

SERVICE SPECIFICATIONS

Service	Community Pharmacy Substance Misuse Service (supervised consumption of prescribed medicines)
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Provider Lead	Community Pharmacies in Portsmouth supported by Chief Officer for Local Pharmaceutical Committee
Period	1st April 2019 - 31st March 2021
Date of Review	April 2019

1	Overview
1.1	National context and evidence base
1.1.1	<p>The rates of drug misuse and its associated morbidity and mortality in the UK are among the highest in the western world. Drug-related deaths due to overdose in the UK are among the highest in Europe.</p> <p>Drug misuse is more common in areas of social deprivation.</p> <p>Drug treatment is effective, has an evidence base and is cost-effective:</p> <ul style="list-style-type: none"> • It has an impact on levels of drug use, offending, overdose risk and spread of blood-borne viruses. • Between a quarter and a third of those entering treatment achieve long-term sustained abstinence. <p>Drug misusers may have multiple social and medical problems. Their mortality rates are higher. Drug misusers are particularly at risk from blood-borne infections:</p> <ul style="list-style-type: none"> • 21% of injecting drug users are thought to be infected with hepatitis B in the UK and 50% with hepatitis C. • 1.3% of injecting drug users in England, Wales and Northern Ireland are HIV-positive. • Drug misuse has a serious impact on the families of the drug misusers, especially children of drug-using parents. • Effective treatment of the parent can greatly improve the situation.

Acquisitive crime is linked to drug misuse and it is estimated that on average 16% to 38% of a heroin user's income is gained from property crime.

Drug treatment in the community can reduce offending, and the longer offenders were in treatment, the better the outcomes.

1.1.2 Evidence base

Current guidelines, Drug Misuse and dependence; guidelines on clinical management, Department of Health and NICE guidance, TA114 Methadone and Buprenorphine for the management of opioid dependence state that methadone and buprenorphine (oral formulations), using flexible dosing regimens, are recommended as options for maintenance therapy in the management of opioid dependence and that both drugs should be administered daily, under supervision, for at least the first 3 months. Supervision should be relaxed only when the patient's compliance is assured. Both drugs should be given as part of a programme of supportive care. 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.

Regular contact with the pharmacist and pharmacy staff can help to reduce the social isolation felt by many people with addictive illness. Pharmacists and their staff are well placed to spot the deterioration of a person's state and alert other members of the health care team to the person's need for further support if appropriate.

1.2 Local context and evidence base

The Centre for Public Health at Liverpool John Moore's University provides an estimate of opiate and crack cocaine use nationally and locally¹. The latest estimate is that 1,427 Portsmouth residents, aged 15 to 64 years old, are Opiate and Crack Cocaine Users (OCU's). This is 10 per 1,000 or 1% of city residents aged 15 to 64 year old². The Portsmouth rate is higher than the national estimated rates (8.6 per 1000). During 2018/19 744 people accessed treatment for opiate addiction.

Portsmouth has the 4th highest rate of drug related deaths in England, and the highest rate (per 100,000) amongst our comparator areas for deprivation. The number of deaths has been rising steadily between 2010 and 2015, having fallen in the previous

¹ Hay et al (2014), Estimates of the prevalence of opiate and/or crack cocaine use (2011/12) <http://www.nta.nhs.uk/uploads/estimates-of-the-prevalence-of-opiate-use-and-or-crack-cocaine-use-2011-12.pdf>

² Adults - drugs commissioning support pack 2018-19: key data, Public Health England 2017

years. Deaths increased from 22 deaths between 2007-2009 rising to 55 deaths during 2014-2016

1.3 Development of the current pharmacy based service

In 2007/08 the current pharmacy supervision service was reconfigured to meet the recommendations of the national guidelines 'Drug Misuse and Dependence'. This includes the recommendations that all patients entering a drug recovery programme that have a clinical need for methadone or buprenorphine should have their consumption supervised and witnessed for at least 3 months.

These services are being re-commissioned as part of Portsmouth City Council (PCC) Public Health department's recommissioning of community services; however, due to the requirement for the service to be delivered by a dispensing pharmacist, only qualified local community pharmacies may apply to deliver the service.

2 Key Service Outcomes

2.1 The pharmacy has appropriate PCC provided health promotion material available for the user group and promotes its uptake.

2.2 The pharmacy reviews its standard operating procedures and the referral pathways for the service on an annual basis.

2.3 The pharmacy can demonstrate that pharmacists, and all pharmacy support staff, involved in any part of the provision of the service have undertaken PCC training relevant to their role within this service.

For pharmacist and technicians this includes completion of CPPE Substance Use and Misuse module and completing any local training provided by the PCC or Substance Misuse service.

For all staff this includes an understanding of the aims and objectives of the Portsmouth Harm reduction programme in relation to supervised consumption programme and developing a non-judgemental approach when working with service users.

- 2.5 Pharmacy staff receives training to ensure that they feel confident and are able to manage conflict situations in which any member of the public exhibits aggressive or abusive behaviour when in the pharmacy.
- 2.7 The pharmacy participates in an annual PCC organised audit of service provision.
- 2.8 The pharmacy co-operates with any locally agreed PCC-led assessment of service user experience.

3 Scope

3.1 Aims and objectives of service

Aims and intended service outcomes

- 3.1.1 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.
- 3.1.2 To reduce the risk to local communities of:
- over usage or under usage of medicines;
 - diversion of prescribed medicines onto the illicit drugs market; and
 - accidental exposure to the supervised medicines.
- 3.1.3 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 to specialist treatment centres or other health and social care professionals where appropriate.

3.2 Service description/pathway

- 3.2.1 The service will require the pharmacist to supervise the consumption of oral methadone, buprenorphine and other drugs that may be used in the management of drug dependency/ misuse, ensuring that the dose has been administered to the

patient, where the prescriber has indicated that supervised consumption is appropriate.

- 3.2.2 Pharmacies will offer a user-friendly, non-judgmental, client-centred and confidential service.
- 3.2.3 The service will be offered during the core contractor opening hours, Saturday inclusive in order to provide this enhanced service. (Except for bank/public holidays). All service users accessing the service must be provided with information on opening times and arrangements for bank holiday services.
- 3.2.4 The part of the pharmacy used for provision of the service provides a sufficient level of privacy and safety and meets other locally agreed criteria.
- 3.2.5 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.
- 3.2.6 Terms of agreement are set up between the prescriber, pharmacist and patient (a three-way agreement) to agree how the service will operate, what constitutes acceptable behaviour by the client, and what action will be taken by the specialist centre and pharmacist if the user does not comply with the agreement. A 'four-way' agreement could also be developed which would include the specialist GP or independent prescribers.
- 3.2.7 The service user's key worker will be responsible for obtaining the patient's agreement to supervised consumption. The agreement will be initiated outlining the responsibilities of the prescribing team, pharmacist and the patient. This must be agreed prior to first presentation for supervised consumption.
- 3.2.8 The pharmacy should maintain appropriate records to ensure effective ongoing service delivery and audit. This includes patient medication record, controlled drug register and the records required on PharmOutcomes.
- 3.2.9 The pharmacy providing the service will maintain records of the service provided and will record ALL occasions when the client fails to attend the pharmacy to collect a prescribed dose of medication

3.2.10 The pharmacy providing the dispensing service will contact the prescribing service in any of the following circumstances:

- Following three sequential failures to attend
- Evidence of increasing health, emotional or other problems
- Requests for help that the pharmacist is unwilling or unable to meet
- Breach of the Service Agreement which the service user has signed
- Unacceptable behaviour whilst visiting the pharmacy
- Reasonable suspicion/ evidence that a person receiving a prescription for oral methadone is injecting drugs
- Any other occasion when the pharmacist is concerned about the user's wellbeing

3.2.11 Pharmacists will share relevant information with other health care professionals and agencies, in line with locally determined confidentiality arrangements. The client should be informed that information is being shared (unless to do so would put another person at risk e.g. in the case of suspected child abuse)

3.2.12 Pharmacists will also provide support to service users collecting their dispensed prescriptions for methadone and other drugs used in the management of drug misuse/dependency where supervised consumption is not indicated.

3.2.13 The pharmacy will provide support and advice to the patient, including referral to primary care or specialist centres where appropriate.

3.2.14 The PCC will provide details of relevant referral points, which pharmacy staff can use to signpost service users who require further assistance.

3.2.15 PCC may have health promotion material relevant to the service users and make this available to pharmacies. They will be expected to disseminate this material appropriately. (The service aims to provide a coordinated community pharmacy response to the needs of misusers of both medicinal and non-medicinal substances that lead to dependency).

3.2.16 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.

3.2.17 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.

3.2.18 **Locum Pharmacists and other temporary staff**

The contracted pharmacy must demonstrate that all temporary/locum pharmacists have the necessary skills and knowledge to provide a safe and effective service to substance users.

Where an appropriately trained and accredited pharmacist is not available for periods in excess of 4 weeks the contractor must inform the PCC commissioner. The commissioner in conjunction with Substances Misuse Services will, if they deem it necessary, transfer of service users to an alternative pharmacy participating in the supervised administration service.

3.2.19 Staff involved in the delivery of this service will be offered immunisation for Hepatitis B. PCC has arranged with the Occupational Health and Safety department of Portsmouth Hospitals Trust to provide inoculations. Staff using this option must complete the full vaccination programme (4 visits to Occupational Health). If the course is completed then PCC will meet these costs.

Staff may wish to organise vaccination from their own GP or alternative provider but PCC will not refund any costs associated with this process.

Staff declining this offer of vaccination should sign a declaration of such which should be retained by the pharmacy contractor.

3.2.20 If the PCC arranges a contractor meeting to promote service development and update the knowledge of pharmacy staff, then every participating pharmacy must send at least one key member of staff. If this meeting is arranged during the daytime then suitable backfill costs will be remunerated. It is not anticipated that there will be more than one meeting each year.

3.3 **Coverage**

Up to twenty four community pharmacies within Portsmouth City boundaries across a range of geographical areas

3.4 Any acceptance and exclusion criteria

The service is for all service users who require supervision of consumption of prescribed medicines as part of their programme of treatment for addiction to substances of misuse as directed by Portsmouth City commissioned substance misuse service.

3.5 Interdependencies with other services

This service is an integral component of Portsmouth City Council's plan for supporting residents who misuse drugs and other substances.

A pharmacy contractor providing this service is also expected to provide the locally commissioned needle exchange service.

3.6 Any activity planning assumptions

The service has now been running for many years and demand is fairly stable. It is estimated that the service will not exceed 65,000 supervision episodes, or support more than 600 clients in this financial year. However demand is driven by the Recovery Hub services and cannot be managed within community pharmacy network.

4 Applicable Service Standards

4.1 Applicable national standards

Methadone and buprenorphine for the management of opioid dependence
Technology appraisal guidance [TA114] <https://www.nice.org.uk/guidance/ta114>

Drug use disorders in adults Quality standard [QS23]
<https://www.nice.org.uk/guidance/qs23>

5 Location of Delivery

Up to twenty four community pharmacies within Portsmouth City boundaries.

This service will be commissioned in conjunction with the pharmacy needle exchange service.

If two or more providers are identified in the same geographical location and in excess to PCC required activity then priority will be given to those pharmacies who meet

- Geographical and population need
- Successful provision of the service in previous years
- Completion of the required training and service provision requirements
- Providers of the needle exchange service
- Attained Healthy Living Pharmacy status
- Demonstrated successful provision of other healthy lifestyle services.

Appendix and Notes

Quality Standards

Every pharmacy in this contract should aim during 12 months to:

- To respond to the demand led requirements of the community of clients who require needle exchange services during their core hours – 80%
(could only measure failure to meet target from customer feedback)

Fees and costs

