

Service Level Agreement for Pharmacy Supervised Consumption

Service Name/Location	Barnsley Recovery Steps
Version no	2026-2027
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On behalf of Contractor: Organisation's Name Name Signature Date Position Address <i>(if a multiple, list all relevant and lead address for notices to be sent to)</i>	



On behalf of Commissioner:	Waythrough a UK Registered Company No. 182 0492 and a Registered Charity No. 515 755, VAT No. 334 6763 43, whose Registered Office is Inspiration House, Unit 22, Bowburn North Industrial Estate, Durham DH6 5PF
Service Name	Recovery Steps Barnsley, 5-6 Burleigh Ct, Burleigh St, Barnsley S70 1XY
Position	Head of Service
Signature	C McEvoy
Date	14/01/2026

Introduction

This document outlines the requirements for providing a supervised consumption of medication for managing substance use in the community pharmacy setting ('the Service') by a community pharmacy ('the Pharmacy').

Supervised consumption aids adherence and can be helpful to reduce the risk of diversion and safeguarding issues. Additionally, more frequent contact can enable development of a therapeutic relationship and provides additional opportunities for providing timely and supportive advice, escalation of concerns and monitoring of the person. It is important that supervised consumption is considered for all new prescriptions and that the dispensing arrangements are liberalised as soon as it is safe and clinically appropriate to do so; however, it may be reinstated when required to manage risks accordingly. Community pharmacies are ideally placed to provide supervised consumption within an agreed and structured protocol.

1 Governance

- 1.1 This document supersedes all previous working agreements.
- 1.2 The Pharmacy must adhere to relevant legislative requirements, best practice guidance and the standards set, for example by the General Pharmaceutical Council (GPhC) and Royal Pharmaceutical Society (RPS), including '[Standards for registered pharmacies](#)' (2018) and '[Drug Misuse and Dependence UK Guidelines on Clinical Management \(2017\)](#)' published by the Department of Health, '[Community Pharmacy: delivering substance](#)



misuse services' published by the Office for Health Improvement and Disparities (2024).

- 1.3 Waythrough and the Pharmacy will fully adhere to their respective obligations set out in this document.
- 1.4 Both Parties agree to share relevant information regarding substance use data to allow safe and high-quality Service provision/improvements and in line with the local PharmOutcomes licence agreement which detail data controller/processing/ sharing details.
- 1.5 Each party shall comply with its respective obligations pursuant to applicable data protection laws and/or regulations in relation to the processing of personal and/or special category data under this agreement, including but not limited to the General Data Protection Regulations and the Data Protection Act 2018.
- 1.6 The Pharmacy must ensure that the Service is delivered in accordance with the Equality Act 2010 and does not discriminate on the basis of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, or sexual orientation.
- 1.7 Reasonable adjustments must be made to support people with disabilities, neurodivergence, language barriers, or other accessibility needs, including the provision of information in alternative formats where required.
- 1.8 The Pharmacy must ensure that all staff involved in delivering the Service are aware of their responsibilities under equality legislation and are supported to provide inclusive, person-centred care.
- 1.9 Any concerns relating to accessibility or discrimination must be reported to Waythrough within one working day and appropriately investigated.
- 1.10 The Pharmacy will demonstrate relevant Quality Standards to Waythrough or will work towards achieving such a standard within an agreed timescale. The Quality Standards are specified in Appendix B - Pharmacy Quality Standards for Supervised Consumption Quality Assurance Visits. If the Pharmacy remains in default following the expiry of the period specified, Waythrough may proceed to terminate the Agreement (as outlined in Section 2).
- 1.11 The Pharmacy will take part in reasonably requested audit activity including the facilitation of Quality Assurance visits, where Waythrough staff will use Appendix B - Pharmacy Quality Standards for Supervised Consumption Quality Assurance Visits.



- 1.12 Should the Pharmacy not work in line with the agreed standards, Waythrough shall immediately investigate and may review payment (as outlined in Section 2) and in the case of suspension or variation, report to the Pharmacy every 30 days until such investigation is complete. When the investigation is complete, Waythrough shall immediately notify the Pharmacy of the outcome.

Clinical Governance Oversight

- 1.13 The Pharmacy must cooperate with any clinical governance reviews initiated by Waythrough, including providing access to relevant documentation, SOPs, and staff for interview or observation.
- 1.14 Where clinical concerns are identified (e.g. unsafe dispensing, repeated errors, failure to follow escalation protocols), Waythrough may initiate a formal review and require the Pharmacy to implement corrective actions within an agreed timeframe.
- 1.15 Serious clinical governance breaches may result in suspension or termination of the Agreement, subject to investigation and notification as outlined in this document.

Safeguarding Escalation Pathways

- 1.16 Any incidents or concerns must be reported immediately and appropriately actioned in accordance with respective organisations incident reporting processes.
- 1.17 The Pharmacy must ensure that all safeguarding concerns are escalated in line with local safeguarding protocols and the Pharmacy's internal safeguarding procedures.
- 1.18 Where a safeguarding concern is identified, the Pharmacy must notify Waythrough immediately and no later than one working day after becoming aware of the issue.
- 1.19 The Pharmacy must maintain a named safeguarding lead who is responsible for overseeing safeguarding practices and liaising with Waythrough. This contact must be communicated to Waythrough and updated as required.
- 1.20 Waythrough will provide a named safeguarding contact for escalation and support. Both Parties must cooperate fully in any safeguarding investigation or review, including sharing relevant information in accordance with data protection legislation.

Business Continuity & Emergency Planning



- 1.21 In the event of unforeseen circumstances, including but not limited to staffing shortages, IT failure, or premises-related incidents (e.g. fire, flood, or structural damage) the Pharmacy must make all reasonable efforts to minimise disruption to people we support and, where necessary, work with Waythrough to identify alternative arrangements to ensure continuity of care.
- 1.22 In the event of any disruption to service delivery, the Pharmacy must notify Waythrough as soon as reasonably practicable and no later than one working day after becoming aware of the issue.
- 1.23 All other issues pertaining to concerns, incidents, indemnity, performance, disputes, confidentiality and data handling, must be promptly reported to Waythrough within one working day, as soon as the Pharmacy become aware.
- 1.24 The Pharmacy must demonstrate they have appropriate insurance in place to be able to offer the Service and must ensure that Waythrough is indemnified against any claim arising from the provision of the Service, and in the case of negligence of the Pharmacy: this liability may not be transferred.
- 1.25 The health and safety of Pharmacy staff (and any associated indemnity issues), remain the responsibility of the Pharmacy.
- 1.26 Any dispute, which cannot be resolved by negotiation, shall be referred to a nominated arbitrator for example the Local Authority Commissioner for Substance Misuse Services or Chair of the Local Law Society.
- 1.27 Representatives of the Pharmacy (Community Pharmacy South Yorkshire LPC) and Waythrough are required to attend regular review meetings, which should occur at least once a year to discuss any concerns.

2 Funding, Notices and Termination

- 2.1 Payment for this scheme is to be agreed between Waythrough (local operational contract management supported by Director of Pharmacy) and relevant Local Pharmaceutical Committee(s), Pharmacy (Community Pharmacy South Yorkshire LPC) to represent the Pharmacy.
- 2.2 The Pharmacy will submit claims for payment via PharmOutcomes as outlined in the local PharmOutcomes licence agreement.
- 2.3 The agreed fee to be paid per supervised dose ('per supervised dose') is as follows from 01/01/26:



- Methadone liquid (all brands): £1.60
- Espranor® oral lyophilisate: £1.60
- Buprenorphine sub-lingual tablet (all brands): £3.35
- Person with OST prescription management fee: **£5.00 per person per month that the patient receives at least one supervised consumption and/or take-home dose in that month**

2.4 This payment covers:

- Pharmacy staff time and associated costs for the supervised consumption activity
- Holistic care service for the individual prescribed OST including:
 - Encouraging compliance with the treatment programme
 - Working in collaboration with the commissioned prescribing adult substance use service
 - Provide on-going support and monitoring of all OST patients, regardless of supervision, and report any concerns to the prescriber
 - Where necessary the pharmacy will contribute to Multi-Disciplinary Team (MDT) discussions about a patient with the prescribing service and other services as indicated, particularly to support patients experiencing homelessness, health issues, those who require wound care or have no access to a phone with the patients consent.
 - Reporting any safeguarding concerns in line with local procedures and governance.
 - Provide prescription support to OST patients collecting prescriptions for OST and other conditions where required. For example, chasing up missing prescriptions with the prescriber on behalf of the person we support. This is where a pharmacy is helping a person manage issues with prescriptions for other conditions they may have. If a patient presents to the pharmacy asking for a prescription that the pharmacy hasn't received the patient will be asked to follow this up with the practice/prescriber themselves - this can often be difficult for this patient/ group and so some



pharmacies help patients by contacting practices and chasing up issues on the patient's behalf.

- Where the pharmacy team has been provided with the information, remind people we support when they are due to attend an appointment with the commissioned adult substance use treatment provider where procedures are in place for the pharmacies to attach a note of their next appointment details to the prescription.
- Engaging in the discussion and promotion of other pharmacy services, that are available for people we support, e.g. Pharmacy First for minor conditions.
- Administration of flu vaccination dependent on availability, trained vaccinators and if the pharmacy undertakes the advanced service offer to administer flu vaccinations to consenting/eligible OST patients as part of annual national program and any future national vaccination roll out where appropriate (for example, Covid-19).
- Distribute health promotion material relevant to people prescribed OST.
- Record keeping activities to include PharmOutcomes data entries and returning completed prescribed treatment agreements to Waythrough
- Issuing service users ad hoc (usually in exceptional circumstances) with locked boxes which will be supplied to the Pharmacy via Waythrough
- Communication with Waythrough/relevant others relating to this Service
- Completion of relevant training such as CPPE substance use and misuse training self-declaration, and attendance at an annual training event to ensure maintenance of confidence and competence when supporting people who use substances
- Active participation in Quality Assurance visits and achieving required Quality Standards.

2.5 The Service as outlined is VAT exempt, and both Parties are aware of this exemption. However, if in the future the VAT status was to change then an opportunity to renegotiate the terms of the Agreement would be made available



- 2.6 The Pharmacy accepts that Waythrough is unable to guarantee future funding and may, owing to budgetary considerations be obliged to reduce funding by the giving of not less than 60 days' notice. Such reductions shall be timed to cause least disruption for people. If Waythrough invokes this clause to reduce payment, then the Pharmacy shall be entitled to cease providing the Service at the end of this notice period without incurring a penalty.
- 2.7 To enable payment, the Responsible Pharmacist assigned to the Pharmacy must complete the relevant PharmOutcomes supervised consumption sign up module. The Pharmacy is responsible for subsequently ensuring that Waythrough are provided with the correct Pharmacy bank details to complete the enrolment process.
- 2.8 Waythrough will make best endeavours to pay the Pharmacy within 30 days in arrears upon receipt of an invoice received via PharmOutcomes.
- 2.9 No payment will be made if the invoice covers activity that was undertaken more than 3 months prior to the date of the invoice being submitted.
- 2.10 Waythrough will examine the data submitted and may seek to verify the Fees claimed.
- 2.11 Payments will only be made where Waythrough is satisfied that the Service has been provided in accordance with the terms of this Agreement. Waythrough shall be entitled to suspend payment and/or vary the amount of the payment if it considers the Pharmacy has committed a serious breach of the Agreement and shall forthwith notify the Pharmacy in writing accordingly. Once all relevant investigations are complete and if deemed appropriate, within 30 days Waythrough will pay any sums to the Pharmacy that were suspended or varied.
- 2.12 Annual Review: The Parties agree that the terms outlined in this Agreement shall be subject to an annual review, to be conducted no later than 31st January each year. This review will consider service delivery costs, national guidance, and any relevant changes in legislation or policy.
- 2.13 Waythrough shall notify the Pharmacy and the Local Pharmaceutical Committee (LPC) of any revised payment terms arising from the Annual Review of Payment Terms per Clause 2.12 in writing, providing at least 14 days' notice prior to implementation. Where only remuneration is updated, a letter of variation shall be issued in lieu of a new Service Level Agreement.



- 2.14 Waythrough may from time to time, require reasonable changes to the terms of this Agreement, and where reasonably practicable, up to 14 days' notice will be given. The Pharmacy shall use its reasonable endeavours to implement this change on the understanding that such change will not materially affect the nature of the Service or the Pharmacy's ability to provide the Service.
- 2.15 The Service and payment may be varied or discontinued if the Pharmacy and Waythrough agree, or a change in Waythrough service priorities is required either by changes in legislation or by other circumstances, including the cessation or reduction of the budget. Waythrough also has the option to terminate funding should the Pharmacy enter receivership or become insolvent.
- 2.16 The Service must be offered every day that the Pharmacy is open. If the Pharmacy put in an application to reduce their opening days or times, then Waythrough must be informed at the time of application.
- 2.17 Notices must be given in writing and by email (with acknowledged receipt) or recorded delivery post to the details provided for that purpose. A notice given by post will be deemed to have been served the first working day after it was posted.
- 2.18 This Agreement will be reviewed and subject to agreement, renewed on an annual basis between Waythrough and Community Pharmacy South Yorkshire LPC. However, it can be ended early, either on dissolution of the Pharmacy or where at least 60 days' notice is given by either Party of their intention to terminate the Agreement.
- 2.19 Nothing in this Agreement confers or purports to confer on any third party any benefit or any right to enforce any term of this Agreement.

3 Competency and Training

- 3.1 This Service may only be undertaken by competent Pharmacy staff (as outlined below) but must be under the supervision of the Responsible Pharmacist registered with the GPhC.
- 3.2 The Responsible Pharmacist must have completed Safeguarding training in line with current guidance, which must be rechecked/updated in response to any legislative/best practice guidance changes. The Responsible Pharmacist must ensure the suitability of any Pharmacy staff who are one-to-one with a vulnerable person.

Regular Staff

- 3.3 The Responsible Pharmacist should have completed self-declaration via PharmOutcomes to confirm completion of relevant CPPE



substance use and misuse training within 3 months of commencing service provision

- 3.4 Staff who are deemed as suitably competent to undertake the Service must be recorded as such on the Pharmacy's local Standard Operating Procedure for Supervised Consumption.
- 3.5 It is the responsibility of the Pharmacy to ensure that the staff undertaking the Service have received appropriate training, including completion of relevant supervised consumption competencies/accreditation.

Locum Pharmacist Oversight

- 3.6 Where locums or part time staff predominantly operate a pharmacy, the Superintendent Pharmacist or delegated deputy must nominate a lead person to act as a contact. This must be communicated to Waythrough promptly and updated as required.
- 3.7 Where locum or part-time staff are engaged to deliver the Service, the Pharmacy must ensure that such staff are appropriately briefed and competent to undertake supervised consumption in line with this Agreement and the Pharmacy's Standard Operating Procedures.
- 3.8 Locum pharmacists must complete a self-declaration confirming familiarity with the Service requirements, including safeguarding protocols, supervised consumption procedures, and escalation pathways, prior to delivering the Service.
- 3.9 The Pharmacy remains responsible for ensuring that all staff, including locums, meet the competency and training standards outlined in this Agreement and are supported to deliver the Service safely and effectively.
- 3.10 Waythrough will seek to provide at least one training event per year which will usually be available for access by the wider Pharmacy Team (including locum staff), to support broader development of competency and confidence in the management of substance use. The Pharmacy must be represented by at least one member of staff at a minimum of one event per year.
- 3.11 The Responsible Pharmacist on duty at any time will retain professional responsibility and the Pharmacy shall retain liability for the Service.



4 Supervised Consumption Process

- 4.1 To be eligible, the person receiving services must meet all the following essential criteria:
- Be prescribed medication for management of their substance use by the relevant Waythrough service (or sub-contractor).
 - Reside/works within a geographical area that the Pharmacy reasonably covers.
 - Require supervised consumption due to safeguarding/clinical risk issues.
- 4.2 The Pharmacy chosen to provide the Service must be determined by the person's choice except in exceptional circumstances (e.g. where the Pharmacy is not open on days when supervised consumption would be required, if the Service cannot be provided by the Pharmacy or the person has been banned from their chosen Pharmacy premises). The Pharmacy must make all reasonable efforts to accommodate all requests and may only to refuse to accept the person on professional grounds (e.g. at capacity, currently banned from the premises for aggressive behaviours), and the provided rationale must be clearly documented in the person's clinical records.
- 4.3 In advance of the Service taking place, Waythrough staff must contact the Pharmacy to confirm agreement of providing the Service for a named person, and once agreed to, appropriate risk information and a completed Appendix C - Prescribed Treatment Agreement, may* be completed and shared with the Pharmacy prior to the Service commencing. Once the Pharmacy complete their relevant sections of Appendix C - Prescribed Treatment Agreement (including agreeing with the person the most suitable time for providing the Service), a copy should be provided to the person and another copy returned to the relevant Waythrough service.

* Prescribed Treatment Agreements are not mandatory within Barnsley Recovery Steps but may be used to support some people and pharmacies. For example, where the person has no ID and/or person behaviour supports a formal agreement arrangement between the person, pharmacy, and Barnsley Recovery Steps). Once the Pharmacy complete their relevant sections of Appendix C - Prescribed Treatment Agreement (including agreeing with the person the most suitable time for providing the Service), a copy should be provided to the person and another copy returned to the relevant Waythrough service.



- 4.4 To ensure continuation of service delivery, supervised consumption for prison releases which cover the high-risk immediate post-release period (usually up to two weeks), to allow time for the transfer of care to move to the local Waythrough service, will be covered under the terms of this Agreement, even though the prescription has been written by the prison clinician.
- 4.5 Any relevant changes in the person's circumstances, including amended risk status, must be promptly communicated between Parties.
- 4.6 Requests to discuss any clinical issues or queries should be appropriately responded to and ideally within the same working day.
- 4.7 Waythrough should be notified when there is a pattern in missed dose(s) and/or where the person's attendance is erratic.
- 4.8 The Pharmacy must ensure that the person receiving the Service has provided informed consent to participate in supervised consumption and understands the nature and purpose of the Service.
- 4.9 Where there are concerns about the person's capacity to consent, the Pharmacy must follow the principles of the Mental Capacity Act 2005 and seek appropriate guidance or support before proceeding.
- 4.10 If a person is assessed as lacking capacity, the Pharmacy must notify Waythrough immediately and work collaboratively to determine the most appropriate course of action, which may include referral to the prescriber or safeguarding team.
- 4.11 Consent must be revisited periodically, particularly where there are changes in the person's circumstances, presentation, or risk status.
- 4.12 So that Waythrough staff can assertively seek to engage/welfare check on the person, Waythrough **must** be notified immediately if:
 - Three or more consecutive/titration doses are missed
 - There are any concerns about the dose/medication prescribed
 - A dispensing error/near miss has occurred
 - There are concerns about diversion/safeguarding/risk issues
 - The dose cannot be given due to intoxication



- There are concerns about physical/health care needs
 - The person behaves unacceptably (e.g. shoplifting, physical/verbal abuse)
 - The person does not consume the whole dose
 - The Pharmacy unexpectedly must close (e.g. no Pharmacist on premises due to sickness)
 - Due to risk of accidental overdose because of reduced tolerance, if three or more consecutive/any titration doses have been missed, the Pharmacy **must not supply further doses until an appropriate prescriber has confirmed suitability of the dose**
- 4.13 The 'Reporting Issues' module on PharmOutcomes may be used for sending information to the service where a response is not required. It must not be used to replace direct verbal communication where there are notable safety concerns e.g. where three or more consecutive/titration doses are missed.
- 4.14 Locum Pharmacy staff must be made aware of this Service and the procedures in advance of them providing locum cover, as the presence of a locum is not a valid reason for the Service not to be appropriately implemented.
- 4.15 It is essential that communication channels (e.g. via PharmOutcomes/emails) are regularly checked and promptly actioned, otherwise the safety/quality of Service provision may be impacted and payment to the Pharmacy may be impacted (as outlined in Section 2).
- 4.16 The dispensing and supervised consumption of the medication will be undertaken in accordance with the Pharmacy's internal Standard Operating Procedures providing it is not contrary to the contents of this Agreement and as outlined in Appendix A – Pharmacy Guidance for Supervised Consumption.



Appendix A – Pharmacy Guidance for Supervised Consumption

Supervised consumption must be completed in a location that considers the person's privacy/dignity and Pharmacy staff/customer safety (this should usually be in the consultation room/area designated for delivering professional services): it must never be provided in the Dispensary (unless discussed and agreed with the person). The Pharmacy must have sufficient staffing levels to ensure safe and effective service provision. The Pharmacy staff delivering the Service must not lone work.

Prior to providing the person with the prescribed medication, the Pharmacy staff member responsible for supervising consumption must:

- Check the person identity against their Appendix C - Prescribed Treatment Agreement.
- Assess suitability of administering dose prior to supplying the person with the medication (e.g. checking for intoxication, potential drug interactions, missed doses, inappropriate behaviours, co-presenting physical/mental health issues which may be of concern).
- Show the person the medication in order to confirm the details (including the dose) to verify that it is what they are expecting.

If the person is intoxicated, this must be documented on their clinical records, Waythrough must be informed, and the person should be asked to return later that day to be reassessed for suitability. The time taken to overdose can vary from a few minutes to several hours and may be fatal; however, withdrawal symptoms may take a several hours/days to emerge and can be very uncomfortable, depending on what has been taken and how much has been used. Signs and symptoms of an opioid overdose/intoxication and withdrawal include:

Intoxication	Withdrawal
<ul style="list-style-type: none"> • Pinpoint/constricted pupils • Nausea/vomiting/constipation • Pale skin colour, bluish tinge to lips, tip of nose, under the eyes, fingertips or nails • Low blood pressure/pulse (hypotension/bradycardia) • Sedation which may be worsening to include: 	<ul style="list-style-type: none"> • Dilated Pupils • Nausea/vomiting/diarrhoea • Gooseflesh skin (piloerection) • Agitation/restlessness/anxiety/irritability • Raised blood pressure/pulse



<ul style="list-style-type: none"> ○ No response to noise (they don't respond to shouting) ○ No response to touch (they don't respond to being shaken by the shoulders) ○ Loss of consciousness (they cannot be woken) ○ Breathing problem (slow/shallow/infrequent breaths, snoring/rasping sounds or no breathing) <p>1. Video to learn more: https://www.youtube.com/watch?v=uYz-scWacng</p>	<p>(hypertension/tachycardia)</p> <ul style="list-style-type: none"> • Sweating/flushing/chills • Bone/joint aches/pains • Runny nose, tearing, yawning • Tremor
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If the person is being given their first dose of buprenorphine, it is important to check that a suitable amount of time has passed since they had their last dose of any opioid agonist (e.g. methadone, heroin) to minimise the risk of precipitating withdrawal.

Liquids: must be swallowed directly from the dispensing container. The person should be offered a drink of water immediately after consuming and engaged with in conversation to help ensure that the medication has been swallowed.

Solid dose formulations to be swallowed: must be placed into a disposable pot and then handed to the person for them to administer. The person should be offered a drink of water immediately before and after consuming. They should be engaged in conversation and the mouth checked after swallowing, to help ensure that the medication has been swallowed.

Lyophilisates/sublingual tablets: must be placed into a disposable pot and then handed to the person for them to administer. Inform the person to avoid swallowing whilst the medication is dissolving. The person should be offered a drink of water immediately before the dose is consumed. They should be observed as having the medication correctly in situ prior to/during the dissolution process (e.g. Espranor® dissolved on the tongue and hands must be dry before handling the lyophilisate). Excess saliva should be kept in the mouth and not swallowed for as long as possible. Different lyophilisates/sublingual tablet brands may have differing dissolution rates.

Water from the Pharmacy must be used for supervised consumption: the person's own drink must not be used because of the increased risk of diversion. Any concerns (e.g. potential diversion, part-consumed doses,



challenging behaviours) that occur during the supervised consumption process must be promptly recorded on the person's notes, made known to the responsible pharmacist and communicated to Waythrough.

If take home doses are provided, it is important to confirm that the person has appropriate safe storage measures in place (including storing out of sight/reach of children/vulnerable adults).



Appendix B - Pharmacy Quality Standards for Quality assurance Visits

Pharmacy Site		Date of Visit	
Responsible Pharmacist		Visit Completed by	

	Quality Standard	√=meets expected standard. No action required X=Doesn't meet expected standard. Add details of all agreed actions
Quality Assurance	Signed current SLA available	
	CPPE self-declarations completed by all relevant Pharmacy staff (via PharmOutcomes) within 3 months of commencing the service	
	Attendance by at least one Pharmacy staff member at one Waythrough training event in the last year or appropriate alternative learning modules listed above.	
	Pharmacy-completed Prescribed Treatment Agreement (if used) uploaded to all person's clinical records or filed appropriately (if >10people, randomly check 5)	
	Feedback indicates: <ul style="list-style-type: none"> • person treated with dignity and respect • awareness of safe storage/disposal of sharps • appropriate provision of general brief harm reduction advice including switching to safer routes of administration and overdose management • awareness of how to select and use correct NSP equipment • awareness of measures to take to reduce the risk if accidental sharing • appropriate signposting 	
	Last 6 months of complaints/incidents suggest prompt reporting/appropriate actions.	



	Last 6 months of PharmOutcomes data suggest timely submissions and appropriate returns rates	
Quality Assurance	Pharmacy can evidence having in place: <ul style="list-style-type: none"> • Signed current SLA available in Pharmacy • Correct insurance • DBS for all Responsible Pharmacists • Up to date safeguarding training Level 2 for all Responsible Pharmacists • Prescribed Treatment Agreement fully completed for every person • Appropriate infection control measures (e.g. use of disposable cups) • Suitable confidentiality/data protection methods (e.g. labels removed and placed in confidential waste) • Pharmacy SOP for supervised consumption read and signed off by all relevant Pharmacy staff • 	
	Observation during visit and feedback from people indicates the person is treated with dignity and respect	
	Pharmacy staff either observed or can verbally outline how to correctly: <ul style="list-style-type: none"> • Assess person appropriately prior to handing over of medication • Verify person identity correctly (including using Prescribed Treatment Agreement and as detailed in local Pharmacy SOP) • Follow best practice when carrying out supervision (as detailed in SLA and local Pharmacy SOP) • Respond to incidents/concerns including safeguarding issues • Signpost to relevant local specialist services (e.g. Waythrough, Housing, Mental Health) • Provide information about medication in service-user accessible format (via C&M website) • Provide safe storage advice including written information in service-user accessible format (via C&M website) and locked boxes • Respond to a person who presents as intoxicated 	



	<ul style="list-style-type: none"> • Provide brief harm reduction advice including take home naloxone supplies that have already been issued by Waythrough • 	
	Any additional comments (e.g. feedback about how to further improve current Service, learning from incidents yet to be implemented)	

Appendix C – Prescribed Treatment Agreement

The purpose of this agreement is to enable the safe and effective use of medication to support the person in their recovery journey. *The person’s photograph and personal information contained within this agreement will always be used for the sole purpose of identifying the person during their prescribed treatment and stored securely. It will not be issued to or viewed by any individuals or agencies outside this agreement without prior consent.*

Person: Name Address Date of Birth Contact Number		Photograph
Waythrough: Staff Name Address Contact Number		
Pharmacy: Name Address Contact Number		
GP: Name Address Contact Number		

The person **DOES** / **DOES NOT** consent to their photograph being taken by Waythrough, stored by the Pharmacy and Waythrough and used for the sole



purpose of identification during prescribed treatment. *If they DO NOT consent to this, then they agree to have their identity confirmed by:*

.....
.....
.....
.....
.....

It is important that appropriate information is provided about medication in a format that meets the person's needs, so that they know about the different types of prescribed treatment options and enable them to make an informed decision. Information is available online from:

www.choiceandmedication.org/Waythrough

The person has been offered written information about their medication, which has been:

ACCEPTED

DECLINED

The person has been made aware of the risks of medication/illicit substances/paraphernalia being accessed by others, especially children. They have been offered a written information leaflet about safe storage and a lockable safe storage box, which they have **ACCEPTED** / **REFUSED** *If they have declined the offer, this is because:*

.....
.....
.....
.....
.....

Mutually convenient times for collection/delivery of medication have been agreed as follows:

Mon	From:	To:
Tues	From:	To:
Weds	From:	To:
Thurs	From:	To:
Fri	From:	To:



Sat	From:	To:
Sun	From:	To:

(to be completed by the pharmacy)

As the providers of prescribed treatment, the Pharmacy and Waythrough, will:

- Always treat the person with respect, courtesy, understanding, kindness, compassion and honesty and not judge if they stumble or lapse in their recovery.
- Fully support the person with their recovery programme and the decisions made regarding medication in a way that helps to keep them safe and well.
- Keep the person fully informed of their treatment options and provide information about medication, potential benefits and risks (including monitoring requirements and adverse effects of treatments) and respect that the person has the right to decline or accept the treatment offered after being informed.
- Discuss and exchange information about the persons behaviour, state of health, attendance and other factors relating to their treatment. They may also communicate with family, friends and other providers who may be involved in the person's care (as agreed with the person) to support their recovery.
- Inform the GP/other healthcare providers about prescribed medication, but will not share confidential information with others, unless concerned about person's safety and well-being and have no other options.
- Provide a service in an environment where the person and staff feel safe and comfortable.
- Ensure that the consumption of medication is appropriately supervised.
- Avoid arranging appointments unless mutually agreed and notify the person as soon as possible about any changes.
- Provide lockable boxes for safe storage of medication, particularly if the person has children/vulnerable adult(s) living or regularly visiting their accommodation.
- Do all they can to ensure that any problems with prescriptions are corrected as soon as possible.
- Provide an easy and open complaints system and treat all complaints fairly.

The person will:



- Let the treatment providers know about any changes in circumstances (e.g. new address/phone number).
- Let the treatment providers know what is wanted/needed (give at least 14 days' notice for any requests for changes to prescriptions e.g. holiday requests, do not assume that requests can always be granted).
- Not smoke or drink alcohol in the presence of staff.
- Not display or use, illicit drugs in the presence of staff.
- Act in an acceptable manner in the presence of staff: unacceptable behaviour includes being intoxicated, theft, verbal abuse or physical violence to staff or others.
- Unless otherwise agreed, be in attendance alone, within agreed times and at agreed intervals.
- Remove any hoods, hats or other items of clothing in order to assist staff with identification.
- Take medication as prescribed and not to share it with any other person.
- Drink water provided by the Pharmacy as requested during the supervised consumption process.
- Understand that any prescribed medication or prescriptions are their responsibility and may not be replaced (for example if they are lost, stolen or spilt).
- Understand that if more than 3 consecutive days doses are missed, or if attendance is irregular, medication may be withheld for safety reasons (due to loss of tolerance) and treatment services will need to be contacted before it can be resumed.
- Be patient if staff are delayed and understand that if there is a problem with the legality of a prescription, the pharmacist will not be able to dispense it.
- Understand that if doses are missed on a specified day, or if it cannot be given (for example due to intoxication), it cannot be collected on a later day.
- Store, transport and dispose of all medication, other substances, paraphernalia and keys to access safe storage facilities, safely and securely, including out of the sight and reach of children and vulnerable others.
- Inform if someone else takes their prescribed medication and tries to get the person immediate medical help if they are at risk of overdose (e.g. if accidentally taken by a child phone 999 immediately).



- Inform the DVLA about any prescribed medication.
- Not stock-pile medication and return any unused medication to the pharmacy for destruction.
- Not alter prescriptions in any way as this will be considered as fraud and will be reported to the police.
- Engage in psychosocial activities and drug testing as agreed in the recovery plan.
- Understand that if the above points are not adhered to then the pharmacological intervention may be reviewed to ensure that it is being prescribed safely and effectively.

We, the undersigned, agree to the terms laid out in this agreement.

Person's Name		Signature		Date	__ / __ / __
Waythrough Representative Name		Signature		Date	__ / __ / __
Pharmacy Representative Name		Signature		Date	__ / __ / __
GP Name (<i>for shared care ONLY</i>)		Signature		Date	__ / __ / __

