

Public Health Agreement

for

Community Pharmacy Supervised Consumption Scheme

1st April 2017 to 31st March 2018

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Community Pharmacy Specification – Supervised Consumption Scheme

1 Introduction

- 1.1 This Specification sets the requirements for the provision of an enhanced Public Health service for the supervised consumption of prescribed medication used within the treatment for opioid dependency, within a Community Pharmacy
- 1.2 This service is commissioned by Surrey County Council as part of a targeted approach to address the needs of substance misusers within the community and is based upon locally defined needs

2 Background

- 2.1 Community Pharmacies play a key role in the care of substance misusers through the provision of services to supervise the consumption of methadone, buprenorphine, suboxone and other prescribed medication, supporting drug users in complying with their prescribed regime and therefore reducing incidents of accidental deaths through overdose. In addition, through supervision pharmacists are able to keep to a minimum the misdirection of controlled drugs, which may help reduce drug related deaths in the community
- 2.2 Pharmacists have a unique role in the care of substance misusers, having regular daily contact with them. This provides the opportunity for a healthcare professional to monitor and offer advice on the service users' general health and wellbeing

3 Agreement

- 3.1 This Public Health Agreement is between Surrey County Council and the Provider, in this instance, the Pharmacy Contractor. The Public Health Agreement is managed on behalf of Surrey County Council. The authorised officer empowered to act on behalf of the Council is the Director of Public Health. The Council will serve a 1 month termination notice to either stop or revise the service

4 Service Description

- 4.1 The Pharmacist or registered technician shall supervise the daily self-administration of methadone, buprenorphine or buprenorphine/naloxone at the point of dispensing in the Pharmacy, ensuring that the dose has been administered appropriately to the service user
- 4.2 The service shall be provided in conjunction with the specialist prescribing service as part of a county approach to manage opiate dependency

5 Aims and Intended Service Outcomes

- 5.1 To assist the service users to remain healthy until they are ready and willing to achieve a drug-free life, with appropriate support
- 5.2 To protect health and reduce the rate of blood-borne infections and drug related deaths amongst service users
- 5.3 To ensure compliance with each service users' agreed treatment plan by:
- Dispensing prescribed medication in specified instalments
 - Ensuring each supervised dose is correctly consumed by the service user for whom it is intended (doses may be dispensed for the service user to take away to cover days when the Provider is closed)
 - Liaising directly with the prescriber, named key worker and others directly involved in the care of the service user
 - Monitoring the service users' response to prescribed treatment; for example, if there are signs of overdose, especially at times when doses are changed, during titration of doses, if the service user appears intoxicated or when the service user has missed doses and if necessary withholding treatment if this is in the interest of the service users' safety, liaising with the prescriber or key worker as appropriate
 - Improving retention in drug treatment
 - Improving drug treatment delivery and completion
- 5.4 To reduce the risk to local communities of:
- Overuse or underuse of medicines
 - Diversion of prescribed medicines onto the illicit drugs market
 - Accidental exposure to the dispensed medication
- 5.5 To promote safer practices by providing and reinforcing harm reduction messages including safe sex advice and advice on overdose prevention (e.g. risks of poly-drug use and alcohol use)
- 5.6 To act as a gateway / signpost to other services such as Hepatitis B immunisation, Hepatitis and HIV screening and primary care services
- 5.7 To have a close working relationship with other local drug services

6 Service Outline

- 6.1 The Provider shall offer a user-friendly, non-judgemental, service user-centred and confidential service. Service users shall be treated with the same degree of courtesy as would be afforded to any other service user group within the Pharmacy

- 6.2 The area of the Pharmacy used for the delivery of the service will provide a sufficient level of privacy and safety and meet other locally agreed criteria. Where available, a consultation room shall be used
- 6.3 The Provider will provide support and advice to the service user, including sign posting to other health and social care professionals
- 6.4 The Provider will promote safe practice to the service user, including advice on sexual health and STIs, blood borne viruses including HIV and Hepatitis C transmission and Hepatitis B immunisation
- 6.5 Prescribers will contact the service user's chosen Pharmacy prior to initiating prescribing to confirm the Provider has the capacity to take on a new service user. The name of the service user's chosen Pharmacy will be included in the treatment plan provided by the prescriber. The Provider shall be provided with an appropriate method of identifying the service user agreed locally with the prescribing team
- 6.6 A treatment agreement must be established between the prescriber, Provider, service user and key worker prior to supervising any medications. A four-way agreement shall be utilised as part of best practice. This shall include how the service will operate, what constitutes acceptable behaviour by the service user and what action will be taken by the prescribing treatment team and Provider if the service user does not comply with the treatment agreement. Effective communication between all parties is vital
- 6.7 Issues of confidentiality, and therefore possible problems in information sharing between team members, shall be addressed in the treatment agreement which service users agree to abide by when they engage with the prescribing services. The Provider shall ensure that they are personally aware of the terms of the agreement used by their local prescribing service and that service users who attend their pharmacy are also aware and have a current treatment agreement in place
- 6.8 Service users shall receive an explanation of supervised consumption, where and how it will occur and the opening and closing time of the pharmacy. Service users will also receive information from their prescriber about methadone, buprenorphine and subutex, risks of overdose, loss of tolerance following missed or uncollected doses, drug interactions. The Provider shall reiterate this information as required
- 6.9 Missed or uncollected doses are to be recorded and, if frequent, reported by the Provider to the prescriber and the named key worker responsible for the service user. Where three consecutive doses have been missed, the Provider must confirm with the service and prescriber whether the service user should return for re-assessment in line with the treatment agreement
- 6.10 Doses that are collected to be taken on Sundays or Bank Holidays must be dispensed in a container with a child resistant closure. Service users must also be advised to store their medication out of reach of children and be reminded of the danger it presents to others

- 6.11 Dispensing and supply can be refused in certain circumstances;
- if the pharmacist believes the prescription is not genuine or for the person named on the prescription form
 - if the pharmacist believes the prescriber has made a clinical error or that the prescription is clinically inappropriate
 - if the service user, or anyone with them, behaves or threatens to behave violently or commits or threatens to commit any criminal offence in the pharmacy
- 6.12 Service users may be excluded from the service i.e. have treatment withheld as a result of a professional risk assessment. This can include service users who have missed collecting their prescribed medicine for a specified number of instalments and their tolerance to the drug may have reduced
- 6.13 If service users present and are showing signs of intoxication then their dose shall be withheld until they are able to present in a non-intoxicated state. Service users must be informed prior to the initiation of treatment and as part of their agreement, what types of behaviour may result in exclusion – i.e. if there are signs of overdose, especially at times when doses are changed, during titration of doses, if the service user appears intoxicated or when they have missed doses
- 6.14 The Provider must inform the prescribing team in the following circumstances:
- if the service user does not consume the whole dose under supervision
 - if the service user appears to be ill
 - if the service user tries to avoid supervision or the process for proper consumption
 - if the service user appears to be intoxicated
- 6.15 **Supervised Consumption of Methadone**
- The Provider shall present the medicine to the service user in a suitable receptacle and will provide the service user with drinking 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 storage containers with lids should be used. These must be individually labelled with the service user's name, date and dose. Prior to the disposal of these containers, all identifying labels shall be removed / anonymised. After consuming their dose, service users should be spoken to and offered a drink of water to ensure that the dose has been swallowed. Disposable cups should be used for this purpose. Service users should not be allowed to consume their own drinks from cans or bottles as this enables the opportunity to spit the dose out into the can or bottle
- 6.16 **Supervised Consumption of Buprenorphine/Buprenorphine/Naloxone**
- The Provider will provide the service user with a drink of water (in a disposable cup) prior to issuing the dose in a suitable receptacle. The tablet must be tipped directly under the tongue without handling and the service user supervised until the tablet has dissolved – this can take between 3-7 minutes depending on the dose and the service user. Advising the service user to drink water prior to administering the drug will speed up the process. Service users should be advised that increased or excessive saliva production may reduce the effectiveness of the drug and is not desirable, that saliva should be kept in the mouth rather than swallowed during dissolution and that there may be a bitter taste

7 Operating Procedures

- 7.1 The Provider shall abide with all legal constraints when dealing with controlled drugs. The Provider cannot dispense the prescription if it does not fully comply with legal requirements
- 7.2 In accordance with the Scheme Operational Policy, all pharmacies participating in the scheme must develop operating procedures which underpin health and safety of both staff and service users. Please refer to the National Institute for Clinical Excellence Guidelines¹ for further details
- 7.3 It is recommended that the Provider should use the latest Governance Toolkit to assist in implementation and assessment of compliance with the policy and legal requirements
- 7.4 The Provider will only operate the scheme when supervised by a pharmacist or when the pharmacist is contactable
- 7.5 Surrey County Council. reserves the right to give a participating pharmacy 1 month's notice of the termination of their participation in the scheme

8 Accreditation and Training

- 8.1 The Provider will ensure that pharmacists meet the requirements of the Competency and Training Framework for Supervised Consumption provision. Completion of the following open learning CPPE pack² plus the on-line assessment would meet this requirement:

- Substance Use and Misuse

All pharmacists accredited to deliver supervised consumption must be registered with CPPE learning record online before approval to supply will be given by Surrey County Council.

- 8.2 The Provider will ensure that the Pharmacist attends the annual training event run by Surrey County Council. and any update workshops
- 8.3 The Provider has a duty to ensure that pharmacists and staff involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service
- 8.4 The Provider must inform Surrey Council Council when the nominated pharmacist leaves and a new pharmacist joins. The new pharmacist will need to become accredited as per the system outlined above. It is the responsibility of the Provider to let Surrey County Council know there is a vacancy and who the replacement pharmacist is within 1 month of the vacancy arising and a new appointment being made

¹ www.nice.org.uk

² www.cppe.ac.uk/

9 Quality Indicators

- 9.1 The Provider will review its standard operating procedures and the referral pathways for the service on an annual basis
- 9.2 The Provider will be able to demonstrate that pharmacists and staff involved in the provision of the service have undertaken CPD relevant to this service
- 9.3 The Provider will participate in audits of service provision organised by Surrey County Council, as and when required
- 9.4 The Provider will co-operate with any locally agreed Surrey County Council.-led assessment of service user experience
- 9.5 The Provider must at all times comply with the relevant regulations for complaints relating to the provision of the supervised consumption service. Any complaints must be submitted as part of the data return. The Provider must send a copy of any serious complaints to Surrey Council Council within 5 business days

10 Monitoring Arrangements

- 10.1 The Provider will maintain appropriate records to ensure effective ongoing service delivery and audit. The Provider will ensure that the following demographic information is recorded:
- Service user's initials
 - Service user's gender
 - Service user's date of birth
 - Service user's ethnicity
 - Type of medication taken
 - The days that supervision has occurred

This information should be uploaded onto Pharmoutcomes software once a prescription has been completed

- 10.2 The Provider shall ensure that the necessary documentation, as detailed in this specification, is maintained and made available to Surrey County Council to enable the service to be monitored and for the purpose of payment verification
- 10.3 Access to records and documents containing information relating to service users will be restricted to authorised personnel and that information will not be disclosed to a third party. The Provider will ensure compliance with the Data Protection Act, Caldicott and other legislation covering access to confidential patient information. The Provider will only share information with other health care professionals and agencies in line with RPSGB 'Medicines, Ethics & Practice, A Guide for Pharmacists'³

³ <http://www.rpharms.com/support/mep.asp>

- 10.4 Surrey County Council will arrange site visits based on need to promote service development and update the knowledge of pharmacy staff

11 Safeguarding

- 11.1 The Provider shall adopt Safeguarding Policies in compliance with Surrey County Council's:

- Safeguarding children / child protection policy⁴
- Safeguarding adults multi-agency procedures, information and guidance⁵

12 Payment Arrangements

- 12.1 Payment will be made to the Provider for the provision of the supervised consumption scheme monthly in arrears on input of data onto the Pharmoutcomes software platform and the submission of the green copy of the shared care contract to the scheme manager at Surrey County Council. The Provider must provide data monitoring activity to support their claims (available via pharmoutcomes).

Surrey County Council will then pay the provider directly for the activity recorded on pharmoutcomes.

Remuneration for participation on the scheme, agreed in consultation with the LPC, is as follows:

An annual retainer of £100 (paid at end of year when active) plus a flat rate fee of £1.93 per supervised dispensing.

⁴ www.surreycc.gov.uk/_data/assets/pdf_file/0005/254669/Safeguarding-children,-child-protection-policy-2012.pdf

⁵ www.surreycc.gov.uk/social-care-and-health/safeguarding-adults-multi-agency-procedures-and-protocols