# Service Level Agreement for Pharmacy Supervised Consumption

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| **Service Name/Location** | |
| **Version no** | 2025-2026 |
| **Author(s)** | Graham Parsons, Director of Pharmacy |
| **Date valid from** | 01/04/2026 |
| **Review date** | 30/09/2026 |
| **On behalf of Contractor:**<br>**Organisation's Name**<br>**Name**<br>**Signature**<br>**Date**<br>**Position**<br>**Address**<br>***(if a multiple, list all relevant and lead address for notices to be sent to)*** | |

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| **On behalf of Commissioner:** | **Waythrough** a UK Registered Company No. 182 0492 and a Registered Charity No. 515 755, VAT No. 334 6763 43, whose Registered Office is Inspiration House, Unit 22, Bowburn North Industrial Estate, Durham DH6 5PF |
| **Service Name** | Rachel Savchenko |
| **Position** | Director of Services North West |
| **Signature** |  |
| **Date** | |

## Introduction

This document outlines the requirements for providing supervised consumption of medication for managing substance use in the community pharmacy setting ('the Service') by a community pharmacy ('the Pharmacy').

Supervised consumption aids adherence and can be helpful to reduce the risk of diversion and safeguarding issues. Additionally, more frequent contact can enable development of a therapeutic relationship and provides additional opportunities for providing timely and supportive advice, escalation of concerns and monitoring of the person. It is important that supervised consumption is considered for all new prescriptions and that the dispensing arrangements are liberalised as soon as it is safe and clinically appropriate to do so; however, it may be reinstated when required to manage risks accordingly. Community pharmacies are ideally placed to provide supervised consumption within an agreed and structured protocol.

## 1 Governance

1.1 This document supersedes all previous working agreements and is an arrangement held between Waythrough and CHL who, coordinate the payments program with community pharmacies in the Bolton area in collaboration with Community Pharmacy Greater Manchester.

1.2 Adherence to relevant legislative requirements is expected to ensure best practice guidance and provision of standards set, for example; by the General Pharmaceutical Council (GPhC) and

Royal Pharmaceutical Society (RPS), including 'Standards for registered pharmacies (2018)' and 'Drug Misuse and Dependence UK Guidelines on Clinical Management (2017)' published by the Department of Health, 'Community Pharmacy: delivering substance misuse services' published by the Office for Health Improvement and Disparities (2024).

1.3 Waythrough and the Pharmacy will adhere to their respective obligations set out in this document and standards reflected in the standards set out above.

1.4 All Parties agree to share relevant person information regarding substance use data to allow safe and high-quality Service provision/improvements in line with the local PharmOutcomes licence agreement which detail data controller/processing/ sharing details. Consent is to be captured as part of the person registration for services in Pharmoutcomes, with the data captured being pseudonymised. Any relevant data captured will only be used based on public health need. Sharing other information would be based on appropriate escalation of clinical concern/risk determined by the healthcare professionals involved. The data controller is Waythrough as Commissioner of services. Data handlers will be CHL and Community Pharmacy Greater Manchester.

1.5 The Pharmacy must ensure that the Service is delivered in accordance with the Equality Act 2010 and does not discriminate based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, or sexual orientation.

1.6 Reasonable adjustments must be made to support people with disabilities, neurodivergence, language barriers, or other accessibility needs, including the provision of information in alternative formats where required.

1.7 The Pharmacy must ensure that all staff involved in delivering the Service are aware of their responsibilities under equality legislation and are supported to provide inclusive, person-centred care.

1.8 Any concerns relating to accessibility or discrimination must be reported to CPGM and to Waythrough within one working day and appropriately investigated.

1.9 The Pharmacy will demonstrate relevant Quality Standards set out by the GPhC, OHID and The Department of Health and Social Care or will work towards achieving such a standard to deliver substance use services within an agreed timescale. If the Pharmacy remains in

default following the expiry of the period specified, Waythrough may proceed to terminate the Agreement (as outlined in Section 2).

1.10 The Pharmacy will agree to take part in reasonably requested audit activity including the facilitation of Quality Assurance visits (Appendix B). Appropriate notice shall be provided highlighting the reason for this visit so not to disrupt daily pharmacy operations.

1.11 Where knowledge of operating standards go beyond the realm of this agreement, Waythrough shall immediately investigate and may review payment (as outlined in Section 2). Concerns will be discussed with Community Pharmacy Greater Manchester and in the case of suspension or variation, report to the Pharmacy every 30 days until such investigation is complete. When the investigation is complete, Waythrough shall immediately notify the Pharmacy of the outcome.

**Clinical Governance Oversight**

1.12 Where clinical concerns are identified (e.g. unsafe dispensing, repeated errors, failure to follow escalation protocols), Waythrough may liaise with the Pharmacy Superintendent or appropriate governance lead to seek assurance on corrective actions preventing incident reoccurrence. Any concerns identified based on the dispensing and supervision of controlled drugs will be documented and reported via the Controlled Drug Reporting tool which is overseen by the local Controlled Drug Accountable Officer.

1.13 Serious clinical governance breaches may result in suspension or termination of the Agreement, subject to investigation and notification to the General Pharmaceutical Council.

**Safeguarding Escalation Pathways**

1.14 Any incidents or concerns must be reported immediately and appropriately actioned in accordance with respective organisations incident reporting processes. This information will be published and maintained on the Community Pharmacy Greater Manchester website.

1.15 The Pharmacy must ensure that all safeguarding concerns are escalated in line with local safeguarding protocols and the Pharmacy's internal safeguarding procedures.

1.16 Where a safeguarding concern is identified, the Pharmacy must notify Waythrough immediately and no later than one working day after becoming aware of the issue so that all appropriate actions can be undertaken.

1.17 The Pharmacy must maintain a named safeguarding lead who is responsible for overseeing safeguarding practices and liaising with Waythrough. This contact must be communicated to Waythrough and updated as required. This information will be published and maintained on the Community Pharmacy Greater Manchester website.

1.18 Waythrough will provide a named safeguarding contact for escalation and support. This will be shared with the Community Pharmacy Greater Manchester and published on their website. Both Parties must cooperate fully in any safeguarding investigation or review, including sharing relevant information in accordance with data protection legislation.

**Business Continuity & Emergency Planning**

1.19 In the event of unforeseen circumstances, including but not limited to staffing shortages, IT failure, or premises-related incidents (e.g. fire, flood, or structural damage) the Pharmacy must make all reasonable efforts to minimise disruption to service delivery and, where necessary, liaise with the Service to identify alternative arrangements to ensure continuity of care.

1.20 In the event of any disruption to service delivery, the Pharmacy must notify Waythrough as soon as reasonably practicable to identify alternative arrangements to ensure continuity of care.

1.21 All other issues pertaining to concerns, incidents, indemnity, performance, disputes, confidentiality and data handling, must be promptly reported to Waythrough as soon as the Pharmacy become aware.

1.22 The Pharmacy must demonstrate they have appropriate insurance in place to be able to offer the Service and must ensure that Waythrough is indemnified against any claim arising from the provision of the Service. In the case of negligence of the Pharmacy where adherence to the expectations outlined as part of this Service Level Agreement are not upheld: this liability may not be transferred.

1.23 The health and safety of Pharmacy staff (and any associated indemnity issues), remain the responsibility of the Pharmacy Contractor.

1.24 Any dispute, which cannot be resolved by negotiation, shall be referred to a nominated arbitrator for example the Local Authority Commissioner for Substance Use Services or Chair of the Local Law Society. Timelines for this may vary based on external capacity,

however, Waythrough will endeavour to reach resolution within 3 months where possible.

1.25 Representatives of the Pharmacy (Community Pharmacy Greater Manchester) and Waythrough are required to attend regular review meetings, which should occur at least once a year to discuss any concerns.

## 2 Funding, Notices and Termination

2.1 Payment for this scheme is to be agreed between Waythrough (local operational contract management supported by Director of Pharmacy) and relevant Local Pharmaceutical Committee(s), Pharmacy (Community Pharmacy Greater Manchester) to represent the Pharmacy.

2.2 CHL, will act as an agent between Waythrough and the Pharmacy for processing claims for payment via PharmOutcomes as outlined in the local PharmOutcomes licence agreement. CHL will request payment on a quarterly basis from Waythrough to remunerate the Pharmacy for services provided.

2.3 The agreed fee to be paid per supervised dose ('per supervised dose') is as follows from 01/04/26:

- Methadone liquid (all brands): £1.50
- Espranor® oral lyophilisate: £1.50
- Buprenorphine sub-lingual tablet (all brands): £2.34

2.4 This payment covers:

- Pharmacy staff time and associated costs for the supervised consumption activity
- Record keeping activities to include PharmOutcomes data entries
- Communication with Waythrough relating to this Service
- Completion of relevant training such as CPPE substance misuse training self-declaration, and attendance at a training event hosted by Waythrough to ensure maintenance of confidence and competence when supporting people who use substances
- Active participation in Quality Assurance visits/audit and achieving required Quality Standards.

2.5 The Service as outlined is VAT exempt, and both Parties are aware of this exemption. However, if in the future the VAT status was to change then an opportunity to renegotiate the terms of the Agreement would be made available

2.6 The Pharmacy accepts that Waythrough is unable to guarantee future funding and may, owing to changes in commissioning arrangements and may be obliged to terminate funding by the giving of not less than 60 days' notice. Such changes shall be timed to cause least disruption for people. If Waythrough invokes this clause, then the Pharmacy shall be entitled to cease providing the Service at the end of this notice period without incurring a penalty.

2.7 This agreement can be ended early, either on dissolution of the Pharmacy or where at least 60 days' notice is given by either Party of their intention to terminate the Agreement.

2.8 The Service and payment may be varied or be discontinued if the Pharmacy and Waythrough agree, or a change in Waythrough service priorities is required either by changes in legislation or by other circumstances, including the cessation/termination/reduction of the budget. Waythrough has the option to terminate funding should the Pharmacy enter receivership or become insolvent.

2.9 To enable payment, the Pharmacy Contractor or suitable representative assigned to the Pharmacy must complete the relevant PharmOutcomes supervised consumption sign up module. The Pharmacy is responsible for subsequently ensuring that CHL have the correct bank details to process relevant payments. The module will be agreed between Waythrough and CHL, requesting the Pharmacy Contractor or suitable representative, to complete. This will include, person's name, date of birth, postcode, NHS number, referral date and name of the pharmacist. To supply, the medication type, regime and if refusal of treatment is required, the reason for doing so.

2.10 CHL are responsible for ensuring appropriate and timely payment for services provided. All payment related queries should be raised with CHL directly at enquiries@cpgmhealthcare.co.uk

2.11 No payment will be made if the invoice covers activity that was undertaken more than 3 months prior to the date of the invoice being submitted.

2.12 Waythrough will examine the data submitted and may seek to verify the Fees claimed.

2.13 Waythrough shall be entitled to raise concerns with CHL and Community Pharmacy Greater Manchester and to suspend payment and/or vary the amount of the payment if the Pharmacy has committed a serious breach of the Agreement. Once all relevant investigations are complete and if deemed appropriate, within 30 days, Waythrough will pay any sums to the Pharmacy that were suspended or varied.

2.14 Annual Review of Payment Terms: The Parties agree that the payment terms outlined in this Agreement shall be subject to an annual review between Waythrough and Community Pharmacy Greater Manchester to be conducted no later than 31st January each year. This review will consider service delivery costs, national guidance, and any relevant changes in legislation or policy.

2.15 Waythrough shall notify the Pharmacy, Community Pharmacy Greater Manchester and CHL of any revised payment terms arising from the Annual Review of Payment Terms in writing, providing at least 14 days' notice prior to implementation. Where only remuneration is updated, a letter of variation shall be issued in lieu of a new Service Level Agreement.

2.16 The Service must be offered every day that the Pharmacy is open. If the Pharmacy put in an application to reduce their opening days or times, then Waythrough must be informed at the time of application.

2.17 Notices must be given in writing and by email (with acknowledged receipt) or recorded delivery post to the details provided for that purpose. A notice given by post will be deemed to have been served the first working day after it was posted.

2.18 Nothing in this Agreement confers or purports to confer on any third party any benefit or any right to enforce any term of this Agreement.

## 3 Competency and Training

3.1 This Service may only be undertaken by competent Pharmacy staff (as outlined below) but must be under the supervision of the Responsible Pharmacist registered with the GPhC

3.2 The Responsible Pharmacist must have completed Safeguarding training in line with current guidance, which must be rechecked/updated in response to any legislative/best practice guidance changes. The Responsible Pharmacist must ensure the suitability of any Pharmacy staff who are one-to-one with a vulnerable person.

**Regular Staff**

3.3 The Responsible Pharmacist should have completed self-declaration via PharmOutcomes to confirm completion of relevant CPPE substance misuse training within 3 months of commencing service provision

3.4 Staff who are deemed as suitably competent to undertake the Service must sign on the Pharmacy's local Standard Operating Procedure for Supervised Consumption and the Pharmacy must ensure that the staff undertaking the Service have received appropriate training, including completion of relevant supervised consumption competencies/accreditation. Training resources such as the CPPE Substance Misuse package, BOOST (Best Practice in Optimising Opioid Substitution Treatment e-learning and any event hosted by Community Pharmacy Greater Manchester and Waythrough.

**Locum Pharmacist Oversight**

3.5 Where locums or part time staff predominantly operate a pharmacy, the Superintendent Pharmacist or delegated clinical lead (if applicable) must nominate a lead person to act as a contact. This must be communicated to Waythrough promptly and updated as required.

3.6 Where locum or part-time staff are engaged to deliver the Service, the Pharmacy must ensure that such staff are appropriately briefed and competent to undertake supervised consumption in line with this Agreement and the Pharmacy's Standard Operating Procedures.

3.7 Locum pharmacists must complete a self-declaration on Pharmoutcomes confirming familiarity with the Service requirements, including safeguarding protocols, supervised consumption procedures, and escalation pathways, prior to delivering the Service. This would be determined by the Pharmacy Contractor based on employment of locum services.

3.8 Locum Pharmacy staff must be made aware of this Service and the procedures in advance of them providing locum cover, as the presence of a locum is not a valid reason for the Service not to be appropriately implemented.

3.9 The Pharmacy Superintendent remains responsible for ensuring that all staff, including locums, meet the competency and training standards outlined in this Agreement and are supported to deliver the Service safely and effectively.

3.10 Waythrough will seek to provide at least one training event per year which will usually be available for access by the wider Pharmacy Team (including locum staff), to support broader development of competency and confidence in the management of substance misuse. The Pharmacy ideally must be represented by at least one member of staff at a minimum of one event per year. If attendance at these events cannot be achieved, enrolment with online resources such as BOOST and CPPE substance misuse training modules may also be used.

3.11 The Responsible Pharmacist on duty at any time will retain professional responsibility and the Pharmacy shall retain liability for the Service.

## 4 Supervised Consumption Process

4.1 To be eligible, the person receiving services must meet at least one of the following essential criteria (approved locally):

- Be prescribed medication for management of their substance use by the relevant Waythrough service (or sub-contractor).
- Reside/works within a geographical area that the Pharmacy reasonably covers.
- Require supervised consumption due to safeguarding/clinical risk issues.

4.2 The Pharmacy chosen to provide the Service must be determined by the person's choice except in exceptional circumstances (e.g. where the Pharmacy is not open on days when supervised consumption would be required, if the Service cannot be provided by the Pharmacy or the person has been banned from their chosen Pharmacy premises). The Pharmacy must make all reasonable efforts to accommodate all requests and may only refuse to accept the person on professional grounds (e.g. at capacity, currently banned from the premises for aggressive behaviours), and the provided rationale must be clearly documented in the person's pharmacy records.

4.3 In advance of the Service taking place, Waythrough staff must contact the Pharmacy to confirm agreement of providing the Service for a named person.

4.4 Appendix C - Prescribed Treatment Agreement can be used where there are barriers identified to the appropriate expectations of receipt of Service

4.5 To ensure continuation of service delivery, supervised consumption for prison releases which cover high-risk immediate post-release period (usually up to two weeks), to allow time for the transfer of care to move to the local Waythrough service, will be covered under the terms of this agreement, even though the prescription has been written by the prison clinician. Prescriptions issued by the Prison ideally should be allocated through verbal discussion to the Pharmacy in liaison with Waythrough to ensure continuity of care. Prescriptions issued directly from Waythrough, or the sub-contractor will be agreed with the pharmacy prior to issue.

4.6 Any relevant changes in the person's circumstances, including amended risk status, must be promptly communicated between Parties.

4.7 Requests to discuss any clinical issues or queries should be appropriately responded to and ideally within the same working day.

4.8 The Pharmacy must ensure that the person receiving the Service has provided informed consent to participate in supervised consumption and understands the nature and purpose of the Service. This will be captured within the Pharmoutcomes module upon registration.

4.9 Where there are concerns about the person's capacity to consent, the Pharmacy must follow the principles of the Mental Capacity Act 2005 and seek appropriate guidance or support if necessary, before proceeding.

4.10 If a person is assessed as lacking capacity, the Pharmacy must notify Waythrough immediately and work collaboratively to determine the most appropriate course of action, which may include referral to the prescriber, GP or local safeguarding team.

4.11 Consent is advised to be considered ongoing throughout service receipt, particularly where there are changes in the person's circumstances, presentation, or risk status. Presentation to the Pharmacy to receive a prescription implies consent to receive treatment. Changes which may raise concern indicating the person may not be able provide appropriate consent fall under appropriate safeguarding and capacity escalation pathways.

4.12 So that Waythrough staff can assertively seek to engage/welfare check on the person, Waythrough **must** be notified immediately if:

- Three or more consecutive/titration doses are missed. (It may be prudent to speak to the service, where capacity allows, if 2

doses are missed. This is up to the discretion of the pharmacy but may support continuity of care and escalation of concerns/unusual behaviour.)

- Due to risk of accidental overdose because of reduced tolerance, if three or more consecutive/any titration doses have been missed, the Pharmacy **must not** supply further doses until an appropriate prescriber has confirmed suitability of the dose
- There are any concerns about the dose/medication prescribed
- A dispensing error/near miss has occurred
- There are concerns about diversion/safeguarding/risk issues
- The dose cannot be given due to intoxication
- There are concerns about physical/health care needs
- The person behaves unacceptably (e.g. shoplifting, physical/verbal abuse)
- The person does not consume the whole dose
- The Pharmacy unexpectedly must close due to unforeseen circumstance (e.g. no Pharmacist on premises due to sickness, power supply issue, flood etc)

This transfer of communication must be done via the Pharmoutcomes platform and also via phone to ensure appropriate documentation and suitable escalation of concerns with the service.

4.13 It is essential that communication channels (e.g. via PharmOutcomes/emails) are regularly checked and promptly actioned, otherwise the safety/quality of Service provision may be impacted and payment to the Pharmacy may be impacted (as outlined in Section 2).

4.14 Where a person has been admitted to hospital and their prescription is on hold at the pharmacy, a conversation between Waythroug and the pharmacy is important to ensure the status of the person receiving the prescription and to note if this is still suitable for them. Where a person misses three doses at the pharmacy, but receives them elsewhere, a prescriber within the service needs to be contacted to support the allocation of the next dose due.

4.15 The dispensing and supervised consumption of the medication will be undertaken in accordance with the Pharmacy's internal

Standard Operating Procedures providing it is not contrary to the contents of this Agreement and as outlined in Appendix A – Pharmacy Guidance for Supervised Consumption.

## Appendix A – Pharmacy Guidance for Supervised Consumption

Supervised consumption must be completed in a location that considers the person's privacy/dignity and Pharmacy staff/customer safety (this should usually be in the consultation room/area designated for delivering professional services): it must never be provided in the Dispensary. The Pharmacy are responsible for safe delivery of services based on the appropriate standards published by the General Pharmaceutical Council.

Prior to providing the person with the prescribed medication, the Pharmacy staff member responsible for supervising consumption must:

- Check the person identity (if they are not known to the pharmacy, this may be done with verification via Waythrough colleagues)
- Assess suitability of administering dose prior to supplying the person with the medication (e.g. checking for intoxication, potential drug interactions, missed doses, inappropriate behaviours, co-presenting physical/mental health issues which may be of concern).
- Show the person the medication to confirm the details (including the dose) to verify that it is what they are expecting.

If the person is intoxicated, this must be documented on their clinical records, Waythrough must be informed, and the person should be asked to return later that day to be reassessed for suitability. The time taken to overdose can vary from a few minutes to several hours and may be fatal; however, withdrawal symptoms may take a several hours/days to emerge and can be very uncomfortable, depending on what has been taken and how much has been used. Signs and symptoms of an opioid overdose/intoxication and withdrawal include:

| **Intoxication** | **Withdrawal** |
|---|---|
| • Pinpoint/constricted pupils<br>• Nausea/vomiting/constipation<br>• Pale skin colour, bluish tinge to lips, tip of nose, under the eyes, fingertips or nails | • Dilated Pupils<br>• Nausea/vomiting/diarrhoea<br>• Gooseflesh skin (piloerection) |

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|---|---|
| • Low blood pressure/pulse (hypotension/bradycardia)<br>• Sedation which may be worsening to include:<br>  o No response to noise (they don't respond to shouting)<br>  o No response to touch (they don't respond to being shaken by the shoulders)<br>  o Loss of consciousness (they cannot be woken)<br>  o Breathing problem (slow/shallow/infrequent breaths, snoring/rasping sounds or no breathing)<br>1. Video to learn more: https://www.youtube.com/watch?v=uYz-scWacng | • Agitation/restlessness/anxiety/irritability<br>• Raised blood pressure/pulse (hypertension/tachycardia)<br>• Sweating/flushing/chills<br>• Bone/joint aches/pains<br>• Runny nose, tearing, yawning<br>• Tremor |

If the person is being given their first dose of buprenorphine, it is important to check that a suitable amount of time has passed since they had their last dose of any opioid agonist (e.g. methadone, heroin) to minimise the risk of precipitating withdrawal.

**Liquids:** must be swallowed directly from the dispensing container. The person should be offered a drink of water immediately after consuming and engaged with in conversation to help ensure that the medication has been swallowed.

**Solid dose formulations to be swallowed:** must be placed into a disposable pot and then handed to the person for them to administer. The person should be offered a drink of water immediately before and after consuming. They should be engaged in conversation and the mouth checked after swallowing, to help ensure that the medication has been swallowed.

**Lyophilisates/sublingual tablets:** must be placed into a disposable pot and then handed to the person for them to administer. Inform the person to avoid swallowing whilst the medication is dissolving. The person should be offered a drink of water immediately before the dose is consumed. They should be observed as having the medication correctly in situ prior to/during the dissolution process (e.g. Espranor® dissolved on the tongue and hands must be dry before handling the lyophilisate). Excess saliva should be kept in the

mouth and not swallowed for as long as possible. Different lyophilisates/sublingual tablet brands may have differing dissolution rates.

Water from the Pharmacy must be used for supervised consumption: the person's own drink must not be used because of the increased risk of diversion. Any concerns (e.g. potential diversion, part-consumed doses, challenging behaviours) that occur during the supervised consumption process must be promptly recorded on the person's notes, made known to the responsible pharmacist and communicated to Waythrough.

If take home doses are provided, it is important to confirm that the person has appropriate safe storage measures in place (including storing out of sight/reach of children/vulnerable adults).

## Appendix B - Pharmacy Quality Standards for Quality assurance Visits (Used by Waythrough upon visit)

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| **Pharmacy Site** | | **Date of Visit** | |
| **Responsible Pharmacist** | | **Visit Completed by** | |

| | **Quality Standard** | √=meets expected standard. No action required **X**=Doesn't meet expected standard. Add details of all agreed actions |
|---|---|---|
| **Quality Assurance** | Signed current SLA available | |
| | CPPE self-declarations completed by all relevant Pharmacy staff (via PharmOutcomes) within 3 months of commencing the service | |
| | Attendance by at least one Pharmacy staff member at one Waythrough training event in the last year or complete appropriate alternative learning modules listed above such as CPPE or BOOST | |
| | Pharmacy-completed Prescribed Treatment Agreement (if used based on joint discussion with the service) uploaded to all person's clinical records or filed appropriately (if >10people, randomly check 5) | |
| | Feedback indicates:<br>• person treated with dignity and respect<br>• awareness of safe storage/disposal of sharps<br>• appropriate provision of general brief harm reduction advice including switching to safer routes of administration and overdose management<br>• awareness of how to select and use correct NSP equipment<br>• awareness of measures to take to reduce the risk if accidental sharing<br>• appropriate signposting | |
| | Last 6 months of complaints/incidents suggest prompt reporting/appropriate actions. | |

| | | |
|---|---|---|
| | Last 6 months of PharmOutcomes data suggest timely submissions and appropriate returns rates | |
| **Quality Assurance** | Pharmacy can evidence having in place:<br>• Signed current SLA available in Pharmacy<br>• Correct insurance<br>• DBS for all Responsible Pharmacists<br>• Up to date safeguarding training Level 2 for all Responsible Pharmacists<br>• Prescribed Treatment Agreement fully completed for every person<br>• Appropriate infection control measures (e.g. use of disposable cups)<br>• Suitable confidentiality/data protection methods (e.g. labels removed and placed in confidential waste)<br>• Pharmacy SOP for supervised consumption read and signed off by all relevant Pharmacy staff | |
| | Observation during visit and **feedback from people** indicates the person is treated with dignity and respect | |
| | Pharmacy staff either observed or can verbally outline how to correctly:<br>• Assess person appropriately prior to handing over of medication<br>• Verify person identity correctly (including using Prescribed Treatment Agreement and as detailed in local Pharmacy SOP)<br>• Follow best practice when carrying out supervision (as detailed in SLA and local Pharmacy SOP)<br>• Respond to incidents/concerns including safeguarding issues<br>• Signpost to relevant local specialist services (e.g. Waythrough, Housing, Mental Health)<br>• Provide information about medication in service-user accessible format (via C&M website)<br>• Provide safe storage advice including written information in service-user accessible format (via C&M website) and locked boxes<br>• Respond to a person who presents as intoxicated | |

| | | |
|---|---|---|
| | • Provide brief harm reduction advice including take home naloxone supplies that have already been issued by Waythrough<br>• | |
| | **Any additional comments** (e.g. feedback about how to further improve current Service, learning from incidents yet to be implemented) | |

## Appendix C – Prescribed Treatment Agreement (if used in liaison with service for agreed people based on additional needs)

The purpose of this agreement is to enable the safe and effective use of medication to support the person in their recovery journey. *The person's photograph and personal information contained within this agreement will always be used for the sole purpose of identifying the person during their prescribed treatment and stored securely. It will not be issued to or viewed by any individuals or agencies outside this agreement without prior consent.*

*This document may be used where a person isn't known to the Pharmacy team or where the person has additional needs identified by the Service. Liaison between Waythrough and the Pharmacy will occur in these instances.*

| | | |
|---|---|---|
| **Person:**<br>**Name**<br>**Address**<br>**Date of Birth**<br>**Contact Number** | | **Photograph** |
| **Waythrough:**<br>**Staff Name**<br>**Address**<br>**Contact Number** | | |
| **Pharmacy:**<br>**Name**<br>**Address**<br>**Contact Number** | | |
| **GP:**<br>**Name**<br>**Address**<br>**Contact Number** | | |

The person **DOES ☐ / DOES NOT ☐** consent to their photograph being taken by Waythrough, stored by the Pharmacy and Waythrough and used for the sole purpose of identification during prescribed treatment. *If they DO NOT consent to this, then they agree to have their identity confirmed by:*

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……
……

It is important that appropriate information is provided about medication in a format that meets the person's needs, so that they know about the different types of prescribed treatment options and enable them to make an informed decision. Information is available online from:
www.choiceandmedication.org/Waythrough
The person has been offered written information about their medication, which has been:

**ACCEPTED ☐** **DECLINED ☐**

The person has been made aware of the risks of medication/illicit substances/paraphernalia being accessed by others, especially children. They have been offered a written information leaflet about safe storage and a lockable safe storage box, which they have **ACCEPTED ☐ / REFUSED ☐** *If they have declined the offer, this is because:*

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……

Mutually convenient times for collection/delivery of medication have been agreed as follows:

| | | |
|---|---|---|
| Mon | From: | To: |
| Tues | From: | To: |
| Weds | From: | To: |
| Thurs | From: | To: |
| Fri | From: | To: |
| Sat | From: | To: |
| Sun | From: | To: |

*(to be completed by the pharmacy)*

**As the providers of prescribed treatment, the Pharmacy and Waythrough, will:**

- Always treat the person with respect, courtesy, understanding, kindness, compassion and honesty and not judge if they stumble or lapse in their recovery.
- Fully support the person with their recovery programme and the decisions made regarding medication in a way that helps to keep them safe and well.
- Keep the person fully informed of their treatment options and provide information about medication, potential benefits and risks (including monitoring requirements and adverse effects of treatments) and respect that the person has the right to decline or accept the treatment offered after being informed.
- Discuss and exchange information about the persons behaviour, state of health, attendance and other factors relating to their treatment. They may also communicate with family, friends and other providers who may be involved in the person's care (as agreed with the person) to support their recovery.
- Inform the GP/other healthcare providers about prescribed medication, but will not share confidential information with others, unless concerned about person's safety and well-being and have no other options.
- Provide a service in an environment where the person and staff feel safe and comfortable.
- Ensure that the consumption of medication is appropriately supervised.
- Avoid arranging appointments unless mutually agreed and notify the person as soon as possible about any changes.
- Do all they can to ensure that any problems with prescriptions are corrected as soon as possible.
- Provide an easy and open complaints system and treat all complaints fairly.

**The person will:**

- Let the treatment providers know about any changes in circumstances (e.g. new address/phone number).
- Let the treatment providers know what is wanted/needed (give at least 14 days' notice for any requests for changes to prescriptions e.g. holiday requests, do not assume that requests can always be granted).
- Not smoke or drink alcohol in the presence of staff.

- Not display or use, illicit drugs in the presence of staff.
- Act in an acceptable manner in the presence of staff: unacceptable behaviour includes being intoxicated, theft, verbal abuse or physical violence to staff or others.
- Unless otherwise agreed, be in attendance alone, within agreed times and at agreed intervals.
- Remove any hoods, hats or other items of clothing in order to assist staff with identification.
- Take medication as prescribed and not to share it with any other person.
- Drink water provided by the Pharmacy as requested during the supervised consumption process.
- Understand that any prescribed medication or prescriptions are their responsibility and may not be replaced (for example if they are lost, stolen or spilt).
- Understand that if more than 3 consecutive days doses are missed, or if attendance is irregular, medication may be withheld for safety reasons (due to loss of tolerance) and treatment services will need to be contacted before it can be resumed.
- Be patient if staff are delayed and understand that if there is a problem with the legality of a prescription, the pharmacist will not be able to dispense it.
- Understand that if doses are missed on a specified day, or if it cannot be given (for example due to intoxication), it cannot be collected on a later day.
- Store, transport and dispose of all medication, other substances, paraphernalia and keys to access safe storage facilities, safely and securely, including out of the sight and reach of children and vulnerable others.
- Inform if someone else takes their prescribed medication and tries to get the person immediate medical help if they are at risk of overdose (e.g. if accidentally taken by a child phone 999 immediately).
- Inform the DVLA about any prescribed medication.
- Not stock-pile medication and return any unused medication to the pharmacy for destruction.

- Not alter prescriptions in any way as this will be considered as fraud and will be reported to the police.
- Engage in psychosocial activities and drug testing as agreed in the recovery plan.
- Understand that if the above points are not adhered to then the pharmacological intervention may be reviewed to ensure that it is being prescribed safely and effectively.

**We, the undersigned, agree to the terms laid out in this agreement.**

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|---|---|---|---|---|---|
| Person's Name | | Signature | | Date | __ / __ / __ |
| Waythrough Representative Name | | Signature | | Date | __ / __ / __ |
| Pharmacy Contractor (or named Representative on behalf of the contractor) Name | | Signature/Pharmacy Name | | Date | __ / __ / __ |
| GP Name *(for shared care ONLY)* | | Signature | | Date | __ / __ / __ |