

**SCHEDULE 1C**  
**SERVICE SPECIFICATION**  
**SUPERVISED CONSUMPTION**

**Service Commencement Date: 1 April 2013**

**1 INTRODUCTION**

- 1.1 This Service Specification is part of and should be read in conjunction with the Public Health Services Contract and relates to the provision of a supervised consumption service by Community Pharmacy. The Service will be provided to drug users who are prescribed methadone, Subutex® or Suboxone® in the North Yorkshire area. The Service will encompass supervised support and advice to Service Users in a safe environment.
- 1.2 The commissioning body that is responsible for the Service is North Yorkshire Drug and Alcohol Action Team (the 'Commissioner').
- 1.3 The Service will be delivered by the Provider in accordance with this specification and the Pharmacy Based Management of Substances for Drug Users, Operational Guidelines.
- 1.4 Any contractual agreement undertaken between the Commissioner and the Provider assumes the Provider's compliance with obligations and responsibilities as set out by the General Pharmaceutical Council (GPhC) and the National Treatment Agency. In addition, any locally set clinical governance and quality standards as agreed between the Provider and Commissioner are to be adhered to.
- 1.5 For the purposes of this Specification, supervised consumption means the observed consumption by the pharmacist/staff of Service Users prescribed substitute medications for opiates where supervision has been requested by the prescriber. The practice is designed to support drug users to stop or stabilise their opiate use thus enabling them to develop their personal goals.

**2 EVIDENCE BASE/ BACKGROUND**

- 2.1 The Commissioner is committed to purchasing services which fulfil the requirements of the National Drugs Strategy, whilst meeting local need. Key aims of service commissioning are to:
  - Discourage people from misusing drugs and enable those who wish to stop to do so;
  - Ensure that communities have access to accurate information about the risks of drug misuse;
  - Increase the safety of communities from drug related crime;
  - Reduce the harm drug misuse causes to individuals and to communities;

- Reduce the accessibility and availability of drugs to young people;
- Protect communities from the health risks, and other damage associated with drug misuse, including the spread of communicable disease such as HIV, or Hepatitis.

### **3 AIMS AND OBJECTIVES**

3.1 The aim of the service is to ensure compliance with the Service User's agreed care plan, by:

- Dispensing prescribed medication in specified installments;
- Ensuring each supervised dose is correctly administered to the Service User for whom it was intended (doses may be dispensed for the Service User to take away to cover days when the pharmacy is closed);
- Liaising with the prescriber, named keyworker and others directly involved in the care of the Service User (where the Service User has given their written permission);
- Monitoring the Service User's 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 Service User safety, liaising with the prescriber or named keyworker, as appropriate;
- Improving retention in drug treatment;
- Improving drug treatment delivery and completion; and

3.2 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 medicines.

### **4 SCOPE OF THE SERVICE**

#### **4.1 Service Provision**

4.1.1 The Provider will facilitate:

- The Service User's access to a user-friendly, non-judgmental, Service User-centred and confidential service.
- The Service User's access to a point for the collection and consumption of substitute medications for opiates.
- The Service User's access to information and advice on minimising harm, general health and health promotion.

- Service User's access to referral to other health and social care professionals where appropriate.

4.1.2 The Provider will promote safe practice to the Service User. Pharmacists or other appropriately trained staff should provide direct input wherever possible to promote harm reduction. Interventions should include a clear health promotion element.

4.1.3 The Provider will input into the care planning for Service Users as requested by the Service User's prescriber or key worker.

4.1.4 Providers will support the Service User's key worker, responsible for co-ordinating care, by monitoring continuity of care and contributing to the aim of maximising retention of Service Users in treatment.

4.1.5 The Provider is not limited to the number of Service Users they take on at any one time as long as they can fulfil their obligations of providing a quality service to Service Users, in line with this Specification and the Guidance.

## **4.2 Provider's Obligations**

4.2.1 The Provider will ensure the pharmacy environment and protocols are in such a condition as to be able to:

- Facilitate a quiet, discreet and confidential area where consumption of substitute medications for opiates and other health care interventions can take place;
- Ensure capacity to provide information and leaflets supplied via other relevant agencies and shared care partners;
- Ensure that standard operational procedures facilitate a 'speedy' service that limits waiting time for Service Users;
- 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 Service User information. Pharmacists will only share information with other health care professionals and agencies in line with any agreed information sharing protocols.

4.2.2 The Provider will ensure that all pharmacists, locums or other staff involved in delivering this scheme will:

- Treat all service users with dignity and respect and value their rights to confidentiality;
- Work in partnership with key stakeholders in the 'shared care scheme', i.e. the service user, prescriber or key worker;
- Provide appropriate health information and referral to other services when required;

- commit to reasonable training and service development initiatives as set out in this Specification;
- Support the Pharmacist and Provider's Representative in providing the Service.

4.2.3 The Provider will ensure compliance with all legal and professional requirements.

4.2.4 The Provider will ensure that substitute medications are only dispensed if the conditions outlined in the Pharmacy Based Management of Substances for Drug Users, Operational Guidelines apply.

### **4.3 Care Management**

4.3.1 Providers who provide both needle exchange and supervised consumption services will include the supervised consumption service as part of the 'shared care management system' within the terms of this contract, but will work to a separate Specification and Guidelines for the needle exchange services.

### **4.4 Commissioner's Obligations**

4.4.1 The Commissioner will facilitate at least one Provider meeting per year to promote service development and update the knowledge of pharmacy staff and to assist with the Provider's training and development with regards to the Service.

4.4.2 The Commissioner will provide a framework for the monitoring and recording of relevant service information for the purposes of audit and the claiming of payment.

4.4.3 The Commissioner will provide details of relevant referral points and pathways, in line with Models of Care, which pharmacy staff can use to signpost Service Users who require further assistance.

4.4.4 The Commissioner will obtain or produce health promotion material relevant to the service users and make this available to Providers.

### **4.5 Service user eligibility for the service**

4.5.1 Eligibility for the Service will be as follows:

- Normally - For service users 18 years and over who are assessed as requiring methadone/buprenorphine substitute prescribing by GPs or locally commissioned specialist drug treatment services.
- Rarely - Young people from 16 to 18 years old, generally regarded as competent to consent to treatment and assessed as requiring methadone/buprenorphine substitute prescribing by GPs or locally

commissioned specialist drug treatment services.

- Exceptionally - Young people under 16 years old, assessed as requiring methadone/buprenorphine substitute prescribing by the specialist prescribing service, who has been deemed capable of managing the treatment regimen by the prescribing doctor in consultation with the young persons' specialist service.

4.5.2 The Provider must ensure that the planning and delivery of the Service is directed towards meeting the needs of all diverse populations. All aspects of the Service will be sensitive to the individual needs of Service Users. Their cultural, religious and linguistic needs should be recognised and met, utilising resources and specific services for support where appropriate.

#### **4.6 Service user exclusion**

4.6.1 Pharmacists may refuse to serve Service Users if they appear to be unsuitably intoxicated with substances such as drugs or alcohol. Service Users may be excluded if they pose a serious risk to staff, other service users and members of the public. As with any other customer the police may be called.

#### **4.7 Interagency working**

- **Liaison with Substance Use Specific Services**  
The Provider will demonstrate appropriate working arrangements with specialist substance treatment providers.
- **Liaison with Non-substance Misuse Key Stakeholders**  
For the Service to operate effectively it is essential that good working relationships are developed and maintained, particularly with prescribing GPs, but also with other complementary service providers, including local agencies such as community health and social care agencies.

## **5 PRINCIPLES AND STANDARDS**

### **5.1 Principles of the Service**

5.1.1 The aim of the Dignity in Care campaign, launched by the Department of Health 2006, is to put dignity and respect at the heart of all health and care services. It states that all high quality services should embody and be mindful of the 10 point Dignity Challenge:

- Have a zero tolerance of all forms of abuse
- Support people with the same respect you would want for yourself or a member of your family

- Treat each person as an individual by offering a personalised service
- Enable people to maintain the maximum possible level of independence, choice and control
- Listen and support people to express their needs and wants
- Respect people's right to privacy
- Ensure people feel able to complain without fear of retribution
- Engage with family members and carers as care partners
- Assist people to maintain confidence and positive self esteem
- Act to alleviate people's loneliness and isolation

## **5.2 Standards of the Service**

### **5.2.1 Training**

- 5.2.2 The following are training and competencies that the Provider will need to develop within the pharmacy, in order to comply with all requirements for offering a supervised consumption service. All pharmacists must have an appropriate level of competency to undertake this Service.
- 5.2.3 The Provider ensures that at least one pharmacist involved in the delivery of the Service, completes the 'Substance Use and Misuse' (or successor) distance learning package, available from the Centre for Postgraduate Pharmaceutical Education. This individual must be made known to the Commissioner.
- 5.2.4 If the Provider does not have a pharmacist with this training upon signing of this Agreement, the Provider is expected to ensure completion of the training within six months. The Commissioner's Representative must be informed once the qualification has been awarded and a copy of the certificate sent to them.
- 5.2.5 The Provider ensures that its representative and one other member of staff attends one Substance Misuse Partnership-led annual training and development event per year to promote the Service locally and update knowledge and skills.

- 5.2.6 Providers must ensure that staff are trained to provide the appropriate level of service. Pharmacists and their staff will adhere to the standards and practice guidance set out by the GPhC for the provision of service to drug misusers.
- 5.2.7 The Provider will ensure that Pharmacists respond to all reasonable training requirements, as reasonably required, from time to time by the Commissioner.

### **5.3 Competencies**

#### 5.3.1 Information Management

- Establish and maintain appropriate information related to drug treatment services and other relevant local services.
- Correctly process documentation for the supervised consumption scheme.
- Provide appropriate records for audit and evaluation.

#### 5.3.2 Communication

- Elicit key information for the dispensing of substitute medications for opiates by use of appropriate questions.
- Provide information and advice in a manner appropriate to the needs of the service user.
- Behave in a manner that instils confidence of others involved in the service, especially the service user.
- Support, collaborate with, delegate to and supervise other staff in an appropriate manner for the provision of the Service,
- Use knowledge and skills effectively to facilitate learning of other staff in relation to the Service.

#### 5.3.3 Personal Skills Development

- Recognise personal and professional limitations in regards to the Service.
- Identify priorities for staff training and development for the Service
- Record learning activities in relation to the Service.

### **5.4 Quality of Service**

#### 5.4.1 The Commissioner will expect evidence of the Provider's full compliance with:

- the Commissioner's clinical governance and approved quality standards arrangements;
- other reasonable future arrangements deemed necessary as and when required.

#### 5.4.2 All clinical governance, reported incidents and Service User safety standards in regards to this Service will be monitored and audited on an annual basis by the Commissioner.

5.4.3 The Provider will provide and maintain a safe and suitable environment for Service Users and comply with all relevant statutory requirements, legislation, Department of Health Guidance and professional codes of practice and all health and safety regulations.

## **5.5 Service Management**

5.5.1 Core opening hours will be those normally operated by the Pharmacy. Any specific requirements must be arranged and agreed with the Service User and marked down on the service user/pharmacists agreement.

## **5.6 Service development**

5.6.1 Service developments will be negotiated as required. Any generic changes will be put to the Local Pharmaceutical Committee prior to implementation.

# **6 MONITORING/PERFORMANCE INDICATORS**

## **6.1 Performance Standards**

6.1.1 The Provider ensures the pharmacy has appropriate health promotion material available for the user group and displays and promotes its uptake.

6.1.2 The Provider reviews its standard operating procedures in line with the Commissioner's requirements as negotiated with the Local Pharmaceutical Committee, on behalf of the Provider.

6.1.3 The Provider ensures training standards are maintained as stipulated in this Specification.

6.1.4 The Provider participates in an annual Commissioner organised clinical governance, service and contract review as deemed necessary.

6.1.5 The Provider annually facilitates Service User feedback and uses it to improve service delivery where appropriate

## **6.2 Monitoring of service**

6.2.1 The Provider complies with the monitoring and administration requirements, keeping accurate records and forwarding them quarterly to the Commissioner:

- numbers in treatment per month and quarter, including Service User's initial, date of birth and postcode;
- number of visits per individual registered for treatment, per month, including dates of all supervisions;
- numbers not complying with supervised administration scheme;
- information and advice offered;
- Reportable incidents.



### **6.3 Monitoring Meeting**

- 6.3.1 The Commissioner's representative, or designated officer, will aim to visit the Provider at least once every two years, for a formal monitoring meeting.
- 6.3.2 The Provider representative will have to complete a monitoring proforma and submit this at least two weeks prior to the scheduled visit.
- 6.6.3 Following the formal monitoring the Provider will receive a copy of the notes of the meeting, identifying areas for support and/or follow up. A copy of the notes of the meeting will be forwarded to the Local Pharmaceutical Committee.

### **6.4 Risk management**

- 6.4.1 The Provider will inform the Commissioner within one working day of serious untoward incidents

## **7 FINANCIAL**

- 7.1 Providers will be paid according to the following schedule:

### **7.1.1 Per Supervision**

The current scale of payments to pharmacies engaged in this scheme is:

- Methadone £1.50 per supervised consumption.
- Subutex/Suboxone £2.45 per supervised consumption.

### **7.1.2 Retainer**

There is no retainer paid for this Service.

- 7.1.3 Providers will need to electronically submit a monthly claim form to the Commissioner using the template supplied. Dates for submission and full guidance can be found at Schedule 2 Charges.

## **References**

Pharmacy Based Management of Substances for Drug Users – Operational Guidelines (NHS NY&Y – 2008)\*

Home Office. Drug strategy 2010: reducing demand, restricting supply, building recovery: supporting people to live a drug-free life \*

\* as amended from time to time



