South Gloucestershire Council

Department for People

SERVICE SPECIFICATION FOR

SUPERVISED CONSUMPTION (CONSUMPTION OF PRESCRIBED MEDICINES)

IN PHARMACIES

2023-2024

V1 22.11.22

SUMMARY OF SERVICE PROVISION IN PHARMACIES

The pharmacies in South Gloucestershire offering supervised consumption of prescribed medication, are required to:

1. Provide a suitable, confidential consultation area to allow for privacy during a consultation
2. Dispensing in specified instalments (doses may be dispensed for the patient to take away to cover days when the pharmacy is closed)
3. Ensuring each supervised dose is correctly consumed by the patient for whom it was intended
4. Liaising with the prescriber and named primary care worker. The drug worker or GP must be contacted if more than 3 consecutive doses are missed or if a weekly collection is not picked up
5. Monitoring the service user's response to their prescribed treatment and referral back to the prescriber where there are concerns (repeated non-collection)
6. To provide service users with regular contact with health care professionals and to help them access further advice or assistance. The service user will be referred or signposted to specialist treatment centres or other health and social care professionals where appropriate
7. Comply with regulations and follow good clinical guideline practices issues from CQC, NICE guidelines or another Regulatory Body

1 Introduction

1.1 This service specification sets out the requirements for the provision of administering substitute medications within a pharmacy, commissioned by South Gloucestershire Council.

1.2 The specification includes all the important elements of the service and forms part of the contract documentation

1.3 This specification will apply until further notice. The views of customers, carers and providers will be considered in any review of the specification or service evaluation during that time, and their views will be welcomed at any time

1.4 Further information can be obtained from the South Gloucestershire Public Health and Wellbeing Division, PO Box 1955, Bristol BS37 0DE

2 Background

2.1 Current guidelines in 'Drug Misuse and Dependence – UK guidelines on clinical management' (2017) recommend 'supervised consumption should be available to all patients to support induction on to opioids, and provided for a length of time appropriate to their individual needs and risks'. The rationale for this recommendation is to provide routine and structure for the client, helping to promote a move away from chaotic and risky behaviour.

2.2 Community Pharmacies play an important part in the care of substance users, through the provision of supervised consumption of methadone; buprenorphine; and naltrexone. The pharmacist is instrumental in helping those on supervised consumption in complying with their regimes, remaining motivated and reducing the instances of overdose and accidental death.

2.3 Through supervised consumption, pharmacies also play a role in reducing the misdirection of controlled drugs.

3 Support via Supervised Consumption

3.1 Supervised Consumption within pharmacies was established to ensure compliance with the agreed service user treatment plan by:

3.1.1 Dispensing in specified instalments (doses may be dispensed for the patient to take away to cover days when the pharmacy is closed).

3.1.2 Ensuring each supervised dose is correctly consumed by the patient for whom it was intended.

3.1.3 Liaising with the prescriber and named primary care worker. The GP prescriber must be contacted if more than 3 consecutive doses are missed or if a weekly collection is not picked up.

3.1.4 Monitoring the service user's response to their prescribed treatment and referral back to the prescriber where there are concerns (repeated non-collection).

3.1.5 Improving retention in and delivery of drug treatment.

3.2 To reduce the risk to local communities of:

3.2.1 Over usage or under usage of medicines

3.2.2 Diversion of prescribed medicines onto the illicit drugs market

3.2.3 Accidental exposure to the supervised medicines

3.3 To provide service users with regular contact with health care professionals and to help them access further advice or assistance. The service user will be referred or signposted to specialist treatment centres or other health and social care professionals where appropriate

4 Service provision in pharmacies

4.1 The pharmacist will supervise the consumption of prescribed medicines at the point of dispensing in the pharmacy, ensuring that the dose has been administered to the patient if stated on the prescription that supervision is to take place

4.2 Pharmacies will offer a user-friendly, non-judgmental, client-centred and confidential service

4.3 The pharmacy will provide support and advice to the patient, including referral to primary care or specialist centres where appropriate. They will also promote a harm reduction approach, including the needle exchange service

4.4 Examples of medicines which may have consumption supervised include methadone, buprenorphine and other medicines used for the management of opiate dependence

4.5 Service Users shall be informed of the times of day they are able to access the service

4.6 At weekends (and Bank Holidays) the Pharmacist shall supply the service user with their Saturday dose supervised on the premises and with ‘takeout’ doses provided in a suitable, labelled container with a child safe lid for the days the pharmacy is closed. Service users should be reminded to keep their medication out of the reach of children. The South Gloucestershire Drug and Alcohol service provides lockable safes, free of charge, to service users for this purpose

4.7 Pharmacists shall dispense the controlled drugs in a way that complies with legal requirements

4.8 Dispensing and supply can be refused in certain circumstances:

4.8.1 If the pharmacist believes the prescription is not genuine or for the named person on the prescription

4.8.2 If the Pharmacist believes the prescriber has made a clinical error or the prescription is clinically inappropriate

4.8.3 If the service user, or anyone with them, behaves or threatens to behave in a violent manner or commits or threatens to commit a criminal offence within the Pharmacy

4.8.4 If a patient has not taken their regular prescribed dose of opioid, there is the possibility that their tolerance to the drug could have reduced, increasing risk of overdose if the usual dose of medication is then taken. Failure to collect medication should prompt the dispensing pharmacist to consider contacting the prescribing clinician, especially during induction. If the medication is not collected for three consecutive days, then the pharmacist should obtain advice from the prescriber on what action to take. A pharmacist should not normally dispense the fourth day's dose unless they have confirmed with the prescriber that it is appropriate to do so. For further information, please see the Clinical Guidelines on Drug Misuse and Dependence Update 2017 Independent Expert Working Group (2017) Drug misuse and dependence: UK guidelines on clinical management. London: Department of Health.

4.8.5 If a patient is so heavily intoxicated or under the influence of alcohol or any other substance, that it is deemed unsafe for the pharmacist to dispense the medication

4.9 The service shall be provided in conjunction with the local GPs and South Gloucestershire Drug and Alcohol Service, as part of a programme to manage opiate dependency

4.10 The part of the pharmacy used for provision of the service must provide a sufficient level of privacy and safety and meet other locally agreed criteria

4.11 The pharmacy will present the medicine to the service user in a suitable receptacle and will provide the service user with water to facilitate administration and/or reduce the risk of doses being held in the mouth. Pharmacies will provide a private and confidential room where service users will be given their medication

4.12 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

4.13 The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service are aware of and operate within local protocols

4.14 The pharmacy should maintain appropriate records to ensure effective ongoing service delivery and audit. The pharmacy must allow the Drug and Alcohol Programme to carry out an audit, if they wish, on a yearly basis and at reasonable notice

4.15 Pharmacists will share relevant information with other health care professionals and agencies, in line with locally determined confidentiality arrangements

4.16 The pharmacy contractor will meet with SGDAS once per year or as appropriate to promote service development and update the knowledge of pharmacy staff

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

4.18 The Commissioner will provide details of relevant referral points which pharmacy staff can use to signpost service users who require further assistance

5 Accreditation

5.1 The Provider must:

5.1.1 Carry out the Services in accordance with the Law and Good Clinical Practice and must, unless otherwise agreed (subject to the Law) with the Council in writing, comply where applicable, with the registration and regulatory compliance guidance of CQC and any other Regulatory Body

5.1.2 Respond, where applicable, to all requirements and enforcement actions issued from time to time by CQC or any other Regulatory Body

5.1.3 Consider and respond to the recommendations arising from any audit, death, Serious Incident report or Patient Safety Incident report

5.1.4 Comply with the recommendations issued from time to time by a Competent Body

5.1.5 Comply with the recommendations from time to time contained in guidance and appraisals issued by NICE

5.1.6 Respond to any reports and recommendations made by Local HealthWatch; and comply with the Quality Outcomes Indicators

5.1.7 have in place systems for seeking and recording specialist professional advice and must ensure that every member of Staff involved in the provision of the Services receives: proper and sufficient continuous professional and personal development, training and instruction; and full and detailed appraisal (in terms of performance and on-going education and training), each in accordance with Good Clinical Practice and the standards of any applicable relevant professional body

5.2 Good Clinical Practice means using standards, practices, methods and procedures conforming to the Law and using that degree of skill and care, diligence, prudence and foresight which would reasonably and ordinarily be expected from a skilled, efficient and experienced clinical services provider, or a person providing services the same as or similar to the Services, at the time the Services are provided, as applicable

5.3 Guidance means any applicable local authority, health or social care guidance, direction or determination which the Council and/or the Provider have a duty to have regard to including any document published under section 73B of the NHS Act 2006

5.4 The service specifications may also be used to set out clinical governance processes and requirements relating to clinical effectiveness, user experience and user safety of that particular service. Although the Authorities should not place themselves in a position whereby, they will be signing off those policies as this should be the responsibility of the provider

5.5 Law means:

5.5.1 Any applicable statute or proclamation or any delegated or subordinate legislation or regulation

5.5.2 Any applicable European Union directive, regulation, decision or law

5.5.3 Any enforceable community right within the meaning of section 2(1) European Communities Act 1972

5.5.4 Any applicable judgment of a relevant court of law which is a binding precedent in England and Wales

5.5.5 Requirements set by any Regulatory Body

5.5.6 Any applicable code of practice.

5.6 Regulatory Body means any statutory or other body having authority to issue guidance, standards or recommendations with which the relevant Party must comply or to which it must or should have regard, including:

- CQC
- Monitor
- NHSTDA
- NHS England
- The Department of Health
- NICE
- Healthwatch England

6 Review and audit

6.1 An annual review of this agreement will be carried out through various methods by the South Gloucestershire Public Health and Wellbeing Division, including audit and discussion with relevant pharmacy staff

6.2 Any concerns will be raised with the pharmacy in a timely way by South Gloucestershire Public Health and Wellbeing Division

6.3 The pharmacy should maintain an effective system for Quality Assurance based on the outcomes for service users, in which standards and indicators to be achieved are clearly defined and regularly monitored in line with NICE

6.4 The pharmacy will have responsibility for the monitoring of their service and maintaining sufficient records for this purpose. These records should be retained and kept up-to-date and made available on request for inspection by a nominated representative of the South Gloucestershire Public Health and Wellbeing Division

6.5 The pharmacy will have a system in place to identify and implement continuous and sustainable improvements in the quality of the service. Details of improvements should be provided to the South Gloucestershire Public Health and Wellbeing Division on request

6.6 Outcomes from the Quality Assurance process will be made available to Service Users, Carers, and all stakeholders including the Department.

6.7 Pharmacy contractors must have adequate mechanisms and facilities including premises and equipment as are necessary to enable proper provision of these services. Relevant minimum legal requirements and standards must be met.

6.8 The pharmacy must have appropriate health promotion material available for the user group and promote its uptake.

6.9 The pharmacy will review its standard operating procedures and the referral pathways for the service on an annual basis.

6.10 The pharmacy will be able to demonstrate that pharmacists and staff involved in the provision of the service have undertaken CPD relevant to this service.

6.11 The pharmacy will co-operate with any local assessment of service user experience.

7 Payment

7.1 Each pharmacy contracted to provide this service will receive a quarterly payment per registered patient of £75.

7.2 To qualify for payment the contractor must be signed up to the Service Specification for Supervised Consumption and a minimum of two FP10MDA (blue) prescription forms from the same patient must have been dispensed by the pharmacist in any one quarter.

7.3 The payment per patient to be paid quarterly in arrears following completion of the Supervised Consumption monitoring form on PharmOutcomes.

7.4 The deadlines for completion of Monitoring forms are. Failure to adhere to the below deadlines may result in a delay in payment:

By 15 July for quarter 1 (April-June)

By 15 October for quarter 2 (July-September)

By 15 January for quarter 3 (October-December)

By 15 April for quarter 4 (January-March)