

SERVICE SPECIFICATION

Supervised consumption of opiate substitution medication

1. Purpose

1.1 Aims of the service

Pharmacists are required to dispense NHS prescriptions with reasonable promptness and provide, as directed by prescription, supervised consumption of certain medications, usually methadone or buprenorphine.

The overall aim of pharmacy services for drug users is;

- To assist the service user to remain healthy, reduce drug-related harm, provide service users with regular contact with a healthcare professional and help them access further advice or assistance.
- To provide dispensing services that aim to ensure compliance with the agreed treatment plan, improve retention in drug treatment by providing instalment dispensing and ensuring each supervised dose is correctly administered to the patient for whom it was intended.
- To contribute to the shared care of the patient by liaising with the clinician directly involved in the care of the patient.
- Reduce the risk to local communities of diversion of prescribed medicines onto the illicit drugs market.
- To offer professional, non-judgemental, confidential and patient centred services.
- To facilitate access to primary care if relevant
- To support patients to successfully complete drug treatment and overcome dependency.
- To encourage the uptake of vaccines and testing for Blood Borne Virus

Pharmacists play a key and unique role in the care of substance users. Through supervising the consumption of methadone or buprenorphine, the pharmacist is instrumental in supporting patients' compliance to Medical Assisted Recovery – thus promoting recovery from drug dependence and assisting reintegration into the community.

1.2 Evidence Base

- National Institute of Clinical Excellence (NICE) Appraisal on Methadone and Buprenorphine (NICE 1999, 2007a)
- National Treatment Agency, Best Practice Guidance for Commissioners and Providers of Pharmaceutical Services for Drug Users (2006)
- Drug misuse and dependence: Guidelines on clinical management, Dept of Health, (2017)
- ACMD Report on drug related deaths (ACMD 2000)
- Medicines, ethics and practice; a guide for pharmacists (RPSGB, Latest Edition)
- Drug Misuse and dependence: UK guidelines on clinical management (Dept of Health & Social Care 2017)

1.3 General Overview

Pharmacies participating in the supervised consumption scheme will directly supervise the consumption of methadone or buprenorphine as directed by a NHS prescription.

1.4 Objectives

Measurable objectives that will be achieved by the interventions and activities. This combination of objectives will contribute to the aim(s):

To ensure compliance with agreed treatment plan by;

- Dispensing prescribed medication in specified instalments
- Ensuring each supervised dose is correctly administered to the patient for whom it was intended (doses may be dispensed for the patient to take away to cover days when the pharmacy is closed)
- Liaison with the prescriber, named key worker and others directly involved in care of the patient (where the patient has given their written consent)
- Monitoring the patients 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 person appears intoxicated or when the patient has missed doses, and if necessary withholding treatment, logging incident and liaising with clinician as appropriate.

To reduce the risk to local communities of:

- Overuse or underuse of medicines
- Diversion of prescribed medicines on to the illicit drugs market
- Accidental exposure to the dispensed medicines

1.5 Expected Outcomes of the Service

- Reduction in drug related deaths
- Freedom from dependence on drugs or alcohol
- Prevention of drug related deaths and blood borne viruses
- A reduction in crime and re-offending
- Sustained employment
- Improvement in mental and physical health and wellbeing
- Improved relationships with family members, partners and friends; and
- The capacity to be an effective and caring parent.

Public Health Outcomes Framework

Domain 1 Improving the wider determinants of health

- Social Connectedness
- Re-offending

Domain 2 Health Improvement

- Successful completion of drug treatment

Domain 4 Healthcare public health and preventing premature mortality

- Mortality from communicable diseases

2. Scope

2.1 Service Description

- A pharmacy cannot provide supervised consumption unless accepted on to the supervised consumption scheme, pharmacies interested in providing this service must apply to PSNE Ltd
- The service must be provided throughout contracted pharmacy hours
- Pharmacies that have been accepted on the scheme will supervise the consumption of methadone or buprenorphine (schedule 2/3 controlled drugs) as directed by an NHS prescription
- Pharmacists will support the clinician by monitoring the continuity of care and contributing to the aim of supporting patients to overcome dependence
- Pharmacists should have completed, or have plans to complete within three months, Substance Use and Misuse training through the Centre for Pharmacy Postgraduate Education (CPPE)
- Administration should take place in a discreet area, this will be discussed with providers as part of the application process

2.2 Accessibility/acceptability

- Provider opening times should be clearly displayed and patients must be given clear information when there is any variation
- The target group for community-based dispensing and shared care is individuals in receipt of an NHS prescription, who have drug-related problems, including dependent opioid users as well as those who present with additional polydrug use or concurrent use of benzodiazepines, psychostimulants and alcohol.
- Participating pharmacies will accept referrals from North Tyneside Recovery Partnership (NTRP) unless there is a clinical rationale that would prevent this or if the service user has been excluded from the pharmacy.
- In the circumstances that participating pharmacies cannot accept referrals due to capacity they should inform the Treatment Service.
- Providers must ensure service user confidentiality is maintained to avoid service users being prevented from using services, due to concerns that they will be identified as a drug user.

2.3 Whole System Relationships

Pharmacists will support the key worker responsible for co-ordinating the patient's care and be consistent in supporting the patient's journey to recovery from dependence by;

- Reporting when patients 'drop out' of treatment (e.g. when doses are not collected) as per Supervised consumption guidance.
- By reporting any relevant concerns about the patient
- By providing relevant information when requested by care co-ordinators and key workers.

Pharmacists often have daily contact with patients especially in the first 3 months of treatment, this contact should be fully utilised. Pharmacy staff will build a rapport with patients and will be aware of any intoxication, or unusual behaviour any incidents should be recorded and fed back to prescriber/key worker.

This feedback will give the clinician/prescriber a better understanding of patient progress. Pharmacists should be working towards the outcomes set out by commissioners and should always be clear on the direction of travel; the aim of supervised consumption is firstly to reduce harm and secondly support patients to achieve their care plan goals and support them to successfully complete drug treatment and overcome drug dependency. Pharmacies and drug treatment services should have an open dialogue and be willing to discuss patients as and when necessary. Pharmacists should be involved in strategic and operational planning of services to drug (and alcohol) users, through the inclusion of specialist pharmacy representation at drug related death meetings, treatment reference group, monitoring meetings etc.

2.4 Interdependencies

Patients will be referred to their chosen pharmacy by;

- CNTW Plummer Court Addictions service
- North Tyneside Recovery Partnership
- Shared Care practice within North Tyneside, that prescribe with guidance from specialist drug/alcohol services

2.5 Relevant Networks and Programmes

NHS Pharmacy Clinical Leadership Network

<http://www.networks.nhs.uk/nhs-networks/pharmacy-clinical-leadership-network>

Royal Pharmaceutical Society – A professional body able to provide support and leadership to Pharmacists. <http://www.rpharms.com/home/about-us.asp>

National Institute of Clinical Excellence Appraisal Guidance on methadone and buprenorphine <http://guidance.nice.org.uk/TA114>

3. Service Delivery

3.1 Service Model

In most cases, new patients being prescribed methadone or buprenorphine should be required to take their daily doses under the direct supervision of an appropriate professional for a period of time to allow monitoring of progress and on-going risk assessment that may be around three months -subject to assessment of patients' compliance and individual circumstances. The duration of supervision should be dependent on assessed clinical need. The frequency and duration of the supervision will be agreed between the prescriber and the patient.

The clinical need for supervised consumption should be reviewed regularly and the decision when to relax the requirement for supervised consumption is the decision of the clinician.

Supervised consumption is often a situation where therapeutic relationships can be built with patients and efforts should be made to avoid it being viewed as a punishment. However long-term daily supervision can become a barrier to recovery and reintegration – the patient is less likely to be able to partake in training/education or to gain employment if they are still being supervised. The relaxation of supervised consumption should be a stepped process for example; from daily to twice weekly to once weekly. The prescriber will make a clinical decision if the patient is ready to be moved to weekly pick up.

3.2 Pathways

Provider opening times should be clearly displayed and patients must be given clear information regarding any variation in service e.g. opening times or changes in procedure. Patients must be given at least a month's notice if changes are going to be made.

1. At the onset of supervised consumption the clinician will discuss which pharmacy would be convenient/suitable for the patient
2. The key worker should check that there is a space at the patient's desired pharmacy.
3. The key worker should have telephone discussion with the chosen pharmacy, introduce themselves and their service and the patient, give patients details and arrange for prescription/s to be sent to pharmacy.
4. The pharmacy should welcome the patient to pharmacy, and follow procedures outlined in the pharmacy Standard Operating Procedure
5. Patients should be encouraged to remain at the same pharmacy when possible as this ensures there is consistency.

3.3 Monitoring Arrangements

The provider will ensure that appropriate clinical governance arrangements are in place within the organisation that are in line with Department of Health guidance. Any clinical governance breaches in relation to this service will be notified to PSNE via ann.gunning@psne.co.uk at the earliest opportunity.

Pharmacists and their staff will adhere to the standards and practice guidance set by GPhC for the provision of services to drug users in community pharmacies.

All pharmacies within the supervised consumption scheme should have completed the substance misuse and opiate treatment: supporting pharmacists for improved patient care by the Centre for Pharmacy Postgraduate Education (CPPE). This will be monitored by commissioners to ensure participating pharmacists have skills to work effectively with this patient group.

The contract will be monitored on a quarterly basis.

4. Referral, Access and Acceptance Criteria

4.1 Geographic coverage/boundaries

North Tyneside residents

4.2 Location(s) of Service Delivery

Supervised consumption will be delivered by pharmacies throughout North Tyneside that have been accepted on to the supervised consumption scheme.

4.3 Days/Hours of operation

The service must be provided within normal operating hours, if a pharmacy has weekend closure, take away dispensing should be arranged and discussed with clinician if appropriate.

4.4 Referral sources & criteria

The referral shall be made by the clinician from specialist drug service or GP practice that prescribes methadone or buprenorphine for drug dependency.

4.5 Referral route

Patients will be referred via drug treatment service.

4.6 Exclusion Criteria

The pharmacist cannot dispense the prescription if it does not fully comply with legal requirements for dispensing and supply can be refused in certain circumstances;

- If the patient has missed 3 or more days medication in succession.
- 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 patient or anyone with them behaves or threatens to behave violently, or commits or threatens to commit any criminal offence (in the pharmacy).
- Patients may be excluded as a result of a professional risk assessment – this can include patients who have, for example: missed collecting their prescribed medicine for a specified number of instalments and their tolerance to the drug may have reduced. In these circumstances discussion should take place with the prescriber to agree a further plan of care.
- Those who appear intoxicated should either be asked to return later in the day to be assessed, or medication should be withheld and clinician/key worker should be contacted and incident should be logged by pharmacist
- At the onset of treatment, patients must be informed of the pharmacy acceptable behaviour policy
- Pharmacists will only dispense prescriptions which comply with current legislation (e.g. Misuse of Drugs Act 1971, Misuse of Drugs Regulation 2001)

4.7 Response time and prioritisation

Staff should dispense and supervise NHS prescriptions promptly, when they have prescriptions in advance. Medication should be prepared and ready for the patient's arrival – obviously this may take longer in busy periods.

5. Discharge Criteria & Planning

5.1 Review

Care planning and regular review should provide a vehicle to check patient progress and make any decisions on relaxing supervised consumption. The pharmacy staff/Pharmacist should feedback any progress reports to the clinician. Any decisions to relax supervised consumption should be made by the clinician.

6. Self-Care and Patient and Carer Information

6.1 Patient Advice

Pharmacists or other appropriately trained pharmacy staff should provide direct input wherever possible to promote harm reduction. Interventions should include a clear health promotion element.

- Pharmacists should give clear safety messages about storing controlled drugs.
- Pharmacists should refer to primary care and other health providers as appropriate; i.e. sexual health service, dentist, accident and emergency etc.

Always get written consent from the patient

- Pharmacists/pharmacy staff should give consistent clear advice on overdose awareness.
- Pharmacy staff should adhere to current NHS policies

7. Quality and Performance Indicators

7.1 Quality Indicators

Performance indicators that describe quality outcomes

- The pharmacy has appropriate health promotional material available for the patient group and promotes its uptake
- The pharmacy reviews its standard operating procedures and the referral pathways for the service on an annual basis
- The pharmacy can demonstrate that pharmacists and staff involved in the provision of the service have undertaken CPD relevant to this service
- The pharmacy participates in an annual organised audit of service provision
- The pharmacy co-operates with any locally agreed led assessment of service user experience

8. Activity

Data should be collected to monitor the uptake of the service and calculate payments to participating pharmacies.

Information agreed between the commissioner and provider will be supplied to appropriate officer. This should include;

- A minimum data set which must be collected (see below)
- Numbers of individuals using the service by gender
- Data confidentiality issues approved by Caldicott Guardian

9. Continual Service Improvement Plan

The service will be updated in line with national guidance and in response to new evidence.

The service will use complaints and service evaluations as an opportunity to improve service delivery.

The Pharmacy should ensure they give patients the opportunity to feedback their experiences. This helps to ensure that pharmacies are meeting the needs of patients.

Schedule 1

Commercial Schedule

Prices & Costs

Pharmacies providing the supervised consumption scheme will receive **£30.00 per patient per month** irrespective of how many times the patient is supervised.

Information will be submitted to PSNE, via PharmOutcomes, who will pay the pharmacy on a monthly basis within 30 working days of receipt of the invoice.