Public Health Agreement for Community Pharmacy Supervised Consumption Scheme

1 April 2021 to 31 March 2022

SURREY
COUNTY COUNCIL

1.0. Introduction

1.1. This specification sets the requirement for the provision of an enhanced Public Health service for the supervised consumption of prescribed medication used within the treatment for opioid substitution therapy within a Community Pharmacy.
1.2. This service is commissioned by Surrey County Council as part of a targeted approach to address the needs of substance misusers within the community and is based upon locally defined needs.

2.0. Background

2.1. Community Pharmacies play a key role in the care of people who use drugs through the provision of services to supervise the consumption of Methadone, Buprenorphine, Espranor and Suboxone and other prescribed medication, supporting drug users in complying with their prescribed regime and therefore reducing incidents of accidental deaths through overdose. In addition, through supervision, pharmacists are able to keep to a minimum the misdirection of controlled drugs, which may help reduce drug related deaths in the community.
2.2. Pharmacists have a unique role in the care of people who use drugs, having regular daily contact with them. This provides the opportunity for a healthcare professional to monitor and offer advice on the service users' general health and wellbeing and targeted interventions such as encouraging service users to carry Naloxone.

3.0. Agreement

3.1. This Public Health Agreement is between Surrey County Council and the provider, in this instance, the Pharmacy Contractor. The Public Health Agreement is managed on behalf of Surrey County Council. The authorised officer empowered to act on behalf of the Council is the Director of Public Health. The council will serve a 1 month termination notice to either stop or revise the service.

4.0. Service description

4.1. The pharmacist or registered technician shall supervise the daily self-administration of methadone, buprenorphine, or buprenorphine/naloxone or Espranor at the point of dispensing in the pharmacy, ensuring that the dose has been administered appropriately to the service user.
4.2. The service shall be provided in conjunction with the specialist prescribing service as part of a county approach to manage opioid dependency.

5.0. Aims and intended service outcomes

5.1. To assist the service users to remain healthy until they are ready and willing to achieve a drug free life, with appropriate support.
5.2. To protect health and reduce the rate of blood-borne infections and drug related deaths amongst service users.
5.3. To ensure compliance with each service users' agreed treatment plan by:

- Dispensing prescribed medication in specified instalments
- Ensuring each supervised dose is correctly consumed by the service user for whom it is intended (doses may be dispensed for the service user to take away to cover days when the provider is closed)
- Liaising directly with the prescriber, named key worker and others directly involved in the care of the service user
- Monitoring the service users' 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 the service users' safety, liaising with the prescriber or key worker as appropriate
- Improving retention in drug treatment
- Improving drug treatment delivery and completion

5.4. 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 medication

5.5. To promote safer practices by providing and reinforcing harm reduction messages including safe sex advice and advice on overdose prevention (e.g. risks or poly-drug use and alcohol use) including the importance of carrying naloxone.
5.6. To act as a gateway/signpost to other services such as Hepatitis B immunisation, Hepatitis and HIV screening, primary care services and pharmacies providing naloxone and needle and syringe provision.
5.7. To have a close working relationship with other local drug services.

6.0. Service outline

6.1. The provider shall offer a user-friendly, non-judgemental, service user-centred and confidential service. Service users shall be treated with the same degree of courtesy as would be afforded to any other service user group within the pharmacy.
6.2. The area of the pharmacy used for the delivery of the service will provide a sufficient level of privacy and safety and meets other locally agreed criteria. A consultation room shall be utilised to deliver this service in line with the 'Healthy Living Pharmacy' criteria, and to safeguard the service users' privacy.
6.3. The provider will provide support and advice to the service user, including sigh posting to other health and social care professionals.
6.4. The provider will promote safe practice to the service user, including advice on sexual health and STIs, blood-borne viruses including HIV and Hepatitis C transmission and Hepatitis B immunisation and advice on overdose prevention (e.g. risks of poly-drug use and alcohol use) including the importance of carrying naloxone.
6.5. Prescribers will contact the service users' chosen pharmacy prior to initiating prescribing to confirm the provider has the capacity to take on a new service user. The name of the service user's chosen pharmacy will be included in the treatment plan provided by the prescriber. The provider shall be provided with an appropriate method of identifying the service user agreed locally with the prescribing team.
6.6. A treatment agreement must be established between the prescriber, provider, service user and key worker prior to supervising any medications. A three-way agreement shall be utilised as part of best practice. This shall include how the service will operate, what constitutes acceptable behaviour by the service user and what action will be taken by the prescribing treatment team and provider if the service user does not comply with the treatment agreement. Effective communication between all parties is vital.
6.7. Issues of confidentiality, and therefore possible problems in information sharing between team members, shall be addressed in the treatment agreement which service users agree to abide by when they engage with the prescribing services. The provider shall ensure that they are personally aware of the terms of the agreement used by their local prescribing service and that service users who attend their pharmacy are also aware and have a current treatment agreement in place.
6.8. Service users shall receive an explanation of supervised consumption, where and how it will occur and the opening and closing times of the pharmacy. Service users will also receive information from their prescriber about Methadone, Buprenorphine, Espranor and Suboxone, risks of overdose, benefits of naloxone and loss of tolerance following missed or uncollected doses, drug interactions. It is best practice for the provider to reiterate this information as required.
6.9. Missed or uncollected doses are to be recorded and reported by the provider to the prescriber and the named key worker responsible for the service user. This can be done by telephone directly to the prescriber. Where three consecutive doses have been missed, the provider must confirm with the service and prescriber before provision is made and whether the service user should return for re-assessment in line with the treatment agreement.

6.10. Doses that are collected to be taken on Sundays or bank holidays must be dispensed in a container with a child resistance closure. Service users must also be advised to store their medication out of reach of children and be reminded of the danger it presents to others.
6.11. Dispensing and supply can be refused in certain circumstances:

- If the pharmacist believes the prescription is not genuine or for the person named on the prescription form
- If the pharmacist believes that the prescriber has made a clinical error or that the prescription is clinically inappropriate
- If the service user, or anyone with them, behaves or threatens to behave violently or commits or threatens to commit any criminal offence in the pharmacy
- If the service user, presents as intoxicated and the provider deems it clinically inappropriate to dispense the medication

6.12. Service users may be excluded from the service i.e. have treatment withheld as a result of a professional risk assessment. This can include service users who have missed collecting their prescribed medicine for a specified number of instalments and their tolerance to the drug may have reduced.
6.13. If service users present and are showing signs of intoxication then their dose shall be withheld until they are able to present in a non-intoxicated state. Service users must be informed prior to the initiation or treatment and as part of their agreement, what types of behaviour may result in exclusion – i.e. 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 they have missed doses (a discussion about the importance of naloxone must be part of this conversation).
6.14. The provider must inform the prescribing team in the following circumstances:

- If the service user does not consume the whole dose under supervision
- If the service user appears to be ill
- If the service user tried to avoid supervision or the process for proper consumption
- If the service user appears to be intoxicated

6.15. Supervised consumption of methadone – the provider shall present the medication to the service user in a suitable receptacle and will provide the service user with drinking water to facilitate administration and/or reduce the risk of doses being held in the mouth. If a service user's dose is measured out in advance of their visit, then suitable storage containers with lids should be used. These must be individually labelled with the service user's name, date and dose. Prior to the disposal of these containers, all identifying labels should be removed/anonymised. After consuming their dose, service users should be spoken to and offered a drink of water to ensure that the dose has been swallowed. Disposable cups should be used for this purpose. Service users should not be allowed to consume their own drinks from cans or bottles as this enables the opportunity to spit the dose out into the can or bottle.
6.16. Supervise consumption of Buprenorphine/Buprenorphine/Naloxone – The provider will provide the service user with a drink of water (in a disposable cup) prior to issuing the dose in a suitable receptable. The tablet must be tipped directly under the tongue without handling and the service user supervised until the tablet has dissolved – this can take between 3-7 minutes depending on the dose and the service user. Advising the service user to drink water prior to administering the drug will speed up the process. Service users should be advised that increased or excessive saliva production may reduce the effectiveness of the drug and is not desirable, that saliva should be kept in the mouth rather than swallowed during dissolution and that there may be a bitter taste.
6.17. Supervised consumption of Espranor – The administration of Espranor is different to other buprenorphine products as it is placed on the tongue (not under it). Median time for disintegration is 2 minutes.
Espranor contains gelatin whereas the other buprenorphine tablets do not. This may need to be considered for certain patients.

The initial dose of Espranor is 2mg compared to 0.8mg – 4mg for other oral buprenorphine preparations and the maximum single daily dose for Esprano is 18mg NOT 24mg or 32mg as with Suboxone and Subutex.
The oral lyophilisate should be removed from the blister pack with dry fingers – any contact with moisture will result in disintegration of that water. The oral lyophilisate must be placed whole on the tongue until dispersed. This is different to current buprenorphine tablets which are placed under the tongue. Healthcare professionals need to be clear about this to advise patients and avoid administration errors. Placing Espranor on the tongue makes supervision of dosing easier as it instantly begins to disintegrate making removal from the mouth for the purposes of diversion impossible. If the oral lyophilisate or saliva containing buprenorphine is swallowed, the buprenorphine will be metabolised, excreted and have minimal effect.
Swallowing should be avoided for 2 minutes. Food and drink should not be consumed for 5 minutes after administration. This requires observation of people having supervised consumption.

7.0. Operating procedures

7.1. The provider shall abide with all legal constraints when dealing with controlled drugs. The provider cannot dispense the prescription if it does not fully comply with legal requirements.
7.2. In accordance with the Scheme Operational Policy, all pharmacies participating in the scheme must develop operating procedures which underpin health and safety of both staff and service users. Please refer to the National Institute for Clinical Excellence Guidelines[1] for further details.
7.3. It is recommended that the provider should use the latest Governance Toolkit to assist in implementation and assessment of compliance with the policy and legal requirements.
7.4. The provider will only operate the scheme when supervised by a pharmacist or when the pharmacist is contactable.
7.5. Surrey County Council reserves the right to give participating pharmacy 1 months' notice of the termination of their participation in the scheme.

8.0. Accreditation, training and requirements

8.1. The provider will ensure that pharmacists meet the requirements of the Competency and Training Framework for Supervised Consumption provision. Completion of the following open learning Centre for Pharmacy Postgraduate Education (CPPE) pack[2] plus the online assessment would meet this requirement:

- Substance use and misuse

All pharmacists accredited to deliver supervised consumption must be registered with CPPE learning record online before approval to supply will be given by Surrey County Council.
8.2. The provider will ensure that the pharmacist attends all mandatory training events run by Surrey County Council and any update workshops.
8.3. The provider 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.
8.4. The provider must inform Surrey County Council when the nominated pharmacist leaves and a new pharmacist join. The new pharmacist will need to become accredited as per the system outline above. It is the responsibility of the provider to let Surrey County Council know there is a vacancy and who the replacement pharmacist is within 1 month of the vacancy arising and a new appointment being made.
8.5. The pharmacy should be registered as healthy living pharmacy level 1 with the RSPH.

9.0. Quality indicators

9.1. The provider will review its standard operating procedures and the referral pathways for the service on an annual basis.
9.2. The provider will be able to demonstrate that pharmacists and staff involved in the provision of the service have undertaken CPD relevant to this service.

[1] NICE | The National Institute for Health and Care Excellence
[2] CPPE - Centre for Pharmacy Postgraduate Education

9.3. The provider will participate in audits of service provision organised by Surrey County Council, as and when required.
9.4. The provider will co-operate with any locally agreed Surrey County Council led assessment of service user experience.
9.5. The provider must at all times comply with the relevant regulations for complaints relating to the provision of the supervised consumption service. Any complaints must be submitted as part of the data return. The provider must send a copy of any serious complaints to Surrey County Council within 5 business days.

10.0. Monitoring arrangements

10.1. The provider will maintain appropriate records to ensure effective ongoing service delivery and audit. The provider will ensure that the following demographic information is recorded:

- Service user's initials
- Service user's gender
- Service user's date of birth
- Service user's ethnicity
- Type of medication taken
- The days that supervision has occurred

This information should be uploaded onto Pharmoutcomes software once a prescription has been completed.
10.2. The provider shall ensure that the necessary documentation, as detailed in this specification, is maintained and made available to Surrey County Council to enable the service to be monitored and for the purpose of payment verification.
10.3. 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 patient information. The provider will only share information with other health care professionals and agencies in line with RPSGB 'Medicines, Ethics & Practice, A Guide for Pharmacists'[3].
10.4. Surrey County Council will arrange sire visits based on need to promote service development and update the knowledge of pharmacy staff.
10.5. By providing this public health service you agree to sharing of anonymised activity data with Surrey LPC for the purposes of service development.

11.0. Safeguarding

11.1. The provider shall adopt safeguarding policies in compliance with Surrey County Council's:

- Safeguarding children/child protection policy[4]
- Safeguarding adults multi-agency procedures, information and guidance[5]

12.0. Payment arrangements

12.1. Payment will be made to the provider for the provision of the supervised consumption scheme monthly in arrears on input of data onto the Pharmoutcomes software platform and ensure this is done accurately using the correct dates. The provider must provide data monitoring activity to support their claims (available via Pharmoutcomes). The provider must be mindful not to duplicate activity. Any duplicate claims will be recovered by Surrey County Council.
Surrey County Council will then pay the provider directly for the activity recorded on Pharmoutcomes.
Remuneration for participation on the scheme, agreed in consultation with the LPC, is as follows:

- A flat rate fee of £2 per supervised dispensing

[3] Medicines, Ethics and Practice - MEP | RPS (rpharms.com)
[4] Surrey Safeguarding Children Partnership Procedures Manual. | Surrey Safeguarding Children Partnership
[5] Report concerns of adult abuse and harm - Surrey County Council (surreycc.gov.uk)