**NHS Grampian**

**Service Level Agreement**

**Provision of Level 1 Substance Use Service (SUS) from Community Pharmacy**

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| **Author**  | Peter Maclean |
| **Approved By**  | Fiona RaeburnLucy Skea |

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1. Introduction
	1. The provision of substance use services through community pharmacy supports the delivery of high quality pharmaceutical care to patients receiving treatment for problematic substance use. All pharmacies are eligible to provide SUS at Level 1. All staff involved in delivery should have access to this SLA. A three month notice period applies should either party wish to terminate this contract. Where a breach in terms of the SLA has occurred the three month notice period may not apply.
	2. The delivery of Level 1 substance use service by community pharmacies is managed through the Pharmaceutical Care Services (PCS) team, with support from the specialist pharmacists in substance use. This SLA acts as a contract between NHS Grampian and the pharmacy contractor. It commits the contractor to provide the services as defined by, and using documents provided in, the service specification and substance use guidance document (under review) which must be read in conjunction with this SLA. Services will be provided with reference to the extant legal, regulatory and professional frameworks in operation at the time.
	3. Pharmacies signing up to deliver Level 1 SUS should:
* Dispense opioid substitution therapy (OST), interventions and support as outlined in the sections below. NB dispensing Buvidal® alone does not incur a fee. Payment for Buvidal can only be claimed for patients where the pharmacy is signed up to the Buvidal® SLA and the injection is being administered by pharmacy staff.
* Ensure all staff involved in the service are familiar with and recognise the signs and symptoms of overdose (see Naloxone SLA’s)
* Promote and deliver naloxone training and supply for people at risk of, or likely to witness, an opioid overdose.
* Provide naloxone for administration in event of an opioid overdose in the vicinity of the pharmacy and train pharmacy staff to administer if needed as per the national [community pharmacy Public Health Service](http://www.publications.scot.nhs.uk/files/pca2023-p-34.pdf) agreement.
* Participate in NHS Grampian organised campaigns to promote overdose awareness
* Participate in NHS Grampian annual drug or alcohol related campaign
* Complete annual check by asking all patients receiving substance use services from the pharmacy if they have an up-to-date blood borne virus test in the last year (Hepatitis C, Hepatitis B and HIV). Where required, support patients to access testing e.g. stock postal testing packs, contact the patient’s substance use service nurse, prescriber or GP (if they are not with a substance use service) or deliver onsite if available.
* Promote the testing of substances using [WEDINOS](https://www.wedinos.org/) process to inform harm reduction messages and build local intelligence. Training will be made available.
* Have a buddy pharmacy in place as part of business continuity plans.
	1. Pharmacies will work collaboratively with the Pharmaceutical Care Services (PCS) team, substance use teams and other local pharmacies to ensure that patients have access to the full range of services such as Injecting Equipment Provision (IEP) and dry blood spot testing and treatment.

# Background to service

# The introduction of the [**Medication Assisted Treatment (MAT) standards**](https://www.gov.scot/publications/medication-assisted-treatment-mat-standards-scotland-access-choice-support/documents/) for Scotland are designed to support delivery of effective care and ultimately reduce the rate of drug related death by ensuring that patients have the necessary access, choice and support to quality treatment. A summary of the 10 standards can be found in Appendix 1. This SLA defines the role of community pharmacy in this collaborative agenda.

# Principles underpinning the delivery of service aims

* 1. The clinical care and holistic wellbeing of people who use drugs will be at the core of all activities and interventions.
	2. Effective communication between the partners involved in each patient’s care plays an important part in the delivery of this service.
	3. An equitable level of pharmaceutical support will be available regardless of the patient’s choice of pharmacy in a way which is safe, effective and auditable.
	4. Patients will have access to the full range of community pharmacy services including harm reduction support and signposting in a bid to promote recovery, reduce harm associated with drug use and contribute to a reduction in drug related death.
	5. The service will be delivered by pharmacy staff with appropriate knowledge and competence (see section 1.28)
	6. The service will be person centred and tailored to each patient’s needs
	7. Patient engagement and retention within treatment services will be promoted and encouraged at all times. Engagement with services is one of the key factors shown to reduce risk of drug related death.

# Level 1 service outline and standard

* 1. Pharmacy contractors will ensure they have detailed Standard Operating Procedures (SOPs) in place to deliver this service in accordance with General Pharmaceutical Council professional standards. All staff involved in delivery of the service will be trained in and have continued access to these SOPs. (SLAs should be kept in an area that all staff can access)
	2. The service will be available for the entirety of the pharmacy’s contracted opening hours.
	3. Community pharmacies should not cap numbers or limit access to patients or their prescribers who request this service. Acceptance of new patients based on frequency and type of dispensing should be avoided (e.g. accepting weekly but refusing daily consume on the premises prescriptions).
	4. Where the pharmacy has concerns regarding service capacity they should contact the PCS team to discuss such concerns and pragmatic arrangements to support managing demand e.g. temporary limits on new clients. However, there is an expectation that pharmacies delivering this SLA will provide services to meet patient need, regardless of the pharmacist on duty and so, whilst NHS Grampian will help contractors manage demands on their services, this is not a routine route to capping client numbers.
	5. Where the relationship between client and pharmacy is under threat/has broken down this should be addressed through discussion between the pharmacist and the patient. Where such a meeting needs to be facilitated a member of the PCS team will provide support. With the exception of violence or aggression or fear of violence and aggression there is no automatic right for a pharmacy to discontinue service provision to a patient. Any consideration of exclusion of a client from a service must be discussed with the drug and alcohol service specialist pharmacists (gram.smspharmacists@nhs.scot). Where no agreement can be found the issue will be escalated to the Director of Pharmacy who will seek to resolve the issue.
	6. Community pharmacy staff will offer a psychological and trauma informed service that is person centred, non-judgemental, which promotes the use of non-stigmatising language and attitudes.
	7. The pharmacy contractor is responsible for ensuring that all aspects of this SLA are being undertaken for all patients with a prescription for supervised self-administration or take home methadone or buprenorphine.
	8. This SLA should be used in conjunction with the accompanying Community Pharmacy Guidance for the Delivery of Substance Use Services (under review May 2024).
	9. The pharmacy will:
* Ensure that the pharmacy has a secure and confidential system for storing all patient records associated with this SLA.
* Complete and keep a signed Information Sharing Agreement for each patient.
* Record any named key contacts for each patient e.g. community mental health nurse (CMHN), social worker/key worker, prescriber
* Maintain a Patient Care Record for every patient. It is strongly recommended that an electronic PCR is created for each patient.
* Refer to the patient checklist when assessing patients to identify required support and interventions and monitor progress.
* Monitor patient response and concordance with treatment and regularly liaise with the prescribing service. This includes timely communication and recording of patient progress, key concerns and interventions undertaken within the SBAR of the patient’s PCR. The patient’s key worker may request feedback from the pharmacy.
* Patients that miss OST doses are at an increased risk of overdose. Pharmacies must have a clear system in place to identify when patients misses doses/collections and act accordingly to safeguard the patient. The accompanying guidance document provides further advice e.g. attempting to make contact with patient to check wellbeing. If the patient has missed 3 days the dose should be withheld until the prescriber can be contacted to discuss and agree the plan. Consider contacting the prescriber earlier if the 3rd day will fall over a weekend, public holiday or other pharmacy closure.
* Dispense and where indicated supervise self-administration, of prescribed medicines. This should include clinical assessment of each patient’s presentation, medication dosing, possible interactions, contraindications or other relevant factors to reduce risk to the patient and communities (e.g. through reducing diversion of medication).
* Methadone should be provided in individually labelled daily dose bottles (best practice guidance, regulation 28) to ensure accurate dosing.
* Supervise self-administration of medication in a consulting room or private area which protects the patient’s dignity. Where there is a separate / designated entrance in addition to the pharmacy’s standard consultation room/private area, patients should be offered the option of where they would prefer to consume their medication.
* Routinely offer naloxone supply and overdose awareness to all patients prescribed OST, family members, friends, significant others and services in contact with people at risk of overdose.
* Hold a supply of naloxone for use in an opioid emergency as per the national [community pharmacy Public Health Service](http://www.publications.scot.nhs.uk/files/pca2023-p-34.pdf) agreement.
* Proactively engage clients as part of organised campaigns to further promote overdose awareness.
* Provide appropriate substance use and generic Public Health information.
* Complete annual check ensuring all patients receiving substance use services from the pharmacy have had an up-to-date blood borne virus test (Hepatitis C, Hepatitis B and HIV). Where required, support patients to access testing or deliver on site if available
* Observe and report concerns relating to child protection and adult support and protection. All staff have a duty of care and legal responsibility to report concerns for people accessing the pharmacy regardless of their reason for attendance.
* Record data associated with service provision, in the format requested, for monitoring and evaluation purposes.
* Provide access to associated pharmacy records if requested during Pharmacy & Medicines Directorate and PCCT contract visits to verify compliance.
* If a patient of the pharmacy dies from a suspected drug related death, you may be asked to provide information for or attend the drug related death review meeting to discuss the patient’s care leading up to their death.
* A pharmacy representative may be asked to participate or submit information on a patient for a multi-agency risk meeting. Multi-agency risk meetings are held where the risk of harm to a patient is felt to be so severe that a co-ordinated effort is needed to agree a way forward and reduce these risks.
	1. The community pharmacy is responsible for seeking anonymous feedback from all patients to ensure quality of service. Such feedback should be undertaken at a minimum interval of annually but consideration of further surveys should be made where significant changes to service or staffing have taken place. NHS Grampian will develop standardised survey materials with the CPS Grampian and be responsible for analysis and feedback to contractors.
	2. The community pharmacy should promote wider health & wellbeing within the patient group. A non-exhaustive list of examples where pharmacy action can improve health may include:
* Smoking cessation
* Healthy eating and exercise
* Sexual health advice and contraceptive provision e.g. condoms
* Oral health
* Vaccination
* Pharmacy First
* Safe storage of medicines
	1. The community pharmacy should be an information point and signpost individuals looking to identify the contents of substances to the externally provided services of [Wedinos](http://www.wedinos.org/).

Wedinos offers this service to individuals but also provides area data back to Grampian about the substances that are in circulation. This information is particularly valuable where illicit drugs contain additional or alternative substances to those that they are presumed to have (NB this service lists the content of substances but does not provide strengths / potencies). Where they wish to discuss those results with the pharmacy the opportunity will be taken to reinforce harm reduction messages.

* 1. The community pharmacy is required to have a business continuity plan in place that assures the ongoing provision of services under this SLA. Each contractor providing services under this SLA is required to identify and agree back up service provision with a ‘buddy’ pharmacy that provides the Level 1 SUS service, in case of situations where the pharmacy has to close unexpectedly.

Where a contractor is part of a multiple pharmacy organisation it is suggested that an internal buddy system be arranged. Arrangements should be in place to sustain the service within the existing contractor premises where possible or transfer them to a location nearby where the contractor’s premises are unusable. All arrangements must meet the specification of service within this SLA and it will clearly be important to have up-to-date contact arrangements for clients.

N.B. It is accepted that such buddy arrangements might also be challenged, for example during a major incident, and the PCS team with substance use service colleagues will seek to support contractors throughout these situations.

* 1. The pharmacy is required to record and report any controlled drug related incidents to the Accountable Officer and prescriber/treatment service as appropriate. The controlled drug team can be contacted by email at: gram.cdteam@nhs.scot

# Training

* 1. Contractors are responsible for ensuring all pharmacy staff are suitably qualified/trained and competent in the aspects of service provision wider than substance Use by completing the core training modules listed on the community pharmacy Grampian website. [Substance Use Service (SUS) Addiction Support – NHS Grampian (scot.nhs.uk)](https://www.communitypharmacy.scot.nhs.uk/nhs-grampian/pages/community-pharmacy-local-services/substance-use-service-sus-addiction-support/)
	2. All staff (including locum pharmacists) involved in providing substance Use services under this SLA must understand and be competent in the use, and application, of the contractor’s SOPs relating to all aspects of the substance Use services.
	3. It is necessary that pharmacists and registered technicians involved in the provision of the service undertake the most recent TURAS distance learning training materials in substance use or equivalent. Other pharmacy support staff involved in providing the service should be encouraged to undertake this training. The current modules are as follows:

**TURAS**

[Substance Use : core module | Turas | Learn (nhs.scot)](https://learn.nes.nhs.scot/71291)

[Substance Use: The principal drugs used in Scotland and their associated](https://learn.nes.nhs.scot/25850)  risk (reference document outlining effects and associated risks of different substances)

[Pharmacy Naloxone Service - Lesson 1 - Drug Related Deaths in Scotland | Turas | Learn (nhs.scot)](https://learn.nes.nhs.scot/70847/pharmacy-cpd-resources/pharmacy-services-essential-learning/community-pharmacy/community-pharmacy-emergency-naloxone-holding-service/pharmacy-naloxone-service-lesson-1-drug-related-deaths-in-scotland) (all three sections to be completed)

[Guidance For Drug Treatment Services In Grampian Undertaking Supply Of Naloxone To People At Risk Of Opioid Overdose, Significant Others And Services In Contact With Those At Risk (nhsgrampian.org)](https://www.nhsgrampian.org/globalassets/services/medicines-management/policies/guide_naloxones.pdf)

[Grampian Guidance for Prescribing Medication Assisted Treatment (MAT) in Community Settings for Patients Experiencing Problematic Substance Use (nhsgrampian.org)](https://www.nhsgrampian.org/globalassets/foidocument/foi-public-documents1---all-documents/guide_mat_cs.pdf)

[Trauma Informed Practice](https://learn.nes.nhs.scot/37898). (Two short videos)



* 1. The community pharmacist and staff must participate in locally agreed training initiatives and peer review sessions identified locally as essential to service delivery. Such requirements will be agreed with CPS Grampian.
	2. The community pharmacist should routinely reflect upon their practice and ensure that they are undertaking appropriate learning to meet identified needs.
	3. Additional training which supports this patient group is encouraged e.g. BBV, overdose awareness, sexual health and wound management training. Scottish Drugs Forum have a good range of eLearning available online:

**TURAS**

[Developing your trauma skilled practice 1 : understanding the impact of trauma and responding in a trauma-informed way | Turas | Learn (nhs.scot)](https://learn.nes.nhs.scot/24384)

[Substance Use: Alcohol](https://learn.nes.nhs.scot/32927)

[Hepatitis C Virus (HCV)](https://learn.nes.nhs.scot/21942)

[Human Immunodeficiency Virus (HIV)](https://learn.nes.nhs.scot/12354)

**Scottish Drugs Forum (SDF)**

[Scottish Drugs Forum eLearning home page](https://www.sdftraining.org.uk/e-learning) list courses available

[Drug Awareness: An Introductory Course](https://www.sdftraining.org.uk/e-learning/277-drug-awareness-an-introductory-course)

[Bacterial Infections and Drug Use](https://www.sdftraining.org.uk/e-learning/170-bacterial-infections-and-drug-use)

[What’s Happening on the Streets with Benzos?](https://www.sdftraining.org.uk/e-learning/1115-what-s-happening-on-the-streets-with-benzos)

# Monitoring & evaluation

* 1. The use of electronic recording processes (using PCR) will allow better audit of services being delivered. It is an intrinsic part of the service provision to maintain records and to submit timely and relevant information for the purposes of audit and evaluation and to enable the payment process.
	2. A performance management template for the service will provide a set of key performance indicators that will be used to provide feedback to contractors and to provide a basis for dialogue on the quality of service being achieved. This will comprise analysis of ISD dispensing data and audit. This feedback will be used to provide evidence of pharmacy contractor compliance with the Substance Use Service contract requirements. PCCT/ PCS regular contract visit will give contractors and Health Board an opportunity to discuss the delivery of the service and evidence of service provision.
	3. Pharmacies must undertake and provide evidence of quality improvement work where areas of concern have been identified.

# Payment

* 1. Pharmacies will be reimbursed £50.875 / month for each patient they have accessing Level 1 substance use service. Attendance at drug death review or multi agency meetings will be reimbursed at £200.
	2. Pharmacy contractors should ensure a full and accurate completion of the Pharmacy Claim Workbook to ensure timely reimbursement,
	3. Claims should be submitted by the 7th of each calendar month to PCCT (gram.pcctpharmacy@nhs.scot)
	4. Failure to comply with the requirements of this SLA may result in payment being withheld.

# Key Contacts

SUS specialist pharmacists:

Gram.smspharmacists@nhs.scot

PCS Team:

Gram.pharmaceuticalcareservices@nhs.scot 01224 556768

Primary Care Contract Pharmacy Team

Gram.pcctpharmacy@nhs.scot

# **Appendix 1:** Summary of the Medication Assisted Treatment (MAT) Standards

Standard 1. All people accessing services have the option to start MAT from the same day of presentation.

Standard 2. All people are supported to make an informed choice on what medication to use for MAT, and the appropriate dose.

Standard 3. All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.

Standard 4. All people are offered evidence-based harm reduction at the point of MAT delivery.

Standard 5. All people will receive support to remain in treatment for as long as requested.

Standard 6. The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychosocial interventions (tier 2); and supports individuals to grow social networks.

Standard 7. All people have the option of MAT shared with Primary Care.

Standard 8. All people have access to independent advocacy and support for housing, welfare and income needs.

Standard 9. All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery.

Standard 10. All people receive trauma informed care