**Schedule 1 – Specification**

1. **Duration**
	1. This agreement shall take effect for a period from \_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_.
2. **Background**
	1. MAT services have largely remained unchanged over recent years, and this is an excellent opportunity to overhaul current service design.
	2. Community pharmacies have regular face-to-face contact with people in treatment and therefore are ideally placed to strengthen and improve the treatment journey.
	3. By working together with drug and alcohol services, community pharmacies can offer a MAT core service in line with an agreed framework that ensures a standardised, high-quality level of care is available to all.
3. **Aims and intended service outcomes**
	1. Drug and alcohol treatment services and community pharmacies can work together to enhance the treatment and care experience for people who are prescribed MAT.
	2. A holistic core offer for all those receiving MAT can deliver safe and effective care at the point of delivery, with an emphasis on:
* promoting engagement with treatment.
* managing risk.
* improving health.
* enhancing quality.
	1. The service will aim to:
	+ have a holistic approach to pharmacy commissioned services for those engaged with substance misuse services to enhance the health and wellbeing of individuals affected by drugs.
	+ manage risks such as drug-related deaths, overdose, and other threats to health.
	+ have a quality-driven commissioned service with a framework which underpins it.
1. **Service outline**
	1. The pharmacy will offer a user-friendly, non-judgmental, person-centred, and confidential MAT core service, comprising four elements:
* Wellbeing support
* Reporting all missed and late pick-ups
* Supervised consumption
* Conduct Annual Pharmacist Review
	1. The prescriber or recovery worker will contact the service user’s chosen pharmacy prior to them attending the pharmacy, to ensure the pharmacy has capacity and agrees to accept a new service user. The service users’ details will be provided to the pharmacy by phone call ,secure email or PharmOutcomes referral.
	2. The treatment service will be responsible for obtaining the service user’s consent to each element of the Medication-Assisted Treatment (MAT) Core Service. This will be communicated to the pharmacy.
	3. The receipt of the service user's details from the treatment service will be constituted as a referral and can be accepted as implied consent by the service user agreeing to be provided with the MAT Core service by the pharmacy. Where a prescription is received for a service user who is new or unknown to the pharmacy without prior communication from the treatment team, the pharmacy staff will need to contact the treatment team for more information; and to check that the service user does wish to use this pharmacy for the MAT service. In this scenario consent should also be confirmed verbally with the service user and should then be recorded in the pharmacy clinical service record. Service Users are free to withdraw their consent to receive the service at any point in the service.
	4. ***Wellbeing Support***
	5. Wellbeing support will be provided by an appropriate member of the pharmacy team at the request of a service user receiving MAT treatment.
	6. Wellbeing support will be delivered in a respectful manner using quieter areas of the pharmacy. Service users should be offered the use of a consultation room, where appropriate.
	7. Advice will be consistent with relevant recognised guidelines and good practice and should be supported with appropriate harm minimisation materials or literature provided by CGL.
	8. Wellbeing support may include, but is not limited to advice around harm minimisation, safer injecting techniques and prevention of drug-related deaths; transmission of blood-borne viruses; safe storage and use of MAT and other medication; safe disposal of injecting equipment and substances (e.g. avoiding risk of injury to children); guidance on the use of naloxone, and supply made where commissioned; wound site management; sexual health; nutrition; alcohol misuse; smoking cessation; OTC medication use.
	9. Pharmacy staff will be able to identify possible intoxication or over-sedation, safeguarding risks, or obvious physical or mental health problems.
	10. Advice, treatment, signposting, and/or referral will be offered as appropriate.
	11. People will be signposted to the local Change Grow Live service to obtain a locked box for medication storage as needed.
	12. People will be signposted and referred to other relevant commissioned services as appropriate.
	13. All people identified as requiring further support by Change Grow Live will be signposted to the local service.
	14. A record of any advice given, signposting or referral may be made on the service users pharmacy clinical record where the pharmacist deems it to be of clinical significance.
	15. ***Reporting missed or late pick-ups***
	16. Any missed medication collections by any person prescribed MAT will be notified by the dispensing pharmacy to the prescribing service, within 1 working day via PharmOutcomes.
	17. This will allow the Change Grow Live service to monitor treatment adherence and provide follow-up and support to the individual and review treatment plans as needed.
	18. Service Users who miss 3 days or more of their regular prescribed dose of MAT are at risk of overdose because of loss of tolerance. Discuss with the prescriber before dispensing.

4.20 Any instalment medication covering more than one day that is not collected on the due date but collected on a later date should be reported as a late collection via PharmOutcomes on the date the supply was actually made.

4.21 If a service user is on a titration prescription which specifies to contact the prescriber if a titration dose is missed please ensure this is actioned before supplying the next dose.

* 1. ***Supervised Consumption***
	2. Supervised consumption will be provided, when confirmed that the provider has capacity, at the request of the prescriber.
	3. The service will be provided by a trained member of the Dispensing Team under the supervision of the pharmacist. The trained member of staff should be aware to consult the pharmacist if any concerns arise whilst undertaking a supervision.
	4. The service will require the trained member of the Dispensing Team to supervise the consumption of prescribed medications when indicated by the prescriber, ensuring that the dose has been administered appropriately to the service user.
	5. Supervised consumption will be provided in a respectful manner, and should utilise a quiet, private area of the pharmacy, out of public view and where conversations cannot be overheard. Service users should be offered the use of a consultation room, where appropriate.
	6. The pharmacy team will continue to provide advice and support to service users who are moving from supervised consumption to daily pick-up and beyond, this may include referral back to the prescriber where appropriate.
	7. Pharmacies will record supervised consumption activity via PharmOutcomes.
	8. The Home Office has confirmed that if the following wording is used on prescriptions for controlled drugs intended for instalment dispensing, then the pharmacist may issue the remainder of an instalment prescription when the service user has failed to collect the instalment on the specified day: “***Supervised consumption of daily dose on specified days; the remainder of supply to take home. If an instalment prescription covers more than one day and is not collected on the specified day, the total amount prescribed less the amount prescribed for the day(s) missed may be supplied****.”* If the prescription does not reflect such wording, the regulations only permit the supply to be in accordance with the prescriber’s instalment direction.
	9. Service Users who miss 3 days or more of their regular prescribed dose of MAT are at risk of overdose because of loss of tolerance. Discuss with the prescriber before dispensing.
	10. If the medication is dispensed for non-supervised consumption (e.g. Sundays, bank holidays) the service user must be provided with information regarding the safe storage of the medication and reminded of the danger it presents to others.
	11. Methadone oral solution: The pharmacy will present the medicine to the service user in a suitably labelled receptacle and will provide the service user with water (in a disposable cup) where appropriate to facilitate administration and/or reduce the risk of doses being held in the mouth. If a service user’s dose is measured out in advance of their visit, then suitable containers with lids should be used. These shall be individually labelled as per normal labelling regulations. Prior to disposal of these containers, all identifying labels shall be removed/anonymised.
	12. Buprenorphine and Buprenorphine/Naloxone sublingual tablets: The pharmacy will prepare the dose. The service user will be provided with water (in a disposable cup) prior to issuing the dose where appropriate, this may speed up the process of the medication dissolving under the tongue. The medication should be tipped directly under the tongue without handling. The service user will need to be supervised until the tablet has dissolved. This may take up to 10 minutes. When most of the tablet is dissolved, and only a chalky residue remains, talk to the service user to determine if the dose has fully dissolved. Offer a further drink of water if appropriate. Crushing of tablets is off-licence and therefore should not be undertaken unless the prescriber requires this. If required, the prescriber must write this on the prescription and both the prescriber and service user must be aware that this is off-licence.
	13. Buprenorphine oral lyophilisate tablets (Espranor): The pharmacy will prepare the dose. The oral lyophilisate should be removed from the blister pack with dry fingers and placed whole on the tongue until dispersed, which usually occurs within 15 seconds. The service user will need to be supervised until the lyophilisate has dissolved. Swallowing must be avoided for 2 minutes, and food and drink not consumed for 5 minutes after.
	14. Pharmacists and staff involved in the provision of the service must be aware of and operate within any locally agreed protocols and follow their company Standard Operating Procedures that cover the provision of this service.
	15. ***Annual Pharmacist Review***
	16. All pharmacies will offer an Annual Pharmacist Review to all service users receiving MAT treatment from Change Grow Live.
	17. The Annual Pharmacist Review will be delivered by a pharmacist.
	18. This will be delivered in a respectful manner using the pharmacy consultation room.
	19. If a service user declines this review, the pharmacist will document this on PharmOutcomes.
	20. The pharmacist delivering the Annual Pharmacist Review will discuss with the service user:
* Adherence to MAT and any associated barriers.
* Current MAT dosage and potential for optimisation based on information available.
* Other current medication (Prescribed by GP and OTC) being taken and any understanding/adherence concerns the service user has.
* Take home naloxone. Training and supply will be offered, where commissioned or referred where appropriate.
* Safe Storage of medication and referral to CGL Services if safe storge boxes are required.
* Lifestyle factors which may influence the person’s health and wellbeing, with advice and referral where appropriate.
* Harm reduction advice, as appropriate.
* The person will be given opportunity to raise any other relevant information as they feel is appropriate.
	1. If you identify any contra-indications or drug interactions they should be documented and contact made with the prescriber as needed.
	2. People will be signposted and referred to other relevant commissioned services as appropriate.
	3. Pharmacies will record the Annual Pharmacist Review via PharmOutcomes.
	4. If any serious/urgent concerns arise about any prescribed medication these should be communicated directly with the appropriate prescriber.
	5. If the CGL Service is not open and an urgent matter arises you may wish to contact NHS 111, or emergency services on 999.
1. **Data Recording & Information Sharing**
	1. The pharmacy will maintain accurate and up to date records of service activity using PharmOutcomes.

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| **Data** | **Timeframe** | **Data Use** |
| Missed Supervision/Collection | Reported within 1 working day  | To enable more prompt intervention by case workers, provide assurance of adherence and reduce diversion |
| Late Collection | Reported within 1 working day | To build a longer term picture of adherence to support service user treatment plans |
| Monthly Supervised/Unsupervised dispensing | Reported at the end of each month | Confirmation that all missed pick-ups have been notified, support monthly payments per service user, and enable individual supervised consumption fees where applicable |
| Annual Pharmacist Review | Reported upon completion | To support prescriber reviews and recovery worker case/risk management |

* 1. CGL will provide the license for data recording via PharmOutcomes.
	2. Contractors will share relevant information with other healthcare professionals and agencies, in line with locally determined confidentiality arrangements. The service user should be informed that information is being shared (unless to do so would put another person at risk e.g. in the case of suspected child abuse).
	3. A 2-way communication system will be utilised, once ready, to allow for direct contact between community pharmacies and the Change Grow Live service, providing an audit trail of communication.
	4. **Data Protection -** Each party shall comply with its respective obligations pursuant to applicable data protection laws and/or regulations in relation to the processing of personal and/or special category data under this agreement, including but not limited to the General Data Protection Regulations and the Data Protection Act 2018.
	5. The pharmacy will support Change Grow Live to carry out audits in relation to the service as and when requested. CGL will extract any data required to carry out audits from PharmOutcomes. Contractors may be asked for feedback to help improve the quality of the service.
1. **Accessibility**
	1. Services will be available to anyone who needs them during pharmacy opening hours.
	2. Service users will be informed of the pharmacy opening hours upon them first accessing the service. Service Users and CGL will be informed of any changes in opening hours which may affect service provision.
	3. In the instance the service becomes temporarily unavailable (for example, due to staff shortages or unanticipated closures):
	* a business continuity plan shall be in place and actioned by the pharmacy to ensure people can still access services.
	* the local Change Grow Live service shall be notified by the pharmacy of service unavailability and informed of the alternative arrangements which have been put into place.
2. **Safeguarding and Governance**
	1. The Pharmacy staff must be aware of local child and vulnerable adult safeguarding procedures and follow them at all times.
	2. All Pharmacists and registered Pharmacy Technicians will be trained to Level 2 in Safeguarding. All other pharmacy staff, who may be directly or indirectly involved in providing the MAT service, must be aware of safeguarding procedures and escalation processes within the pharmacy.
3. **Required Training**
	1. Pharmacists and registered Pharmacy Technicians providing the service will complete the CPPE ‘Declaration of Competence (DoC) for Supervised Consumption of Prescribed Medicines’, and consent for this to be shared with PharmOutcomes. Refresher training to be undertaken in line with the requirement to update DoC every 3 years.
	2. A three-month grace period is allowed for new staff members to complete the required training avoiding disruption to service delivery.
	3. Training must be undertaken by all staff members who will be delivering the service (including locum pharmacy staff). Staff must be aware and competent to work under this SLA.
	4. The local Change Grow Live service will provide update training, suitable for all members of the pharmacy team, on an annual basis and as and when required in agreement with the LPC. This may be delivered as a combination of face-to-face and online events (which will be made available on demand, where possible).
	5. Training will be delivered on appropriate topics, in order to reinforce knowledge and skills and identify any gaps or additional training needs; alongside sharing information on incidents, resolving queries, and exploring ideas for improvements to the service.
	6. Attendance at the annual training event is recommended as part of service delivery. The Contractor/Pharmacist attending the training must cascade any changes to service delivery to all pharmacy staff involved in delivering the MAT core offer.
4. **Quality and safety**
	1. The pharmacy must have up-to-date policies and procedures in place for delivery of these services.
	2. It is the responsibility of the contractor to ensure that all pharmacy staff, including other pharmacists (including locums), involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service to ensure the smooth continuation of the service in the absence of the regular pharmacist.
	3. The contract holder will ensure that appropriate professional indemnity insurance is in place.
	4. It is a requirement for the contractor signing up to this agreement to comply with all the requirements of the essential services of the NHS Community Pharmacy Contractual Framework.
5. **Incidents and feedback**
	1. Incidents and feedback in relation to this service will be reported and investigated as per the pharmacy’s incident reporting procedures.
	2. A summarised copy of the incident report, investigation, and outcomes will be provided to the local Change Grow Live service when requested.
	3. Any serious incidents will be notified to Change Grow Live within 5 working days.
6. **Payment arrangements**

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| **Service** | **Payment** |
| Core MAT offer | £7.50 per person prescribed MAT per calendar month for provision of the service detailed above.  |
| Annual Pharmacist Review | £30 per completed review  |
| Supervised consumption – methadone (all brands)  | £2.00 per supervised dose |
| Supervised Consumption – Espranor | £2.00 per supervised dose |
| Supervised consumption – sublingual buprenorphine (all brands) | £2.50 per supervised dose |

* 1. Payments will be made monthly upon input of the data onto PharmOutcomes. Invoices will be generated automatically by PharmOutcomes on the 5th of the month.
	2. Monthly payment for the core MAT offer will be paid during each month the service user is provided with MAT services by the pharmacy.
	3. Fees will be paid based on submitted claims, into a bank account specified by the pharmacy.
	4. The service contract and financial details will need to be completed and returned before any payments will be made.
	5. Either party wishing to terminate this agreement must give three months’ notice in writing. However, Change Grow Live reserves the right to suspend or terminate the service at short notice following a significant event or serious incident.

**Appendix 1: Local Contact Information**

**Local CGL Service:**

**Local CGL Service address:**

**Local CGL Service telephone number:**

**Local CGL Service email address:**

**Lead Contact:**