

The Services

Provision of Community-Based Supervised Consumption Services

Reference DN110883

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The following have already been provided within Dynamic Purchasing System for Community Health Improvement Services and as such, along with the above, will form the full contract when awarded:

- Contract Terms and Conditions
- Appendix A – General Specification
- Appendix H - Dispute Resolution
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The Contract

Provision of Supervised Consumption Services

1. Terms and Conditions

- 1.1. The terms and conditions ('Contract Terms and Conditions') are as agreed by entering into the Dynamic Purchasing System (DPS) for Community Health Improvement Services.
- 1.2. The document titled "Procurement Documents" and this document titled 'The Services' along with appendices listed below in 1.2.1 form part of the General Terms and Conditions of Contract ('General Conditions' - Section B) and the Special Terms and Conditions ('Special Conditions' – Section C) that apply to the contract awarded for the Services pursuant to the further competitive from DPS for Community Health Improvement Services.
 - 1.2.1. Appendices as follows:
 - Appendix A
 - General Specification ①
 - Contract Specific Specification ②
 - Appendix B Quality Outcome Indicators ②
 - Appendix C Service User, Carer and Staff Surveys ②
 - Appendix D Charges ②
 - Appendix E Incidents Requiring Reporting Procedure ②
 - Appendix F Information Provision ②
 - Appendix G Service Quality Performance Report ②
 - Appendix H Dispute Resolution①
 - Appendix I Definitions and Interpretation①
 - Appendix J DBS Check Documents①

① As provided within the Dynamic Purchasing System

② As provided in this document with the further competition

2. Commencement and Duration

- 2.1. In accordance with clause A3:
 - 2.1.1. The Contract shall take effect on 1st April 2016 (the 'Commencement Date')
 - 2.1.2. The Provider shall provide the Services from 1st April 2016 (the 'Service Commencement Date')

- 2.1.3. The Contract shall expire automatically on 31st March 2017 (the 'Expiry Date', unless it is extended in accordance with clause 3 below or terminated earlier in accordance with the provisions of the Contract.

3. Extending the Duration of Contract

- 3.1. The Council may extend the term of the Contract by a further 2 years (the 'Extension Period') within 1 year increments, equating to a potential Contract term of 3 years. (1 + 1 + 1). If the Council wishes to extend this Contract, it shall give the Provider at least 3 months written notice of such intention before the Expiry Date.
- 3.2. If the Council gives such notice, the Expiry Date will be extended by the period set out in the notice.

4. Service Review

- 4.1. The Contract will may be subject to future changes in policy or legislation. Such changes to be subject of Reviews in accordance with clause B18 ('Service Review') and clause ('Review Meetings').
- 4.2. The service specification will be subject to an annual review that may be updated to reflect changes in any future changes in national or local policy, for example, government guidance and legislation, industry professional standards, NICE guidance, Public Health England or Dorset County Council policy. Adequate notice will be given to the provider of any signification changes which may impact on the service provided and will ensure sufficient transition arrangements are secured to ensure service continuity

5. Charges and Payment

- 5.1. In accordance with clause B8 ('Charges and Payment') the shall be as set out in Appendix D ('Charges')
- 5.2. The frequency of claim for Charges and method to make claim for Charges shall be as set out in Appendix D ('Charges').

Appendix A – Contract Specific Specification

Provision of Supervised Consumption Services

1. INTRODUCTION

- 1.1. This Specification sets the requirements for the provision of a Public Health service for the supervised consumption of prescribed medication within a Community Pharmacy. This principal focus of the Service is to provide supervision of the self-administration of: methadone; naltrexone; the combination drug of naloxone and buprenorphine; and buprenorphine by Service Users on a daily basis.
- 1.2. Community Pharmacies providing this Service shall work with a number of Service Users that is appropriate to the capacity of the Pharmacy within the parameters of good practice advised by the Commissioner.
- 1.3. The provision of this Service is commissioned via a targeted approach via Public Health Dorset and based upon locally defined needs.

2. BACKGROUND

- 2.1. Community Pharmacies play a key role in the care of substance users, through the provision of services to supervise consumption of methadone; naltrexone; the combination drug of naloxone and buprenorphine; and buprenorphine. The Pharmacist is instrumental in supporting drug users in complying with their prescribed regime, therefore reducing incidents of accidental deaths through overdose. In addition through supervision, pharmacists are able to keep to a minimum the misdirection of controlled drugs, which may help reduce drug related deaths in the community.
- 2.2. Guidelines acknowledge that Community Pharmacies provide a significant point of contact for Service Users having regular daily contact with them. The role of the Community Pharmacist in the care of substance misusers is therefore considered crucial, as is communication with Pharmacists and other professionals involved in the care of Service Users. The guidelines recommend that medical practitioners should not prescribe in isolation and promote a multidisciplinary approach to treatment through “shared care” agreements.

3. AIMS AND OBJECTIVES OF THE SERVICE / SERVICE OUTCOMES

The Pharmacist or registered technician shall;

- 3.1 Optimise the benefits available to Service Users from the provision of drug substitution via prescribed medication.
- 3.2 Ensure compliance with each Service User's agreed treatment plan by
 - 3.2.1 Dispensing in specified instalments and ensuring that each supervised dose is correctly consumed by the Service User for whom it was intended.
 - 3.2.2 Liaising with the prescriber, named key worker and others directly involved in the care of the Service User.
 - 3.2.3 Monitoring the Service User's response to the prescribed treatment.
 - 3.2.4 Improving retention in drug treatment.
 - 3.2.5 Improving drug treatment and delivery.
- 3.3 Reduce the risk to local communities of:
 - 3.3.1 Overuse or under use of medicines.
 - 3.3.2 Diversion of prescribed medicines onto the illicit drugs market.
 - 3.3.3 Accidental exposure to the dispensed medication.
- 3.4 Prevent abuse or inadvertent overdosing.
- 3.5 Provide an accessible service.
- 3.6 Provide Service Users with regular contact with healthcare professionals and to help them access further advice or assistance.

4 DESCRIPTION OF SERVICE

Service Description

- 4.1 The Pharmacist or registered technician shall supervise the consumption of methadone, naltrexone, the combination drug of naloxone and buprenorphine, or buprenorphine at the point of dispensing in the Pharmacy, ensuring that the dose has been administered appropriately to the Service User.
- 4.2 The Provider shall offer a user-friendly, non-judgmental, Service User-centred and confidential service. Service Users shall be treated with the same degree of courtesy as would be afforded to any other Service User group within the Pharmacy.

- 4.3 The Provider shall provide support and advice to the Service User, including signposting to Primary Care or Specialist Services where appropriate ([Appendix 1](#)).
- 4.4 The Service shall be provided in conjunction with either the local GPs and/or the specialist prescribing service as part of a programme to manage opiate dependency.
- 4.5 Prescribers will contact the Service User's chosen Pharmacy prior to initiating prescribing to confirm that the Provider has the capacity to take on new Service Users. The name of the Service User's chosen Pharmacy will be included in the prescriber treatment plan. The Provider shall be provided with a photograph of the Service User or other appropriate method of identifying the Service User agreed locally with the prescribing team.
- 4.6 To be an effective member of the prescribing treatment team, Pharmacists and registered technicians participating in this service need to form close links with other members of the team. Effective communication between all parties is vital. The Provider shall therefore ensure that they are aware of the contact details of the Service Users' named key worker in addition to the prescriber.
- 4.7 A treatment agreement must be set up between the Prescriber, Provider, Service User and key worker, prior to supervising any medications. A four-way agreement (example at [Appendix 2](#)) shall be utilised as part of best practice. This shall include how the Service will operate, what constitutes acceptable behaviour by the Service User, and what action will be taken by the prescribing treatment team and Pharmacist if the Service User does not comply with the treatment agreement.
- 4.8 Issues of confidentiality and therefore possible problems in sharing information between team members shall be addressed in the treatment agreement, which Service Users agree to abide by when they engage with the prescribing services. The Provider shall ensure that they are personally aware of the terms of the agreement used by their local prescribing service and that Service Users who attend their Pharmacy are also aware and have a current treatment agreement in place.
- 4.9 Service Users shall receive written and verbal information about methadone, naltrexone, the combination drug of naloxone and buprenorphine, and buprenorphine, risks of overdose, loss of tolerance following missed or uncollected doses, drug interactions, an explanation of supervised consumption, where and how it will occur and opening and closing times of the Pharmacy. Written information will be given to Service Users by the

prescribing key workers and this must be reiterated by verbal information from the Provider.

- 4.10 Missed or uncollected doses are to be recorded and reported by the Provider to the prescriber and the named key worker responsible for the Service User. Where three consecutive doses have been missed, the Pharmacist must confirm with the service and prescriber whether the Service User should return for re-assessment in line with the treatment agreement.
- 4.11 The Home Office has confirmed that if the following wording is used on prescriptions for controlled drugs intended for instalment dispensing, then the pharmacist may issue the remainder of an instalment prescription when the Service User has failed to collect the instalment on the specified day:

‘Supervised consumption of daily dose on specified days; the remainder of supply to take home. If an instalment prescription covers more than one day and is not collected on the specified day, the total amount prescribed less the amount prescribed for the day(s) missed may be supplied.’

- 4.12 If the prescription does not reflect such wording, the regulations only permit the supply to be in accordance with the prescriber’s instalment direction.

Supervised Consumption of Methadone

- 4.13 The Provider shall present the medicine to the Service User in a suitable receptacle and will provide the Service User with drinking water to facilitate administration and/or reduce the risk of doses being held in the mouth. If a Service User’s dose is measured out in advance of their visit then suitable storage containers with lids should be used. These shall be individually labelled with the Service User’s name, date and dose. Prior to disposal of these containers, all identifying labels shall be removed / anonymised. After consuming their dose Service Users should be spoken to and offered a drink of water to ensure that the dose has been swallowed. Disposable plastic cups shall be used for this purpose. Service Users shall not be allowed to consume their own drinks from cans or bottles as this affords them the opportunity to spit the dose out into the can or bottle.

Supervised Consumption of Naltrexone

- 4.14 A drink of water (in a plastic disposable cup) must be given before the dose is given to the Service User in a suitable receptacle, this will help ensure that the dose is swallowed quickly. After consuming their dose the Service User should be spoken to, this will ensure that the dose has been swallowed. Service Users shall not be allowed to consume their own drinks from cans or bottles as this affords them the opportunity to spit the dose out into the can or bottle. Pharmacies will not be requested to crush tablets.

Supervised Consumption of the Combination Drug (Naloxone and Buprenorphine) and Buprenorphine

- 4.15 A drink of water (in a plastic disposable cup) must be given to the Service User before the dose is placed under the tongue. This will help ensure that the dose is as rapidly absorbed as possible. The Service User must be observed for 3 minutes. The tablet(s) may not have disappeared completely, but the majority of the dose will have been absorbed. The Provider shall not crush tablets.

General

- 4.16 Service Users shall be informed of the times of day they are able to access the service.
- 4.17 At weekends (and Bank Holidays) the Provider shall supply the Service User with their Saturday dose supervised on the premises and with "take out" doses provided in a suitable, labelled container with "child safe" lid for each of the days that the Pharmacy is closed. Service Users shall be reminded to keep their methadone, naltrexone, the combination drug of buprenorphine and naloxone, or buprenorphine well out of the reach of children and reminded of the danger it presents to others.
- 4.18 Supervision of self-administration of methadone, naltrexone, the combination drug of buprenorphine and naloxone, or buprenorphine shall be undertaken in a designated area of the pharmacy, which provides a sufficient level of privacy and safety.
- 4.19 Pharmacists shall abide by all legal constraints when dealing with controlled drugs. The Pharmacist cannot dispense the prescription if it does not fully comply with legal requirements
- 4.20 Dispensing and supply can be refused in certain circumstances:
- 4.20.1 If the Pharmacist believes the prescription is not genuine or for the person named on the prescription form;
 - 4.20.2 If the Pharmacist believes the prescriber has made a clinical error or that the prescription is clinically inappropriate;
 - 4.20.3 If the Service User, or anyone with them behaves or threatens to behave violently, or commits or threatens to commit any criminal offence in the pharmacy.
- 4.21 Service Users may be excluded from the service i.e. have treatment withheld as a result of a professional risk assessment. This can include Service Users who have missed collecting their prescribed medicine for a specified number of instalments and their tolerance to the drug may have reduced.

- 4.22 If Service Users present and are showing signs of intoxication then their dose shall be withheld until they are able to present in a non-intoxicated state.
- 4.23 Service Users must be informed prior to the initiation of treatment what types of behaviour may result in exclusion. If there are signs of overdose especially at times when doses are changed, during titration of doses, if the Service User appears intoxicated or when they have missed doses. If necessary, treatment may need to be withheld if this is in the interest of the Service User's safety. The Pharmacy must liaise with the prescriber or named key worker as appropriate.
- 4.24 Service Users shall be able to benefit from all the services available, as part of the Pharmacy contract. Appropriate health promotion material agreed by the Commissioner shall be made available in the Pharmacy and the signposting pack will include information relevant to the Service User. The Provider shall provide information/advice on or how Service Users can access:
- 4.24.1 Appropriate HIV and hepatitis testing services and encouragement to complete vaccination courses;
 - 4.24.2 Appropriate services on relapse prevention as a component of the treatment programme;
 - 4.24.3 Assessment for access to appropriate treatment services e.g. the local community drug service or Central Assessment Team;
 - 4.24.4 Practical social support e.g. housing welfare benefits and legal advice.
 - 4.24.5 Appropriate counselling services.
- 4.25 Pharmacists or other appropriately trained Pharmacy staff shall:
- 4.25.1 Provide direct input to promote harm reduction, including recognising people with physical health problems or severe mental health problems and signposting them to appropriate services;
 - 4.25.2 Actively encourage Service Users to access hepatitis B immunisation and to complete the course;
 - 4.25.3 Emphasise the risks of overdose, strategies to reduce those risks and to respond to overdose (including polydrug use and alcohol misuse);
 - 4.25.4 Advise on safer sex, sexual health, HBV immunisation and HBV, HCV and HIV testing.

Out of Hours Providers

- 4.26 The Out of Hours Providers will not prescribe methadone, naltrexone, the combination drug of buprenorphine and naloxone, or buprenorphine under any circumstances. Problems with prescriptions must be addressed during the week to avoid the following types of problems at weekends:

- 4.26.1 An illegal prescription left for a locum to deal with on a Saturday;
 - 4.26.2 Lost scripts;
 - 4.26.3 Missed pick ups;
 - 4.26.4 A prescription that does not cover a weekend or holiday
- 4.27 The Out of Hours Provider should offer harm minimisation advice and information but not prescribe any drugs.
- 4.28 If the Service User requires medical advice they should be directed to the Out of Hours GP Service or in an emergency to the nearest Emergency Department.

Collection of Methadone, Naltrexone, the Combination Drug of Buprenorphine and Naloxone, or Buprenorphine for Individuals Who Are Detained in Police Custody

- 4.29 In the instance of a Service User who has been detained in police custody who requires their methadone, naltrexone, the combination drug of buprenorphine and naloxone, or buprenorphine script, a police officer will collect the prescription on behalf of the individual/detainee. The Provider shall ensure that they receive a letter of authorisation from the detainee via the police officer on each occasion of the prescribed medication collection. The letter of authorisation shall be kept in an appropriate secure location. The Provider shall check the identification of the police officer on every occasion. If the detainee is in custody over the weekend, the normal double dose for Saturday and Sunday shall be supplied to the officer with strict instructions on useage and dosage.
- 4.30 The Provider shall ensure full compliance with the aforementioned procedure which complies with the guidance from the Royal Pharmaceutical Society - Pharmaceutical Care of Detainees in police.

Service User Data and Record Keeping

- 4.31 Appropriate record keeping shall be kept as part of the core process for dispensing Controlled Drugs.
- 4.32 The Provider shall record all episodes of supervised consumption on the PharmOutcomes system. The Provider shall have sight of all information required, however the following information shall be accessed by the Commissioner as used as part of monitoring, service planning and development processes:

- 4.32.1 Service User initials and age;
 - 4.32.2 Service Users district level Post Code of residence (First part of Post code);
 - 4.32.3 Service Users gender;
 - 4.32.4 Name of the medicine ;
 - 4.32.5 Whether the drug was supervised/Did Not Attend (DNA)/Take out dose and reason why.
 - 4.32.6 Prescriber ID
- 4.33 A record of advice given or interventions made must be kept on the Pharmacy Patient Medication Record (PMR).

Training

- 4.34 In addition to demonstrating evidence of commitment to continuing professional development, pharmacists and registered technicians providing this service shall:
- 4.34.1 Successfully complete the CPPE Substance Misuse 2012 training (10 hours open learning pack) prior to delivery of the Service
 - 4.34.2 Attend a local training session on the care and management of opiate-dependent drug misusers arranged annually by Public Health Dorset, see www.publichealthdorset.org.uk for details of next available training session.
 - 4.34.3 If a Pharmacist is new to the Pharmacy, they are recognised as qualified to deliver the service, provided that the CPPE pack has been completed and that they attend the next available local session.
- 4.35 In circumstances where the accredited Pharmacist or technician leaves, the Service will continue to be funded for Service Users who are already receiving supervised methadone, naltrexone, the combination drug of buprenorphine and naloxone, or buprenorphine from the Pharmacy, providing one or more members of staff have attended the local training within the last 3 years. **No new Service User can be accepted until an accredited Pharmacist or registered technician is in place.**
- 4.36 It is recommended that Registered Pharmacy technicians working within the Pharmacy complete the CPPE open learning module on Substance Misuse 2012 even if the Pharmacist has completed the required training. Equally, Pharmacists working regularly in a Pharmacy where there is a trained technician shall also be encouraged to complete the CPPE training.
- 4.37 The Provider will ensure that relevant health and safety training is provided to staff.

- 4.38 As part of ensuring continued good practice, Pharmacists may refer to the Substance Misuse Management in General Practice website (www.smmgp.org.uk) and the College of Mental Health Pharmacy website (<http://www.cmhp.org.uk>).
- 4.39 Pharmacists may in addition wish to complete Part 2 of the Royal College of General Practitioners Certificate in the Management of Drug Misuse in Primary Care. On completion of the certificate Pharmacists may be in a position to provide support and advice to other Pharmacists and may well be in a position to become a Pharmacist with a special interest (PhwSI) in drug misuse.
- 4.40 Pharmacists and registered technicians shall ensure that they continually update their knowledge and keep abreast of changes occurring in this area of service provision. They shall wherever possible, attend locally organised seminars with the other members of the prescribing team.
- 4.41 All Pharmacy staff (including Locum staff) involved in the delivery with the Service in the pharmacy shall be trained so that they are aware of the operation of the service. Locums should also have received training. Where this is not possible, The Provider shall ensure that a member of staff who has attended one of the locally organised training sessions and knows how the service operates is present at all times with the locum.
- 4.42 An up to date Standard Operating Procedure (SOP) for the Service shall be in place and available for all staff and locum pharmacists working within the Pharmacy. This shall include points of contact for the local drug services and local prescribers as well as details of the process to be followed if a problem arises such as the need to refuse the supply of a dose to a Service User. An example can be found in [Appendix 3](#).
- 4.43 Members of staff who are not directly involved with the Service shall be informed that it is in operation, advised on its aims and objectives and the importance of confidentiality, and of affording the Service Users privacy when they are consuming doses.
- 4.44 The Provider shall inform Public Health Dorset, promptly when there is a change in Pharmacist staff that will affect the delivery of the Service.
- 4.45 If the Provider is unable to provide the Service, they shall inform the prescriber and key worker of the Service User and co-ordinate a safe transfer to an appropriate service, to ensure continuity of care.

- 4.46 The Provider shall refer the Service User to a prescriber or key worker in the event that they do not collect methadone, naltrexone, the combination drug of buprenorphine and naloxone, or buprenorphine as expected.
- 4.47 The Provider shall have internet access in place at all times and shall use PharmOutcomes to fully record all consultations and activity and make claims for payment for provision of the Service.
- 4.48 The Provider shall ensure that all consultations are entered on to PharmOutcomes at the end of each 14 day prescription.

Premises and Equipment

- 4.49 The Service shall be delivered from a premise that can provide an acceptable level of privacy to respect a Service User's right to confidentiality and safety.

5 QUALITY STANDARDS

The Provider shall;

- 5.1 Review its Standard Operating Procedures and the local referral pathways for the Service on an annual basis.
- 5.2 Demonstrate that all Pharmacists and staff involved in the provision of the Service have successful completion of CPD relevant to the provision of the Service.
- 5.3 Participate in organised audit of service provision.
- 5.4 Co-operate with any locally agreed assessment of Service User experience.
- 5.5 Demonstrate that clear and accurate records are kept.
- 5.6 Comply with the Pan-Dorset's Multi agency Safeguarding Adults Policy and the Pan Dorset LSCB Inter-Agency Procedures for Children and Young People.
- 5.7 Ensure that thorough recruitment and selection processes are in place for Employees which include full tracking of previous employment history, checking of qualifications and two written references.

6 CONTRACT MONITORING

Community Pharmacy Contractual Framework

- 6.1 The Provider must remain compliant with all the essential services under the Community Pharmacy Contractual Framework as part of this Agreement.
- 6.2 No part of this Specification by commission, omission or implication defines or redefines essential or advanced services.

Monitoring and Review

- 6.3 The Provider shall ensure that the necessary documentation, as detailed in this Service Specification, is maintained and made available to the Commissioner to enable the Service to be monitored and for the purpose of post payment verification.
- 6.4 The Commissioner may undertake a visit to the Pharmacy to inspect the provision of the Service and to ensure that the Provider is meeting the service specification.

Use of PharmOutcomes

- 6.5 The Provider shall ensure that all consultations are logged on Pharmoutcomes to enable the Commissioner to monitor activity and verify payments for Services provided.

7 SERVICE SPECIFICATION REVIEW

- 7.1 It is recognised within this specification that the Service may be subject to change due to a range of national and local policy initiatives. For example, government guidance and legislation, industry professional standards, NICE Guidance, Public Health England or local authority policy.
- 7.2 The Service Specification shall be reviewed annually and updated to reflect the changes in legislation. Adequate notice will be given to the Provider of any significant changes which may impact on the service provided and will ensure sufficient transition arrangements are secured to ensure service continuity.

Appendix B – Quality Outcome Indicators

Provision of Supervised Consumption Services

In accordance with clause B3 (Service and Quality Outcome Indicators) of the Contract, the Provider must comply with the Quality Indicators below:

Quality Indicators - General		
Performance Area	Performance Criteria	Target [if applicable]
Fit for Purpose	Providing service level in accordance with the Contract	100%
Continual Improvement / Innovation	Identify and/or work with Council in identifying opportunities to introduce / implement innovation to the Contract delivery	100%
Change Management	Respond effectively / pro-active approach to change management	100%

Cost Indicators - General		
Performance Area	Performance Criteria	Target [if applicable]
Pricing Stability	Pricing in accordance with the Contract	100%
Invoice Accuracy	Invoices provide accurate cost information	100%
Cost Reduction Initiatives	Identify and/or work with Council in identifying initiatives which could result in cost reductions being achieved	100%

Social Value Indicators - General		
Performance Area	Performance Criteria	Target [if applicable]
Economic, Social and Environment	Identify opportunities and/or work with Council to support social value in terms of the local economy, local communities and environment.	100%

Service Indicators - General		
Performance Area	Performance Criteria	Target [if applicable]
Responsiveness	Consistently good response to Council enquiries and requests.	100%
Complaints	Complaints or disputes are minimal. Where they occur they are dealt with effectively without the need for escalate and corrective action is taken if required.	100%
Management Information	The required management information is provided in the agreed format and within the agreed timeline.	100%
Communication	Maintains effective communication channels with the Council.	100%

The Parties must review and discuss performance of the Contract including Quality Outcome Indicators and consider any other matters reasonably required by either Party at Review Meetings which shall be held in the form and intervals determined by the Council; in accordance with clause B19 (Review Meetings)

Appendix C – Service User, Carer and Staff Surveys

Provision of Supervised Consumption Services

In accordance with clauses B4 (Service User Involvement) and B7 (Staff) of the Contract the Provider shall:

Carry out Service User Surveys and Staff Surveys, as and when requested by the Council.

Appendix D – Charges

Provision of Supervised Consumption Services

In accordance with clause B8 (Charges and Payment) of the Contract, the Provider shall information in respect of payment (see Appendix F) is provided to the Council.

Appendix E – Incidents Requiring Reporting Procedure

Provision of Supervised Consumption Services

No additional requirements in respect of clause B11 (Incidents Requiring Reporting).

Appendix F – Information Provision

Provision of Supervised Consumption Services

In accordance with clause B14 (Information) of the Contract, the Provider must provide the Council the information specified below to measure the quality, quantity or otherwise of the Services.

The Provider shall have internet access in place at all times and shall use appropriate electronic systems to record all consultations and activity and ensure that claims for payment for provision of this service can be collected through the electronic system as stipulated by the Council below.

Pharmacies

Such organisations shall access PharmOutcomes (link below); unless otherwise stipulated by the Council.

<https://www.pharmoutcomes.org/pharmoutcomes/>

General Practice and Other Providers

Such organisations shall access Outcomes4Health (link below); unless otherwise stipulated by the Council.

<https://outcomes4health.org/o4h/>

Appendix G – Service Quality Performance Report

Provision of Supervised Consumption Services

In accordance with clause B18 (Service Review) of the Contract the Provider provide the following:

The Provider shall ensure that the necessary documentation, as detailed in the specification, is maintained and made available to the Council to enable the service to be monitored and for the purpose of post payment verification.