



**PRIMARY CARE COMMUNITY PHARMACY**

**LOCAL PHARMACY SPECIFICATIONS**

**ENHANCED SERVICE FOR ENHANCED INDIVIDUAL CARE**

**INCLUDING**

**PROVISION FOR SUPERVISED ADMINISTRATION**

**FOR MEDICINES**

**OTHER THAN OPIOID SUBSTITUTION THERAPY**

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## Specification for Enhanced Individual Care (Including Provision for Supervised Administration) For Medicines Other Than Opioid Substitution Therapy

### 1. Background/Introduction

1.1 Community Pharmacies currently provide an enhanced level of patient care and communication for patients in receipt of Opioid Substitution Therapy under a Local Enhanced Service. This existing service may involve assessment of patient welfare, provision of self-care advice, referral to additional care providers, communication with the prescribing service regarding patient needs or negative impacts on welfare. The enhanced service may also involve supervision of medication self-administration and reporting of missed doses or poor concordance with prescribed therapy.

1.2 There are a number of other critical circumstances where an enhanced level of assessment, pharmaceutical care and communication between the prescribing service and community pharmacy would be of potential benefit to an individual's wellbeing and safety.

1.3 This Enhanced Individual Care service replicates the enhanced level of care and inter-professional communication currently available for Opioid Substitution Therapy treatment but with a broader applicability to meet the needs of individual patients and circumstances.

1.4 The individual request in each circumstance will vary according to individual need but may involve: providing regular communication and updates to the prescribing service; additional assessment of patient welfare (general appearance and self-care, state of intoxication, visible physical health characteristics); exception reporting (such as missed doses or multiple missed doses); and, potentially, supervision of self-administration (of medicines which are not OST).

Examples of circumstances where this service may be requested may include: during periods of titration or dose change; following introduction of a new medication; following life event or period of challenge; where concern exists regarding concordance; where evidence of welfare is sought; where concerns exist regarding other aspects of health. There may be a variety of circumstances where such a service may be used.

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## **2. Service Outline**

### **2.1 General**

- 2.1.1 The patient will express a preference for a community pharmacy which they wish to attend for the service.
- 2.1.2 The prescribing service will contact the pharmacy contractor to describe the need for and expectations of a period of enhanced individual care. This will be mutually agreed prior to acceptance.
- 2.1.3 The pharmacy contractor will order and hold stock of the specific prescribed medicine on receipt of an appropriately endorsed prescription.
- 2.1.4 Where requested, the pharmacist or registered technician will monitor the self-administration of the specific prescribed medicine on receipt of an appropriately endorsed prescription.
- 2.1.5 The pharmacy will deliver appropriate stigma free pharmaceutical care to achieve the best possible outcome for the patient.
- 2.1.6 The pharmacist will effectively communicate with the multi-disciplinary team of the patient, using contact details provided, in line with the mutual agreement.

### **2.2 Supervised Self Administration**

- 2.2.1 Supervision of the self-administration of the dose will be undertaken by the pharmacist or registered technician. Support will be offered at the outset for any pharmacy taking on the service.
- 2.2.2 Where possible, supervision of the self-administration of the dose will be undertaken discreetly.

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### **3. Shared Care Arrangements**

- 3.1 The identified community pharmacy will be contacted to discuss providing the service to the patient. Details of the treatment and circumstances for the request to observe will be outlined to the community pharmacist.
- 3.2 The pharmacist will develop and maintain close working relationships with the multidisciplinary team of the patient. Should the patient not attend, or should an agreed event occur, contact must be made with the multidisciplinary team of the patient

### **4. Operational Procedure**

- 4.1 A written operational protocol should be available in the pharmacy.
- 4.2 Arrangements will be made by the pharmacist to ensure that all staff, including locum tenens are aware of the protocol.
- 4.3 Pharmacies must have a complaints and incidents reporting procedure in place. Staff operating the service should be familiar with this.

### **5. Training**

- 5.1 No specific training is required, although pharmacists should make themselves aware of the details of the specific prescribed medicine and ensure provision of any required pharmaceutical care.
- 5.2 Support to provide any requested care will be available to pharmacy providers via the Specialist Pharmacist in Substance Misuse (details below).

### **6. Records**

- 6.1 The pharmacist will keep the appropriate records of dispensing within their PMR
- 6.2 The pharmacist may wish to register the patient for the Chronic Medication Service and record any pharmaceutical care issues identified and addressed.

- 6.3 Adverse drug reactions should be reported, where appropriate, to MHRA via the yellow card reporting system <https://yellowcard.mhra.gov.uk>

## **7. Breach of Contract**

- 7.1 Where prima facie evidence of a breach of the terms of this scheme comes to the notice of NHS Ayrshire and Arran the matter will be referred in the first instance to the pharmacy contractor concerned for comment. If appropriate, the pharmacy contractor will be invited to submit proposals for the rectification of the breach. Failure to provide a satisfactory response, or to rectify the breach, will result in the matter being referred to the Chief Executive of the NHS Ayrshire and Arran for consideration by the NHS Board and determination of any further action or sanctions to be taken, including termination of the contract under this scheme and recovery of any payments made in respect of services which have not been provided.