

Service Specification

HERTFORDSHIRE Spectrum Drug and Alcohol Recovery Service Supervised Consumption Programme June 2017

1. Overview

- 1.1 Community Pharmacies play an important role in the care of substance misusers. They enable service users to comply with their prescribed regime by supervising the consumption of methadone, buprenorphine or Suboxone. By the Pharmacist supervising consumption of these medicines, the diversion and illicit supply of controlled drugs is kept to a minimum, which may lead to a reduction of drug related deaths in the community.
- 1.2 Opiate substitutes should be administered daily, under supervision, normally for the first 3 months of treatment. Supervision will be relaxed when the patient's compliance and risk management has been assessed.

2. Service Outline

- 2.1 The pharmacy will offer a user-friendly, non-judgmental, patient-centred and confidential service.
- 2.2 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.
- 2.3 The key worker will contact the service users chosen pharmacy from the supervised consumption list of available pharmacies 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.
- 2.4 The service user's key worker will be responsible for obtaining the patient's agreement to supervised consumption.
- 2.5 On the first day that the service user presents at the pharmacy, the four-way agreement should be discussed, see Appendix 1, and a signature obtained from the service user to confirm their agreement. One copy should be given to the service user for reference, and one copy should be filed securely in the pharmacy. The service user should be provided with any relevant pharmacy information at this point (such as opening times).
- 2.6 The pharmacist will provide health related advice such as risk of overdose, safe keeping of medication or contra-indications with other medications taken and refer any concerns back to the prescribing service.
- 2.7 The pharmacy will continue to provide health related advice and support to service users who are moving from supervised consumption to other instalments such as daily pick-ups, three times weekly or otherwise; any occasional missed pick-ups should be back to the prescribing service as it may lend towards a review of instalment arrangements from less frequent pick-ups to more frequent or back to daily supervision. See Section 3.3 on Records Management
- 2.8 The Home Office has changed the approved wording on instalment prescriptions for Controlled Drugs. The pharmacist should be aware of the different wordings as listed below, and ensure medication is dispensed in line with the approved wordings on the prescription. If the prescription does not reflect such wording, the regulations only permit the supply to be in accordance with the prescriber's instalment direction.
 - Please dispense instalments due on pharmacy closed days on a prior suitable day.
 - If an instalment's collection day has been missed, please still dispense the amount due for any remaining day(s) of that instalment.
 - Consult the prescriber if 3 or more consecutive days of a prescription have been missed.
 - Supervise consumption on collection days.
 - Dispense daily doses in separate containers.

- 2.9 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.
- 2.10 For supervision of 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.
- 2.11 For supervision of Buprenorphine and Buprenorphine/Naloxone: The pharmacy will prepare the dose and place in a medication measure. 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 up to 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.
- 2.12 Crushing of tablets for Buprenorphine and Buprenorphine/Naloxone 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.
- 2.13 The service is usually delivered by an accredited pharmacist available 60% of the time who is responsible for ensuring provision of the service at the pharmacy is in keeping with the published guidelines. If the accredited pharmacist permanently leaves the pharmacy in question, the new pharmacist should be trained as soon as is feasible.
- 2.14 Pharmacy staff must be aware of local child, and vulnerable adult, protection procedures. These must be followed at all times.
- 2.15 This service will require use of a consultation area. A consultation area, at least at the level required for the provision of the Medicines Use Review service, which provides sufficient privacy (including visual privacy) and safety, will be used for provision of the service.
- 2.16 The pharmacy contractor must ensure that NHS infection control standards are complied with.
- 2.17 The pharmacy contractor will ensure that appropriate professional indemnity insurance is in place.
- 2.18 The pharmacy contractor will ensure availability of written information and leaflets in the pharmacy relevant to the service, substance misuse and drug treatment as made available by CGL. Contact details on the relevant referral points are included in Appendix 2. Promotional material on local services can be obtained by emailing herts@cgl.org.uk
- 2.19 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.

3. Records Management and Information Sharing

- 3.1 The pharmacy will maintain records of the service provided by inputting the information on to PharmOutcomes within 24 hours. Where the service user regularly fails to collect one prescribed dose of medication, this information should be reported to the local service, see Appendix 2, by phoning the Spectrum CGL main office on **0800 652 3169** and reporting to a member of the staff as well as the key worker.
- 3.2 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.

- 3.3 Any missed doses will need to be entered on a daily basis to the service called “Supervised Consumption – Missed dose” on PharmOutcomes. This will produce a report that will be automatically sent to the relevant CGL Hub. This does not replace your need to contact the Hub if the service user has not attended for three days or you have an immediate concern for that patient. This service will allow Spectrum CGL to keep an electronic record of when service users have not attended the pharmacy for their supervised medication.
- 3.4 **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.**
- 3.5 All provisions will be recorded on PharmOutcomes. These records will be operated together with the Controlled Drug Records required by legislation.
- 3.6 All Pharmacies will provide a framework for the recording of relevant service information for the purposes of audit and the claiming of payment via the web-based PharmOutcomes system.
- 3.7 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 Spectrum 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 well-being
 - 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
- 3.8 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)
- 3.9 The pharmacy will deal with any complaints sensitively and will report any complaints, comments or concerns to the CGL Nurse Clinical Leads as soon as possible. See Appendix 2 for contact details.
- 3.10 The information required to be reported on PharmOutcomes, may be developed to reflect the changing requirements of the commissioner.

4. Eligibility

- 4.1 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:
- Prescribing is undertaken by a Spectrum CGL Hub or by a GP with Special Interest (GPwSI) and GPs participating in formal Shared Care arrangements within the Hertfordshire area.
 - Supervised administration is specified by the prescriber;
 - Spectrum CGL will provide a list via LPC of prescribers of HUB Doctors and NMPs eligible to prescribe including names of GPs on the shared care scheme. This list will be updated every six months.
 - For all other prescriptions presented for supervised consumption that sit outside the remit of this S.L.A. please contact the Nurse Clinical Lead (contact details in Appendix 2).

5. Accessibility

- 5.1 Selection of the pharmacy to provide this treatment will be the decision of the service users, subject to the nominated pharmacy from the available list of pharmacies on the scheme, agreeing to commence this treatment.
- 5.2 Service users will in effect register with a participating pharmacy for the duration of their treatment. 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 service user transfers to another pharmacy at the direction of the prescriber.
- 5.3 The pharmacy contractor will ensure that there are no unreasonable or strict time restrictions imposed on the service user.
- 5.4 The pharmacist in charge will take appropriate steps to ensure (s)he is confident of the identity of the service user before supervising each dose.
- 5.5 The pharmacist in charge will make an assessment that it is safe to supply the medication before supervising the dose.

6. Reportable Incidents

- 6.1 Reportable incidents (including dispensing errors and suspected breaches of the Controlled Drugs Regulations 2013) will be reported in line with local and national guidelines. The pharmacy will provide full details of the incident form to the Nurse Clinical Leads.
- 6.2 All incidents will be reported by CGL Nurse Clinical Leads to the Local Intelligence Network (LIN) in line with National Guidelines. See Appendix 2 for Nurse Clinical Leads contact details.

7. Required Training

- 7.1 The accredited pharmacist must have successfully completed the CPPE declaration of competence which includes the course "Substance Use and Misuse" (Pharmacist Version) and Safeguarding Children and Vulnerable adults which must be updated every two years.
- 7.2 Accredited pharmacists will be required to complete the CPPE Declaration of Competence for Supervised Administration of prescribed medication. The declaration will need to be confirmed on PharmOutcomes, by the accredited pharmacist via enrolment.
- 7.3 Practitioners and staff must meet these minimum requirements within three months of joining the service, and will need to be confirmed on PharmOutcomes, where applicable, via enrolment. There will be a three month grace period from the start of the service after this if not completed you will not be able to access the services.

7.4 Spectrum hold a series of CPD events publicised via the LPC which will include matters relating to medicines management, sexual health and STIs, HIV and Hepatitis C transmission, Hepatitis B immunisation and Naloxone Take Home. The accredited pharmacist will be required to attend a training and accreditation event organised by Spectrum CGL annually.

8. Absence of Accredited Pharmacist

8.1 The contractor 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

8.2 Where possible, the pharmacy contractor should ensure that the pharmacy is staffed by a regular pharmacist/s. Should a participating pharmacy be in a position where the pharmacy will be run with different locum pharmacists for more than a 28 working days, the Nurse Clinical Leads must be informed.

8.3 Spectrum CGL has the right to withdraw the service from a pharmacy that is not staffed with regular pharmacists. Alternatively, Spectrum CGL may impose additional conditions on the pharmacy in order for the pharmacy to continue providing the service. The Nurse Clinical Leads will inform the LPC for advice and will keep the LPC informed on the process.

8.4 The pharmacy contractor should ensure that there are 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. Payment Arrangements

9.1 All Pharmacies are responsible for entering accurate claims data on the correct website <https://pharmoutcomes.org>. Payments will be made monthly upon input of the data onto PharmOutcomes. Invoices will be generated automatically by PharmOutcomes on the 7th of the month. The service contract and financial details will have needed to be completed and returned before any payments will be made

9.2 Fees will be paid on the basis of submitted claims into a bank account specified by the pharmacy.

Service Provided	Fee
Supervised Consumption- Supervision Methadone	£2.30 per dose
Supervised Consumption- Supervision Subutex (Buprenorphine)	£2.30 per dose
Supervised Consumption – Supervision Suboxone	£2.30 per dose

9.3 Use of the service will be reviewed on a regular basis and the service may be redeployed to an alternative location in agreement by CGL Spectrum if uptake of the service is low. Either party wishing to terminate this agreement must give one month's notice in writing. However, CGL Spectrum reserves the right to suspend or terminate the service at short notice following a significant event or serious incident (for example, following a fitness to practice incident).

10. Audit

10.1 The Nurse Clinical Leads may employ mystery shoppers as part of this audit. The LPC will be consulted on the process of this before being rolled out to community pharmacies.

- 10.2 When the pharmacy is required to participate in an annual CGL-organised audit of service provision they will be expected to deliver any action points reported on the audit within the agreed timescales.
- 10.3 The pharmacy co-operates with any locally agreed CGL Spectrum led assessment of service user experience, including use of mystery shoppers.

11. Governance

- 11.1 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.
- 11.2 Should an issue be identified either through a visit of the Nurse Clinical Lead or through any other means an action plan will be produced following the process below:
- A Pharmacy representative alongside a Spectrum CGL Nurse Clinical Lead will identify any issues and will agree with the named pharmacist and an action plan will be created.
 - The Nurse Clinical Lead 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 Nurse Clinical Lead will contact the pharmacy again once the agreed timescales have elapsed to confirm that the action plans has been completed.
 - If any further action needs to be taken, this will be documented and new timescales agreed.
 - If the issues remain unresolved after this, the option to withdraw the service from the pharmacy may be exercised.
 - All information gathered by the Nurse Clinical Lead will be fed back to the Spectrum CGL Service Manager at all times.
The Nurse Clinical Lead will inform the LPC for advice and will keep the LPC informed on the process
- 11.3 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 and the Local Intelligence Network (LIN) as appropriate.

12. Updates

- 12.1 Spectrum CGL will inform all pharmacies on any updates relating to Supervised Consumption and dispensing methods specific to this SLA as and when they arise through direct communication via the LPC site or at CPD training events. The LPC website can be accessible via <http://www.hertslpc.org.uk/public-health/>



APPENDIX 1 HERTFORDSHIRE DRUG AND ALCOHOL RECOVERY SERVICES FOUR WAY AGREEMENT

CLIENT NAME:

DOB:

This is a formal agreement between the client, prescriber, keyworker and pharmacy.

1. My prescription will be decided by my prescribing doctor, my key worker and me.
2. When attending the pharmacy:
I will be expected to show some form of identification.
If my prescription is for 'supervised consumption' I will be asked where in the pharmacy I would like to consume my medication.
3. I will attend the named pharmacy in person, at the time arranged by the pharmacist and myself.
4. The pharmacist, prescribing service and key worker have the right to refuse to see me if they believe I am intoxicated.
5. All parties involved in this treatment plan will be treated with respect and dignity at all times.
6. I understand that I can only obtain prescriptions for my medication from the Prescribing Service named in this contract. I cannot have my prescriptions dispensed by another pharmacy without negotiating this with my key worker. Any changes required due to work or holiday arrangements will need to be negotiated with my key worker, with a least 14 days' notice of changes required.
7. I am responsible for all medications prescribed to me and, if I should lose them or take them other than as directed, they may not be replaced.
8. I will make sure to dispose of all empty medication bottles safely by rinsing them out and returning them to my pharmacy.
9. I understand that I must collect my prescription on the specified days. If I am unable to collect my prescription at all I need to notify my key worker who will advise the pharmacy. I understand that no-one else can collect my medication unless pre-arranged with key-worker.
10. I understand that if I do not collect my prescription for:
three or more consecutive days if I am on daily pick-up or
if a missed pick-up results in **three missed doses**
the pharmacy will not dispense my medication until my treatment has been reassessed. If this happens the pharmacist will contact my keyworker and I will need to contact my key worker to have my treatment reviewed. The pharmacist will also advise my key worker on each occasion I miss my collection.
11. All persons involved in my treatment are expected to provide this service as discreetly as possible.
12. I understand that information will need to be shared between all those involved in my treatment as outlined below:
13. In the circumstance where I may use a needle exchange service at the pharmacy dispensing my medication, this will remain confidential and anonymous except where a situation arises that puts my health or others at risk, in which case there will be a duty of care to share information.

CGL key worker

My Prescribing Doctor

Pharmacist.

My contract will commence on: [CGL to enter start date]

- I will attend the pharmacy named below, at a pre-arranged time if appropriate.

(Pharmacist to state appropriate time)

- I have read, and agree to this contract.

CLIENT

NAME:

ADDRESS:

PHONE NUMBER:

SIGNATURE &

DATE

KEYWORKER

NAME:

ADDRESS:

PHONE NUMBER

PHARMACIST

NAME:

ADDRESS:

PHONE NUMBER

Key worker to ensure that signed copies by all parties go to:

- Pharmacy
- Client (if requested)
- G.P. [If client is shared care]

Original to be filed in the client's case notes.

[FOR USE AS NEEDED]

Dear _____ (Pharmacist)

Re: _____ **DOB** _____

I wish to introduce the above named client to you who has been assessed by our service and is commencing on _____. The dispensing regime is Daily Supervised Consumption. Please see enclosed a copy of the 4 Way Agreement signed by all relevant parties. Please sign a copy and fax back to the service on fax no -----
-----.

Please note that I shall inform you of any changes in his/her prescription. If you have any queries, please do not hesitate to contact me on the above telephone number.

Yours sincerely,

CGL



Appendix 2: Local Contact Information

Herts Spectrum Single Point of Contact Number: **0800 652 3169**

Countywide email: herts@cgl.org.uk

Website: changegrowlive.org

<p><u>Hatfield:</u> St Martins House 14 The Common Hatfield AL10 0UR <u>Tel: 01707 256532</u> <u>Fax: 01707 273 694</u></p>	<p><u>Stevenage:</u> Armstrong House Norton Road Stevenage SG1 2LX <u>Tel: 01438 364495</u> <u>Fax: 01438 314045</u></p>
<p><u>Watford:</u> 18 Station Road Watford WD17 1JU <u>Tel: 01923 222 889</u> <u>Fax: 01923 236 250</u></p>	<p><u>Hertford:</u> Graham House Yeomans Court, Ware Road, Hertford SG13 7HJ <u>Tel: 01992 500161</u> <u>Fax: 01992 538037</u></p>

Nurse Clinical Leads:

Anna Marie Felice (NMP) – Mobile 07881 335 210

e-mail Annamarie.Felice@cgl.org.uk

Christine Wallis – Mobile 07881 340 117 e-mail

Christine.Wallis@cgl.org.uk

**The Adolescent Drug & Alcohol Service for Hertfordshire (A-DASH):
(For under-18s)**

Call: 01992 531 917

E mail: A-DASH@hpft.nhs.uk or A-DASH@nhs.net