understand that any unacceptable or anti-social behaviour e.g. violence, verbal abuse, aggression, shoplifting etc. will result in the immediate suspension of the dispensing of my medication and I may no longer receive my medication from that particular pharmacy. I will be referred back to my treatment provider.

I fully understand the above conditions which were explained to me by

..... (print name of key worker) and agree to comply with them

Signature (Client) **Date**

Signature **Date**
(Key Worker)

Copy: Client Case Notes, Client, Community Pharmacy