SERVICE SPECIFICATIONS

All subheadings for local determination and agreement.

Service Specification No.	
Service	**Pharmacy - Supervised Consumption Service/s**
Authority Lead	**Clive Hallam (DAAT – Swindon Borough Council)**
Provider Lead	**Ben Clements** Manager/contract signatory for provider organisation
Period	**1st April 2022 – 31st March 2026 plus any extension**

1. Population Needs

1.1 National/Local Context and Evidence Base

Methadone and buprenorphine (oral formulations), using flexible dosing regimens, are recommended as options for maintenance therapy in the management of opioid dependence.

The decision about which medication to use should be made on a case by case basis, taking into account a number of factors, including the person's history of opioid dependence, their commitment to a particular long-term management strategy, and an estimate of the risks and benefits of each treatment made by the responsible clinician in consultation with the person. If both drugs are equally suitable, methadone should be prescribed as the first choice.

Methadone and buprenorphine should be administered daily, under supervision, for at least the first 3 months. Supervision should be relaxed only when the patient's compliance is assured. Both drugs should be given as part of a programme of supportive care. 'Supervision of consumption by an appropriate professional provides the best guarantee that a medicine is being taken as prescribed.'[1]

Diamorphine is the most widely misused opiate, and its misuse can lead to accidental overdose. Injecting diamorphine may also be associated with the spread of blood-borne viruses such as HIV and hepatitis B or C. The mortality risk of people dependent on illicit diamorphine is estimated to be around 12 times that of the general population. Psychiatric comorbidity – particularly anxiety, but also affective, antisocial and other personality disorders – is common among opioid-dependent people. Supervised consumption is a key tool therefore in ensuring the safety of the individual and minimising the risk of toxicity.

Associated social problems include marital and relationship breakdown, unemployment, homelessness, and child neglect, which often results in children being taken into the care system. There is also a clear association between illicit drug use and crime. Some opioid-dependent people become involved in crime to support their drug use. It is estimated that half of all recorded crime is drug related, with associated costs to the criminal justice system in the UK estimated at £1 billion per annum in 1996.

The National Drug Treatment Monitoring System (NDTMS) estimates that in 2019–20 there were 140,599 people who used opiates in contact with drug treatment services in England. There are about 35,000 people in prisons in England and Wales at any time who misuse illicit drugs. In one UK survey, 21% of prisoners had used illicit opioids at some point during their sentence, and 10% had used illicit opioids during the previous week.

[1] Drug misuse and dependence: Uk guidelines for clinical management, Dept. Health. 2017

2. Key Service Outcomes

2.1 Insert any locally agreed outcomes and quality requirements which are NOT Quality Outcomes Indicators which should be set out in Appendix C (*Quality Outcomes Indicators*)

The service will support delivery against the two main substance misuse Public Health Outcome Framework[2] measures:

- Successful completion of drug treatment

In addition it will protect health and reduce the rate of blood-borne infections and drug related deaths among service users and protect the wider Swindon population through reducing the risk of diversion of medication.

3. Scope

3.1 Aims and Objectives of Service

- The overall aim of this service is to ensure that, where appropriate, pharmacists supervise the consumption of prescribed medicines to ensure that the dose has been administered to the patient. This is an enhancement to normal instalment dispensing.
- Examples of medicines which may have consumption supervised include methadone and other licensed medicines used for the management of opiate dependence.
- Compliance with the agreed treatment plan is promoted by: dispensing 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.

The aims of a community pharmacy based supervised consumption service include:

- ensuring the patient receives the prescribed dose
- reducing diversion of prescribed doses
- providing an opportunity for the pharmacist to make a regular assessment of patient compliance with treatment and of their general health and wellbeing
- providing an opportunity for the pharmacist to build a therapeutic relationship with the patient that is beneficial to promote heath and harm reduction
- reducing the risks of drug related overdose and deaths
- minimising the risk of accidental consumption by children.

Service objectives include:

- Pharmacies will offer a user-friendly, non-judgmental, client-centred and confidential service.
- Health advice, over the counter sales and signposting should be offered within essential services of the NHS Community Pharmacy contractual framework.
- Provide professional support to service user through regular contact with community pharmacist. Pharmacists are the only members of the team who see patients daily.
    - The regular contact with health care professionals will also help service user access further advice or assistance when required.
    - Provide professional support to service user through regular contact with community pharmacist. Pharmacists are the only members of the team who see patients daily.

1 Public Health Outcomes Framework 2013-16
http://www.phoutcomes.info/search/drug#gid/1/pat/6/ati/102/page/0/par/E12000009/are/E06000030

- Maintain open communication with prescriber and key worker about service users' general wellbeing. Though supervised consumption is the visible and remunerated part of the service, of equal importance is the communication of concerns to prescribers or key workers.
- Provide feedback to treatment teams about missed doses when requested by the Treatment Service and if necessary on a regular basis. After three missed doses a previously safe dose may be dangerous due to reduced tolerance.
- Overall responsibility for the dispensing and supervision of the medication lies with the Responsible Pharmacist at the time of the supervised consumption.
- The trained pharmacy technician is to ensure consistency and contact with other members of the treatment teams in pharmacies where there is no regular pharmacist.
- The pharmacy contractor agrees to ensure that there is a trained pharmacist(s)/registered pharmacy technician engaged in the pharmacy for the majority of the time that the pharmacy is open.
- If the trained pharmacist(s)/registered pharmacy technician leaves the pharmacy, the pharmacy contractor will need to notify the Public Health immediately. The pharmacy contractor will have three months to train a new pharmacist/registered pharmacy technician for the service.

3.2 Service Description/Pathway

The Service Specification is as follows:

- The part of the pharmacy used for provision of the service provides a sufficient level of privacy, protecting the dignity of the service user. The conversations between the pharmacist and service user cannot be over heard by members of the public or other pharmacy staff.
- The Treatment Service (which includes the prescriber and key worker) will liaise with the pharmacy before a new service user is referred to a pharmacy for instalment prescribing with supervised consumption.
- The pharmacy will liaise with the Treatment Service where a service user presents at their pharmacy without advanced knowledge.
- In line with the Drug Misuse and Dependence: Guidelines on Clinical Management (DH, 2017), all new service users being prescribed an opioid substitute should normally be supervised for the first three months of their treatment (Nice TA 114).
- The requirement for supervision should be reviewed with the prescriber after the initial three-month period. If further supervision is required, this will be reviewed monthly thereafter.
- The delivery of the service is based on the development of mutual trust and openness between the practitioners and the service user. It is important for the service user to know that the supervision is being carried out to protect their health and wellbeing and to ensure that they are benefiting from the programme and that supervision will be suspended at the earliest opportunity, given due regard for risk and safety of the individual, their significant others and the wider community.
- If the pharmacy is aware a service user's GP is prescribing independently (i.e. in isolation, with no involvement with the treatment service), the pharmacist will notify:
    - the treatment service immediately and
    - the Senior Commissioner for Drugs and Alcohol at Public Health via publichealth@swindon.gov.uk.
- Doses should be supervised according to the protocol in Appendix I.
- Pharmacists will share only clinically relevant information with other health care professionals and agencies.
- Pharmacists will record details of any missed or withheld doses and share this information with the Treatment Team if the pharmacist feels that it is necessary to inform the prescriber/key worker. This might include where the service user regularly misses particular days in a week or there are repeated patterns of missing two days over a week or longer periods.
- The pharmacist must inform the treatment service if and when three consecutive doses have been missed.
- After three missed doses no further doses should be given without clarification from the prescriber/key worker.

- Pharmacists will make a clinical judgement as to when it may be appropriate to withhold a dose, e.g. during dose titration, e.g. if:
    - the patient is intoxicated with drugs or alcohol,
    - there are signs of overdose, or
    - the pharmacist has cause for concern about the patient's safety or the safety of others.
- Pharmacists should feel able to discuss any concerns regarding the service user's health or wellbeing with the prescriber/key worker.
- Pharmacists should not inform the prescriber/key worker if service users on opiate substitutes are also collecting needles for intravenous drug use as this may lead to disengagement and the re-use of needles. However the pharmacist should encourage the service user to discuss their injecting behaviour with their key worker.
- The pharmacist and staff should be supportive to service users and should maintain a friendly but professional relationship with the patient.
- Pharmacists should report to NHS England (NHSE) Controlled Drugs Accountable Officer (Jon Hayhurst jon.hayhurst@nhs.net) any issues or incidents incurred, including near misses, prescription problems, and supply issues.
- If the pharmacist is unable to supply the medication for whatever reason they should contact the treatment team, ensuring that the service user is directed to an alternative pharmacy or back to the treatment team. For example if a service user presents a prescription that the pharmacy is not expecting, and there are insufficient stocks to supply that service user taking into account the other service users that the pharmacy is supplying.
- A written standard operational procedure should be in place in the pharmacy and all staff, including locum pharmacists, should be made aware of the contents. It should be displayed or form part of the induction for all new staff and locum pharmacists

  The procedure should include:
    - Maintenance of records, including the Controlled Drugs Register
    - Identification of patient
    - Details of preparation of daily dose
    - Discreet and efficient supervision of consumption
    - Disposal of waste
    - Doses to be take away on pharmacy closed days
    - When to contact prescriber/key worker.
- It is important that the dose is ready for the service user within a reasonable time frame on arrival in the pharmacy by the service user. The process should be as discreet and efficient as possible, maintaining the service user's dignity.
- Waste should be disposed of safely and steps taken to minimise the risk of infection through meticulous hygiene and vaccination of staff.
- In addition to the legal requirements of Patient Medication Records and Controlled Drug Register. The pharmacy should maintain appropriate records including: name of key worker, details of interventions with treatment services, date of birth and details of missed and withheld doses for each patient. This will ensure effective ongoing service delivery and audit: A suggested method for this is to update these fields in PharmOutcomes.
- Exemption from supervision can only be made with direct prior agreement between pharmacy and key worker. The key worker should telephone the pharmacy if a representative needs to collect a dose on behalf of service user. The representative should supply the pharmacy with a form signed by the patient allowing collection of the dose (Appendix I).
- Pharmacists should maintain close links with prescribers and key workers.
- Currently there is no local agreement in place to allow pharmacists to supply methadone / Subutex, which has been prescribed for supervised consumption, to the police for patients in custody.

Typo!

Jon Hayhurst jon.hayhurst@nhs.net The Service Specification is as follows:

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Is it better to include the generic controlled drugs team email in case Jon moves on?

cdreporting.co.uk

do we have a space on pharmoutcomes for keyworker details?

some repetition below...?

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  - Details of preparation of daily dose
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3.2.1 Service Levels

- Participating pharmacy contractors must have in place in their pharmacy suitable standard operating procedures and appropriately trained staff to ensure the good practice detailed in this service specification operates in their absence.
- The pharmacy has appropriate health promotional materials available for the service users and actively promotes its uptake and is able to discuss the contents of the material with the service user, where appropriate.
- The pharmacy has details of relevant referral points which pharmacy staff can use to signpost/refer service users who require further assistance
- The pharmacy contractor reviews its Standard Operating Procedures and the referral pathways for the service on an annual basis.
- The pharmacy contractor 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.
- The pharmacy contractor can demonstrate that pharmacists and staff involved in the provision of the service have undertaken CPD relevant to this service and are aware of and operate within local protocols.
- Participating pharmacists (including locaum pharmacists)/pharmacy technicians must have satisfactorily completed the following training, within the last two years.
  - The CPPE distance learning course on Substance Misuse, or its equivalent
- The pharmacy contractor should provide evidence annually that the above training has been completed by all participating staff if to SBC-DAAT

Recommend change requirement to Declaration of Competence rather than specify course

- The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service adhere to the 'Standard for Instalment Dispensing' in the Royal Pharmaceutical Society of Great Britain Medicine Ethics and Practice – A Guide for Pharmacists.
- From time to time Public Health Swindon may undertake a survey of practice with service users and pharmacies to ascertain the level of service being carried out on its behalf and identifying good practice, areas of improvement and any learning needs related to service.
- The pharmacy contractor co-operates with any assessments of service user experience.

3.3 Population Covered

(Insert details of population area to be covered)

The service must operate an open access policy regardless of residence of the patient.

3.4 Any Acceptance and Exclusion Criteria and Thresholds

The pharmacist should be satisfied that at the point of contact the patient is not ill or intoxicated. If the pharmacist considers the patient is grossly intoxicated the dose will be withheld and the key worker or prescriber contacted. Inappropriate behaviour in the pharmacy will also be notified to the patient's key worker.

3.5 Interdependencies with other Services

The Provider will maintain efficient working relationships with allied services, agencies and stakeholders to enhance the quality of service delivered. Specifically, linkages will be maintained with other Pharmacies, Public Health Swindon (Swindon Borough Council), wider Local Authority services, GP's, Adult Drug Treatment Services, Swindon Young People's Substance Misuse Service (U-Turn), Health Promotion, other sexual health and secondary health service providers for use when relevant.

–Public Health Swindon shall arrange at least one contractor meeting per year to promote service development and update pharmacy staff with new developments, knowledge and evidence.

3.6 Any Activity Planning Assumptions

This service is open to all individuals aged 18 and over, who

- ***Live in the borough of Swindon Borough CouncilAre in contact with Swindon's Adult drug treatment services and***
- ***Who are in receipt of Opioid Substitution Therapy which requires supervised consumption***

4. Applicable Service Standards

4.1 Applicable National Standards e.g. NICE

The service is underpinned by the following:

- PH52 Needle and Syringe programs NICE (2014)
- Community engagement. NICE public health guidance 9 (2008).
- Interventions to reduce substance misuse among vulnerable young people. NICE public health guidance 4 (2007).
- Drug misuse: opioid detoxification. NICE clinical guideline 52 (2007).
- Drug misuse: psychosocial interventions. NICE clinical guideline 51 (2007).
- Naltrexone for the management of opioid dependence. NICE technology appraisal 115 (2007).

- Methadone and buprenorphine for the management of opioid dependence. NICE technology appraisal 114 (2007).
- Peginterferon alfa and ribavirin for the treatment of mild chronic hepatitis C. NICE technology appraisal 106 (2006).
- Adefovir dipivoxil and peginterferon alfa-2a for the treatment of chronic hepatitis B. NICE technology appraisal 96 (2006).
- Interferon alfa (pegylated and non-pegylated) and ribavirin for the treatment of chronic hepatitis C. NICE technology appraisal 75 (2004).

4.2 Applicable Local Standards

(Insert local standards if applicable)

4.3 Data Requirements

Public Health Swindon will:

- Require relevant service information to be entered on the PharmOutcomes database for the purposes of audit, claiming of payment and equalities monitoring. In the absence of PharmOutcomes or other suitable electronic transfer, Public Health will specify reverting to paper copies being submitted.
- Provide up to date details of other services which pharmacy staff can use to refer service users who require further assistance. The information should include the location, hours of opening and services provided by each service Provider.
- Be responsible for the promotion of the service locally, including the development of publicity materials, which pharmacies can use to promote the service to the public.
- Be responsible for the provision of health promotion material, relevant to the service users and make this available to the pharmacies.
- Monitoring of quality indicators of pharmacy contractors will be included in any regular contract monitoring visit undertaken jointly by SBC – DAAT and the Drug Treatment Team. The contractors will be requested to complete a Community Pharmacy Assurance Framework (CPAF) for this enhanced service Appendix C.
- From time to time request the pharmacy contractor to participate in an audit or service users survey of the service by SBC – DAAT.
- Require the pharmacy contractor to provide copies of their PharmOutcomes patient records to assist with local monitoring arrangements.

5. Location of Provider Premises

The Provider's Premises are located at: SEE TABLE INCLUDED BEFORE APPENDIX A

(Insert service location)

6. Required Insurances

6.1 If required, insert types of insurances and levels of cover required

Employers Liability Insurance - £10 million

Public Liability Insurance - £10 million

Professional Indemnity Insurance (including Medical Malpractice) - £10 million

APPENDIX B3 PHARMACY

CONDITIONS PRECEDENT

1. Provide the Authority with a copy of the Provider's registration with the GphC where the Provider must be so registered under the Law

2. The pharmacy contractor has a Standard Operating Procedure (SOP) and the referral pathways for the service in line with RPSGB guidelines, and this SOP is reviewed on an annual basis. Please provide a copy of your SOP.

3. Participating pharmacists and pharmacy technicians must have satisfactorily completed the following, within the last two years:-
   - Most recent CPPE Substance Use and Misuse open learning.
   - Attendance at CPS contractor meetings organised by the SBC - DAAT to promote the needle & syringe scheme and update the knowledge of the pharmacy staff.

   The pharmacy contractor should provide evidence the above training has been completed by all participating staff within three months of the start of participation in the service. Please provide a copy of your most recent CPPE Substance Use and Misuse Open Learning completion.

4. The pharmacy contractor can demonstrate that pharmacists and staff involved in the provision of the service have undertaken CPD relevant to this service and are aware of and operate within local protocols.

5. Copies of valid insurance certificates covering the duration of the contract period.

   Employers Liability Insurance - £10 million

   Public Liability Insurance - £10 million

   Professional Indemnity Insurance (including Medical Malpractice) - £10 million

APPENDIX C3 PHARMACY
Community Pharmacy Assurance Framework for this enhanced service

Enhanced Service – Supervised Consumption

Service Description

The supervision of consumption of prescribed medicines to for the management of opiate dependence to service users. This is an enhancement to the normal instalment dispensing.

Aims and intended outcomes

The overall aim of this service is to ensure that, where appropriate, pharmacists supervise the consumption of prescribed medicines to ensure that the dose has been administered to the patient, in the correct dose and has been fully consumed by the patient.

- Compliance with the agreed treatment plan is promoted by: dispensing 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.

- The intended effects are:
    - ensuring adherence to the clinical treatment plan where the patient is receiving and taking the prescribed dose
    - an opportunity to regularly assess the patient's compliance with treatment and of their general health and wellbeing
    - a reduction of diversion of prescribed medicines onto the illicit drugs market
    - a reduction of the risk of accidental exposure to the supervised medicines
    - a reduction in drug related overdose and deaths

Self Assessment Form Received by SBC - DAAT:

Pharmacy:

Service Specification Quality Indicators	Pharmacy response	Comment	Notes	–Public Health verification at monitoring visit
Does the pharmacy have an area which offers a suitable level of privacy (5.1)	☐ Yes ☐ No			
Does the Pharmacy liaise with the treatment service if a service user presents without advanced knowledge (5.3, 5.3)	☐ Yes ☐ No		Please report to CSP any concerns if the Treatment Service are not liaising with the pharmacy	
Do you have contract with the service user that are regularly reviewed, and especially if there has been a breach of agreement?(5.6, 5.7, 5.8)	☐ Yes ☐ No		Is there a file containing copies of contracts with service users.	
Do you have a written SOP in place for the service which is reviewed annually (5.20, 6.3, 6.6)	☐ Yes ☐ No		Is there a current SOP signed by all relevant staff to say they have read it, understand it, and will follow it, and is it being followed?	
Does the pharmacy keep a record to ensure effective ongoing service delivery and audit (5.23)	☐ Yes ☐ No			
Date of last review of SOP	(Date)			
Have all pharmacists/pharmacy technicians completed CPPE distance learning course on Substance Misuse within the last two years	☐ Yes ☐ No		The pharmacy should keep copies of the certificates of any courses undertaken by the staff.	

Service Specification Quality Indicators	Pharmacy response	Comment	Notes	–Public Health verification at monitoring visit
The pharmacy contractor can demonstrate that all staff involved in the service have relevant training and they undertake CPD. (6.7, 6.8)	☐ Yes ☐ No		The pharmacy should keep copies of the certificates of any courses undertaken by the staff.	
Does the pharmacy have appropriate health promotional materials (6.4)	☐ Yes ☐ No		Please contact the SBC - DAAT for appropriate materials.	

Monitoring Visit

Agreed action plan	Timescale[3]

Date: Pharmacy:

Signature of Contractor or Representative: Date:

Signature of –Public Health representatives: Date

[3] Normally, a minimum of three months is allowed for remedial action, unless there would be grave danger to the public. If there is such a danger, then Fitness to Practise procedures should be pursued as soon as possible.

PUBLIC HEALTH SERVICES CONTRACT

APPENDIX D3 PHARMACY

Pharmacy Patient Contract for supervised consumption of Methadone and Subutex (buprenorphine)

We are pleased to welcome you to the Swindon Treatment and Recovery Service and wish you all the best with your treatment. We aim to offer you a discreet and efficient service that supports you in achieving your treatment goals. This 'agreement' sets out the arrangements for the service. Your key worker will go through each of the points and explain anything you are unsure about. We hope the scheme proves helpful to you.

<table>
<tr><th>Prescriber / Key Worker</th><th>Client</th><th>Pharmacist</th></tr>
<tr><td>• Will speak to your pharmacist when necessary to support the client treatment
• Will offer information and advice on health related matters
• Arrange prescriptions to be available promptly before or just after the current one finishes.
• Will help in selection of the most appropriate pharmacy – base on location to home/work, some are open late or 7 days a week. It may not be possible to offer first choice of pharmacy.</td><td>• Will aim to arrive in the pharmacy & treatment appointments at the arranged time or telephone to inform if there are any problems arriving on time.
• Will not turn up intoxicated (drugs or drink).
• Will consent to the prescriber, keyworker and pharmacist to share any information which affects treatment.
• Will ensure that up to date contact details are shared i.e. let keyworker and pharmacist know if moving.</td><td>• Will need to arrange with you the best time to pick up your medication
• Will let you know how long you will need to wait, it may not be possible to serve you quickly in busy times as we do need to update your records each time you visit before you leave.
• Will, if they feel that giving you your dose will put your health at risk, ask you to return later
• Will speak to your keyworker/ prescriber if they feel that there are any concerns about your health
• Will offer information and advice on health related matters</td></tr>
<tr><td colspan="3">Other requirements specific to individual client:</td></tr>
<tr><td>Signature Prescriber:</td><td>Signature Keyworker:

Name:</td><td>Signature:

Name:</td><td></td></tr>
<tr><td colspan="2">Contact Details:</td><td>Contact Details:</td><td>Contact Details:</td></tr>
</table>

Treatment Regime

Supervised / Non Supervised * delete as appropriate

Time to arrive at pharmacy is between …….. to …….…. (Quieter pharmacy may be able to offer a wider window)

Days to pick up or be supervised Mon, Tues, Wed, Thurs, Fri Sat Sun * delete as appropriate

This agreement will be review regularly and every time there is a change in treatment regime, change of pharmacy or keywork.

Date next review:

Three copies, one for keyworker/prescriber, client, & pharmacist.

PUBLIC HEALTH SERVICES CONTRACT

APPENDIX E3 PHARMACY

CHARGES

- The pharmacy contractor will receive the following payments per service user:
- The Pharmacy will receive **£1.45 per client per dose supervised**.
- Pharmacists are required to complete the computerised PharmOutcomes client record daily. This will form the client record and serve as the invoice for payment at the end of each month. Client records should be emailed to Public Health by the 5th of the following month.
- Any incomplete PharmOutcomes records not received after this date may be subject to delays in payment, and claims will only be paid if a signed Service Level Agreement has been received by Public Health.

PUBLIC HEALTH SERVICES CONTRACT

APPENDIX F3 PHARMACY

SAFEGUARDING POLICIES

The Provider shall ensure all staff are aware of, trained to a level appropriate to their role and abide by guidance and legislation on safeguarding (children and adults).

The Service Provider should ensure that staff are aware of and abide by the **Policy and Procedure for safeguarding adults at risk in Swindon and Wiltshire**
http://www.swindon.gov.uk/sc/Health%20Document%20Library/Information%20-%20Policy%20and%20Procedures%20Safeguarding%20Adults%20at%20Risk.pdf. This should include understanding safeguarding referral procedures and referral pathways to social care.

PUBLIC HEALTH SERVICES CONTRACT

APPENDIX G3 PHARMACY

INCIDENTS REQUIRING REPORTING PROCEDURE

Pharmacists should report to the NHS England Controlled Drugs Accountable Officer (Jon Hayhurst jon.hayhurst@nhs.net) any issues or incidents incurred, including near misses, prescription problems, and supply issues.

The Provider will be required to produce a six monthly summary report providing full details of all complaints and how they were resolved.

The Provider will have awareness of and will respond to infectious diseases, outbreaks and other threats to health. Full details of any Serious Untoward Incidents (SUIs) will be communicated without delay to the commissioner. Jennifer Laibach, Senior Commissioner Drugs and Alcohol Action Team, Swindon Borough Council jlaibach@swindon.gov.uk 01793 466505.

PUBLIC HEALTH SERVICES CONTRACT

APPENDIX H3 PHARMACY

INFORMATION PROVISION

Activity Plan

On a monthly basis, the Provider will be required to submit records of supervised consumptions to PharmOutcomes whereupon the Provider will be reimbursed the stated fee per supervision.

The Provider will also report on a range of activity to the Commissioner on a monthly basis. The Provider will meet annually, with the Commissioner to review performance.

The submitted record to include:

- Date of supervised consumption
- Anonymised client information (there are recognised difficulties collecting some of these elements, pharmacists are asked to use best endeavours to gain accurate information)
  - Client Initials
  - Date of Birth
  - Gender
- Whether dose was supervised, take out dose, refused supply or did not attend

Processing payment of tariffs will not be able to proceed without an error free submission, this will resulting in non-payment.

Please inform the DAAT if there is a problem in submitting files for more than a three month period, the DAAT will process backdated payments of up to six months, and up to 1 year in exceptional circumstances.

Please contact Kate Daniels Swindon Drugs and Alcohol Action Team (01793) 466003 kmdaniels@swindon.gov.uk for all queries.

PUBLIC HEALTH SERVICES CONTRACT

APPENDIX I3 PHARMACY

SERVICE PROTOCOL FOR SUPERVISED ADMINISTRATION

Initiating Supervision

When it is decided that supervised consumption is required, the prescriber or key worker will contact the patient's chosen pharmacy. The prescriber/key worker will also explain to the service user that supervised consumption will be a requirement of treatment.

The prescriber will issue a prescription that complies with legal requirements, stating that consumption will be under supervision and giving details of weekend take home doses.

The key worker will issue the service user with 3 copies of the contract (see Appendix D) that the service user will present to the pharmacist at the first supervised consumption visit. The contract will have been signed by the service user key worker and require a signature by the pharmacy. The pharmacy will retain a copy, the service user will retain a copy and return the third copy to the key worker.

If the pharmacy is aware that the service user's GP is prescribing independently (i.e. in isolation, no involvement with a treatment service), the pharmacist should notify:

- prescriber
- treatment service
- Senior Commissioner for Drugs and Alcohol at –Public Health Swindon on 01793 466505.

Supervision of prescribed medicines

Supervised consumption should take place in a designated area of the pharmacy, which allows privacy. The process should be as discreet and efficient as possible, maintaining the patient's dignity.

It is important that the dose is ready within a reasonable time after the service user's arrival in the pharmacy.

On arrival in the pharmacy the identity of the patient should be checked, the patient should be allowed to check the name and quantity of their prepared dose.

The pharmacist should be satisfied patient is not ill or intoxicated. If the pharmacist considers the patient is grossly intoxicated the dose will be withheld and the key worker or prescriber contacted. Inappropriate behaviour in the pharmacy will also be notified to the patient's key worker.

Doses should be taken and supervised as appropriate for the particular drug to ensure the drug is fully ingested before leaving the premises.

Dispensing bottles may be re-used for the same patient for one week, if disposable cups are used. The disposable cups should be rinsed and discarded. If the service user has drunk from the bottle it should be rinsed, the label removed and the bottle discarded.

Doses taken away

Doses taken away for the pharmacy closed days should be in a labelled container with a child resistant closure if appropriate. If more than one dose of a liquid is put in a container it is important to give the patient a suitable measuring devise to ensure they can accurately measure their daily dose.

Prescriptions ending

Inform the service user when their current prescription is coming to an end. A reminder from you will help to ensure that the drug agency and GP appointments are kept. It also avoids problems when a service user tries to collect a prescription that has finished. The pharmacist should check the continuity of scripts and contact the relevant prescriber if scripts are missing.

Missed Doses

Pharmacists will record details of any missed doses and share this information with the Treatment Team when requested or if the pharmacist feels that it is necessary to inform the prescriber/key worker. Do not give methadone or Subutex to a patient after three missed days, or if you have concerns about their health or wellbeing, without consultation with their key worker. The pharmacist should consider informing the treatment service when they note unusual patterns of behaviour which may signal non-compliance of their clinical plan.

Cessation of supervision

Planned cessation of supervision is a clinical decision based on observation, progress and agreement. Part of this process will be discussion between the pharmacy and the prescriber/key worker. Pharmacists will maintain close links with prescribers and key workers. All services user in receipt of supervised consumption should be reviewed quarterly to determine if supervised dispensing remains appropriate.

If the pharmacy determines that they must suspend supervising doses for a particular client, the prescriber and key worker must be notified immediately.

Records

Record should be kept daily in the CD register, the prescription and the PharmOutcomes Database. In addition to the legal requirements of Patient Medication Records and Controlled Drugs Register, the pharmacist will ensure the PharmOutcomes Database has the following details entered: name of the key worker, details of interventions with treatment services, date of birth, gender, MUR offered and missed doses of each patient.

Drug Specific Issues

Buprenorphine
For Buprenorphine (Subutex), each day's dose should be packed separately, do not put a week's supply in one box and pop a tablet out daily (Pharmaceutical Society).

The tablets should be removed from their foil into a paper cup for the patient to place in their mouth.

The tablets may take up to 10 minutes to dissolve in the mouth, though it is thought that most of the active ingredient is absorbed in the first 3 minutes. Offering a drink of water before the tablet is put under the tongue can accelerate the process.

After the dose has been swallowed, the pharmacist should offer a drink of water to the client – this ensures that the does has not been held in the mouth. A sticky residue may remain which contains no active ingredients.

Espranor
Espranor is a supra-lingual version provided as a wafer which is placed on the patient's tongue. This will dissolve in approximately two minutes. It is not interchangeable with other buprenorphine products.

The following advice relates to Espranor 8mg oral lyophilisate.

Administration is oromucosal. The oral lyophilisate should be taken from the blister unit with dry fingers, and placed whole on the tongue until dispersed, which usually occurs within 15 seconds, and then absorbed through the oromucosa. Swallowing should be avoided for 2 minutes. The oral lyophilisate should be taken immediately after opening the blister. Patients should not consume food or drink for 5 minutes after administration.

Physicians must advise patients that the oromucosal route of administration is the only effective and safe route of administration for this medicinal product. If the oral lyophilisate, or saliva containing buprenorphine are swallowed, the buprenorphine will be metabolised and excreted and have minimal effect.

Methadone
Daily doses can be prepared in advance of the service user's arrival, or when the service user arrives in the pharmacy. The daily amount should be measured, checked and poured into a container, capped and labelled.

After the dose has been swallowed, the pharmacist should offer a drink of water to the client – this ensures that the dose has not been held in the mouth and also serves to remove the sucrose content of the methadone mixture from the patient's teeth. If the patient declines a drink it is helpful to engage in conversation to ensure the dose has been swallowed. Entry in the CD register should be made on the day of dispensing.

Authorisation of Collection Form

Swindon Drug and Alcohol Action Team

Authorisation for a representative to collect methadone/Subutex for a patient

Name…….. (name of patient)

To the pharmacist at:

……. (Name of pharmacy)

It has been agreed by my key worker:
……. (Name of key worker)

That my representative collects my dose of _____ for the following date(s)

……. (Name of representative)

The reason for this collection is as follows:-
If more than one dose is required please give reason.

Signature of patient……

Signature of Representative……

Pharmacist it is important that you confirm this authorisation with the named key worker.

PUBLIC HEALTH SERVICES CONTRACT

APPENDIX J3 PHARMACY

SERVICE QUALITY PERFORMANCE REPORT

Please see assurance framework in Appendix C

PUBLIC HEALTH SERVICES CONTRACT

APPENDIX K3 PHARMACY

DETAILS OF REVIEW MEETINGS

–Public Health Swindon will arrange at least one contractor meeting per year to promote service development and update pharmacy staff with new developments, knowledge and evidence. This will generally by in Quarter 3 (Oct-Nov) of the financial year.

PUBLIC HEALTH SERVICES CONTRACT

APPENDIX L3 PHARMACY

AGREED VARIATIONS

Insert agreed Variations]