

Pharmacy Supervised Consumption Service Specification

Service Specification

Commencement Date: 1st May 2018

Service Provider: Community Pharmacies in Warwickshire	Commissioner: Warwickshire County Council
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1. Introduction and Context

Public Health England (PHE) reported that between 2015 and 2016, about 40% of those receiving treatment for drug misuse were currently or had previously injected drugs, such as heroin.

The Department of Health: Drug misuse and dependence UK guidelines on clinical management outlines that opioid substitution treatment, which includes the clinically prescribed use of Methadone or Buprenorphine is effective at achieving positive outcomes in heroin dependent individuals, and has a well-established evidence base. Both are cost-effective and recommended by *NICE guidelines, Methadone and buprenorphine for the management of opioid dependence (TA114)*, for the treatment and prevention of withdrawals from heroin and for maintenance programmes.

Supervision of consumption of these medications by an appropriate professional, such as a Pharmacist, provides the best guarantee that a medicine is being taken as prescribed and that the client's recovery journey is being monitored.

A prescription for opioid substitute medication should normally only be considered if:

- opiates are being taken on a regular basis – usually daily
- there is convincing evidence of current dependence
- the assessment – including history, examination and toxicology – substantiates the diagnosis and the need for treatment (when objective signs can be particularly useful or sometimes essential e.g. evidence of injecting sites or evidence of opioid withdrawals)
- the clinician is satisfied that the patient may be able to comply with the prescribing regimen
- the patient is not receiving an opioid prescription for management of dependence from another clinician.

As of 1st April 2018, Warwickshire will be launching its new Drug and Alcohol Service, following a successful recommissioning process undertaken by Warwickshire County Council, Public Health. As part of the new service, Commissioners will be implementing PharmOutcomes as a record keeping, monitoring and invoicing tool within Warwickshire Substance Misuse Pharmacies for Supervised Consumption Services. PharmOutcomes can monitor Warwickshire based trends associated with local injecting drug users, and their associated recovery journeys, and enables direct payments between Pharmacies and Commissioners.

This service specification will outline required best practice and deliverables, to be agreed by Warwickshire Community Pharmacies and Warwickshire County Council.

2. Service Access

Service users will be referred to appropriate supervised consumption pharmacies by the Drug and Alcohol Service Provider. They will be supplied with a prescription in order to receive their medication.

Provision of supervised consumption will be commissioned across Warwickshire. Due to the changing nature of drug misuse trends there may be a need to review these locations as the needs assessment is updated.

Accredited providers will exist in all localities, and will cover the need and demand of the local Warwickshire communities.

3. Standards of Service Offer

NICE guidelines, Methadone and buprenorphine for the management of opioid dependence (TA114) state that Methadone and Buprenorphine should be administered daily, under supervision, for at least the first 3 months of treatment. 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.

Pharmacists will share relevant information with The Adult Drug and Alcohol Service and other healthcare professionals and agencies in line with their professional duties of care and confidentiality. This is part of the two-way process of communications that also includes prescribers providing relevant information or raising concerns with the pharmacist whenever appropriate, for example, when:

- the pharmacist is aware that patients are failing to comply with their treatment, for example, when patients are missing scheduled pick-ups, and particularly with any significant change of behaviour pattern
- there are concerns about a patient's health or wellbeing
- the patient is repeatedly attending the pharmacy in a state of intoxication, or has unusually presented intoxicated for the first time
- the prescriber is considering changing frequency of supervision or dispensing, at which time clinical feedback from the pharmacist may be helpful to inform the prescribing decision.

Pharmacists who are also operating a needle and syringe programme scheme will not share information with the prescriber that a patient receiving prescribed medication is also obtaining supplies of injecting equipment from the pharmacy,

except where the pharmacist has the permission of the patient to do so. An appropriate consenting process is required for these cases.

4. Responsibilities and Roles

The pharmacy will agree to provide the service on the premises only and for the full duration of the opening times. PharmOutcomes must be used to record all supervised consumption transactions.

The Pharmacy will:

- Supervise the consumption of prescribed opiate substitution medicines at the point of dispensing for individuals **aged 18 and above only**, ensuring that the prescribed dose has been administered to the patient.
- Offer a user-friendly, non-judgmental, client-centred and confidential service, providing a suitable private room for consumption of opioid substitutes.
- Support in reducing the risk of leakage of medicines liable to misuse into the community
- Ensure the consistency and quality of care to the patient
- Provide general support and advice to the patient, including around how and where to obtain BBV vaccinations, referral to primary care or specialist treatment where appropriate.
- Ensure individual accreditations on the www.csw-jets.co.uk Dynamic Purchasing Scheme (DPS) are kept up to date.

Drug and Alcohol Commissioners will:

- Ensure arrangements are in place to process payments via PharmOutcomes, based on pharmacy accreditation and sign up to the Dynamic Purchasing System (DPS), as well as accurate PharmOutcomes activity.
- Access PharmOutcomes data reports regularly to monitor and audit the supervised consumption service.
- Review and appraise any changes required to the standards, compliance or governance arrangements in line with changes to legislation.
- Receive feedback from service users and pharmacies and suggestions on how to improve the service on an ongoing basis.

Pharmacists, and other providers will be encouraged to share relevant and pseudonymised information, respecting Caldicott Guardianship Guidance, between health and social services agencies, prison, police and other relevant sources to build up a picture of trends and prevalence so that targeted local needs can be met and risks assessed and mitigated. Service users refusing to provide full personal details should not be denied access to the scheme.

Collaborative working relationships will be forged between the Drug and Alcohol Service Provider and pharmacies, in support of both parties and patient

5. Accreditation and Training Requirements

Participating pharmacies must ensure that a designated pharmacist has completed **CPPE learning for Substance Use and Misuse** within the past 3 years.

Current training (updated in December 2017) takes the form of a 4 module E-learning sessions with an E-assessment.

CPPE certificates for all individuals providing the service from the pharmacy must be uploaded onto the DPS system, before the commission commences. All certificates must be dated within the last 3 years. The commissioner will accept e-assessment certificates based upon the previous CPPE substance use and misuse distance learning or e-learning modules so long as they were completed within the last 3 years.

It is the responsibility of the designated pharmacist to be assured that all staff (including support staff and locum pharmacists) are adequately trained to meet the requirements of the service at all times and that information on the DPS is current and updated as staff change.

Training schedule should include:

- The role of Supervised Consumption services
- The PharmOutcomes System and pages for the service
- Aims & objectives of a Supervised Consumption provision
- The Supervised Consumption procedure
- Medications used for Supervised Consumption
- Health promotion, safer injecting, overdose, drug awareness
- FAQs

6. Quality and Governance Audit

Requirements

The pharmacy will be able to provide upon request.

Requirement Number	Requirement	Schedule
1	Records for staff training / assessment of competence to undertake assessor /patient advisor role	Upon request
2	Records for staff vetting procedures for professional qualification (where necessary)	Upon request
3	Provision of CPD for staff (or other re-registration requirement)	Upon request
4	Any relevant audit requirement reasonably requested by Public Health Warwickshire	Upon request

7. Service Monitoring

In order to monitor the service the pharmacy must maintain accurate records on PharmOutcomes. This record will automatically and electronically transfer to Commissioners from PharmOutcomes once fully completed and will act as the method for remuneration for services provided by the pharmacy.

Failure to register on DPS and supply evidence of Pharmacy accreditation for PharmOutcomes may result in payments being withheld.

8. Provision for Disruption of Service

Information outlining the process of the scheme must be cascaded to other pharmacy staff, including locum pharmacists to ensure continuity of the service.

9. Payment for Services Provided

For all pharmacy based supervised consumption schemes the payment is currently:

- Methadone / Physeptone £2 per supervision
- Buprenorphine/Subutex/Suboxone £3 per supervision

Payment claims will be submitted automatically to Commissioners following the information recorded on the Supervised Consumption PharmOutcomes system.

Claim queries should be directed to Warwickshire County Council, Public Health Drug and Alcohol Commissioners.