

SERVICE SPECIFICATION

Version	Date	Issue Status	Changed by	Reason for Change
V3	April 2021	Final	CFearns	Review and extended for 1 more year of existing contract.

Service	Supervised Consumption
Delphi Lead	Colin Fearn
Provider Lead	Approved Pharmacies in Blackpool
Period of Service	1st April 2021 to 31st March 2022

1. GENERAL OVERVIEW

This specification sets out a model for an enhanced service for supervised consumption scheme and is between Delphi Medical Consultants Limited (the purchaser) and Community Pharmacists of Blackpool (the contractor) who are existing or new participants in the provision of the Supervised Consumption scheme across Blackpool. Participation by community pharmacists in this service remains voluntary and guided by localised need.

The population of Blackpool experiences poorer health and lower life expectancy than much of the rest of the country and this is seen across a range of health indicators including the prevalence of chronic conditions, hospital admissions for self-harm and alcohol related harm and early deaths from heart disease and cancer.

Lifestyles are a major determinant of health and are considered to account for 30-50% of what makes us healthy (or unhealthy), alongside our genetics, our environment (including social, economic and physical environment) and access to health care.

In Blackpool, major causes of shorter life expectancy are:

- Higher levels of harmful drinking and drug use
- Smoking
- Unhealthy diets and excess weight and
- Inactive and sedentary lifestyles
- Mental ill health

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Not only does the population of Blackpool experience higher than average levels of poor health but within the town stark differences are apparent. Life expectancy for men living in the most disadvantaged parts of the town is more than 13 years shorter than that of those in the least deprived areas.

2. SERVICE

2.1 Overview of Service

The specifications below outline the background to and the Standard Operational Procedures and administrative processes for the Supervised Self Administration Scheme for Methadone, Buprenorphine and Buprenorphine-naloxone (Suboxone®).

Pharmacists participating in this service will be expected to take on the number of clients that they feel appropriate for their pharmacy within the parameters of good practice advised by the Substance Misuse Service (SMS), taking into account all their community responsibilities.

One key element of drug treatment for opiate users is the prescribing of Methadone, Buprenorphine or Suboxone®. Studies have shown that Methadone Maintenance Treatment reduces levels of injecting drug use and associated health problems, acquisitive crime and drug related death among those in treatment. Thus the Clinical Guidelines believe it to be ‘an important part of drug misuse services’ (DoH, 1999:45). Prescribing substitute medications allows time for individuals to implement personal or social changes that can reduce the impact of their illicit drug use and is a key element to increase the opportunities of individuals to achieve their goals.

Pharmacists play a key and unique role in the care of the substance users. ‘Key’, in that through the supervision of consumption of methadone, buprenorphine or Suboxone®, the pharmacist is instrumental in supporting drug users in complying with their prescribing regime, therefore reducing incidents of accidental death through overdose. Also through supervision, pharmacists are able to keep to a minimum the misdirection of controlled drugs, which may help to reduce drug related deaths in the community.

The ‘unique’ role that pharmacists play in the treatment of drug users is the daily contact that they have with their patients, and their ability to monitor and offer advice on the patient’s general health and well-being. By integrating the pharmacists into the ‘shared-care’ service this gateway role can be developed to maximise the positive impact treatment has for patients.

It is therefore important that the service user attends the same pharmacy and that the pharmacist is supportive with an understanding attitude. The relationship between service user and pharmacist should ideally be friendly, but professional.

2.2 Aims

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- To supervise the consumption of prescribed medicines at the point of dispensing in the pharmacy, ensuring that the dose has been consumed by the patient.
- To offer a user-friendly, non-judgmental, client-centred and confidential service.
- To liaise with the prescriber if there are concerns about the patients' attendance for their prescription.
- To provide support and advice to the patient, including referral to primary care or specialist centres where appropriate.
- To ensure compliance with the agreed treatment plan by:
 - Dispensing in specified instalments (doses may be dispensed for the patient to take away to cover days when the pharmacy is closed)
 - Ensuring each supervised dose is correctly consumed by the patient for whom it was intended
- To reduce the risk to local communities of:
 - Diversion of prescribed medicines onto the illicit drugs market
 - Accidental exposure to the supervised medicines
- 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 to specialist treatment centres or other health and social care professionals where appropriate
- Monitoring the patient'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 patient appears intoxicated or when the patient has missed doses and if necessary withholding treatment if this is in the interest of patient safety, liaising with the prescriber or named key worker as appropriate
- Improving retention in drug treatment
- Improving drug treatment delivery and completion

2.3 Expected Outcomes

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
- 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 to specialist treatment centres or other health and social care professionals where appropriate

2.4 Rationale for this service

Ensuring a safe and consistent approach of supervision in Blackpool that will standardise the process and result in a high level of service throughout the supervising pharmacies.

2.5 Evidence Base

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This specification adheres to the principles and standards laid down in the key national guidance documents and any subsequent documents published during the duration of the contract.

2.6 Service Delivery

2.6.1 Location(s)

The service will be delivered in approved community pharmacies only.

2.6.2 Days / hours of operation

The service will operate during pharmacy opening hours.

2.6.3 Referral criteria and sources

The service is for residents of Blackpool identified as under the care of Delphi Medical Consultants Limited Substance Misuse Services. In the event a patient from out of area tries to access the supervised scheme, notification to Delphi Medical Consultants Prescribing team must be made with immediate effect.

2.6.4 Exclusion criteria

Where the client lives outside of Blackpool Local Authority boundaries, excludes those of no fixed abode.

The service should display a zero tolerance approach; clients can be excluded for behaviour that has breached accepted rules and standards, at the discretion of the service, but within a structure of users' rights and responsibilities.

2.7 Essential links to other services

The service will be required to work with the Horizon partners, Public Sector bodies such as the NHS, Police, Probation, and alongside the private and third sector organisations.

The service provider will ensure:

- Collaborative and effective operational links with key workers and prescribers within the HORIZON treatment system in pursuit of a fully integrated seamless service for Blackpool's drug using population
- That they have in place Effective links and signposting with service users, self-help groups, criminal justice partners and other stakeholders.
- Pharmacies support clients to engage with all relevant agencies with relevant signposting e.g. health, family support, education and access to non-vocational learning and training, employment services and housing support
- Clients are signposted to appropriate harm reduction and BBV screening services as appropriate

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3. SERVICE REQUIREMENTS

3.1 Operational

- Participating pharmacists should be familiar with current National, Regional and local guidance including 'Drug misuse and dependence – guidelines on clinical management' issued by Department of Health, 2017
- A Standard Operating Procedure (SOP) for the service must be in place in the pharmacy, and the pharmacist must ensure that all dispensary staff, including locums, are aware of the content of the SOP, and have signed to confirm their understanding
- The patient's identity must be checked to ensure the prescription is dispensed to the correct person.
- 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.
- Methadone – The daily amount should be dispensed according to good practice guideline. When the service user arrives, ideally the measured dose should be poured into a disposable cup, and consumed in the consultation area away from the main shop floor.
- Buprenorphine Sublingual Tablets – The prescribed tablets should be removed from the foil and placed in an appropriate container. If they are to be crushed they should be crushed into granules rather than a fine powder, in the service users presence. This way the service user can confirm their dose before the medication is crushed. An appropriate crushing device should be used that minimises any loss of dose and has the confidence of the service users.
- Pre-packing of doses for supply the next day must in line with a written procedure and be undertaken in line with current guidance for Good Manufacturing Practice. (National Prescribing Centre – A guide to good practice in the management of controlled drugs in primary care 3rd Edition December 2009)
- The Pharmacy/patient agreement/contract states the terms of agreement set up between the pharmacist and patient (to agree how the service will operate, what constitutes acceptable behaviour by the client, and what action will be taken by the GP and pharmacist if the user does not comply with the agreement).
- The pharmacist will receive notification from the prescriber in advance of a new client presenting a prescription; where the prescriber has failed to contact the pharmacist in advance, the pharmacist should always contact the prescriber to confirm arrangements
- If a client has 'violent markers', the prescriber or drug worker, will inform the pharmacy in advance of the client presenting for a prescription
- If a pharmacist has any cause for concern relating to a client, and the prescriber or drug worker is not available (e.g. after 5pm or at weekends), the pharmacist must use their professional judgement in deciding whether to supply. In the case of any concerns, report on the next working day to the prescriber/drug worker

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- In the event of any changes to a patient's prescription i.e. the patient is admitted to hospital for a short period of time, the prescriber will contact the pharmacy with details of how the prescription will be reinstated.
- The decision to discuss a client with the prescriber or the Substance Misuse Service is a professional one that should be made after considering the risk to the client of non-disclosure and the damage that could be done to the supportive relationship between pharmacist and client
- Supervision by Pharmacist should take place in a discreet area, or at times when the pharmacy is not likely to be busy, as agreed with the pharmacist.
- Methadone – the pharmacist must be satisfied that the dose has actually been swallowed, for example, by water being swallowed after the dose or conversing with the service user to ensure that the methadone is not retained in the mouth.
- Buprenorphine Sublingual Tablets – the tablet or crushed granules must be tipped directly under the tongue without handling and the service user supervised until the tablets has dissolved
- Buprenorphine oral Lyophilisate – The package should be peeled back and the tablet should be placed on top of the tongue.

NB. The observed administration of medication should be done under the supervision of the pharmacist, this includes the use of appropriately trained members of staff under the supervision of the pharmacist.

3.2 When to contact the prescriber:-

The Pharmacy staff must contact the prescriber via phone in the following circumstances:

- The patient does not consume the whole dose under supervision
- The patient appears to be ill
- The patient tries to avoid supervision or the process for proper administration.
- The patient appears to be intoxicated - Clients stabilised on methadone, buprenorphine or Suboxone® should be clear-headed and coherent. If the pharmacist considers the client is grossly intoxicated, the prescriber must be contacted and the dose withheld.
- Whenever a Service User does not attend to pick up or take their prescribed substitute opiate medication, the prescribing service should be informed the same day, wherever possible and if 3 daily doses are missed the prescription should not be dispensed on the 4th or any subsequent day, as the service user may have reduced tolerance until the prescribing team have been contacted and the script authorised to be released by the prescriber.
- There are problems with the prescription – e.g. uncertainty about dates, validity, has been tampered with etc.
- The behaviour of the client is unacceptable and contrary to the client/pharmacy agreement - ultimately only you can decide what behaviour is 'unacceptable'. In circumstances where a dose is not administered, or you wish to cease future administrations, both the client and prescriber must be made aware of this decision

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3.3 Social Value: Accessibility, fairness and equity of provision

The service:

- will be non-stigmatising and non-discriminatory, providing fair and equitable access. The service will comply with the Equality Act 2010
- will work in a way that it does not discriminate against individuals on the grounds of gender, race, disability, sexual orientation, sexual practices, gender reassignment, age, pregnancy or maternity, marriage/civil partnership or belief system and will ensure that all applicable legislation is adhered to
- is accessible to people who have had difficulties accessing support to become well, including people with mental health problems, from black and minority ethnic communities, people with sensory impairments, and people with learning disabilities or learning difficulties and people from the Gypsy / Romany / travelling communities
- will consider the needs of those not in training, education and employment (NEET), including employment, apprenticeships and training opportunities.
- will promote supply chain opportunities to local companies, in particular new and small enterprises

3.4 Registration, Competencies and Training

The service will ensure all staff are appropriately qualified and supported in their work so as to realise their potential, work positively with service users and positively promote the service. All staff will be supported to continuously update skills and techniques relevant to their work. Where required, qualified staff must be registered with a professional body.

Staffing and management structures will be streamlined and efficient with all staff having clear areas of responsibility and remits.

Prior to delivery of the service, any pharmacist and registered dispensing technician involved in the provision of the service should have completed the 'Substance Use and Misuse' distance learning pack available from the Centre for Pharmacy Postgraduate Education (www.cppe.man.ac.uk). As training packages are updated or replaced, participating pharmacists will undertake to complete any appropriate new or updated package as soon as reasonably convenient. This will be monitored at award of contract and at contract review.

Staff should be trained in brief intervention and/or motivational interviewing techniques.

All training costs will be met by the contractor.

3.5 Business Continuity

The Service Provider ensures that sufficient staffing is available for the effective running of the service, including contingency planning for times of sickness, absences or any other occurrence

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that may jeopardise the delivery of the service to service users at levels sufficient to meet the performance objectives and service standards of the service as outlined in this agreement.

3.6 Buildings and Accommodation

The provider will be responsible for sourcing buildings that have the appropriate planning permission for delivering services.

The service provider will be responsible for the maintenance costs of any buildings occupied for delivering treatment services, which includes fittings, equipment, repairs and alterations. The provider will be responsible for any costs associated with the replacement of furniture, and provide consumables required for the smooth operation of the building.

3.7 Additional Costs

All additional costs will be met by the provider of the service.

3.8 Health & Wellbeing

Foresight (2008) project on Mental Capital and Wellbeing - This report recommends five ways to well-being. It presents the evidence and rationale between each of the five ways, drawing on a wealth of psychological literature. In line with similar messages for healthy eating, these are Connect, Be active, Take Notice, Keep learning and Give. The provider will be highly encouraged to promote wellbeing in the workplace.

3.9 Safeguarding Children and Vulnerable Adults

Pharmacists should act in accordance with Blackpool Safeguarding Adults/Safeguarding Children's procedures.

For children residing within Blackpool boundaries:

Contact Children's Social Care on: - **01253 477299**

For Out of Office Hours and at weekends ring: - **01253 477600**

For vulnerable adults residing within Blackpool boundaries:

Contact Adults Social Care on: - **01253 477592**

3.10 Incident Reporting

All serious incidents must be reported to Delphi Medical Consultants Limited in order for investigation.

3.11 Geographic coverage / boundary

This service is for residents of Blackpool only. There is facility in the service for the provider to supervise 2 holiday prescriptions per client per annum.

3.12 Insurance

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The Provider must at its own cost effect and maintain with a reputable insurance company the Required Insurances. The cover shall be in respect of all risks which may be incurred by the Provider, arising out of the Provider's performance of this Contract, including death or personal injury, loss of or damage to property or any other such loss. Such policies must include cover in respect of any financial loss arising from any advice given or omitted to be given by the Provider.

4. KEY PERFORMANCE INDICATORS

4.1 Data Collation/Reporting

PharmOutcomes must be used to record all activity; no other reporting method will be accepted.

Data will be shared with other organisations e.g. LPC

4.2 Contract Review Meetings

Contract review meetings will be held on an annual basis. The meetings will be held on the pharmacy premises.

4.3 Consequence of Breach

Failure to comply with the requirements of Section 4 may result in the implementation of the Public Health Poor Performance policy.

5. CONTRACT VALUE

5.1 Value

The pharmacy will receive a fee of £1.50 for every supervised dose of methadone, £2.50 for sublingual Buprenorphine (Subutex) and Buprenorphine/Naloxone (Suboxone) and £2.00 for oral lyophilisate tablets (Espranor)

To guarantee payment all activity must be reported within a 2 month period of dispensing. Any activity recorded after this 2 month grace period may not be paid.

Please Note: Where the total daily dose of buprenorphine prescribed requires the dispensing of two tablets i.e 8mg & 2mg for a 10mg total daily dose, only one supervision fee may be claimed as this is not classed as two supervisions. The intention of the supervision fee is to cover the supervision of one dose regardless of the number of tablets required to make up that dose.

Payments can only be made to pharmacies who have signed up to this scheme and have agreed to provide the service outlined above. Payments are pharmacy not pharmacist based.

5.2 Method of Payment

Payment will be made by BACS on receipt of claim in formation from Pharmoutcomes.

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5.3 Frequency

Invoices will be paid monthly and within our payment terms of 30 days from the date of the invoice. If there is a query which prevents payment being made a member of our Delphi's finance team will contact directly to advise.

If you have any payment queries, please contact hbrandfinance@delphimedical.co.uk

Local Point of Contact

If you have any concerns in relation to your contract or other issues, please contact Head of Medicines Management for Delphi Medical Consultants:-

- Colin Fearn - Colin.Fearn@delphimedical.co.uk - Tel 07772 220951

SIGNED AGREEMENT

On behalf of (Pharmacy Name and Address).....
 Tel
 Fax No
 E-mail

I have read and understood the terms in the service specification and agree to provide the standard of service specified.

Signature

Print Name

Position

Date

Pharmacy Stamp



On behalf of Delphi Medical Consultants Limited, I commission the above pharmacy to provide the service detailed in the service specification for the Pharmacy Supervised Consumption of Methadone and Buprenorphine.

Delphi Medical Consultants Limited agrees to provide 3 months written notice if we wish to withdraw from this contract.

Signature (on behalf of Delphi Medical Consultants Limited)

..... Date.....

Print Name:Position:

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