Appendix A: Roles and Responsibilities



Turning Point Supervised Consumption of Opioid Substitution Treatments and other medication Pharmacy Specification

Turning Point Treatment Service will:

- 1. Take responsibility for establishing and monitoring pharmacy accreditation and performance against the performance and quality markers outlined in the service specification.
- 2. Liaise closely with the pharmacy staff and the service users.
- 3. Ask the service user which of the participating pharmacies they wish to attend and will not direct the service user to a particular pharmacy.
- 4. Advise Pharmacists when a new service user is to have supervised medication, ensuring the pharmacy is contacted immediately prior to the service user accessing the pharmacy and providing a 4-Way Agreement (if agreed locally appendix 4) or introduction letter (appendix 5) before commencing treatment under supervision.
- 5. Inform service users that doses must be taken under the direct supervision of the Pharmacist or trained pharmacy staff member working under their supervision.
- 6. Report appropriate incidents via the Turning Point clinical governance framework.
- 7. Provide details of relevant referral points which pharmacy staff can use to signpost service users who require further assistance and will provide health promotion material relevant to the service users to pharmacies.

The Pharmacy Contractor will:

- 1. Take responsibility for meeting the standards for accreditation and delivering a quality service through achieving the performance and quality markers outlined in the service specification.
- 2. Liaise closely with the Turning Point Treatment Service.
- 3. Ensure a GPhC registered Pharmacist or Locum is present each day the pharmacy is open.
- 4. Notify the relevant Turning Point service of:
 - a. Any service users not attending for three consecutive days for any medication
 - b. Any service users not collecting a dose during a titration
 - c. Any service user missing four days from a 14-day prescription
 - d. Any service missing doses in a regular pattern e.g. every Monday
 - e. All errors that relate to prescriptions provided by the treatment provider or that affect the service user
 - f. All incidents that relate to prescriptions provided by the treatment provider or that affect the service User
 - g. All dispensing errors relating to service users in this service and inform the local CD Accountable Officer
- 5. Inform Turning Point of any changes of pharmacy ownership or regular pharmacy manager.

Appendix A: Roles and Responsibilities

- 6. Treat service users with a supportive, understanding and professional attitude. The service should be as discrete as possible and service users treated with respect and courtesy.
- 7. May reasonably refuse to accept service users e.g. where someone has previously created difficulties. However, a valid reason must be supplied and reported to the treatment provider immediately. Pharmacies may not refuse to take service users base d on the drug or formulation prescribed.
- 8. Contact the relevant service and/or the police where fraud is suspected (the conditions specified in the Terms of Service of Pharmacists [NHS Regulations Schedule 1, Part 2, Part 9] relating to refusal to supply drugs also apply).
- 9. Report service user behavioural incidents to the Treatment Service. If this is out of hours a message should be left and followed up on the next working day. E-mails must not be used for reasons of confidentiality.
- 10. Check prescriptions and inform the relevant TP Treatment Service of any missing prescriptions or queries that may arise. This must be done on the day the Pharmacy receives the prescriptions.
- 11. Must store prescriptions securely in line with regulatory standards and the pharmacy SOP in an allocated place that all relevant Pharmacy staff are aware of.
- 12. Should ensure that the service user is fully aware of what is expected while in the pharmacy and that the service user is aware of the pharmacy opening and closing times.
- 13. Take all reasonable steps to aid identification of service users and minimise potential error. Service users should be asked for their name, date of birth and current dosage when necessary to confirm the identity of the service user. In practice, it is anticipated that permanent pharmacy staff will also be able to identify regular service users to assist locums.
- 14. Establish a Standard Operating Procedure (SOP) for supervising administration, the minimum components of which are attached (Appendix 3). A copy of the SOP will be made available to Turning Point on request where appropriate.
- 15. Ensure the pharmacy meets the accreditation standards to provide the service. In order to become accredited, **the pharmacy** must have suitable structural facilities, including a consultation room or private area for supervison, which must be used whenever possible for supervised consumption.
- 16. Ensure the **pharmacist(s)** meets the accreditation standards to provide the service (see section 5b of the Pharmacy specification document for full details). For pharmacists to gain accreditation they must have successfully completed the Declaration of Competence (DoC) for the "Supervised Consumption of Prescribed Medicines Service" and the CPPE "Substance Use and Misuse" programme.
- 17. Ensure service users are always primarily offered the use of a private consultation room or private area for consumption of their medication. Only at the instigation of the service user and with the pharmacy staff agreement should consumption occur elsewhere in the pharmacy. It is appreciated that, due to time issues, service users requiring supervised buprenorphine may be supervised in another area of the pharmacy once they have the tablets in place under their tongue.

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- 18. Ensure the service is available from accredited pharmacies for at least part of the six days per week, but five days per week may be considered at the discretion of the Treatment Service.
- 19. Have an up to date SOP for supervised administration in place that all relevant staff have been trained on.