

NHS Community Pharmacy Contractual Framework

Enhanced Service – Supervised Administration (Consumption of Prescribed Medicines)

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 and other medicines used for the management of opiate dependence, and medicines used for the management of mental health conditions or tuberculosis.

2. Aims and intended service outcomes

- 2.1 To ensure compliance with the agreed treatment plan by:
 - ◆ dispensing in specified instalments¹ (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 other locally agreed criteria.
- 3.2 The pharmacy will present the medicine to the service user in a suitable receptacle and will 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 set up between the prescriber, pharmacist and patient (a three-way agreement) to agree 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 and audit.
- 3.7 Pharmacists will share relevant information with other health care professionals and agencies, in line with locally determined confidentiality arrangements.

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.

- 3.8 The PCO should arrange at least one contractor meeting per year to promote service development and update the knowledge of pharmacy staff.
- 3.9 The PCO will need to provide a framework for the recording of relevant service information for the purposes of audit and the claiming of payment.
- 3.10 The PCO will need to provide details of relevant referral points which pharmacy staff can use to signpost service users who require further assistance.
- 3.11 The PCO should consider obtaining or producing health promotion material relevant to the service users and making this available to pharmacies.

4. Suggested Quality Indicators

- 4.1 The pharmacy has appropriate PCO provided health promotion material available for the user group and promotes its uptake.
- 4.2 The pharmacy reviews its standard operating procedures and the referral pathways for the service on an annual basis.
- 4.3 The pharmacy can demonstrate that pharmacists and staff involved in the provision of the service have undertaken CPD relevant to this service.
- 4.4 The pharmacy participates in an annual PCO organised audit of service provision.
- 4.5 The pharmacy co-operates with any locally agreed PCO-led assessment of service user experience.

Background information – not part of the service specification

Current guidelines² recommend all new treatment of opiate dependence be subject to supervised consumption for the first three months or a 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.

Supervision of the consumption of medicines used in the treatment of people with mental illness can in a similar way help to reduce chaotic and risky behaviour. Regular contact with the pharmacist and pharmacy staff can help to reduce the social isolation felt by many people with mental illness. Pharmacists and their staff are well placed to spot the deterioration of a person's mental state and alert other members of the health care team to the person's need for further support if appropriate.

Tuberculosis is becoming an increasing problem in many parts of the country, especially among socially disadvantaged groups such as the homeless. The effective treatment of tuberculosis and the prevention of acquired drug resistance relies on full compliance with medication treatment regimens. 'Directly Observed Therapy Schemes' (DOTS) have been used in many countries to improve compliance. A comparison of self treatment versus various forms of DOT has shown that completion of treatment is significantly higher when the treatment is supervised.³

An example claim/audit form and 'three-way' agreement form are provided with this service specification which could be adopted locally by PCOs.

Background information for Drug Action Team (DAT) commissioners:
Service Specification Tier (2 or 3), Pharmaceutical Services for Drug Users,
National Treatment Agency for Substance Misuse, 2005, www.nta.nhs.uk

² 'Drug misuse and dependence: guidelines on clinical management' Department of Health (1999)

³ Chaulk CP, Kazandjian VA. Directly observed therapy for treatment completion of pulmonary tuberculosis: consensus statement of the Public Health Tuberculosis Guidelines Panel. *JAMA* 1998; 279: 943-948

CPPE training which may support this service:

Opiate treatment: Supporting pharmacists for improved patient care open learning
Public Health – drug users, harm reduction workshop
Mental health workshop series