

SERVICE SPECIFICATION

FOR

THE PROVISION OF

SUPERVISED CONSUMPTION

IN

HAMPSHIRE

1. Background

- 1.1. Community Pharmacies play an important role in the care of substance misusers. Enabling service users to comply with their prescribed regime by supervised consumption of Methadone, Subutex, Suboxone and other prescribed medicines. By the Pharmacist supervising consumption of these medicines the misdirection of controlled drugs is kept to a minimum, which may lead to a reduction of drug related deaths in the community.

2. Aims and intended service outcomes

- 2.1. To supervise the consumption of prescribed medicines at the point of dispensing in the pharmacy, ensuring that the service user has consumed the prescribed dose currently.
- 2.2. To ensure service users are compliant with their agreed treatment plan by:
 - Dispensing their medicines in specified instalments as instructed on the prescription.
 - Supervising the consumption of the prescribed medicines at the point of dispensing to ensure that the prescribed dose has been correctly consumed by the service user.
- 2.3. To reduce the risk of local communities of:
 - Diversion of prescribed medicines onto the illicit drugs market
 - Accidental exposure to prescribed medicines.
- 2.4. To provide service users with regular contact with healthcare professionals and to help them access further advice or assistance.

3. Service outline

- 3.1. The service is available to adults (aged 18 years or over) who are in receipt of prescribed substitute medication as part of an active treatment programme for substance misuse where:
 - Supervised administration is specified by the prescriber.
 - The service user is usually resident within the Hampshire area.
- 3.2. The service will require the pharmacist to supervise the consumption of prescribed medications when indicated by the prescriber, ensuring that the dose has been administered appropriately to the service user.
- 3.3. Terms of agreement are set up between the prescriber, pharmacist, patient and specialist service (a four-way agreement) to agree how the service will operate, what constitutes acceptable behaviour by the service user, and what action will be taken by the GP and pharmacist if the user does not comply with the agreement.
- 3.4. The service user's key worker will be responsible for obtaining the patient's agreement to supervised consumption.
- 3.5. The prescriber may contact the service users chosen pharmacy prior to the patient attending the pharmacy, to ensure the pharmacy has capacity to take on a new service user.

The prescriber will provide the Pharmacy with the service users' details.

- 3.6. The pharmacy will provide support and advice to the service users, including referral to other primary care services or specialist substance misuse services where appropriate.
- 3.7. The pharmacy will continue to provide advice and support to service users who are moving from supervised consumption to daily pick-up and beyond, this may include referral back to the prescriber where appropriate.
- 3.8. **Methadone:** The pharmacy will present the medicine to the service user in a suitably labelled receptacle and will provide the service user with 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 containers with lids should be used. These shall be individually labelled as per normal labelling regulations. Prior to disposal of these containers, all identifying labels shall be removed / anonymised.
- 3.9. **Buprenorphine and Buprenorphine/Naloxone:** The pharmacy will prepare the dose. The service user will be provided with water (in a disposable cup) prior to issuing the dose, this may speed up the process of the medication dissolving under the tongue. The medication should be tipped directly under the tongue without handling. The service user will need to be supervised until the tablet has dissolved. This may take between 5-10 minutes. When most of the tablet is dissolved, and only a chalky residue remains, talk to the service user to determine the dose has fully dissolved. Offer a further drink of water. Crushing of tablets is Off Licence and therefore should not be undertaken unless the prescriber requires this. If required the prescriber must write this on the prescription and both the prescriber and service user must be aware that this is Off Licence.
- 3.10. **Missed doses – Please advise the prescribing agency when a client has missed a dose.** They may be aware of the reasons and be able to authorise the next instalment of the prescription or require the client to make contact with them first.
- 3.11. **If a client has missed three consecutive doses you should not dispense, you should contact the prescribing agency.** If a client has a pattern of non-attendance, e.g. always missing the same day or regularly missing days each week you should also advise the prescribing agency as their prescription/dispensing arrangements require review
- 3.12. 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. If the prescription does not reflect such wording, the regulations only permit the supply to be in accordance with the prescriber's instalment direction.

- 3.13. If the medication is dispensed for non-supervised consumption (e.g. Sundays, bank holidays) the service user must be provided with information regarding the safe storage of the medication and reminded of the danger it presents to others.

3.14. Maintaining records

- The pharmacy will maintain records of the service provided. ALL occasions when the service user fails to attend the pharmacy to collect a prescribed dose of medication will be recorded.
- Once a prescription is completed, the service called "Supervised Consumption – Supervision" will be completed on PharmOutcomes. If this is the first time the service user has presented at the pharmacy the service called "Supervised Consumption Registration" will need to be completed as a one-off activity before the supervision can be entered.
- Where the service user has not collected their medication for three consecutive days, the supply must be stopped and not be started again without the agreement of the prescriber or recovery worker.
- All provisions will be recorded on PharmOutcomes. These records will be operated together with the Controlled Drug Records required by legislation.

- 3.15. The pharmacy providing the dispensing service will contact the prescribing service in any of the following circumstances:

- Drug related death in pharmacy premises.
- Overdose.
- Incorrect dispensing of any controlled substance.
- The service user is seen to be selling, swapping or giving away their controlled medication.
- Following three consecutive failures to attend. Where three consecutive doses have been missed, the pharmacist will not supply a further dose and the service user should be referred back to their drug services to be clinically re-assessed.
- Breach of the Service Agreement which the service user has signed.
- Any other occasion when the pharmacist is concerned about the service user's wellbeing.
- Refuses to consume their dose as prescribed.
- Is collecting erratically (even if not breaching the 3-day rule).
- Is under the influence of drugs/alcohol resulting in the pharmacist making a professional judgement decision not to dispense a dose.
- Shows clear signs of deterioration of physical and/or mental health.
- Has been violent or has threatened violence.

- Is involved in a serious or untoward incident that affects or may affect the expected outcome of the treatment.

3.16. Pharmacists will share relevant information with other health care professionals and agencies, in line with locally determined confidentiality arrangements. The service user 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).

4. Accessibility

- 4.1. Selection of the pharmacy to provide treatment will be the decision of the service users, subject to the nominated pharmacy agreeing to commence treatment.
- 4.2. Pharmacists will be required to provide on-going support during a period of Supervised Administration Programme, which will normally be up to 3 months, or until the patient transfers to another pharmacy at the direction of the prescriber.
- 4.3. The pharmacy will ensure that there are no unreasonable or strict time restrictions imposed on the service user.
- 4.4. The pharmacist in charge will take appropriate steps to ensure they are confident of the identity of the service user before supervising each dose.
- 4.5. The pharmacist in charge will make an assessment that it is safe to supply the medication before supervising the dose.

5. Service requirements

- 5.1. The pharmacy will ensure the service is user friendly, non-judgemental, person-centred and confidential at all times.
- 5.2. The pharmacy has a duty to ensure that pharmacists and staff involved in the provision of the service are aware of and operate within local protocols.
- 5.3. The pharmacy must ensure that pharmacists and staff involved in the provision of the service have relevant knowledge and are appropriately accredited in the operation of the service, including sensitive, client centred communications skills and confidentiality.
- 5.4. The accredited pharmacist will be responsible for reporting any ADR's.
- 5.5. The Pharmacy must ensure that Contact Manager is informed of any changes to personnel such that the service becomes unavailable at the pharmacy.
- 5.6. Where a pharmacist leaves a community pharmacy currently accredited to provide this service, the community pharmacy must assess the impact to service delivery and ensure that Contract Manager is informed of service issues as soon as possible. Every effort should be made to ensure service continuity.

6. Duration

- 6.1. This Service Specification is valid from 1st July 2018 – 31st June 2023.

7. Safeguarding and governance

- 7.1. There must be a chaperone policy in place that is displayed in a prominent position in the pharmacy (i.e. Consultation room door) – one can be provided for you if necessary.
- 7.2. All Pharmacists, Pre-Registration Pharmacists, ACT's and registered Technicians must complete CPPE Safeguarding Children and Vulnerable Adults Level II e-learning and associated e-assessment before delivering the service.
- 7.3. All other staff involved in delivering the service must be working to a safeguarding policy and procedure and sign the relevant record of Competence, which must be stored in the pharmacy at all times.
- 7.4. It is implicit in the service being provided that it is delivered to the standard specified and complies with the legal and ethical boundaries of the profession.
- 7.5. Should an issue be identified either through a visit of the contract manager or through any other means an action plan will be produced. LloydsPharmacy will identify any issues and create an action plan with the named pharmacist. The timescales will be agreed according to the level of risk and the Contract Manager will send a written report to the named pharmacist within two weeks of the visit, summarising what action needs to be taken and by when. The Contract Manager will contact the pharmacy again once the agreed timescales have elapsed to confirm that the action plans have been completed. If any further action needs to be taken, this will be documented, and new timescales agreed.
- 7.6. If the issues remain unresolved after this, the option to withdraw the service from the pharmacy may be exercised.
- 7.7. Please note that the pace with which the process progresses will be determined by the level of risk. In addition, any serious professional matters identified may be escalated to Public Health England or GPhC.
- 7.8. Pharmacy staff must be aware of local child, and vulnerable adult, protection procedures. These must be followed at all times.

8. Training requirements

- 8.1. To ensure, on a 3-yearly basis, that the lead pharmacists providing the service has successfully completed:
 - CPPE Substance Use and Misuse (pharmacist version) and the associated Declaration of Competence
 - CPPE e-learning module Safeguarding Children & Vulnerable Adults and the associated e-assessment.
- 8.2. All pharmacists will be required to complete the CPPE Declaration of Competence for Supervised Administration of prescribed medication. The declaration of competence will need to be confirmed on PharmOutcomes via enrolment.
- 8.3. A representative from the pharmacy may be required to attend an annual training event.

- 8.4. LloydsPharmacy aim to arrange at least one contractor meeting per year to promote service development and update the knowledge of the named pharmacist.
- 8.5. Be responsible for identifying their own staffs learning needs and recording their Continuing Professional Development (CPD) and where relevant, cascade training to all staff to ensure everyone is aware of the key issues and can respond sensitively and appropriately to enquiries.

9. Use of Locum Pharmacists

- 9.1. The pharmacy has a duty to ensure that staff and other pharmacists (including locums) involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service to ensure the smooth continuation of the service in their absence.
- 9.2. Where possible, the pharmacy should ensure it is staffed by a regular pharmacist/s. Should the pharmacy be in a position where the pharmacy will be run on different locum pharmacists for more than a month, the Contract Manager must be informed.
- 9.3. LloydsPharmacy has the right to withdraw the service from a pharmacy that is not staffed with regular pharmacists. Alternatively, LloydsPharmacy may impose additional conditions on the pharmacy in order for the pharmacy to remain providing the service.
- 9.4. The pharmacy should ensure that there is adequate support staff, including staff specifically trained to support this service in the pharmacy at all times in order to support the pharmacist (including locum pharmacist) in the operational elements of the service and to help ensure the safe and smooth running of the service.
- 9.5. The pharmacy will ensure that appropriate professional indemnity insurance is in place.
- 9.6. It is a requirement for pharmacies signing up to this agreement to comply with all the requirements of the essential services of the NHS Community Pharmacy Contractual Framework.

10. Premise

- 10.1. The Supervised Consumption Service must be provided from a designated consultation area in the pharmacy that meets as a minimum the national standards required for the provision of the Medicines Use Review Service.
- 10.2. Ensure internet access to use PharmOutcomes.

11. Ordering consumables

- 11.1. It is the responsibility of the pharmacy to order consumables and treatments required for the service.

12. Quality standards

- 12.1. The pharmacy should ensure the following:
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- 12.1.1. Operate to a Standard Operating Procedure (SOP) for the delivery this Service Specification. One will be provided for you if required.
- 12.1.2. The accredited pharmacist has undertaken CPD relevant to the service.
- 12.1.3. The pharmacy has a complaints procedure in place.
- 12.1.4. Co-operation with any review of the client experience.
- 12.1.5. Participation in any audit of the service.

12.2. The quality standards for the pharmacist are:

- 12.2.1. Accreditation by commissioner.

13. Audit

- 13.1. The pharmacy will participate in audits of this service provision organised by the Contract Manager, as and when required, and delivers any action points reported on the audit within the agreed timescales.
- 13.2. The Contract Manager may employ mystery shoppers as part of this audit.

14. Reporting incidents

- 14.1. The Pharmacy is required to have a robust incident reporting and investigation procedure in place for all clinical and non-clinical incidences.
- 14.2. Any incidents pertinent of this service should be reported using the Pharmacy’s normal incident reporting procedure and a copy of this report should be sent to the Contract Manager within 1 working day.

15. Payment arrangements

- 15.1. Payment and Reimbursement Structure
Payments will be made on a monthly basis.

1st July 2018 – 28th February 2019

Service Provided	Fee
Naltrexone / Methadone / Buprenorphine	£1.00 (inclusive of VAT)

From 1st March 2019

Service Provided	Fee
Naltrexone / Methadone / Buprenorphine	£1.20 (inclusive of VAT)

15.2. Claims for Payment

- 15.2.1. Payments will be made monthly upon input onto PharmOutcomes. Invoices will be generated automatically by PharmOutcomes on the 2nd of the month. The service contract

and financial details will have needed to be completed and returned before any payments will be made.

15.2.2. Evidence of your bank details, for example a paying in slip, will be required for payment.

16. Local contact information

16.1. Contract Manager

HampshirePDTs@lloydspharmacy.co.uk

Inclusion Recovery - Hampshire

Telephone number: 0300 124 0103 (follow options for relevant hub)

inclusionhants@sssft.nhs.uk

Young Persons Services - Catch 22

247hants@catch-22.org.uk

24/7 emergency crisis line for young people: 0800 599 9591

Fareham Office

5aThe Gardens Office Village, Broadcut, Fareham, Hampshire, PO16 8SS

Telephone number: 0845 459 9405

Telephone number: 01329 248037

Basingstoke Office

The Square, Basing View, Basingstoke, Hampshire, RG21 4EB

Telephone number: 0845 459 9405

Telephone number: 01256 369160