

SCHEDULE 1 – SPECIFICATION

1. Duration

1.1 This agreement shall take effect for a period from 01/05/2026 to 30/04/2026.

2. Background

2.1 Community pharmacies play a key role in supporting people who are prescribed Medication-Assisted Treatment (MAT).

2.2 Supervised consumption of MAT helps to keep service users safe and supports them with adhering to their prescribed medication.

2.3 Supervised consumption also helps to keep communities safe by reducing opportunity for diversion and illicit supply of medication.

2.4 Pharmacies can help treatment services such as Change Grow Live improve the care and support they provide by sharing data about missed and late doses. This provides a true picture of the persons adherence to their treatment and gives an opportunity to reach out to people at times when they may be more vulnerable.

3. Aims and intended service outcomes

3.1 Drug and alcohol treatment services and community pharmacies can work together to enhance the treatment and care experience for people who are prescribed supervised consumption of MAT.

3.2 The supervised consumption service aims to improve care delivery and treatment outcomes by:

- Supporting people to take their medication as prescribed
- Reducing the risk of drug-related harm
- Sharing valuable data with prescribing services to allow them to intervene at critical times during the treatment journey
- Providing the service user with regular contact with a healthcare professional

4. Service outline

4.1 The pharmacy will offer a user-friendly, non-judgmental, person-centred, and confidential service, comprising of:

- Supervised consumption of MAT
- Notification of missed and late doses for those who are prescribed supervised consumption of MAT

4.2 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.

4.3 The treatment service will be responsible for obtaining the service user's consent to each element of the service. This will be communicated to the pharmacy.

4.4 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 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 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.

4.5 **Supervised Consumption**

- 4.6 Supervised consumption will be provided, when confirmed that the provider has capacity, at the request of the prescriber.
- 4.7 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.
- 4.8 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.
- 4.9 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.
- 4.10 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.
- 4.11 Pharmacies will record supervised consumption activity via PharmOutcomes.
- 4.12 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.
- 4.13 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.
- 4.14 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.
- 4.15 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.

- 4.16 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 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.
- 4.17 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.
- 4.18 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.
- 4.19 **Reporting missed or late pick-ups**
- 4.20 Any missed medication collections by people prescribed supervised consumption of MAT will be notified by the dispensing pharmacy to the prescribing service, within one working day via email, telephone or PharmOutcomes.
- 4.21 This will allow the Change Grow Live service to monitor treatment adherence and provide follow-up and support to the individual and review their treatment plan as needed.
- 4.22 Any remaining medication supplied late after a missed collection is to be reported via email, telephone or PharmOutcomes.

5. Data Recording & Information Sharing

- 5.1 The pharmacy will maintain accurate and up to date records of service activity using PharmOutcomes.

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 dispensing	Reported at the end of each month	Confirmation that all missed and late pick-ups have been notified, and enables payment of

		individual supervised consumption fees.
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- 5.2 Tameside Integrated Care Board (ICB) will provide the license for data recording via PharmOutcomes.
- 5.3 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).
- 5.4 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.
- 5.5 **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.
- 5.6 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.

6. Accessibility

- 6.1 Services will be available to anyone who needs them during pharmacy opening hours.
- 6.2 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.
- 6.3 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.

7. Safeguarding and Governance

- 7.1 The Pharmacy staff must be aware of local child and vulnerable adult safeguarding procedures and follow them at all times.
- 7.2 All Pharmacists and Pharmacy Technicians will be trained to Level 2 in Safeguarding. All other pharmacy staff, who may be indirectly involved in providing the supervised consumption service, must be aware of safeguarding procedures and escalation processes within the pharmacy.

8. Required Training

- 8.1 Pharmacists and 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 2 years.

- 8.2 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.
- 8.3 A three-month grace period is allowed for new staff members to complete the required training avoiding disruption to service delivery.
- 8.4 The local Change Grow Live service will provide update training, suitable for all members of the pharmacy team, on a quarterly basis. This may be delivered as a combination of face-to-face and online events (which will be made available on demand, where possible).
- 8.5 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.
- 8.6 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 must then be cascaded to all pharmacy staff involved in delivering the supervised consumption service.

9. Quality and safety

- 9.1 The pharmacy must have up-to-date policies and procedures in place for delivery of these services.
- 9.2 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.
- 9.3 The contract holder will ensure that appropriate professional indemnity insurance is in place.
- 9.4 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.

10. Incidents and feedback

- 10.1 Incidents and feedback in relation to this service will be reported and investigated as per the pharmacy's incident reporting procedures.
- 10.2 A summarised copy of the incident report, investigation, and outcomes will be provided to the local Change Grow Live service when requested.
- 10.3 Any serious incidents will be notified to Change Grow Live within 5 working days.

11. Payment arrangements

Service	Payment
Supervised consumption – methadone (all brands)	£1.00 per supervised dose
Supervised Consumption - Espranor	£2.00 per supervised dose
Supervised consumption – sublingual buprenorphine (all brands)	£1.50 per supervised dose

- 11.1 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. The grace period for claims is three months inclusive of the month claimed, any claims recorded past this point will not be honoured.
- 11.2 Fees will be paid based on submitted claims, into a bank account specified by the pharmacy.
- 11.3 The service contract and financial details will need to be completed and returned before any payments will be made.
- 11.4 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.
- 11.5 This agreement will be reviewed on an Annual basis.

Appendix 1: Local Contact Information

Local CGL Service: Change Grow Live My Recovery Tameside

Local CGL Service address: 111-113 Old Street, Ashton-under-Lyne, OL6 7RL

Local CGL Service telephone number: (0161 672 9420)

Local CGL Service email address: Tameside.Referrals@cgl.org.uk

Lead Contact: Isobel Mann (Service Manager) or Francis Henderson (Community Pharmacy Lead).