



## **Service Specification**

# **HERTFORDSHIRE CGL Spectrum Drug and Alcohol Recovery Service Supervised Consumption Programme September 1<sup>st</sup> 2019**

## 1. Overview

- 1.1 Community pharmacies play an important role in the care of substance misusers. They enable service users to comply with their prescribed regime by supervising the consumption of methadone/ physeptone, buprenorphine, Espranor or Suboxone. By the Pharmacist supervising the consumption of opiate substitute medication, the diversion and illicit supply of controlled drugs is kept to a minimum, which may lead to a reduction of drug related deaths in the community.
- 1.2 Opiate substitute treatment medication is administered daily, under supervision, normally for the first 3 months of treatment. Supervision is usually relaxed when the service user's compliance and risk management has been assessed.

## 2. Service Outline

- 2.1 The pharmacy will offer a user-friendly, non-judgmental, client-centred and confidential service.
- 2.2 The service will require the pharmacist to supervise the consumption of prescribed medications when indicated by the prescriber, ensuring that the dose has been administered appropriately to the service user.
- 2.3 The recovery worker will contact the service user's chosen pharmacy from the supervised consumption list of available pharmacies prior to commencement of treatment in order to ensure the pharmacy has capacity to take on a new service user. The key worker will provide the pharmacy with the service users' details and treatment details in terms of strengths, quantities and form of treatment to ensure they can get the relevant items in stock.
- 2.4 The service user's recovery worker will be responsible for obtaining the service user's agreement to supervised consumption. The details of a 4-way agreement will be discussed and this will be evident by the signature obtained of the service user and recovery worker. The recovery worker's signature to the 4-way agreement represents all parties to the agreement except that of the service user. The key worker is to ensure that a signed copy of the 4-way agreement is accompanied with the service user's first prescription to the chosen pharmacy. Where possible and where secure email is available, a copy of the service user's 4-way agreement can be emailed to the pharmacy secure e-mail. See Appendix 1.
- 2.5 On the first day that the service user presents at the pharmacy, the 4-way agreement should be discussed. The service user should be informed of pharmacy opening times at the start of prescribing treatment.
- 2.6 The pharmacist will provide health related advice such as risk of overdose, safe keeping of medication or contraindications with other medications taken. Any concerns should be referred back to the prescribing service.
- 2.7 The pharmacist will continue to provide health related advice and support to service users who are moving from supervised consumption to other instalments such as daily pick-ups, three times weekly or otherwise.
- 2.8 The prescribing service should be informed of any occasional missed pick-ups, supervised consumption or otherwise as it may lend towards a review of instalment arrangements from less frequent pick-ups to more frequent or back to daily supervision. Where the service user regularly fails to collect one prescribed dose of medication, this information should be reported to the local service, by phoning the CGL Spectrum main office on **0800 652 3169** and reporting to a member of the staff as well as the recovery worker.
- 2.9 Where a service user commences on prescribing treatment, this phase is commonly referred to as titration. At the titration phase a service user's medication is gradually increasing incrementally. This can happen at the start of treatment or at a new treatment episode. As tolerance to opiate medication cannot be fully ascertained, a single day's missed dose can be of concern to the welfare of the service user. **Where the service user misses a day of medication during the titration phase of the prescription the pharmacist will need to consult with a prescriber before the next dosage can be dispensed. The prescription should have the instruction "Titration prescription: If a single dose is missed do not dispense the next dose until you have contacted the prescriber"**

- 2.10 **Where the service user has not collected their medication for three consecutive days, the supply of medication must be stopped and not be started again without the agreement of the prescriber or recovery worker. The prescription should have the instruction “Consult the prescriber if 3 or more consecutive days of a prescription have been missed” to inform you of this.**
- 2.11 The pharmacist should be aware of the different wordings as listed below, and ensure medication is dispensed in line with the approved wordings on the prescription. If the prescription does not reflect such wording, the regulations only permit the supply to be in accordance with the prescriber’s instalment direction.
- Daily Bottles** – “dispense daily doses in separate containers”
- Daily Pick-ups due on closed days** – “Please dispense instalments due on pharmacy closed days on a prior suitable day”
- Dispense to patient only**
- Interim pick-ups** “If an instalment pick-up has been missed, please still dispense the amount due for any remaining day (s) of that instalment”
- Missed three days or more** “Consult the prescriber if 3 or more consecutive days of a prescription have been missed”
- Replacement Prescription**
- Single Dose Missed / Titration Prescription** “If a single dose is missed do not dispense the next dose until you have contacted the prescriber”
- Supervised Consumption** “Supervised consumption on collection days”
- 2.12 If the medication is dispensed for non-supervised consumption (e.g. Sundays, bank holidays) the service user must be provided with information regarding the safe storage of the medication and reminded of the danger this medication presents to others.
- 2.13 For supervision of Methadone / Physeptone Solution 1mg/ml: The pharmacist will present the medicine to the service user in a suitably labelled receptacle and will provide the service user with 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 containers with lids should be used. These shall be individually labelled as per normal labelling regulations. Prior to disposal of these containers, all identifying labels shall be removed/anonymised.
- 2.14 For supervision of Buprenorphine and Buprenorphine/Naloxone: The pharmacist will prepare the dose. The service user will be provided with water (in a disposable cup) prior to issuing the dose, this may speed up the process of the medication dissolving under the tongue. The medication should be given to the service user to be tipped directly under the tongue without handling. The service user will need to be supervised until the tablet has dissolved. This may take up to 10 minutes. When most of the tablet is dissolved, and only a chalky residue remains, talk to the service user to determine the dose has fully dissolved. Offer a further drink of water.
- 2.15 Crushing of tablets for Buprenorphine and Buprenorphine/Naloxone is ‘Off Licence’ and therefore should not be undertaken unless the prescriber requires it and the pharmacist is comfortable that it is a necessary intervention. The pharmacist must be satisfied that both the prescriber and service user must be aware that this is ‘Off Licence’. The prescriber could mark the prescription accordingly.
- 2.16 For supervision of Espranor: The pharmacy will prepare the dose. The oral lyophilisate should be removed from the blister pack with dry fingers and placed whole on the tongue until dispersed, which usually occurs within 15 seconds. The service user will need to be supervised until the lyophilisate has dissolved. Swallowing must be avoided for 2 minutes and food and drink not consumed for 5 minutes after.
- 2.17 On rare occasions a service user’s representative such as the police or family member or friend may present themselves to collect medication of the service user’s behalf, for example the service user may be detained in custody or be unwell to attend in person. If the directions on the prescription state that the dose must be supervised, the pharmacist should contact the prescriber before the medicine is supplied to the representative – since supervision will not be possible. It is legally acceptable to confirm verbally with the prescriber that they

are happy with this arrangement since supervision, while important, is not a legal requirement under the 2001 Regulations. An appropriate record of this conversation should be made.

- 2.18 This service specification requires that an accredited pharmacist is available to oversee the scheme for 60% of the working week. The supervision of medication should be undertaken by a registered pharmacist whose personal competence allows them to do so. Pharmacy owners and managers must ensure locums and other pharmacists who are not regular are aware of the requirement to supervise medication and the details of the requirements of the service specification. Where an accredited pharmacist leaves the pharmacy, a six month period will be given to ensure new accreditation can be undertaken.
- 2.19 Pharmacists must be reminded that the task to supervise opiate substitute treatment cannot be delegated and should be overseen by the pharmacist on duty at all times.
- 2.20 The consultation room must meet the [General Pharmaceutical Council \(GPhC\) Standards for Registered Premises](#) and comply with the minimum requirements set out below:
- the consultation room must be clearly designated as an area for confidential consultations
  - it must be distinct from the general public areas of the pharmacy premises
  - it must be a room where both the service user receiving services and the pharmacist providing those services are able to sit down together and talk at normal speaking volumes without being overheard by any other person (including pharmacy staff), other than a person whose presence the service user requests or consents to (such as a carer or chaperone).
- 2.21 The pharmacy contractor will ensure that appropriate professional indemnity insurance is in place.
- 2.22 The pharmacy contractor will ensure availability of written information and leaflets in the pharmacy relevant to the service, substance misuse and drug treatment as made available by CGL. Contact details on the relevant referral points are included in Appendix 2. Promotional material on local services can be obtained by emailing [herts@cgl.org.uk](mailto:herts@cgl.org.uk)
- 2.23 It is a requirement for pharmacies signing up to this agreement to comply with all the requirements of the essential services of the [NHS Community Pharmacy Contractual Framework](#).

### **3. Records Management**

- 3.1 The pharmacy is required to maintain records of the service provided by inputting the information on to PharmOutcomes regularly. If this is the first time the service user has presented at the pharmacy, registration on PharmOutcomes will need to be completed as a one-off activity before the supervision can be entered.
- 3.2 The first time a service user has presented at the pharmacy, the pharmacy will need to complete the “Supervised Consumption Registration Form” on PharmOutcomes as a one-off activity before any data on supervision can be entered.
- 3.3 Any missed doses will need to be entered to the service called “Supervised Consumption – Missed Dose” on PharmOutcomes regularly. This will produce a report that will be automatically sent to the relevant CGL Spectrum hub. The service will allow CGL Spectrum to keep an electronic record of when service users have not attended the pharmacy for their supervised medication.
- 3.4 These records will be operated together with the Controlled Drugs Records required by legislation.
- 3.5 The information required to be reported on PharmOutcomes, may be developed to reflect the changing requirements of the commissioner.

### **4. Information Sharing**

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

- Drug related death in pharmacy premises
- Overdose
- Incorrect dispensing of any controlled substance
- The service user is seen to be selling, swapping or giving away their controlled medication
- Missed single dose during titration phase
- Where three consecutive doses have been missed, the pharmacist will not supply a further dose and the service user should be referred back to Spectrum services to be clinically re-assessed
- Breach of the Service Agreement which the service user has signed
- Any other occasion when the pharmacist is concerned about the service user's well-being
- Refuses to consume their dose as prescribed
- Is collecting erratically (even if not breaching the 3-day rule)
- Is under the influence of drugs/ alcohol resulting in the pharmacist making a professional judgement decision not to dispense a dose
- Shows clear signs of deterioration of physical and/or mental health
- Has been violent or has threatened violence
- Is involved in a serious or untoward incident that affects or may affect the expected outcome of the treatment

4.2 Pharmacists will share relevant information with other health care professionals and agencies, in line with locally determined confidentiality arrangements. The service user 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)

4.3 The pharmacist will deal with any complaints sensitively and will report any complaints, comments or concerns to the CGL Nurse Clinical Lead or Deputy Service Manager as soon as possible. See Section 12 under Governance for actions to be taken following a complaint or an issue of concern.

## **5. Eligibility**

5.1 CGL Spectrum Drug and Alcohol Recovery Service also incorporates families and young people. Supervised Consumption will be available to Spectrum service user who have been assessed as suitable for this treatment.

5.2 Prescribing opiate substitute treatment is generally undertaken by a CGL Spectrum hub and supervised consumption is usually instructed at the start of treatment.

5.3 Hertfordshire also support opiate substitute treatment by GPs as part of a formal Shared Care arrangements with CGL Spectrum within the Hertfordshire area.

5.4 Spectrum CGL will provide a list of hub doctors and non-medical prescribers (NMPs) eligible to prescribe including names of GPs on the shared care scheme via PharmOutcomes. This list will be updated every six months.

5.5 For all other prescriptions presented for supervised consumption that sit outside the remit of this SLA please contact the Nurse Clinical Lead or Deputy Service Manager (contact details in Appendix 2).

## **6. Accessibility for supervised consumption**

6.1 The selection of which pharmacy could provide this treatment will be the decision of the service user chosen from the available list of pharmacies on the scheme and subject to the agreement of the pharmacist.

6.2 The pharmacy contractor will ensure that there are no unreasonable conditions or strict time restrictions imposed on the service user to access this treatment.

6.3 The pharmacist will take appropriate steps to ensure the identity of the service user before supervising each dose.

6.4 The pharmacist will make an assessment that it is safe to supply the medication before supervising the dose.

## **7. Reportable Incidents**

7.1 Reportable incidents (including dispensing errors and suspected breaches of the Controlled Drugs Regulations 2013) will be reported in line with local and national guidelines. The Pharmacist will provide full details of the incident to the relevant member of staff at CGL who will in turn report the matter to the Nurse Clinical Lead.

7.2 All incidents will be investigated by the Nurse Clinical Lead who may require further details to help with the investigation. Incidents will be reported by the Nurse Clinical Lead to NHS CD Reporting System (Local Intelligence Network (LIN)) but this does not replace the responsibility for each pharmacist to report incidents via their own reporting system. Learning outcomes from all incidents are shared with the Local Intelligence Network (LIN) in line with national guidelines and will also be included in pharmacy CPD events and pharmacy medicines management toolkit.

## **8. Training**

8.1 The accredited pharmacist must have successfully completed the CPPE declaration of competence which includes the course "Substance Use and Misuse" (Pharmacist Version) and Safeguarding Children and Vulnerable adults which must be updated every two years

8.2 The declaration of competence for supervised consumption will need to be confirmed on PharmOutcomes, by the accredited pharmacist at enrolment.

8.3 Pharmacists must meet these minimum requirements within six months of joining the service, and will need to be confirmed on PharmOutcomes, via enrolment within a three month period. There will be a further three month grace period from the start of the service after this and if not completed you will not be able to provide this service and complete accessibility to PharmOutcomes will be denied.

8.4 Spectrum hold a series of CPD events in partnership with the LPC (and are publicised via the LPC) which will include matters relating to medicines management, sexual health and sexually transmitted infections, HIV and Hepatitis C transmission, Hepatitis B immunisation and Naloxone Take-Home. The accredited pharmacist will be required to attend a training event on a bi-annual basis (every 2 years).

## **9. Absence of Accredited Pharmacist**

9.1 The pharmacy contractor has a duty to ensure that staff and other pharmacists (including locums) involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service to ensure the smooth continuation of the service in their absence

9.2 CGL Spectrum has the right to withdraw the service from a pharmacy that is not staffed with regular pharmacists. Alternatively, Spectrum CGL may impose additional conditions on the pharmacy in order for the pharmacy to continue providing the service. The Nurse Clinical Lead will inform the LPC for advice and will keep the LPC informed on the process and inform the pharmacy that they can seek advice from the LPC.

9.3 The pharmacy contractor should ensure that there are adequate support staff, including staff specifically trained to support this service in the pharmacy at all times in order to support the pharmacist (including locum pharmacist) in the operational elements of the service and to help ensure the safe and smooth running of the service.

## **10. Payment Arrangements**

10.1 All Pharmacies are responsible for entering accurate claims data on the correct website <https://pharmoutcomes.org>. Payments will be made monthly upon input of the data onto PharmOutcomes. Invoices will be generated automatically by PharmOutcomes on the 7<sup>th</sup> of the month. The service contract and financial details will have needed to be completed and returned before any payments will be made

10.2 Fees will be paid on the basis of submitted claims into a bank account specified by the pharmacy.

<b>Service Provided</b>	<b>Fee</b>
Supervised Consumption- Supervision Methadone	£2.30 per dose
Supervised Consumption- Supervision Subutex (Buprenorphine), Buprenorphine, Suboxone, Espranor	£2.30 per dose
Supervised Consumption – Supervision Suboxone	£2.30 per dose

10.3 Either party wishing to terminate this agreement must give one month's notice in writing. However, CGL Spectrum reserves the right to suspend or terminate the service at short notice following a significant event or serious incident (for example, following a fitness to practice incident).

## **11. Audit**

11.1 The Nurse Clinical Lead or Deputy Service Manager may employ mystery shoppers as part of this audit. The LPC will be consulted on the process of this before being rolled out to community pharmacies.

11.2 When the pharmacy is required to participate in an annual CGL-organised audit of service provision they will be expected to deliver any action points reported on the audit within the agreed timescales.

11.3 The pharmacy co-operates with any locally agreed CGL Spectrum led assessment of service user experience, including use of mystery shoppers.

## **12. Governance**

12.1 It is implicit that the service being provided is delivered to the standard specified and complies with the legal and ethical boundaries of the profession.

12.2 Should an issue be identified either through a visit of the Nurse Clinical Lead or Deputy Service Manager or through any other means an action plan will be produced following the process below:

- A pharmacy representative, alongside a Spectrum CGL Nurse Clinical Lead, will identify any issues and will agree with the named pharmacist and an action plan will be created.
- The Nurse Clinical Lead will send a written report to the named pharmacist within two weeks of the visit summarising what action needs to be taken and by when.
- The Nurse Clinical Lead will contact the pharmacy again once the agreed timescales have elapsed to confirm that the action plans have been completed.
- If any further action needs to be taken, this will be documented, and new timescales agreed.
- If the issues remain unresolved after this, the option to withdraw the service from the pharmacy may be exercised.
- All information gathered by the Nurse Clinical Lead will be fed back to the Spectrum CGL Service Manager at all times.
- The Nurse Clinical Lead will inform the LPC and will keep the LPC informed on the process and will inform the pharmacy that they can contact the LPC for advice.

12.3 The pace with which the process progresses will be determined by the level of risk. In addition, any serious professional matters identified may be escalated to Public Health England or GPhC and the Local Intelligence Network (LIN) as appropriate.

## **13. Updates**

13.1 CGL Spectrum will inform all pharmacies on any updates relating to Supervised Consumption and dispensing methods specific to this SLA as and when they arise through direct communication via the LPC site,

PharmOutcomes or at CPD training events. The LPC website can be accessible via <http://www.hertslpc.org.uk/public-health/>



APPENDIX 1 HERTFORDSHIRE DRUG AND ALCOHOL RECOVERY SERVICES  
FOUR WAY AGREEMENT

CLIENT NAME:

DOB:

This is a formal agreement between the client, prescriber, keyworker and pharmacy. The key worker's signature to the 4-way agreement represents all parties to the agreement except that of the service user.

1. My prescription will be decided by my prescribing doctor, my key worker and me.
2. When attending the pharmacy:  
I will be expected to show some form of identification.  
If my prescription is for 'supervised consumption' I will be asked where in the pharmacy I would like to consume my medication.
3. I will attend the named pharmacy in person, at the time arranged by the pharmacist and myself.
4. The pharmacist, prescribing service and key worker have the right to refuse to see me if they believe I am intoxicated.
5. All parties involved in this treatment plan will be treated with respect and dignity at all times.
6. I understand that I can only obtain prescriptions for my medication from the Prescribing Service named in this contract. I cannot have my prescriptions dispensed by another pharmacy without negotiating this with my key worker. Any changes required due to work or holiday arrangements will need to be negotiated with my key worker, with a least 14 days' notice of changes required.
7. I am responsible for all medications prescribed to me and, if I should lose them or take them other than as directed, they may not be replaced.
8. I will make sure to dispose of all empty medication bottles safely by rinsing them out and returning them to my pharmacy.
9. I understand that I must collect my prescription on the specified days. If I am unable to collect my prescription at all I need to notify my key worker who will advise the pharmacy. I understand that no-one else can collect my medication unless pre-arranged with key-worker.
10. I understand that if I do not collect my prescription for:  
**three or more consecutive days** if I am on daily pick-up or  
if a missed pick-up results in **three missed doses**  
the pharmacy will not dispense my medication until my treatment has been reassessed. If this happens the pharmacist will contact my keyworker and I will need to contact my key worker to have my treatment reviewed. The pharmacist will also advise my key worker on each occasion I miss my collection.
11. All persons involved in my treatment are expected to provide this service as discreetly as possible.
12. I understand that information will need to be shared between all those involved in my treatment plan.
13. In the circumstance where I may use a needle exchange service at the pharmacy dispensing my medication, this will remain confidential and anonymous except where a situation arises that puts my health or others at risk, in which case there will be a duty of care to share information.

My treatment plan will commence on: ..... [CGL to enter start date]. I will attend the pharmacy named below, at a pre-arranged time if appropriate.

Pharmacy Name and Address:.....

I have read, and agree to this 4-way agreement.

CLIENT NAME: .....

SIGNATURE:.....

DATE:.....

The key worker is to ensure that a signed copy of the 4-way agreement is accompanied with the client's first prescription to the chosen pharmacy. Where possible and where secure e-mail is available, a copy of the service user's 4-way agreement can be e-mailed to the Pharmacy secure e-mail

**Original to be filed in the client's case notes.**

Date: ...../...../.....

Dear \_\_\_\_\_(Pharmacist)

Re: \_\_\_\_\_**DOB**\_\_\_\_\_

I wish to introduce the above-named client to you who has been assessed by our service and is commencing opiate substitute treatment on\_\_\_\_\_. The dispensing regime is Daily Supervised Consumption. Please find enclosed a signed copy by the client of the 4 Way Agreement. My signature below represents all parties to the agreement except that of the service user. Please note that I shall inform you of any changes in his/her prescription. If you have any queries, please do not hesitate to contact me on the above telephone number.

Yours sincerely,

**Name & Signature of member of staff**

Date:.....



## **Appendix 2: Local Contact Information**

Herts CGL Spectrum Single Point of Contact Number: **0800 652 3169**

Countywide email: [herts@cgl.org.uk](mailto:herts@cgl.org.uk)

**Electronic - Fax 01438 905199**

Website: [changegrowlive.org](http://changegrowlive.org)

### **Name & Telephone Contacts:**

#### **CGL Spectrum Families & Young People:**

Team Leader Jennie Woodward – Mobile 07867 140 667

email [Jennie.Woodwards@cgl.org.uk](mailto:Jennie.Woodwards@cgl.org.uk)

#### **CGL Spectrum Drug & Alcohol Recovery Service:**

NPS Lead and Deputy Service Manager - Trudy Sealy – Mobile 07881 335213

e-mail [Trudy.Sealy@cgl.org.uk](mailto:Trudy.Sealy@cgl.org.uk)

Nurse Clinical Lead - Anna Marie Felice (NMP) – Mobile 07881 335 210

e-mail [Annamarie.Felice@cgl.org.uk](mailto:Annamarie.Felice@cgl.org.uk)

**HATFIELD** - CGL Spectrum, St Martins House, 14 The Common Hatfield,  
AL10 0UR

**STEVENAGE** - CGL Spectrum, Armstrong House, Norton Road Stevenage,  
SG1 2LX

**HERTFORD** - CGL Spectrum, Graham House Yeomans Court, Ware Road, Hertford,  
SG13 7HJ

**WATFORD** - CGL Spectrum, 18 Station Road, Watford, WD17 1JU