

Department of Health and Wellbeing

Public Health
5th Floor South
Britannia House
Hall Ings
Bradford BD1 1HX

Tel: (01274) 435336
Email: Colin.Stansbie@bradford.gov.uk

Date: 12th December 2019

Dear Pharmacist

RE: Contract for Supervised Consumption of Prescribed Medicines for Substance Misusers

I write in reference to the above Contract and the intention to vary the contract held between the Parties:

- (1) City of Bradford Metropolitan District Council of City Hall Bradford BD1 1HY (the "Council"); and
- (2) (the "Provider")

The Parties agree to vary the Contract and the scope of the Variation is set out in the attached Schedule of Change. The Variation is effective from the Effective Date stated in the Schedule of Change and subject to the changes made by this Variation the terms and conditions of the Contract remain in effect.

Words used but not defined in this Variation have the same meaning as they do in the Contract.

If you are in agreement with this variation please **complete and sign where indicated below and return a completed copy to me either by email or posted to the address above.**

Yours faithfully,



Signed for and on
behalf of the Authority
Name: Colin Stansbie
Position: Public Health Commissioning Manager

Schedule of Change

1. **Effective Date: 1 April 2020.**

2. **Changes to the Services**

The Services shall be amended as follows:

Section	Amendment
AGREED TERMS 1 Definitions and Interpretation 1.1 Definitions	Expiry Date defined at Clause 1.1 of the contract The Expiry Date is amended to 31 st March 2021.
SCHEDULE 1 – SERVICE SPECIFICATION	Clause 3.3.12 ‘Payment will be at the rate of £1.40 per methadone supervision and £2.85 per buprenorphine or morphine supervision’. to be removed and replaced with: ‘Payment will be at the rate of £1.40 per methadone and £2.85 for espranor oral lyophilisate (containing buprenorphine hydrochloride), buprenorphine or morphine supervision.
SCHEDULE 1 – SERVICE SPECIFICATION	New clause to be inserted after 3.5.15 at 3.5.16 ‘The route of administration for Espranor is on the tongue, not under it. The oral lyophilisate should be taken from the blister unit with dry fingers, and placed whole on the tongue until dispersed, which usually occurs within 15 seconds. Swallowing should be avoided for 2 minutes. The oral lyophilisate should be taken immediately after opening the blister. Patients should not consume food or drink for 5 minutes after administration. Pharmacists must advise patients that administration on the tongue is the only effective and safe route of administration for this medicinal product. If the oral lyophilisate, or saliva containing buprenorphine are swallowed, the buprenorphine will be metabolised and excreted and have minimal effect’.
SCHEDULE 1 – SERVICE SPECIFICATION	The following clauses to be re-numbered, following insertion of new clause at 3.5.16: 3.5.16 to be re-numbered as 3.5.17 3.5.17 to be re-numbered as 3.5.18 3.5.18 to be re-numbered as 3.5.19 3.5.19 to be re-numbered as 3.5.20 3.5.20 to be re-numbered as 3.5.21 3.5.21 to be re-numbered as 3.5.22

Signed on behalf of COLIN S SERVICES

CS Road CS Town Bradford CS1 1CS

Signed

Print Name

Position.....

Date.....

Signed on behalf of the Council

Signed 

Print Name COLIN STANSBIE

Position: Public Health Commissioning Manager

Date: 12th December 2019.....