

LOCALLY COMMISSIONED SERVICE (LCS) SPECIFICATION

Service	Supervised Self Administration (SSA) of Methadone/Buprenorphine
Commissioner Lead	Anna Hall
Provider Lead	As per contract
Period	Commence April 2015 2 years (with option to extend for 1 year) The LCS will be subject to annual review and change by the LBC

1. Purpose

1.1 Aims

- 1.1.1 To ensure compliance with the agreed treatment plan by:
- ◆ Dispensing in specified instalments and when appropriate as take away doses NB Doses may be dispensed for the patient to take away to cover days when the pharmacy is closed in line with Home Office wording,
 - ◆ Ensuring each supervised dose is correctly consumed on site by the patient for whom it was intended.

1.2 Evidence Base

1.2.1 The Department of Health Drug misuse and dependence: UK guidelines on clinical management, 2007 states that “Supervision of consumption by an appropriate professional provides the best guarantee that a medicine is being taken as prescribed. Since the advent of supervised consumption, the number of drug related deaths involving methadone had reduced, during a period when even more methadone is being prescribed, providing indirect evidence that supervising the consumption of medication may reduce diversion” (page 50).

1.2.2 This service specification is supported by a number of key documents and publications (including updates thereof):

- Models of Care for substance misuse treatment: promoting quality, efficiency and effectiveness in drug misuse treatment services Department of Health and National Treatment Agency, 2002
- Models of care for treatment of adult drug misusers: Update 2006 National Treatment Agency, 2006
- Drug Misuse and Dependence – UK Guidelines on Clinical Management, National Treatment Agency (on behalf of the Department of Health and devolved administrations) 2007
- Best Practice Guidance for commissioners and providers of pharmaceutical services for drug users, February 2006
- Guidance for the use of methadone for the treatment of opioid dependence in primary care Royal College of General Practitioners, 2005
- Guidance for the use of buprenorphine for the treatment of opioid dependence in primary care Royal College of General Practitioners, 2004
- Guidance for the use of substitute prescribing in the treatment of opiate dependence in primary care Royal College of General Practitioners, 2011 <http://www.rcgp.org.uk/clinical-and-research/clinical-resources/substance-misuse-resources-for-gps.aspx>
- Methadone and buprenorphine for managing opioid dependence, NICE technology appraisal TA114 2007a <http://www.nice.org.uk/TA114>
- NHS Camden, CCG, Drug Misuse and Dependence: Treatment Guidelines http://nww.documentstore.camden.nhs.uk/nww_store/camden/policies/Drug%20Misuse%20and%20Dependence%20Treatment%20guidelines%20update%202010%20FINAL.pdf

1.3 General Overview

- 1.3.1 The Department of Health Drug misuse and dependence: UK guidelines on clinical management, 2007 recommends “In most cases, new patients being prescribed methadone or buprenorphine should be required to take their daily doses under the direct supervision of a professional for a period of time that may be around three months, subject to assessment of patient compliance and individual circumstances. There may be variation in practice across the UK and a range of durations of supervised consumption is likely to be seen for different patients, ranging from just a couple of weeks in highly compliant patients to much longer in patients who fail to respond to conventional treatment.
- 1.3.2 In the majority of cases the person supervising will be a community pharmacist, although some specialist services and dispensing doctors may employ their own pharmacy or nursing staff to provide on-site supervised consumption. There should be multi-agency protocols in place to ensure a consistent high standard of service is provided. As part of the service, there should be systems in place to ensure information about patients is fed to and from the prescriber and keyworker, as well as agreement from the patient that confidential information can be shared between the pharmacist and named members of the multidisciplinary team.” (Department of Health Drug misuse and dependence: UK guidelines on clinical management, 2007 page 51)
- 1.4 Objectives and expected Outcomes**
- 1.4.1 To support recovery in partnership with drug treatment providers
- 1.4.2 To reduce the risk to local communities of:
- ◆ Over usage or under usage of medicines;
 - ◆ Diversion of prescribed medicines onto the illicit drugs market; and
 - ◆ accidental exposure to the supervised medicines.
- 1.4.3 To ensure people who are referred to this specialist service are able to self-administer prescribed medication under the supervision of a qualified health professional.
- 1.4.4 To provide people with regular contact with health care professionals and to help them access further health advice or assistance. The service user will be referred to specialist treatment centres or other health and social care professionals where appropriate.

2 Scope

2.1 Service Description

- 2.1.1 This service will require the LCS contractor (pharmacy or healthcare provider) to supervise the self-administration of prescribed medicines (methadone or buprenorphine) at the point of dispensing.
- 2.1.2 Supervised self-administration (SSA) can take place in a pharmacy, drug treatment service or other clinical environment. In whatever environment staff, supervising the consumption of medication, need to be competent to do so¹ and ensure that the dose has been consumed by the patient.
- 2.1.3 To be eligible for the Camden payment (see section 10) associated with this LCS, the contractor will provide this service to adult patients aged 18 years or over being prescribed by Camden registered GPs/Camden drug service providers only. The LCS contractor are free to accept SSA referrals from outside the area that are not paid for under this LCS and/or sign up to provide SSA under a neighbouring borough's scheme if they fulfil the acceptance criteria.

¹ Department of Health Drug misuse and dependence: UK guidelines on clinical management, 2007 page 51

- 2.1.4 The LCS contractor will offer a user-friendly, non-judgmental, client-centred and confidential service.
- 2.1.5 The LCS contractor will ensure all staff delivering the supervised self-administration service provider will provide support and advice to the patient, including referral to primary care or specialist centres where appropriate.
- 2.1.6 The service will conform to the overarching principals outlined in the London Borough of Camden (LBC) standard contract for LCS contractors.
- 2.1.5 The referral to supervised self-administration services meets the agreed referral pathway as deemed appropriate by the referring service/clinician/specialist centre.

2.2 Accessibility / acceptability

- 2.2.1 Community pharmacy/open access healthcare settings are ideally suited to this service as these sites are often open at weekends and have extended opening hours beyond 5pm. For provision of this service LCS contractors must be open 6 days per week, with an appropriately competent pharmacist/healthcare professional present during these hours to deliver this LCS.
- 2.2.2 For provision of this service LCS contractors premises must be situated within the boundaries of the London Borough of Camden.
- 2.2.3 All pharmacists/healthcare professionals supervising this patient group must comply with Disclosure and Barring Service (DBS) clearance (see Appendix 4).
- 2.2.4 There is a cost involved in the DBS check, however after consultation with Camden & Islington LPC, Camden & Islington Public Health have agreed to fund up to 3 DBS checks for standard hours pharmacies and 6 for extended hours, per year. This is the total number of DBS checks across all public health funded LCS specifications. DBS checks must be undertaken every 3 years. If more individuals require a DBS check the pharmacy would need to pay for these, however they could be undertaken through the same process at a cost of £64 per check (subject to change).
- 2.2.5 Healthcare professional(s) involved in the delivery of SSA is qualified to dispense an NHS prescription (evidence of relevant professional body e.g. General Pharmaceutical Council (GPhC))
- 2.2.6 All LCS contractors providing supervised self-administration services will be visited by the coordinator and/or attend a local accreditation event to ensure contractors meet the service specification and provide appropriate training
- 2.2.7 All staff involved in the delivery of this service must have and evidence an appropriate level of accreditation to undertake these services
- 2.2.8 For healthcare professionals the required training is:
 - RCGP Certificate in the Management of Drug Misuse Part 1
- 2.2.9 For pharmacy contracted staff the required training is CPPE training
 - Substance Use and Misuse pharmacist version Substance use and misuse: Delivering pharmacy services - public health – workshop
 - Dealing with difficult situations

2.3 Whole System relationships

- 2.3.1 LCS contractors commissioned to provide SSA services will receive referrals from NHS prescribers (GPs and specialist drug services) within Camden

- 2.3.2 LCS contractors should receive a courtesy telephone call from the prescriber or keyworker requesting they take the patient on for SSA services and to check whether the contractor has capacity to accept the patient.
- 2.3.3 LCS contractors will comply with the locally approved patient threshold levels for each individual community pharmacy/healthcare setting.
- 2.3.4 LCS contractors will only be paid for SSA activity involving Camden patients receiving NHS prescriptions from Camden GPs or Camden's specialist drug services.

2.4 Interdependencies

- 2.4.1 Camden's opioid prescribing services – GPs and specialist drug services
- 2.4.2 Staff involved in the delivery of the LCS will share relevant information with other health professionals (including keyworkers) and agencies in line with local confidentiality arrangements.
- 2.4.3 Staff delivering SSA services will support the patient and the prescriber (and/or keyworker) by monitoring continuity of care and contributing to the aim of maximising retention of patients in the treatment system by:
- Reporting when patients drop out of treatment (e.g. when 3 missed consecutive doses are not collected)
 - Reporting any relevant healthcare concerns about the patient
 - Providing relevant information when requested by prescribers (and/or keyworkers).
- 2.4.4 This locally commissioned service specification recommends the following communication mechanism between LCS contractors delivering SSA services and opioid prescribing services (Camden Drug Services/GPs/Hospitals) to ensure a communication audit trail is evidenced and reduce serious untoward incidents.
- 2.4.4.1 **Communication From Prescriber** - If the prescriber contacts the LCS contractor with specific instructions (e.g. cancelling existing prescriptions) the prescriber will follow up any verbal instructions with a written confirmation. The prescriber will also request acknowledgement of any instructions to the LCS contractor regarding SSA clients/prescriptions.
- 2.4.4.2 It is recommended staff receiving the written instructions date, sign, print their name and stamp the communication and return it to the prescriber to acknowledge instructions and to confirm it has been actioned. This provides a robust audit trail.
- 2.4.4.3 **Communication From LCS contractor** – It is recommended all verbal communication originating from the LCS contractor with prescribers/keyworkers (such as informing of missed doses, concerns about patient) be captured in written form by the LCS contractor staff sending the communication and the LCS contractor request acknowledgement from the prescriber. This is good practice and supports a robust audit trail.
- 2.4.4.4 **Communication with hospitals** – Incidents have been reported whereby a client has been admitted to hospital and the SSA LCS contractor has not been informed. This has resulted in the client receiving a double dose (one from the hospital and one from the LCS contractor). There have also been cases whereby the LCS contractor has been informed but the hospital has not informed the clinic/keyworker.
- 2.4.4.5 The named clinical governance lead should ensure that the LCS contractor contact details on NHS Choices are correct as hospitals will use these if the client is unable to provide them with the details. It is recommended all communication with hospitals about SSA patients is recorded and acknowledgement is requested. Although the hospital would be

expected to inform the clinic/prescriber about client queries/admissions, there have been incidents where this has not happened.

- 2.4.4.6 LCS contractors are therefore recommended to inform the SSA prescriber as soon as possible that the individual is in hospital and share any other communications received from the hospital. Existing SSA prescriptions held with the LCS contractor should be cancelled by the hospital (including where the hospital is enquiring about dose as another clinician is intervening) to reduce the risk of double dosing and overdose. Staff delivering SSA services should also record this on the PMR system to alert other staff/colleagues to the incomplete episode. Where patients are **discharged** from hospital and present to the LCS contractor for their SSA dose, they should be referred back to the SSA prescriber (on a week day) or hospital ward (at weekends).

2.5 Relevant networks and screening programmes

- 2.5.1 None

2.6 Sub-contractors

- 2.6.1 When locum cover is being provided the LCS contractor needs to ensure as far as possible that the cover is given an adequate handover to dispense the medication safely. If there is to be a long-term locum (i.e. longer than for a one month period) then they will need to undergo training as in 3.10.
- 2.6.2 If a member of staff who has undergone the training leaves, as in 3.1.9, the 30 day obligation to meet training requirements will also apply to the new employee. It is up to the LCS contractor to contact LBC and shared care co-ordinator **immediately** should there be any change in pharmacist/circumstance. The service will be decommissioned after the 30 day period has finished should the training requirements outlined in 3.1.10 not be met.

3 Service Delivery

3.1 Service Model

- 3.1.1 The part of the premises used for provision of the SSA service provides a sufficient level of privacy and safety and meets other locally agreed criteria i.e. consultation area/room. Supervised self-administration should never take place in dispensary areas for both professional and security reasons.
- 3.1.2 All labels must be removed from the patient's dispensed containers before throwing away, to maintain patient confidentiality.
- 3.1.3 LCS contractors must have a standard operating procedure to cover all the processes involved in the scheme, which is readily available to and understood by all staff (including locum staff) involved with the scheme
- 3.1.4 All LCS contractors will have on site access to the internet for data reporting requirements through Webstar Health www.servicepact.co.uk
- 3.1.5 Where LCS contractors are unable fulfil point 3.1.4, LBC needs to be informed immediately. LBC will require an action plan from the LCS contractor with a clear indication of when 3.1.4 will be fulfilled.
- 3.1.6 Terms of agreement (Appendix 1), will be set up between the LCS SSA provider and patient (a two-way agreement) to agree how the service will operate, what constitutes acceptable behaviour

by the client, and what action will be taken by SSA provider if the user does not comply with the agreement.

- 3.1.7 Providers will ensure copies of two-way agreements (Appendix 1) are kept securely and retained for at least 2 years for monitoring purposes.
- 3.1.8 If a client on supervised self-administration misses three consecutive doses, it is the duty of the LCS contractor on the third day to contact the prescriber to inform them of this, and to not dispense further doses to the client unless the prescriber has been notified, a new prescription has been issued or the prescriber authorises the existing prescription to continue. SSA contractors should have systems in place to record missed/uncollected doses on the right hand side of the instalment prescription and on the PMR so that the next member of staff on duty is alerted of any missed doses.
- 3.1.9 When locum cover is being provided the LCS contractor needs to ensure as far as possible that the cover is given an adequate handover to dispense the medication safely. If there is to be a long-term locum (i.e. longer than for a one month period) then they will need to undergo training as in 3.1.10.
- 3.1.10 The contract to provide supervised self-administration services to the identified client group is with the LCS contractor and not the individual pharmacist/healthcare provider employees. The LCS contractor has a duty to ensure that pharmacists and healthcare professional staff involved in the provision of the service have relevant knowledge and are appropriately trained (see 2.2.9; 2.2.9) in the operation of the service as demonstrated through continuing professional development and personal development plans **PLUS** attendance at one locally determined training updates (provided as a minimum once a year).
- 3.1.11 If a member of staff who has undergone the training leaves, as in 3.1.9, the 30 day obligation to meet training requirements will also apply to the new employee pharmacist. It is up to the LCS contractor to contact LBC and shared care co-ordinator **immediately** should there be any change in pharmacist/circumstance. The service will be decommissioned after the 30 day period has finished should the training requirements outlined in 3.1.10 not be met.
- 3.1.12 The LCS contractor has a duty to ensure that pharmacists and staff involved in the provision of the service are aware of and operate within local protocols.
- 3.1.13 The LCS contractor must maintain appropriate records to ensure effective ongoing service delivery and audit.
- 3.1.14 Staff involved in the delivery of the LCS will share relevant information with other health care professionals and agencies, in line with locally nationally and legally determined confidentiality arrangements.
- 3.1.15 The LBC shared care co-ordinator will arrange an annual audit – this may include visits (by appointment) to each LCS contractor to go over their CD records (with Camden clinical commissioning group medicines management colleagues) and inspect the premises to ensure that they are fit for purpose, plus a service checklist, based on quality indicators
- 3.1.16 The LBC will arrange at least one evening (where possible) contractor meeting per year to promote service development and update the knowledge of SSA service delivery staff.
- 3.1.17 The LBC will provide a framework for the recording of relevant service information for the purposes of audit (currently via Webstar Health Service PACT tool) and the claiming of payment. All payment claims will be subject to random scrutiny by the commissioner and any concerns highlighted with the relevant professional body and/or NHS Protect <http://www.nhsbsa.nhs.uk/Protect.aspx> .

- 3.1.18 The LBC will provide details of relevant referral points which members of staff can use to signpost service users who require further assistance.
- 3.1.19 The LBC will distribute appropriate health promotion material relevant to LCS contractors to distribute to people using these services.
- 3.1.20 LCS contractors should be open at least 6 days a week to deliver supervised self-administration services. The usual expectation is that the most medication that could be taken away from the premises in any one go should be 1 day (e.g. Saturday dose to be supervised in the pharmacy, Sunday dose to be taken away), except in exceptional circumstances i.e. bank holidays.
- 3.1.21 There will be a maximum number of patients who can be safely dispensed for by SSA LCS contractors, particularly in light of post Shipman recording responsibilities. This will initially be set at 20 per WTE pharmacist/healthcare professional (**including both SSA methadone and buprenorphine patients**). It is the responsibility of the pharmacist/healthcare professional to ensure that medication is dispensed in accordance with this LCS contract. If a LCS contractor wishes to provide service above this level with one WTE appropriately qualified member of staff a risk assessment (Appendix 2) must be carried out, completed and submitted to the LBC for consideration.
- 3.1.22 A SSA LCS contractor can provide a service to a maximum of 30 patients, where the equivalent WTE appropriately qualified members of staff are in place. If a LCS contractor wishes to provide service above this level a Risk Assessment will be carried out for each additional 10 patients above 30. An action plan, agreed with the LBC, will be implemented by the LCS contractor to address any concerns raised by the Risk Assessment prior to increasing the number of patients receiving the supervised self-administration of methadone or buprenorphine service. A new Risk Assessment and implementation of any attendant action plan will be required each time the LCS contractor wishes to offer the service to up to a further 10 patients above the previously agreed total.

3.2 Supervised consumption of methadone - specifics

- 3.2.1 Methadone dispensed for supervised consumption will be licensed. Where LCS contractors choose to use, extemporaneously prepared methadone, the RPS guidelines should be strictly adhered to and will be monitored as part of CD governance <http://www.rpharms.com/home/home.asp>
- 3.2.2 The appropriately qualified member of staff delivering the SSA service will present the medicine to the person using the service in a suitable receptacle and will provide the person using the service with water to facilitate administration and/or reduce the risk of doses being held in the mouth.
- 3.2.3 *Running balances must be implemented for methadone liquid* - this is good practice and the CD Accountable Officer (AO) is required to ensure that good practice is followed.

3.3 Guidance for the supervised administration of Buprenorphine tablets

- 3.3.1 Buprenorphine is used as an adjunct in the treatment of opiate dependence and in Camden has been approved for use. Buprenorphine in the sublingual formulation is open to potential abuse and diversion into the community, even where there is supervised administration.
- 3.3.2 Buprenorphine should not be removed from its foil packaging until the client presents for his/her supervised consumption dose
- 3.3.3 If a dose is uncollected, the entry on the PMR should be annotated in such a way to alert the next pharmacist on duty of this missed dose. The prescription should also be annotated as "Not Dispensed" or "ND" to reflect this uncollected dose

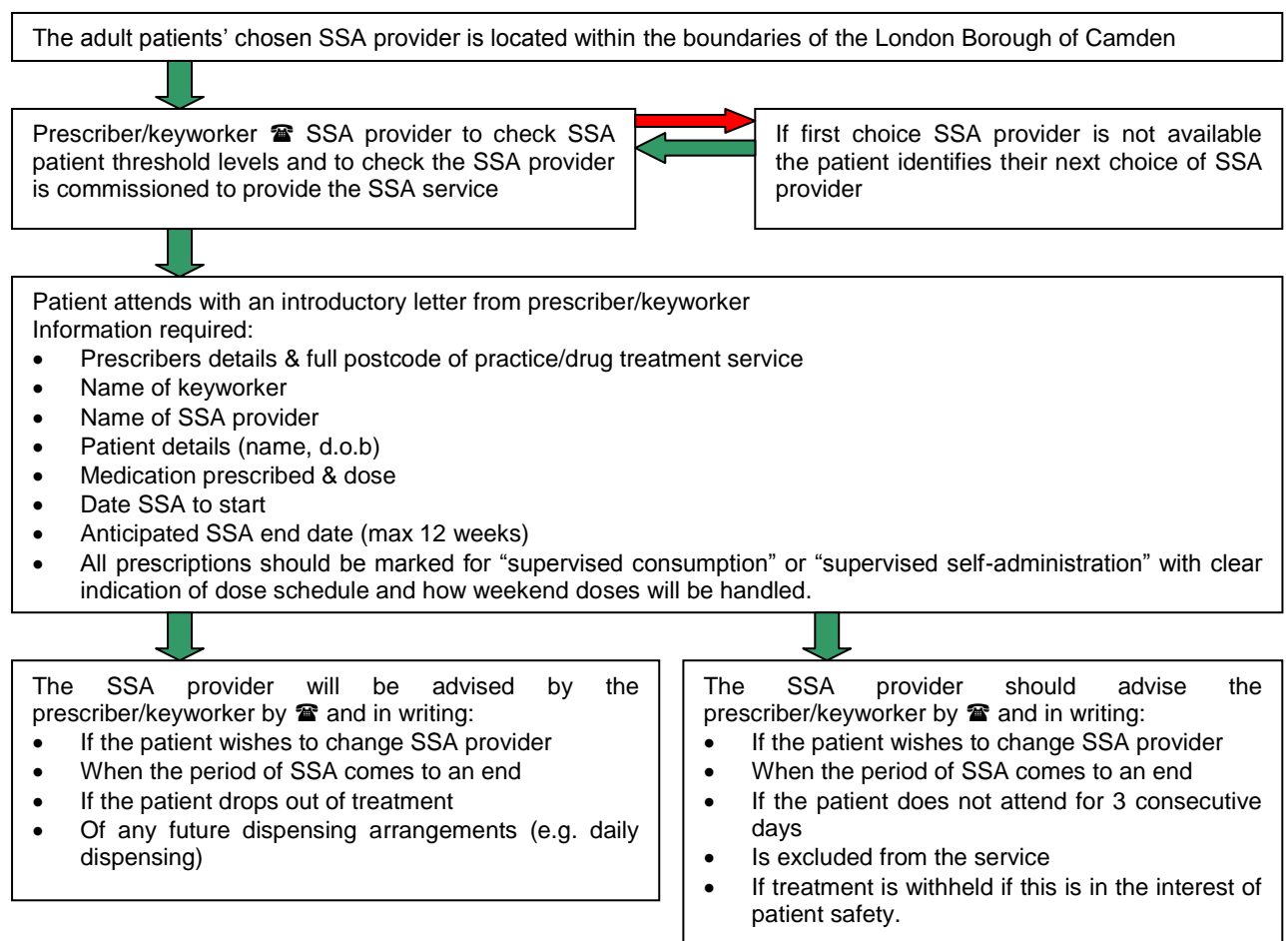
- 3.3.4 Buprenorphine tablets should not be crushed.
- 3.3.5 After careful removal from the foil blister place the tablets onto a piece of suitable paper with a centre crease.
- 3.3.6 Fold the paper in half and hand to the patient; ensure that the tablets are placed under the tongue.
- 3.3.7 Observe that patient until the tablets have dissolved to ensure the dose is suitably administered.

3.4 Care Pathways

- 3.4.1 Patients have the right to choose which accredited Camden SSA LCS contactor they have their prescription dispensed and supervised at. It is inappropriate for prescribers to direct patients to individual named pharmacies.
- 3.4.2 Patients will be encouraged to remain with the same SSA provider providing a valuable, constant and regular link with the same healthcare professional.
- 3.4.3 **Letter of Introduction** - All individuals identified as requiring an SSA service will work with their prescriber/keyworker to identify a local commissioned SSA provider with appropriately accredited staff. To facilitate the referral, the LCS contractor will receive a telephone call to confirm capacity in terms of the SSA patient threshold, at which point the LCS contractor should confirm with the prescriber they are commissioned to provide the services and have an accredited member of staff(see flow chart below).
- 3.4.4 **Note:** Camden has commissioned a number of LCS contactors to provide the SSA service and people will only be given the option to choose a preferred provider from the commissioned list
- 3.4.5 A letter of introduction will be provided by the prescriber for any individual new to SSA services and/or new to the SSA commissioned provider. A copy of the letter of introduction will be faxed to the chosen provider prior to the client presenting.
- 3.4.6 **Action for SSA LCS contractors** - When the individual presents to the SSA LCS contractor, it is recommended the SSA provider confirms their identity and requests the original letter of introduction. (Please note some individuals may not have any photographic identification and this should not be a barrier to the service.)
- 3.4.7 If the chosen LCS contractor does not receive the letter of introduction from the client or the client does not attend, the provider should inform the clinic of this as the client may have taken the prescription to a different provider.
- 3.4.8 **Name of SSA LCS contractor on prescription** - All SSA prescriptions will detail the name and address of the pharmacy identified in the process above. The SSA service is a locally commissioned service and involves the supervised consumption of controlled drugs thus safeguards need to be put in place to minimise incidents.
- 3.4.9 **Action for LCS contractors:** Where an individual presents to a LCS contractor that is different from the one detailed on the SSA prescription, it is recommended that the memembr of staff contact the prescriber.
- 3.4.10 Once the chosen SSA LCS contractor receives the prescription, they should ensure this tallies with information on the letter of introduction. Any discrepancies or ambiguities should be confirmed with the prescriber.
- 3.4.11 SSA LCS contractors will be able to:

- Refer patients experiencing difficulties back to the prescriber or keyworker for reassessment
- Withhold treatment if this is in the interest of patient safety; for example, during titration of doses, if the patient has missed doses or is intoxicated and to liaise and agree with the prescriber or keyworker the appropriate ongoing treatment with future doses.
- Provide a routine assessment of stabilised patients for example for side effects, concordance issues, symptoms of withdrawal, intoxication and childcare issues.

3.4.12 Home office wording_ - The use of home office wording on SSA prescriptions from prescribers should be clear with regards to enabling the supply of CDs to issue the remainder of an instalment prescription when the person fails to collect the instalment on the specified day. However if there is **any** doubt or ambiguity please contact the prescriber immediately



4 Referral, Access and Acceptance Criteria

4.1 Geographic coverage / boundaries

4.1.1 Access to supervised self-administration of methadone/buprenorphine services will be by referral only and is for adult patients aged 18 years or over, in receipt of an NHS prescription being prescribed by Camden registered GPs/Camden drug service providers only

4.2 Location(s) of Service Delivery

4.2.1 SSA methadone/buprenorphine will be provided from the SSA contractor premises, located within the boundaries of the London Borough of Camden, who have been commissioned to provide this service.

4.2.2 The SSA contractor will provide the necessary level of privacy for clients, for example the availability of a private area or consultation room for discreet consumption. Particular consideration should be given to the safety of staff using completely closed consultation rooms.

4.3 Days / Hours of operation

4.3.1 Community pharmacy/open access healthcare providers are ideally suited to this service as pharmacies/healthcare providers are often open at weekends and have extended opening hours beyond 5pm. For provision of this service SSA contractors must be open at least 6 days per week, with an accredited pharmacist/healthcare professional present during these hours.

4.4 Referral criteria & sources

4.4.1 SSA contractors will receive referrals from NHS prescribers (GPs and specialist drug services) within Camden

4.5 Exclusion criteria

4.5.1 This service specification for the provision of supervised self-administration of methadone/buprenorphine services is for adults (those aged 18 years or over) only.

4.5.2 Service users should only be excluded for services detailed under this LCS if they have demonstrated behaviour that has breached accepted rules and standards at the discretion of the LCS contractor but within a structure of user's right and responsibilities.

4.5.3 Service users may be excluded as a result of professional risk assessment and if they pose a serious risk to staff, other service users and members of the public. Where appropriate, work is carried out to engage drug users in this or other more appropriate services and referral to more appropriate services is made where possible.

4.6 Response time & detail and prioritisation

4.6.1 This is an onsite service. SSA contractors are required to dispense NHS prescriptions with reasonable promptness and provide when requested and appropriately accredited in line with this service specification, supervised self-administration methadone or buprenorphine services.

5 Discharge Criteria & Planning

5.1 SSA providers who wish to cease providing this service will give one month written notice. During this month period, the contractor will work in partnership with patients, Camden's opioid prescribing services – GPs and specialist drug services to facilitate the smooth transfer of patients to alternative SSA providers.

6 Self-Care and Patient and Carer Information

6.1 Self-care interventions offered can include, but are not limited to:

- Advice, including handing out written information and verbal information to ensure patients are prepared for the provision of substitute medications from a pharmacy/healthcare provider. This includes advice and written information about methadone/buprenorphine or other pharmacotherapy, alcohol use, risk of overdose, loss of tolerance following missed or uncollected doses, drug interactions, an explanation of supervised consumption and where and how this will occur and opening times.

- Advice on a range of issues including the prevention of drug related deaths (especially storage of any take home medication doses away from children, other family members) overdose prevention, blood borne virus infections, oral health, sexual health, contraception and safer sex, nutrition, minor infections, wound dressings, dental health and nicotine replacement therapy.

7 Quality & Performance Standards		
Quality performance indicator	Method of measurement	Consequence of breach
The SSA contractor has appropriate Camden CCG / Public Health provided health promotion material available for the user group and promotes its uptake. <i>(Department of Health and National Treatment Agency Harm Reduction Materials. Available for order from http://www.harmreductionworks.org.uk/)</i>	Posters, leaflets and information available Checked during announced contract monitoring visits and unannounced visits.	
The SSA contractor reviews its standard operating procedures (for this locally commissioned service) which incorporate business continuity and emergency planning, and the referral pathways for the service at least on an annual basis.	SOP readily available on premises and being followed Emergency and business continuity plans readily available to all staff	Suspension/ decommissioning of service
The SSA contractor can demonstrate that all staff involved in the provision of the service have undertaken and continue to undertake CPD relevant to this service.	RCGP Certificate in the Management of Drug Misuse Part 1 or CPPE certificates <ul style="list-style-type: none"> • substance use and misuse • dealing with difficult situations 	Suspension/ decommissioning of service
The SSA contractor participates in an annual LA organised event supporting service provision.	Attendance for the whole event	
The SSA contractor co-operates with any locally agreed LBC-led assessment of service user experience.	LBC led assessment of service user experience	
The SSA contractor must ensure that CD records are made as promptly as possible.	Verification of CD records – checked at visit	Suspension/ decommissioning of service

8 Activity				
Quality performance indicator	Threshold	Method of measurement	Consequence of breach	Review Due
Submission of activity data via Webstar Health Service PACT Tool	Mandatory Advise (promptly) of exceptional circumstances (e.g. software problems) and provide with action plan and timeline to resolve	Submission of data	Suspension/ decommissioning of service provision	Monthly
Provide SSA services within the maximum patient threshold (set by LBC)	Mandatory Advise (promptly) of exceptional circumstances where the SSA contractor has provided services to over and above the agreed SSA maximum patient threshold.	Data provided by SSA contractor via Webstar Service PACT tool SSA contractors approved for higher thresholds should evidence this by producing copies of:	Suspension/ decommissioning of service provision	Monthly

	Submission of risk assessment by SSA contractor to increase SSA maximum patient threshold based on principles outlined in section 3.1.21 and 3.1.22	<ul style="list-style-type: none"> the risk assessment Camden CCG Letter of approval 		
Referral on to other healthcare service (smoking cessation/NHS Checks etc) in 50% of all SSA clients	Mandatory	Submission of data via the Webstar Health Service PACT Tool	Review of SSA practices with the LCS contractor	Quarterly

- 8.1. Activity will be submitted by SSA contractors on a monthly basis. The window for monthly submissions will close on the 6th day of each following month.
- 8.2. Activity data will be reported on a quarterly basis to London Borough of Camden and any relevant commissioning group.
- 8.3. Activity submissions should be received by Webstar Health by the deadline detailed to ensure payments are received by the Provider as detailed below

Quarter	Activity Month	Webstar Extraction Date	Payment reaches SSA contractor account
1	April 2015	6 th May 2015	July 2015
	May 2015	6 th June 2015	August 2015
	June 2015	6 th July 2015	September 2015
2	July 2015	6 th August 2015	October 2015
	August 2015	6 th September 2015	November 2015
	September 2015	6 th October 2015	December 2015
3	October 2015	6 th November 2015	January 2016
	November 2015	6 th December 2015	February 2016
	December 2015	6 th January 2016	March 2016
4	January 2016	6 th February 2016	April 2016
	February 2016	6 th March 2016	May 2016
	March 2016	6 th April 2016	June 2016

- 8.4 SSA contractors will be expected to retain copies of the Webstar Health payment summaries.
- 8.5 The above activity requirements, after consultation will be subject to annual review and change by LBC.

9 Continual Service Improvement Plan

- 9.1 The supervised self-administration of methadone and buprenorphine service will be reviewed in response to published guidance. Where necessary, service improvements will be made to the supervised self-administration of methadone and buprenorphine service by LBC, in consultation with the LPC/relevant healthcare body.
- 9.2 SSA contractors shall ensure that it has a business continuity plan as part of emergency planning, for this enhanced service, to include;
- Short term major incident

- Flu pandemic.

9.3 Emergency planning should include the following:

- 9.3.1 Notification of any changes to contracted opening hours should be made to **BOTH** NHS England, LBC Shared Care Co-ordinator and the local Camden Medicines Management team. The SSA contractor shall use all reasonable endeavours to resume provision of contracted services as soon as is practicable.
- 9.3.2 List of drug service contact numbers to advise of changes to opening hours and liaison regarding clients using the substance misuse service(s).
- 9.3.3 Advising substance misuse patients on the agreed process for medication collection
- 9.3.4 LCS contractors should ensure that when the prescription ends, the last supply on the prescription is not on a day prior to the clinics closing for the weekend or bank holidays, i.e. Fridays, Sundays (for Monday bank holidays) and where closure coincides with extended period of clinic closures.
- 9.3.5 SSA contractors should advise clients to collect their supply from prescribers during the hours that the clinics are still open, regardless of opening times of the SSA contractors - to ensure that if there were any problems with the supply, the clinic and prescriber could be contacted.

9.4 Further guidance on emergency planning can be found:

- 9.4.1 PSNC – http://www.psync.org.uk/pages/pandemic_flu.html
- 9.4.2 NPA – <http://www.npa.co.uk/Resources/>

10 Prices & Costs

10.1 Price

- 10.1.1 Each supervised administration activity has an agreed fee attached to it. This is for each face-to-face supervised consumption activity. Fees **cannot** be claimed for dispensed medicines which the patient takes away or missed doses.

Methadone supervision

- £2.15

Buprenorphine supervision

- £3.00

- 10.1.2 Payment of the associated fees for the provision of the above substance misuse service, to the Provider will be by the LBC. Payments will be made on a monthly basis on receipt of activity data via the Webstar Health tool www.servicepact.uk
- 10.1.3 Where SSA contractors are unable fulfil point 3.1.4, LBC needs to be informed immediately. LBC will require an action plan from the SSA contractor will a clear indication of when 3.1.4 will be fulfilled.
- 10.1.4 Submission of monthly activity data will be by implication, taken as a true legal reflection of activity and pharmacy contractors will be paid at the agreed rate accordingly

- 10.1.5 SSA contractors should be aware activity data for the month will be calculated on the 6th day of the following month. SSA contractors should ensure monthly activity data is submitted by the 6th of the following month.
- 10.1.6 Partially complete activity data submissions for the previous month, will not be processed. Payments will be made when the data activity for the month is complete.
- 10.1.7 For the first year (1st April 2015-31st March 2016), claims older than the previous month will not be processed, other than in exceptional circumstances which will be advised to the LBC prior to submission. From 1st April 2016, LCS contractors will only receive payment for the activity payment month with no option to late claim.
- 10.1.8 Late submissions will be processed in line with the detailed payment schedule only

Webstar Processing Month	Activity Payment month	Late claim months accepted
April 2015	March 2015	February 2015
May 2015	April 2015	March 2015
June 2015	May 2015	April 2015
July 2015	June 2015	May 2015
August 2015	July 2015	June 2015
September 2015	August 2015	July 2015
October 2015	September 2014	August 2015
November 2015	October 2015	September 2015
December 2015	November 2015	October 2015
January 2016	December 2015	November 2015
February 2016	January 2016	December 2015
March 2016	February 2016	January 2016
April 2016	March 2016	February 2016

- 10.1.9 Following the financial year end (31 March) only payments relating to invoices issued in the new financial year will be processed. LCS contractors should be reconciling payments throughout the financial year.
- 10.1.10 The LBC will obligate to process and make payments in a timely manner and shall notify the Provider should unavoidable delays occur.
- 10.1.11 The LBC shall notify the Provider as soon as practicable if it considers a claim submitted by the Provider is incorrect or that the stated Services have not been provided
- 10.1.12 Where errors occur in data submissions, payment will be adjusted accordingly and reflected in the following month. Where large discrepancies/errors are apparent, these will be discussed between the provider and LBC.

Appendix 1

2 Way Agreement Form

Supervised self-administration of Methadone or Buprenorphine

Name of SSA contractor	
Address	
Telephone No.	
Pharmacy supervised consumption times	Between _____ and _____
Name of Patient	
Telephone No	
Name of Doctor	
Address	
Telephone No	
Name of Key worker	
Address	
Telephone No	

I, the patient's name ,agree to take an active part in my treatment and to the following:

- a. The SSA provider will supervise self-administration on site, of my daily doses of: - (delete as appropriate)
 - Methadone
 - Buprenorphine
- b. I will attend to receive my supervised doses between the times agreed.
- c. I will not request doses to take home other than when the provider is closed.
- d. If I miss a dose on the correct day I will not request it later; it cannot legally be supplied.
- e. I will not request doses in advance of the date due.
- f. I will not attend for supervised doses in the company of other people.
- g. I will not attend for supervised doses under the influence of alcohol or non-prescribed medication. If the pharmacist/healthcare professional considers this to be case then I may be asked to return to the provider later in the day.
- h. I will not act in an aggressive or unreasonable manner.
- i. I will not bring animals into the premises.
- j. I will respect the providers wishes if he/she has to ask me to wait a short time before supervising my medication.
- k. I will not ask that other persons collect medication on my behalf, other than by prior arrangement.
- l. I accept that any medication taken from the provider and lost cannot be replaced.
- m. A lapse of three days in attendance for supervised doses will require the pharmacist/healthcare professional to withhold further doses until I have attended the prescriber and a new prescription issued or further dispensing authorised.
- n. I will inform the pharmacist/healthcacer professional/prescriber if I receive a dose of my medication from the hospital as it illegal for me to obtain a further supply from the SSA provider.
- o. I will work with the pharmacist/healthcare professional to achieve my treatment goals and agree to the sharing of information relating to my treatment with appropriate healthcare professionals and bodies such as London Borough of Camden , which will be used for their performance monitoring purposes.
- p. I will treat all staff of the SSA contractor and GP surgery with respect.

If I am dissatisfied with the way I am treated at the pharmacy then a complaint can be made to **NHS England** <http://www.england.nhs.uk/contact-us/complaint/> and/or **London Borough Of Camden** <http://www.camden.gov.uk/ccm/content/council-and-democracy/having-your-say/complaints-and-suggestions/how-do-i-complain-about-a-council-service.en>

I, **the pharmacist's/healthcare professional's name**, agree to take an active part in the treatment of **the patient's name** and to the following: -

- a. I will work with the patient to achieve their treatment goals.
- b. I will dispense patients prescriptions promptly, in turn and in accordance with the written instructions and undertakings listed above.
- c. I will not dispense medication if I believe that it is unsafe for the patient at the time requested.
- d. I will advise other pharmacists/healthcare professionals, including locum staff, of this agreement
- e. All staff at the SSA provider will treat the patient, **the patient's name**, with respect

Additional conditions agreed to: -

I have read and understood the above information and wish to enter into this agreement.

Patient's name

Date

SSA contractor name

Date

Appendix 2

**Supervised Administration (Consumption of Prescribed Medicines)
Increase in Patient Threshold Risk Assessment
Enhanced Services
2014-2015**

**LCS Contractor
Address**
Telephone Number
Email
Current no of Patients receiving Supervised Self-Administration
Proposed no of Patients receiving Supervised Self-Administration
Please tick the relevant boxes and ensure all requested information is attached to your application
1. Please state the enhanced services the LCS contractor named currently provides (tick boxes)

- | | |
|--|---|
| <input type="checkbox"/> Supervised Self Administration of Methadone | <input type="checkbox"/> Palliative Care |
| <input type="checkbox"/> Supervised Self Administration of Buprenorphine | <input type="checkbox"/> Medicines Usage Review (MUR) |
| <input type="checkbox"/> Pharmacy Needle Exchange | <input type="checkbox"/> Minor Ailments Service |
| <input type="checkbox"/> Emergency Contraception | <input type="checkbox"/> Medicines Reminder Devices |
| | <input type="checkbox"/> Stop Smoking |

2. Please state how many clients you have:
3. Please state how many clients you wish to apply for:
4. Please state the number of dispensing items supervised self-administration currently constitutes per month (i.e. excluding the proposed additional 10 patients)

- | | | |
|--|--|---|
| <input type="checkbox"/> Less than 2,000 | <input type="checkbox"/> 5,000 - 6,499 | <input type="checkbox"/> 9,500 - 10,999 |
| <input type="checkbox"/> 2,000 - 3,499 | <input type="checkbox"/> 6,500 - 7,999 | <input type="checkbox"/> 11,000** |
| <input type="checkbox"/> 3,500 - 4,999 | <input type="checkbox"/> 8,000 - 9,499 | |

5. Please state the current no. of dispensing support:

No of dispensing staff hours claimed on FP34

6. Please state the times the LCS contractor is open for supervised self-administration of medicines

Weekdays..... Weekends.....

7. Please state the times the LCS contractor is open for other enhanced services

Enhanced Service	Opening Times - Weekdays	Opening Times - Weekends
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

Training and accreditation

- Copies of required training – for healthcare professionals – RCGP Certificate in the Management of Drug Users in Primary Care Part 1 and for pharmacy colleagues CPPE “Substance use and misuse” and “Dealing with difficult situations” Certificates are enclosed

Standard operating procedures

- The LCS contractor has the statutory required standard operating procedures (SOP) for Controlled Drugs, which includes the supervised self-administration (consumption of medicines) service.
- The LCS contractor is following good practice and reconciling controlled drug running balances

Identified Risks (refer to the NPSA Risk Management Matrix)

Risk	Score	Action Plan	Date of Completion

Continue on a separate sheet if required.

Declaration

London Borough of Camden has the right to undertake random checks by unannounced staff to verify the contents of any risk assessment application, prior to and, where applicable, after the application has been granted.

The LCS provider is aware any false declaration will lead to a suspension of the locally commissioned service.

Signed
Date
Print Name
NPSA Risk Model Matrix

National Patient Safety Agency
Model matrix

For the full *Risk matrix for risk managers*, go to www.npsa.nhs.uk

Table 1 Consequence scores

Choose the most appropriate domain for the identified risk from the left hand side of the table Then work along the columns in same row to assess the severity of the risk on the scale of 1 to 5 to determine the consequence score, which is the number given at the top of the column.

	Consequence score (severity levels) and examples of descriptors				
	1	2	3	4	5
Domains	Negligible	Minor	Moderate	Major	Catastrophic
Impact on the safety of patients, staff or public (physical/psychological harm)	Minimal injury requiring no/minimal intervention or treatment. No time off work	Minor injury or illness, requiring minor intervention Requiring time off work for >3 days Increase in length of hospital stay by 1-3 days	Moderate injury requiring professional intervention Requiring time off work for 4-14 days Increase in length of hospital stay by 4-15 days RIDDOR/agency reportable incident An event which impacts on a small number of patients	Major injury leading to long-term incapacity/disability Requiring time off work for >14 days Increase in length of hospital stay by >15 days Mismanagement of patient care with long-term effects	Incident leading to death Multiple permanent injuries or irreversible health effects An event which impacts on a large number of patients

Quality/complaints/audit	Peripheral element of treatment or service suboptimal Informal complaint/inquiry	Overall treatment or service suboptimal Formal complaint (stage 1) Local resolution Single failure to meet internal standards Minor implications for patient safety if unresolved Reduced performance rating if unresolved	Treatment or service has significantly reduced effectiveness Formal complaint (stage 2) complaint Local resolution (with potential to go to independent review) Repeated failure to meet internal standards Major patient safety implications if findings are not acted on	Non-compliance with national standards with significant risk to patients if unresolved Multiple complaints/independent review Low performance rating Critical report	Totally unacceptable level or quality of treatment/service Gross failure of patient safety if findings not acted on Inquest/ombudsman inquiry Gross failure to meet national standards
Human resources/organisational development/staffing/competence	Short-term low staffing level that temporarily reduces service quality (< 1 day)	Low staffing level that reduces the service quality	Late delivery of key objective/ service due to lack of staff Unsafe staffing level or competence (>1 day) Low staff morale Poor staff attendance for mandatory/key training	Uncertain delivery of key objective/service due to lack of staff Unsafe staffing level or competence (>5 days) Loss of key staff Very low staff morale No staff attending mandatory/ key training	Non-delivery of key objective/service due to lack of staff Ongoing unsafe staffing levels or competence Loss of several key staff No staff attending mandatory training /key training on an ongoing basis
Statutory duty/inspections	No or minimal impact or breach of guidance/ statutory duty	Breach of statutory legislation Reduced performance rating if unresolved	Single breach in statutory duty Challenging external recommendations/ improvement notice	Enforcement action Multiple breaches in statutory duty Improvement notices Low performance rating Critical report	Multiple breaches in statutory duty Prosecution Complete systems change required Zero performance rating Severely critical report
Adverse publicity/reputation	Rumours Potential for public concern	Local media coverage – short-term reduction in public confidence Elements of public expectation not being met	Local media coverage – long-term reduction in public confidence	National media coverage with <3 days service well below reasonable public expectation	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House) Total loss of public confidence
Business objectives/projects	Insignificant cost increase/ schedule slippage	<5 per cent over project budget Schedule slippage	5–10 per cent over project budget Schedule slippage	Non-compliance with national 10–25 per cent over project budget Schedule slippage Key objectives not met	Incident leading >25 per cent over project budget Schedule slippage Key objectives not met

Finance including claims	Small loss Risk of claim remote	Loss of 0.1–0.25 per cent of budget Claim less than £10,000	Loss of 0.25–0.5 per cent of budget Claim(s) between £10,000 and £100,000	Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget Claim(s) between £100,000 and £1 million Purchasers failing to pay on time	Non-delivery of key objective/ Loss of >1 per cent of budget Failure to meet specification/ slippage Loss of contract / payment by results Claim(s) >£1 million
Service/business interruption Environmental impact	Loss/interruption of >1 hour Minimal or no impact on the environment	Loss/interruption of >8 hours Minor impact on environment	Loss/interruption of >1 day Moderate impact on environment	Loss/interruption of >1 week Major impact on environment	Permanent loss of service or facility Catastrophic impact on environment

Table 2 Likelihood score (L)

What is the likelihood of the consequence occurring?

The frequency-based score is appropriate in most circumstances and is easier to identify. It should be used whenever it is possible to identify a frequency.

Likelihood score	1	2	3	4	5
Descriptor	Rare	Unlikely	Possible	Likely	Almost certain
Frequency How often might it/does it happen	This will probably never happen/recur	Do not expect it to happen/recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen/recur but it is not a persisting issue	Will undoubtedly happen/recur, possibly frequently

Note: the above table can be tailored to meet the needs of the individual organisation.





Some organisations may want to use probability for scoring likelihood, especially for specific areas of risk which are time limited. For a detailed discussion about frequency and probability see the guidance notes.

Table 3 Risk scoring = consequence x likelihood (C x L)

	Likelihood				
Likelihood score	1	2	3	4	5
	Rare	Unlikely	Possible	Likely	Almost certain
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5

Note: the above table can to be adapted to meet the needs of the individual trust.

For grading risk, the scores obtained from the risk matrix are assigned grades as follows

	1 - 3	Low risk
	4 - 6	Moderate risk
	8 - 12	High risk
	15 - 25	Extreme risk

Instructions for use

- 1 Define the risk(s) explicitly in terms of the adverse consequence(s) that might arise from the risk.
- 2 Use table 1 (consequence scores) to determine the consequence score(s) (C) for the potential adverse outcome(s) relevant to the risk being evaluated.
- 3 Use table 2 (likelihood scores) to determine the likelihood score(s) (L) for those adverse outcomes. If possible, score the likelihood by assigning a predicted frequency of occurrence of the adverse outcome. If this is not possible, assign a probability to the adverse outcome occurring within a given time frame, such as the lifetime of a project or a patient care episode. If it is not possible to determine a numerical probability then use the probability descriptions to determine the most appropriate score.
- 4 Calculate the risk score the risk multiplying the consequence by the likelihood: $C \text{ (consequence)} \times L \text{ (likelihood)} = R \text{ (risk score)}$
- 5 Identify the level at which the risk will be managed in the organisation, assign priorities for remedial action, and determine whether risks are to be accepted on the basis of the colour bandings and risk ratings, and the organisation's risk management system. Include the risk in the organisation risk register at the appropriate level.

Appendix 3

Example Communication Proforma

I (Name of SSA contractor) receiving the communication
from(name of health care professional), from
.....(name of organisation) regarding
.....(name of patient) d.o.b.....

and acknowledge the communication regarding :

- Cancelling the prescription
- Incorrectly written rxs (all prescribing errors should be reported to the Accountable Officer)
- wrong dates
- amounts to supply
- items not allowed
- FP10MDA's written incorrectly
- other (please specify)

Signature(pharmacist/healthcare professional)

Date.....

SSA LCS contractor Stamp

Appendix 4 – Disclosure and Barring Service (DBS) Check

DBS Check: Documents the applicant must provide

The person going through a DBS check (the applicant) must provide original documents (not copies) to prove their identity.

The documents needed will depend on the route the application takes. The applicant must try to provide documents from Route 1 first.

Route 1

The applicant must be able to show:

- 1 document from Group 1, below
- 2 further documents from either Group 1, or Group 2a or 2b, below

At least 1 of the documents must show the applicant's current address.

Route 2

If the applicant doesn't have any of the documents in Group 1, then they must be able to show:

- 1 document from Group 2a
- 2 further documents from either Group 2a or 2b

At least one of the documents must show the applicant's current address. The organisation conducting their ID check must then also use an appropriate external ID validation service to check the application.

Route 3

Route 3 can only be used if it's impossible to process the application through Routes 1 or 2.

For Route 3, the applicant must be able to show:

- a birth certificate issued after the time of birth (UK and Channel Islands)
- 1 document from Group 2a
- 3 further documents from Group 2a or 2b

At least one of the documents must show the applicant's current address. If the applicant can't provide these documents they may need to be fingerprinted.

Group 1: Primary identity documents

Document	Notes
Passport	Any current and valid passport
Biometric residence permit	UK
Current driving licence – photocard with paper counterpart	UK, Isle of Man, Channel Islands and EU (full or provisional)
Birth certificate - issued at time of birth	UK and Channel Islands – including those issued by UK authorities overseas, eg embassies, High Commissions and HM Forces
Adoption certificate	UK and Channel Islands

Group 2a: Trusted government documents

Document	Notes
Current driving licence – photocard (if you were issued a paper counterpart but don't give it to your checker)	All countries (full or provisional)
Current driving licence – paper version	UK, Isle of Man, Channel Islands and EU (full or provisional)
Birth certificate – issued after time of birth	UK and Channel Islands
Marriage/civil partnership certificate	UK and Channel Islands
HM Forces ID card	UK
Firearms licence	UK, Channel Islands and Isle of Man

All driving licences must be [valid](#).

Group 2b: Financial and social history documents

Document	Notes	Issue date and validity
Mortgage statement	UK or EEA	Issued in last 12

		months
Bank or building society statement	UK and Channel Islands or EEA	Issued in last 3 months
Bank or building society account opening confirmation letter	UK	Issued in last 3 months
Credit card statement	UK or EEA	Issued in last 3 months
Financial statement, eg pension or endowment	UK	Issued in last 12 months
P45 or P60 statement	UK and Channel Islands	Issued in last 12 months
Council Tax statement	UK and Channel Islands	Issued in last 12 months
Work permit or visa	UK	Valid up to expiry date
Letter of sponsorship from future employment provider	Non-UK or non-EEA only - valid only for applicants residing outside of the UK at time of application	Must still be valid
Utility bill	UK – not mobile telephone bill	Issued in last 3 months
Benefit statement, eg Child Benefit, Pension	UK	Issued in last 3 months
Central or local government, government agency, or local council document giving entitlement, eg from the Department for Work and Pensions, the Employment Service, HMRC	UK and Channel Islands	Issued in last 3 months
EU National ID card	-	Must still

		be valid
Cards carrying the PASS accreditation logo	UK and Channel Islands	Must still be valid
Letter from head teacher or college principal	UK - for 16 to 19 year olds in full time education - only used in exceptional circumstances if other documents cannot be provided	Must still be valid

Appendix 5 2015 Accreditation Checklist: Camden Supervised Self-Administration (SSA) Methadone or Buprenorphine

Only accredited locally commissioned service (LCS) contractors are able to provide SSA to eligible Camden residents. An approved LCS contractor is required to sign the overarching London Borough of Camden Service Level Agreement (SLA) which applies to both the premises and individuals working at said premises.

A healthcare professional employed by the LCS contractor must be accredited to provide SSA services and must be able to satisfy the criteria below. Evidence of this must be submitted to the commissioning officer and the LCS contractor must receive confirmation that the evidence is sufficient prior to any healthcare professionals operating under the Camden SSA scheme.

Evidence of the following must be submitted for accreditation:

- Healthcare professional(s) involved in the delivery of SSA is qualified to dispense an NHS prescription (evidence of relevant professional body e.g. General Pharmaceutical Council (GPhC))
- Healthcare professional(s) comply with Disclosure and Barring Service (DBS) clearance (evidence valid DBS certificate dated within last 3 years)
- Completion of the following required training (evidence certificates) and disseminated information/provides support to other staff delivering this LCS to maintain an appropriate level of competency to undertake the LCS:
 - RCGP Certificate in the Management of Drug Misuse Part 1 **OR**
 - CPPE training
 - Substance Use and Misuse pharmacist version Substance use and misuse: Delivering pharmacy services - public health – workshop
 - Dealing with difficult situations
- Signed **declaration** to commit to the following:
 1. the premises from which SSA will be delivered are situated within the boundaries of the London Borough of Camden, is open at least 6 days a week and a SSA accredited healthcare professional is available during the stated opening times to deliver SSA services (evidence opening times)
 2. Adherence to the SSA patient threshold set for the LCS contractor delivering SSA.

Additional criteria, no additional evidence required (please indicate yes or no)

- | | |
|-----|---|
| Y/N | Understanding that controlled drug (CD) recording is made promptly |
| Y/N | Use of a patient medical records system to register patients for SSA |
| Y/N | Standard operating procedure (SOP) to cover all the processes involved in the LCS |
| Y/N | A suitable private area for discreet supervised self-administration is available |
| Y/N | On site access to the internet for data reporting requirements through Webstar Health www.servicepact.co.uk |
| Y/N | The LCS contractor and accredited health care professionals agree to work in partnership with local drug treatment system provider(s) and other health and social care professionals where appropriate (in line with confidentiality policies). |

DECLARATION

Name and address of premises from where SSA will be delivered (situated within the boundaries of London Borough of Camden)

.....

Opening times of the premises names above

DAY	Opening	Closing	Other info
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			
SUNDAY			

Patient Threshold

Newly commissioned LCS contractors will have an automatic set patient threshold limit of 10 patients for the first annum. Please enter 10 in the box.
 LCS contractors who have provided the service in previous years please state the patient threshold level for which your service was commissioned.

Name(s) of healthcare professional(s) applying for accreditation

	Name	Evidence (tick indicating attached/enclosed)		
		Professional body	DBS Certificate	CPPE Certificates
1				
2				
3				
4				

(please attach additional sheet with further names, if more than 4 healthcare professionals)

CERTIFYING SIGNATURE

I (LCS contractor) certify that I have satisfied the criteria above and the evidence submitted is valid.

Signature.....

Date.....

PRINT NAME.....

Contacts, Resources and Training

If you need to discuss/report any controlled drug issues, please contact NHSE CD Accountable Officer england.londoncdaccountableoffice@nhs.net 0207 932 3113

Please also inform Camden Medicines Management team. **Email:** mmt.camdenpct@nhs.net

Pharmacists can contact **Anne Whitaker on 0207 527 4264** to arrange to have a DBS check

The **CPPE training** materials can be found at www.cppe.ac.uk

Please submit the checklist along with the declaration and certifying signature page and evidence required to Anna Hall, Mental health and substance misuse commissioning anna.hall@Camden.gov.uk