

HSC Community Pharmacy Contractual Framework Enhanced Service – Dispensing Medicines Used for the Management of Opiate Dependency

1. Service description

- 1.1 This service will require the pharmacist to supervise the consumption of prescribed medicines at the point of dispensing in the pharmacy, ensuring that the dose has been administered to the patient.
- 1.2 Pharmacies will offer a user-friendly, non-judgmental, client-centred and confidential service.
- 1.3 The pharmacy will provide support and advice to the patient, including referral to primary care or specialist centres where appropriate.
- 1.4 Examples of medicines which may have consumption supervised include methadone, buprenorphine, naloxone and any other medicines used for the management of opiate dependence.

2. Aims and intended service outcomes

- 2.1 To ensure compliance with the agreed treatment plan by:
 - ◆ dispensing in specified instalments (doses may be dispensed for the patient to take away to cover days when the pharmacy is closed),
 - ◆ ensuring each supervised dose is correctly consumed by the patient for whom it was intended.
- 2.2 To reduce the risk to local communities of:
 - ◆ over usage or under usage of medicines;
 - ◆ diversion of prescribed medicines onto the illicit drugs market; and
 - ◆ accidental exposure to the supervised medicines.
- 2.3 To provide service users with regular contact with health care professionals and to help them access further advice or assistance. The service user will be referred to specialist treatment centres or other health and social care professionals where appropriate.

3. Service outline

- 3.1 The part of the pharmacy used for provision of the service provides a sufficient level of privacy and safety and meets agreed criteria.
- 3.2 The pharmacist will supervise the consumption of the prescribed medicines and will present the medicine to the service user in a suitable receptacle and provide the service user with water to facilitate administration and/or reduce the risk of doses being held in the mouth.
- 3.3 Terms of agreement are developed initially by the prescriber and then agreed with the pharmacist and patient (a three-way agreement) to describe how the service will operate, what constitutes acceptable behaviour by the client, and what action will be taken by the GP and pharmacist if the user does not comply with the agreement. A 'four-way' agreement could also be developed which would include the specialist centre.
- 3.4 The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service.
- 3.5 The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service are aware of and operate within local protocols.
- 3.6 The pharmacy should maintain appropriate records to ensure effective ongoing service delivery, payment and audit and return relevant documentation to the HSCB as required for payment and audit purposes.
- 3.7 Pharmacists will share relevant information with other health care professionals and agencies, in line with locally determined confidentiality arrangements, providing that consent has been obtained.
- 3.8 The HSCB will provide details of relevant referral points which pharmacy staff can use to signpost service users who require further assistance.
- 3.9 The HSCB/PHA will provide health promotion material relevant to the service users and making this available to pharmacies.
- 3.10 Performance of this service will be assessed through an agreed assurance template.

3.11 The service provided will be in line with national and local guidelines on substitute prescribing.

CPPE training which must be completed before commencing provision of this service:

NICPLD Distance Learning course "Pharmaceutical Care in Substance Misuse"

Other supporting training which may be of value is NICPLD live course on substitute prescribing.