

Service	Locally Commissioned Service (LCS): Supervised Consumption in Community Pharmacies
Commissioner Lead	Charlotte Matthews - Southampton City Council
Provider Lead	Lead Pharmacist
Period	1 July 2019 to 30 September 2020 (15 months)
Date of Review	By September 2020

1. National/Local Context

Public Health England provides national strategic direction and funding for substance misuse services locally.

The National Institute for Health and Clinical Excellence (NICE) Clinical Guidelines recommend the use of opiate substitution therapy to treat individuals with addiction to opiates.¹ The introduction of supervised methadone dosing has resulted in substantial declines in deaths related to overdose of methadone.²

Community Pharmacies play a key role in the care of people with Substance Use Disorders, through the provision of services to supervise oral methadone, buprenorphine and other drugs that may be used in the management of drug dependency. The pharmacist is instrumental in supporting people with substance use disorders in complying with their prescribed regime, improving their health and well-being and reducing harm, in particular, reducing instances of accidental deaths through overdose. In addition, through supervision, the pharmacist is able to keep to a minimum the misdirection of controlled drugs, which may help reduce drug related deaths in the community.

Southampton City Council and Southampton City CCG work with specialist services to commission and deliver an integrated response to substance use disorders, and, specifically, to the development of models of shared care which ensure that all service providers collaborate to meet the needs and reduce the risks of people who use drugs.

2. Aim of Service

This service aims to:

- 2.1. Provide a coordinated community pharmacy response to the needs of people with dependant use of drugs.
- 2.2. To ensure compliance with the patients agreed care plan by:
 - dispensing medication in specified instalments (doses may be dispensed for the patient to take away to cover days when the pharmacy is closed),
 - ensuring each supervised dose is correctly consumed by the patient for whom it was intended to minimise over usage or under usage of medicines
 - ensuring the patient only attends the pharmacy designated on the prescription
- 2.3. To reduce the risk to local communities of:
 - diversion of prescribed medicines onto the illicit drugs market; and
 - accidental exposure to the prescribed medicines.

¹ TA114 - Methadone and buprenorphine for the management of opioid dependence - <https://www.nice.org.uk/guidance/ta114>

² BMJ2010;341:c4851

- 2.4. To provide patients with regular contact with health care professionals and to help them access further advice or assistance. The patient can be referred back to specialist treatment centres or other health and social care professionals where appropriate. In particular, patients should be referred to services where they can access screening and vaccination services, specifically access to Hepatitis B and C, and HIV screening, and Hepatitis B vaccination.

3. Scope of Service

- 3.1. Service Providers will offer a user-friendly, non-judgmental, patient-centred and confidential service.
- 3.2. The service will require the Service Provider to supervise the consumption of oral methadone, buprenorphine and other drugs that may be used in the management of drug dependency, ensuring that the dose has been administered to the patient, where the prescriber has indicated that supervised consumption is appropriate.
- 3.3. Service Providers will also provide support to patients collecting their dispensed prescriptions for methadone and other drugs used in the management of drug dependency where supervised consumption is not indicated.
- 3.4. The Service Provider will provide support and advice to the patients, including referral to other primary care and emergency services where appropriate.
- 3.5. The Service Provider will be required to provide core opening hours covering Monday to Saturday inclusive in order to provide this service, except for bank/public holidays. All patients accessing the service must be provided with information on opening times and arrangements for bank holiday services.
- 3.6. Commissioners are seeking a maximum of 2, geographically appropriate, service providers to provide a seven day a week service.
- 3.7. The pharmacy will present the medicine to the patient in a suitably labelled receptacle and will provide the patient with water to facilitate administration and reduce the risk of doses being held in the mouth. (Appendix 4)
- 3.8. The service user's key worker will be responsible for obtaining the patient's agreement to supervised consumption. The agreement will be initiated outlining the responsibilities of the prescribing team, Service Provider and the patient. This must be agreed prior to first presentation for supervised consumption. (Appendix 1)
- 3.9. The part of the pharmacy used for provision of the service must provide a sufficient level of privacy and safety. A private consultation room is a requirement.
- 3.10. Service Providers will share relevant information with other health care professionals and agencies, in line with locally determined information sharing and confidentiality arrangements. The patient should be informed that information is being shared (unless to do so would put another person at risk e.g. in the case of suspected child abuse)
- 3.11. All Service Providers will deal with any complaints sensitively and will report any complaints, comments or concerns (professional or patient) to the CCG as soon as possible. The address for communication SOCCG.pccommissioning@nhs.net or Medicines Management, Southampton City CCG, Ground Floor, Oakley Road, Millbrook, Southampton, SO16 4GX.

3.12. All controlled drug incidents and concerns have to be reported to NHS England via the website www.cdreporting.co.uk, please do not include patient identifiable data.

3.13. Public Health England policies on substance misuse and needle exchange will apply to this locally commissioned service.

4. Eligibility to Provide the Service

4.1 Commissioners will select up to 13 providers for the city.

4.2 The Service Provider and its agents and/or employees shall carry out its obligations under the agreement in a timely manner and with reasonable care and skills.

4.3 The Service Provider must have a partner, employee or sub-contractor who has the necessary skills and experience to carry out the service.

4.4 The Service Provider participates in a locally agreed annual audit of service provision when required.

4.5 A pharmacist who is involved in the provision of healthcare to a vulnerable person is recommended to undergo a Disclosure and Barring Service (DBS) check. Further guidance regarding how to go about this can be requested from Southampton City CCG.

4.6 The Service Provider participates in locally agreed service evaluation and assessment of patient experience.

4.7 The Service Provider has a duty to ensure that pharmacists and staff involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service. Pharmacists (including locum pharmacists) will be expected to complete a Declaration of Competence via the Centre for Pharmacy Postgraduate Education (CPPE) which includes the training module in Substance Use and Misuse within three months of signing this agreement, if not previously completed and that learning is updated regularly. Enrolment will be required on PharmOutcomes to provide this service.

4.8 Absence of an accredited Pharmacist would normally be considered for days off, holiday or sick leave, for periods extending no longer than 4-week duration. Where an appropriately trained and accredited Pharmacist is not available for periods in excess of 4 weeks the Service Provider must inform the service coordinator in the medicines management team. The coordinator in conjunction with Substance Use Disorder Services (SUDS) will, if they deem it necessary, transfer patients to an alternative pharmacy participating in the supervised administration service.

4.9 The Service Provider will recommend Hepatitis B vaccination to all staff, including regular locums and support staff who will be working on the premises where a supervised consumption service is provided. Hepatitis B vaccinations are available from New Road **for new pharmacies only**. This must be prearranged via publichealth@southampton.gov.uk

4.10 Staff should receive training to ensure that they feel confident and are able to manage situations in which any member of the public exhibits anti-social behaviour when in the pharmacy.

4.11 All staff involved in the provision of the services must attend at least one multidisciplinary evening training event per year organised by the Medicines Management Team at Southampton

City CCG, in conjunction with the Drug and Alcohol Recovery Service. The aim of this session is to promote safe and effective service delivery and to allow networking and sharing of best practice.

4.12 The Service Provider should have appropriate health promotion material available for the users of the service and promote its uptake.

4.13 The Service Provider must demonstrate it has sufficient indemnity cover to support provision of this service

4.14 The Service Provider has in place an appropriate Standard Operating Procedure and referral pathways for the service, which it reviews on an annual basis (Appendix 4). The Service Provider has a duty to ensure that pharmacists and staff involved in the provision of the service are aware of and operate within the Standard Operating Procedure. (Appendix 4)

4.15 The pharmacy should maintain appropriate records to ensure effective ongoing service delivery and audit.

5. Monitoring and Reporting

5.1. The Service Provider must maintain all appropriate records of all patients on PharmOutcomes (www.pharmoutcomes.org) and comply with the programme and schedules for the submission of data and reports.

5.2. The Service Provider will maintain records of the service provided and will record ALL occasions when the patient fails to attend the pharmacy to collect a prescribed dose of medication. These records will be operated together with the Controlled Drug Records required by legislation (Appendix 2)

5.3. Patients will in effect register with a participating pharmacy for the duration of their treatment. Service Providers will be required to provide some ongoing support following a period of supervised consumption, for the duration of treatment or until the patient transfers to another pharmacy. (Appendix 2)

5.4. A list of the numbers of patients who are provided with the service will be maintained by the Substance Use Disorder Service.

5.5. Reporting for the LCS will be via Pharmoutcomes (www.pharmoutcomes.org). The Service Provider is encouraged to ensure this is up to date and accurate. There is a two month grace period in place for retrospective claims.

5.6. Payments will be made two months in arrears, based on activity extracted from Pharmoutcomes (www.pharmoutcomes.org).

6. Unit Costs

6.1 Service Providers will receive the following fees:

- A quarterly retention fee paid in arrears, to cover any training or miscellaneous costs.
- Per patient per day with a transaction. Eg for supervision once a day for 6 days in a week.

6.2 Payments will be made quarterly two months in arrears, based on data from Pharmoutcomes (www.pharmoutcomes.org). Service Providers are encouraged to ensure Pharmoutcomes is accurate and up to date at the end of each month. There is a two month grace period in place for retrospective claims.

Appendix 1 – Contract

Version tbc - being updated

Appendix 2 – Feedback Form

Version tbc – being updated

Appendix 3 – Signposting Document



Signposting and
other information 2)

Appendix 4 – Standard Operating Procedure



SOP-supervised
consumptionFINAL.c