

Service Specification

Supervised Methadone and Buprenorphine Consumption in Worcestershire

1. Duration

1.1 Effective period: 17th October 2025 to 31st March 2031

2. Background

2.1 Community pharmacies maintain regular face-to-face contact with service users, therefore are ideally placed to enhance and strengthen the treatment journey.

2.2 Methadone and buprenorphine have been found to be suitable substitutes for withdrawal from opiates, and beneficial in terms of harm reduction.

2.3 Drug misuse and dependence: UK guidelines on clinical management (2017) recommends that supervised consumption should be available to all patients to support induction on to opioids and provided for a length of time appropriate to their individual needs and risks.

2.4 In the early stages of being prescribed a substitute medication, supervised consumption can provide structure for the service user and enables regular contact with healthcare professionals who can support service users in their movement away from chaotic and risky behaviour, supporting their stabilisation on a prescribing regime. The Drug Misuse and Dependence guidelines 2017 advises that supervised consumption should be viewed as a situation where therapeutic relationships can be built with patients and for using supervision is to ensure the safety of the patient and to minimise the risk of toxicity; it should not be used or viewed as punishment.

2.5 Even though methadone and buprenorphine have a relatively low street value there is still an illicit market for methadone and buprenorphine. Supervised consumption of methadone and buprenorphine reduces the likelihood that prescribed methadone, and buprenorphine will be diverted onto the illegal market.

3. Aims and Intended Service Outcomes

3.1 Drug and alcohol treatment services and community pharmacies collaborate to improve the overall treatment and care experience for service users, particularly those prescribed opioid substitution therapy (OST).

3.2 A comprehensive, person-centred supervised consumption service can ensure safe and effective care at the point of delivery, with a focus on:

- Promoting consistent engagement with pharmacological and psychosocial treatment
- Managing clinical and social risks associated with substance use
- Supporting achievement of treatment goals and reducing harm, including overdose and drug-related deaths
- Enhancing health outcomes through structured, regular contact with healthcare professionals
- Driving continuous quality improvement through monitoring, feedback, and training

3.3 The service aims to:

- Ensure safe, supervised administration of prescribed medicines (e.g., methadone, buprenorphine, Espranor) to reduce the risk of diversion, misuse, and accidental overdose
- Support adherence to treatment plans by providing structured, regular supervision and timely communication with pharmacy teams and the treatment service
- Identify and respond to clinical concerns, such as signs of intoxication, missed doses, or deterioration in health, with appropriate escalation and safeguarding measures
- Provide a non-judgemental, confidential, and accessible service that fosters trust and encourages ongoing engagement with treatment
- Promote recovery and independence, including support for transitions from supervised to unsupervised dosing where clinically appropriate
- Operate within a quality-driven framework, ensuring consistency, safety, and effectiveness in service delivery

4. Service Outline

4.1 The pharmacy will deliver a supervised consumption service that is accessible, non-judgmental, person-centred, and confidential. The service will consist of the following four components:

- Wellbeing support
- Reporting of missed or late medication pick-ups
- Supervised consumption of prescribed medication
- Supporting assessment of service user progress and presentation alongside the treatment service

4.2 Before a service user attends the pharmacy, the prescriber or keyworker will contact the chosen pharmacy to confirm capacity and agreement to accept the individual. Service user details will be shared via phone or secure email.

4.3 Cranstoun is responsible for obtaining the service user's consent for each element of the supervised consumption service. This consent will be communicated to the pharmacy.

4.4 Receipt of the service user's details from Cranstoun constitutes a referral and implies consent to receive the supervised consumption service. If a Cranstoun prescription is received for a new or unknown service user without prior communication, pharmacy staff must contact Cranstoun to confirm the service user's intention to use the pharmacy.

Wellbeing Support

4.5 Wellbeing support will be provided by a suitable member of the pharmacy team upon request from a service user.

4.6 This support will be delivered respectfully, ideally in a quiet area of the pharmacy. Where appropriate, service users should be offered the use of a private consultation room.

4.7 Wellbeing support will be delivered respectfully, using quiet areas of the pharmacy to ensure privacy. Where appropriate, service users should be offered a consultation room.

4.8 All advice provided will align with recognised clinical guidelines and best practices and will be supported by harm reduction materials or literature supplied by Cranstoun.

4.9 Wellbeing support may include, but is not limited to:

- Harm reduction strategies
- Safer injecting practices and overdose prevention
- Prevention of blood-borne virus transmission
- Safe storage and use of supervised consumption medication and other prescribed drugs
- Safe disposal of injecting equipment and substances (e.g. to prevent harm to children)

- Wound care guidance
- Sexual health advice
- Nutritional support
- Alcohol and smoking cessation advice
- Guidance on over-the-counter medication use

4.10 Pharmacy staff will be trained to identify signs of intoxication, over-sedation, safeguarding concerns, or visible physical or mental health issues.

4.11 Where appropriate, service users will be offered advice, treatment, signposting, or referrals to relevant services.

4.12 Advice on safe storage should be provided to the service user including the risk to others. Individuals requiring secure medication storage will be directed to the local Cranstoun hub to obtain a locked storage box. A discussion should take place to determine how the service user will safely store their medication in the meantime. Cranstoun should be informed that the service user has indicated a need for such a storage solution.

4.13 Any clinically significant advice, signposting, or referrals may be recorded in the service user's pharmacy clinical record at the pharmacist's discretion.

Reporting Missed or Late Pick-Ups

4.14 The dispensing pharmacy must notify the prescribing service and/or Cranstoun of any missed supervised medication collections within one working day. Additionally, PharmOutcomes should be updated accordingly.

4.15 This timely reporting enables Cranstoun to monitor adherence, follow up with the service user, and adjust treatment plans, as necessary.

4.16 If a service user misses three or more consecutive days of their prescribed supervised consumption medication, they are at increased risk of overdose due to reduced tolerance. In such cases, the pharmacist must consult the prescriber before dispensing any further doses.

4.17 If a service user collects an instalment prescription covering multiple days after the scheduled date, this must be recorded as a late collection in PharmOutcomes on the actual date of supply and the dispensing pharmacy must notify the prescribing service and/or Cranstoun of any missed supervised medication collections within one working day.

4.18 For service users on titration prescriptions that require prescriber contact if a dose is missed, this instruction must be followed before dispensing the next dose.

Supervised Consumption

4.19 Supervised consumption will be provided at the request of the prescriber, subject to confirmation that the pharmacy has the capacity to deliver the service.

4.20 A trained member of the dispensing team, under the supervision of the pharmacist, will deliver the service. Staff must consult the pharmacist if any concerns arise during supervision.

4.21 The designated team member will oversee the administration of prescribed medication, ensuring the dose is taken correctly and safely by the service user.

4.22 Supervised consumption must be conducted respectfully, in a private and quiet area of the pharmacy, away from public view and where conversations cannot be overheard. A consultation room should be offered where appropriate.

4.23 The pharmacy team will continue to support service users transitioning from supervised consumption to daily pick-up or other arrangements, including referral back to the prescriber if needed.

4.24 All supervised consumption activity must be recorded using PharmOutcomes.

4.25 The Home Office permits the following wording on instalment prescriptions for controlled drugs:

“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.”

4.26 If alternative wording is included, the pharmacist must follow the prescriber’s instalment directions exactly.

4.27 When medication is dispensed for non-supervised use (e.g. Sundays or bank holidays), the service user must be advised on safe storage and reminded of the potential risks to others.

Medication-Specific Guidance

4.28 Methadone Oral Solution:

The medication should be dispensed in a properly labelled container. Water (in a disposable cup) should be provided to aid administration and reduce the risk of the dose being retained in the mouth. If doses are pre-measured, containers must have secure lids and be individually labelled. Labels must be removed or anonymised before disposal.

4.29 Buprenorphine and Buprenorphine/Naloxone Sublingual Tablets:

The dose should be prepared and administered directly under the tongue without handling. Water may be offered beforehand to aid dissolution. The service user must be supervised until the tablet has fully dissolved, which may take up to 10 minutes. If only a chalky residue remains, confirm with the service user that the dose has dissolved. Offer additional water if needed. Crushing tablets is off-licence and should only be done if explicitly directed by the prescriber, with both prescriber and service user informed of the off-licence use.

4.30 Buprenorphine Oral Lyophilisate Tablets (Espranor):

The dose should be removed from the blister pack with dry fingers and placed whole on the tongue. It typically dissolves within 15 seconds. The service user must be supervised until the dose has fully dispersed. They should avoid swallowing for 2 minutes and refrain from eating or drinking for 5 minutes afterward.

4.31 All pharmacists and staff involved in delivering this service must follow locally agreed protocols and adhere to their organisation's Standard Operating Procedures (SOPs).

5. Data Recording and Information Sharing

5.1 The pharmacy must maintain accurate and up-to-date records of all service activities using the PharmOutcomes platform.

Data	Timeframe	Data Use
Missed supervision/collection	Reported same day or at the latest within 1 working day	To enable more timely intervention by case workers, ensure adherence to protocols, and minimise the risk of diversion.
Late collection	Reported same day or at the latest within 1 working day	To develop a long-term view of adherence, supporting the ongoing effectiveness of service users' treatment plans.

Monthly supervised/unsupervised dispensing	Reported at the end of each month	To confirm that all missed pick-ups have been reported, support accurate monthly payments per service user, and enable the application of individual supervised consumption fees where applicable
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5.2 Cranstoun will provide the necessary licensing for data entry and management through PharmOutcomes. The data fields required in PharmOutcomes may be updated over time to reflect evolving commissioning requirements.

5.3 In general, pharmacy staff should not share information about a service user’s participation in the NSP with prescribers or other services without the service user’s consent. However, disclosure is permitted when there is a duty of care, such as when the service user’s health or the safety of others is at risk. This includes safeguarding concerns or child protection issues, where withholding information or seeking consent could increase risk.

5.4 Contractors are expected to share relevant information with healthcare professionals and partner agencies, in accordance with local confidentiality protocols. Service users should be informed when their information is shared, unless doing so would pose a risk to others (e.g. in cases of suspected child abuse).

5.5 A revised two-way communication system will be implemented, once available, to enable direct contact between community pharmacies and Cranstoun. This system will ensure a clear audit trail of all communications.

5.6 Data Protection: All parties must comply with applicable data protection laws and regulations, including the General Data Protection Regulation (GDPR) and the Data Protection Act 2018, particularly when handling personal or special category data under this agreement.

5.7 The pharmacy will support Cranstoun in conducting service audits as required. Cranstoun will extract relevant data from PharmOutcomes for audit purposes. Contractors may also be asked to provide feedback to support ongoing service improvement.

6. Accessibility

6.1 Services will be accessible to all individuals during the pharmacy’s standard opening hours.

6.2 Upon first accessing the service, service users will be informed of the pharmacy’s opening hours. Both service users and Cranstoun will be promptly notified of any changes to these hours that may impact service availability.

6.3 In the event of temporary service disruption (e.g., due to staff shortages or unforeseen closures):

- A business continuity plan will be implemented by the pharmacy to ensure continued access to services.
- Cranstoun will be notified of the disruption and provided with details of any alternative arrangements that have been put in place.

7. Safeguarding

7.1 Pharmacy staff must be familiar with and always adhere to local safeguarding procedures for children and vulnerable adults.

7.2 All pharmacists and registered pharmacy technicians are required to complete Level 2 Safeguarding training. Other pharmacy staff who may be directly or indirectly involved in delivering the service must be aware of the pharmacy's safeguarding protocols and escalation procedures.

8. Required Training

8.1 Pharmacists and registered pharmacy technicians delivering the service must complete the CPPE *Declaration of Competence (DoC) for Supervised Consumption of Prescribed Medicines* and provide consent for this to be shared via PharmOutcomes. Refresher training must be undertaken in accordance with the requirement to renew the DoC every three years.

8.2 New staff members are granted a three-month grace period to complete the required training, ensuring continuity of service delivery.

8.3 All staff involved in delivering the service—including locum pharmacists—must complete appropriate training and demonstrate competence in accordance with this Service Level Agreement (SLA).

8.4 Cranstoun will provide at least two update training events for pharmacy team members. Additional training may be arranged as needed, in agreement with the Local Pharmaceutical Committee (LPC). Training may be delivered through a combination of face-to-face sessions and on-demand online modules.

8.5 Training will cover relevant topics to reinforce knowledge, address skill gaps, and identify further training needs. It will also provide a forum for sharing incident learnings, resolving queries, and exploring service improvement opportunities.

8.6 Attendance at least one training event per annum is encouraged. The contractor or pharmacist attending must ensure that any updates or changes to service delivery are communicated to all pharmacy staff involved in providing the supervised consumption service.

9. Quality and Safety

9.1 The pharmacy must maintain up-to-date policies and procedures to support the effective delivery of this service.

9.2 The contract holder must ensure that appropriate professional indemnity insurance is in place.

9.3 The pharmacy is expected to fully cooperate with any local evaluations of the service, including assessments of service user experience. This may involve participation in initiatives such as the use of “mystery customers.”

9.4 The pharmacy contractor must have a system in place to ensure that messages on PharmOutcomes are checked and actioned regularly—**at least once per week**. PharmOutcomes serves as the primary communication channel between Cranstoun and pharmacies across Worcestershire.

9.5 The pharmacy contractor must ensure that sufficient support staff are available at all times. These staff members play a key role in assisting the pharmacist (including locums) with the operational delivery of the service and in maintaining its safe and efficient running.

9.6 By signing this agreement, the contractor agrees to comply with all requirements outlined in the essential services of the NHS Community Pharmacy Contractual Framework.

10. Absence of Accredited Pharmacist

10.1 The pharmacy is responsible for ensuring that all staff members, including pharmacists and locums involved in delivering the supervised consumption service possess the necessary knowledge and training to operate the service effectively. This ensures continuity of service during periods of staff absence.

10.2 If it is not possible to ensure immediate training, and a locum pharmacist is expected to be in place for 28 days or more, or is regularly contracted to work at the pharmacy, the service provider must:

- Notify Cranstoun
- Ensure the locum pharmacist completes the relevant training as outlined in this service specification.

11. Incidents, Complaints and Feedback

11.1 All incidents and feedback relating to this service must be reported and investigated in accordance with the pharmacy's established incident reporting procedures.

11.2 Upon request, a summary of the incident report, including details of the investigation and outcomes, must be shared with Cranstoun.

11.3 Any serious incidents must be reported to Cranstoun within five working days. Any serious professional matters identified may be escalated to Public Health England, the GPhC and the Local Intelligence Network (LIN) if appropriate.

11.4 The pharmacy must have a suitable complaints policy or procedure in place. Complaints should be handled sensitively and reported promptly to Cranstoun via worcsprimarycare@cranstoun.org.uk. The pharmacy must co-operate with investigations being completed by Cranstoun in relation to any complaints made by service users.

12. Payment Arrangements

Service	Payment
Supervised consumption – methadone (all brands)	£2 per supervised dose
Supervised consumption – Espranor	£2 per supervised dose
Supervised consumption – sublingual buprenorphine (all brands)	£3.50 per supervised dose

12.1 Payments will be processed monthly following the entry of service data into PharmOutcomes. Invoices will be automatically generated by PharmOutcomes on the 5th of each month.

12.2 Monthly payments for the supervised consumption service will be made for each month in which the pharmacy provides supervised consumption to a service user.

12.3 Payments will be made based on submitted claims and transferred to the bank account specified by the pharmacy.

12.4 The service contract and associated financial documentation must be completed and returned before any payments can be issued.

13. Specification Review

13.1 The Local Pharmaceutical Committee (LPC) will be formally consulted on:

- The contract terms for commissioned pharmacy services.
- The fee structure associated with service delivery.

13.2 Formal LPC consultation will take place in Year 2 and Year 4 of the 6-year contract term.

13.3 LPC input will be considered as part of the service specification update process, with the aim of maintaining relevance to sector standards and local commissioning priorities.

14. Termination

Either party may terminate this agreement by providing six months' written notice. However, Cranstoun reserves the right to suspend or terminate the service with immediate effect in the event of a significant issue or serious incident.

15. Acceptance of Service Specification: Supervised Methadone and Buprenorphine Consumption in Worcestershire

Please complete and sign the acceptance form and the supplier request form below and return to Laura Finnegan, Primary Care and Governance Lead, at worcsprimarycare@cranstoun.org.uk

Service to be provided	Supervised Methadone and Buprenorphine Consumption in Worcestershire
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Pharmacy Details	
Pharmacy Name	
Pharmacy Address	
Phone Number	
Email Address	
Name of Pharmacist/authorized signatory signing service specification	
GPhC Number	
Signature	
Date	

Cranstoun Details	
Name	Cranstoun

Address	Cranstoun, Thames Mews, Portsmouth Road, Esher Surrey KT10 9AD
Phone Number	0208 335 1830
Email	accountspayable@cranstoun.org.uk
Name of person signing SLA	Matthew Burke
Position	County Manager
Signature	
Date	23/10/25

15. Supplier Information Request Form

Company name	Type Limited company/sole trader/partnership <i>Delete as appropriate</i>
Company no	Contact name
Address	Contact e-mail

Post code	Contact number
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Bank details

Name of bank/building society	Sort code
Account name	Account number
Bank/building society address	Building society roll no. (if applicable)

Signed	Date
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Internal use only

Contract	Cost centre
Entered to Finance System (date)	Entered to Finance System (by)
Supplier reference	

CRANSTOUN

Empowering People, Empowering Change

For any queries:

You can reach us on: 0300 303 8200

If lines are busy voicemail is available or send an email

Email: worcs@cranstoun.org.uk

How to refer:

Please complete one of our professional referral forms: Professional Referral Form - Cranstoun or Young Person Professional Referral Form - Cranstoun

Or call: 0300 303 8200

We are open:

Monday - Friday 9am-5pm

Phone lines open at 9.30am

Please contact **Laura Finnegan, Primary Care and Governance Lead** at worcsprimarycare@cranstoun.org.uk for any service-related enquiries.

www.cranstoun.org

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