**Service Specification**

**EAST & WEST KENT**

**The Forward Trust – East Kent**

**Change Grow Live (CGL) – West Kent**

**Supervised Administration Programme**

**Version 3.3 (6.8.20)**

**`1. Overview and service principles**

* 1. Community Pharmacies play an important role in the care of substance misusers. They enable service users to comply with their prescribed regime by supervised consumption of methadone, buprenorphine, Suboxone or Espranor.
	2. Opiate substitutes as Medically Assisted Treatment (MAT) should be administered daily, under supervision, normally for the first 3 months of treatment. Supervision will be relaxed when the patient’s compliance and risk management has been assessed.
	3. Community pharmacists are easily accessible and the frequent contact between the pharmacist and patient means pharmacists are well placed to monitor the health of the patient and to give appropriate health care advice and provide feedback to the prescriber from The Forward Trust or CGL.
1. **Aims and intended service outcomes**
	1. To reduce opportunity for diversion and illicit supply (street leakage) of controlled drugs
	2. To ensure client compliance with prescribed medication
	3. Minimise the risk of harm to the patient and others, including reducing drug related deaths in the community
2. **Service outline**
	1. The pharmacy will offer a user-friendly, non-judgmental, patient-centred and confidential service.
	2. The service will require the pharmacist or other competent member of staff to supervise the consumption of the prescribed medication when indicated by the prescriber, ensuring that the dose has been administered appropriately to the service user.
	3. The prescriber will contact the service user’s chosen pharmacy prior to them attending the pharmacy, to ensure the pharmacy has capacity to take on a new service user. The prescriber will provide the Pharmacy with the service user’s details and a letter of introduction.
	4. The service user’s Care Coordinator/Keyworker will be responsible for obtaining their agreement to supervised consumption and provide a copy to the pharmacy with the introduction letter.
	5. On the first day that the service user presents at the pharmacy, the joint Supervised Administration Programme agreement (Appendix 4) should be discussed and a signature obtained from the service user to confirm their agreement. One copy should be given to the service user for reference, and one copy should be filed securely in the pharmacy. The service user should be provided with any relevant pharmacy information at this point such as time of day for supervised dispensing and the pharmacy opening times.
	6. The pharmacy will provide support and advice to the service users, including referral to other primary care services or specialist substance misuse services where appropriate.
	7. The pharmacy will continue to provide advice and support to service users who are moving from supervised consumption to daily pick-up and beyond; this may include referral back to the prescriber where appropriate.
	8. The Home Office has changed the approved wording on instalment prescriptions for Controlled Drugs. The pharmacist should be aware of the different wordings as listed below and ensure he/she dispenses 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.

1. Please dispense instalments due on pharmacy closed days on a prior suitable day.

2. If an instalment’s collection day has been missed, please still dispense the amount due for any remaining day(s) of that instalment.

3. Consult the prescriber if 3 or more consecutive days of a prescription have been missed.

4. Supervise consumption on collection days.

5. Dispense daily doses in separate containers.

* 1. When the service user arrives, the pharmacist will correctly identify the patient
	2. The service is provided within a community pharmacy in an area maintained to a professional standard. The supervision will take place where possible in a consultation room which, as a minimum, should:
* Allow the client to take the medication out of public view in a designated area offering suitable privacy
* Be soundproofed such that the client cannot be easily overheard when talking to the pharmacist

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* 1. 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 it presents to others.
	2. Methadone: The pharmacy 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.
	3. Buprenorphine, Espranor and Suboxone (Buprenorphine/Naloxone): The pharmacy will prepare the dose and place in a medication measure. 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 (on the tongue for Espranor). The medication should 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.

Crushing of tablets is Off Licence and therefore should not be undertaken unless the prescriber requires this. If required, the prescriber must write this on the prescription and both the prescriber and service user must be aware that this is Off Licence.

* 1. Methadone/Buprenorphine/Espranor or Suboxone may not be given to the service user’s representative unless previously authorised by the Doctor or prescriber/keyworker from The Forward Trust or CGL.

* 1. After each dispensing the pharmacist will make appropriate entries in the Controlled Drug Register and on dedicated IT system. Any unusual event should be reported to the provider The Forward Trust or CGL and if applicable an Incident Report may need to be completed.
	2. Patient information must be held securely in line with Data Protection protocols; the consent of the service user should be obtained prior to sharing information with any third party other than The Forward Trust or CGL
	3. Pharmacists and staff involved in the provision of the service must be aware of and operate within any locally agreed protocols and follow their company Standard Operating Procedures that cover the provision of this service.
	4. The service is delivered by an accredited pharmacist who is responsible for providing the services at the pharmacy in keeping with the published guidelines. If the accredited pharmacist permanently leaves the pharmacy in question, the new pharmacist should be trained as soon as is feasible.
	5. Pharmacy staff must be aware of local child, and vulnerable adult protection procedures. These must be followed at all times.
	6. The pharmacy will have appropriate health promotion material available for the users of the service and will promote its uptake.
1. **Brief harm minimisation and health promotion interventions**
	1. These will be undertaken by a pharmacist or other competent staff member and may encompass such areas as nutrition, safe storage and disposal of injecting equipment and substances (e.g. to avoid risk of injury to children).
* Safe injecting techniques
* Sexual health promotion
* Transmission of blood-borne viruses and vaccination programmes available
* Wound site management
* General healthcare and nutrition
* Safe storage and disposal of injecting equipment and substances (e.g. to avoid risk of injury to children)
* Taking measures to reduce harm, overdose and prevent drug-related deaths

All advice and information will be consistent with relevant recognised local and national good practice and should be supported with appropriate harm minimisation materials and/or literature.

1. **Data recording & Information Sharing**
	1. Once a prescription is completed, the service called “Supervised Consumption – Supervision” will be completed on dedicated It system. If this is the first time the service user has presented at the pharmacy the service called “Supervised Consumption- Registration” will need to be completed as a one-off activity before the supervision can be entered.
	2. Any single missed doses will need to be entered within 24 hours called “Supervised Consumption – Missed dose” on dedicated IT system. This will produce a report that will be automatically sent to the relevant The Forward Trust or CGL SPoC. This does not replace the need to contact the service by telephone if the service user has not attended for three days or you have an immediate concern for that patient. This service will allow The Forward Trust or CGL to keep an electronic record of when service users have not attended the pharmacy for their supervised medication.
	3. **Where the service user has not collected their medication for three consecutive days, the supply must be stopped and not be started again without the agreement of The Forward Trust or CGL Doctor, prescriber or keyworker.**
	4. All provisions will be recorded on dedicated It system. These records will be operated together with the Controlled Drug Records required by legislation.
	5. The Forward Trust and CGL will provide a framework for the recording of relevant service information for the purposes of audit and the claiming of payment via the web-based invoicing system.
	6. The contractor must have a system in place that ensures that messages are checked on a regular basis (at least weekly) on dedicated IT system and actioned appropriately as this may be the primary communication tool between The Forward Trust /CGL and pharmacies.
	7. The pharmacy providing the dispensing service will contact the prescribing service in any of the following circumstances:
* Drug related death in pharmacy premises
* Overdose and/or suspected overdose
* Incorrect dispensing of any controlled substance
* The service user is seen to be selling, swapping or giving away their controlled medication
* Following three consecutive failures to attend. Where three consecutive doses have been missed, the pharmacist will not supply a further dose and the service user should be referred back to The Forward Trust or CGL drug 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 intoxicated/ under the influence of drugs or 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.
	1. 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)
	2. The pharmacy will deal with any complaints sensitively and will report any complaints, comments or concerns to the contract manager as soon as possible.
	3. The information required to be reported on dedicated IT system may be developed to reflect the changing requirements of the provider or commissioners.
1. **Eligibility**
	1. The service is available to adults (aged 18 years or over) who are in receipt of prescribed substitute medication as part of a medically assisted active treatment programme for substance misuse where:
* Prescribing is undertaken by a prescriber at a The Forward Trust or CGL base
* Supervised administration is specified by the prescriber
* The individual is usually resident within East or West Kent.
1. **Accessibility**
	1. Selection of the pharmacy to provide treatment will be the decision of the service user but also subject to the nominated pharmacy agreeing to commence treatment.
	2. Service users will in effect register with a participating pharmacy for the duration of their treatment. Pharmacists will be required to provide on-going support during a period of Supervised Administration Programme, which will normally be up to 3 months, or until the patient transfers to another pharmacy at the direction of the prescriber.
	3. The contractor will ensure that there are no unreasonable or strict time restrictions imposed on the service user.
	4. The responsible pharmacist will take appropriate steps to ensure he/she is confident of the identity of the service user before supervising each dose – confirming by photo ID where possible.
	5. The responsible pharmacist will make an assessment that it is safe to supply the medication before supervising the dose.
2. **Quality indicators**
	1. The 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 The Forward Trust and CGL.

The contractor will have standard operating procedures. The pharmacist will review these standard operating procedures and the referral pathways for the service as per their company SOP’s update procedures or every 2 years

* 1. .
	2. The pharmacist or suitable member of staff will attend training and accreditation events organised by The Forward Trust and CGL.
	3. The pharmacy can demonstrate that pharmacists (including locums) and staff involved in the provision of the service will have sufficient knowledge of the service and are familiar with the requirements of this service specification.
	4. The pharmacy undertakes the supervision in an area that ensures a sufficient level of privacy and safety.
	5. The pharmacy co-operates with any local assessment of service and service user experience, including use of ‘mystery shoppers.
	6. The pharmacy provides harm reduction information to each client that accesses the service.
	7. The contractor should use their own judgement to ensure that there is 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.
	8. The contractor will ensure that appropriate professional indemnity insurance is in place.
	9. 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.
1. **Reportable Incidents**
	1. Reportable incidents (including dispensing errors and suspected breaches of the Controlled Drugs Regulations 2013) will be reported in line with national guidelines. The pharmacy will provide a copy of the Incident Report Form (Appendix 1) to the contract manager.
2. **Skills and Competency Framework**

The service provider will ensure that all practitioners and staff engaged in the delivery of this service are competent to do so. As a minimum, practitioners and staff will:

* It is a requirement for pharmacies signing up to this agreement to GPhC standards and should be aware of national guidelines and legalities regarding drug misusers and needle exchange services (NICE [www.nice.org.uk](http://www.nice.org.uk), GPhC <https://www.pharmacyregulation.org./standards-for-pharmacy-professionals>)
1. **Required Training**
	1. For the supervised consumption services the accredited pharmacist must have completed the CPPE DOC for Supervised consumption of prescribed medications and must keep this up to date in line with CPPE recommendations
	2. A representative from the pharmacy will be required to attend an annual The Forward Trust or CGL training event and update the knowledge of the Pharmacy Team.
	3. The Forward Trust and CGL should arrange at least one contractor meeting per year to promote service development with the Local Pharmacy Committee (LPC).
	4. Practitioners and staff must meet these minimum requirements within three months of joining the service and will need to be confirmed on dedicated IT system via enrolment. There will be a three- month grace period from the start of the service after this if not completed you will not be able to access the services.
2. **Use of Locum Pharmacists**
	1. The 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
	2. Where possible, the contractor should ensure that the pharmacy is staffed by a regular pharmacist/s. should a participating pharmacy be in a position where the pharmacy will be run on different locum pharmacists for more than 3 months, the contract manager must be informed.
	3. The Forward Trust and CGL has the right to withdraw the service from a pharmacy that is not staffed with regular pharmacists. Alternatively, The Forward Trust and CGL may impose additional conditions on the pharmacy in order for the pharmacy to remain providing the service.
	4. The Pharmacist 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.
	5. The contractor will ensure that appropriate professional indemnity insurance is in place.
	6. 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 The Forward Trust or CGL
	7. 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. **Payment arrangements**

|  |  |
| --- | --- |
| **Service Provided** | **Fee** |
| Supervised Consumption- Supervision Methadone |  £2.00 per dose inclusive of VAT |
| Supervised Consumption- Supervision Buprenorphine |  £2.10 per dose inclusive of VAT |
| Supervised Consumption – Supervision Espranor  |  £2.10 per dose inclusive of VAT |
| Supervised Consumption – Supervision Suboxone |  £2.10 per dose inclusive of VAT |

* 1. Payments will be made monthly upon input of the data onto dedicated IT system. Invoices will be paid monthly - the service contract and financial details will need to be completed and returned before any payments will be made.
	2. Fees will be paid on the basis of submitted claims into a bank account specified by the pharmacy.
	3. Contractors are responsible for entering accurate invoice claims data on the correct website.
	4. Use of the service will be reviewed on a regular basis and the service may be redeployed to an alternative location by The Forward Trust or CGL if uptake of the service is low. Either party wishing to terminate this agreement must give one month’s notice in writing**.** However, The Forward Trust and CGL reserve 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).
1. **Audit**
	1. The pharmacy will participate in audits of service provision organised by the contract manager, as and when required.
	2. Should the pharmacy be required to participate in an annual The Forward Trust or CGL organised audit of service provision they will be expected to deliver any action points reported on the audit within the agreed timescales.
	3. The pharmacy co-operates with any locally agreed The Forward Trust or CGL led assessment of service user experience, including use of mystery shoppers.
2. **Governance**
	1. It is implicit in the service being provided that it is delivered to the standard specified and complies with the legal and ethical boundaries of the profession.
	2. The pharmacy will provide The Forward Trust and CGL assurances of what Business Continuity Plan arrangements are in place to support exceptional circumstances e.g. adverse weather or travel conditions when asked/the situation arises.
	3. Should an issue be identified either through a visit by the contract manager or through any other means an action plan will be produced following the process below:
* The Forward Trust or CGL representative will identify any issues and will agree with the named pharmacist and an action plan will be created.
* The contract manager 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 contract manager will contact the pharmacy again once the agreed timescales have elapsed to confirm that the action plans has 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.

Please note that 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 the organizational CDAO, NHS England & Improvement and/or GPhC.

**Appendix 1: Incident Report Form**

**Once completed please the submit form to The Forward Trust (East Kent) or CGL (West Kent) immediately**

|  |
| --- |
| **Pharmacy details** |
| Pharmacy name |  |
| Pharmacy address |  |
| Pharmacy telephone number |  |
| Pharmacy fax number |  |
| Pharmacy email address |  |
| **Reporter details** |
| Full Name |  |
| Pharmacy role |  |
| Contact information |  |
| Date of writing report |  |
| **Incident details** |
| Date of incident |  |
| Time of incident |  |
| When were you made aware of the incident? |  |
| Where did the incident occur?(If not on pharmacy premises) |  |
| What exactly happened? (Give facts not opinion) |  |
| What immediate action was taken? |  |
| Degree of harm caused to individual | Near miss/no harm/low/moderate/severe/death |
| What were the contributing factors to the incident? |  |
| Has any action been taken or planned to prevent a recurrence? |  |
| In your view, what were the underlying causes or events which led to this incident? |  |
| What further action or support is needed to resolve this incident? |  |
| Please provide any further comments or information here |  |
| **Details of affected individual** |
| Name |  |
| Address |  |
| Telephone number |  |
| Date of birth |  |
| Does this person require feedback regarding the incident? |  |
| What outcome does this person expect?  |  |

**Appendix 2: List of East & West Kent Pharmacy Providers**

Name of Pharmacy 1

Address of Pharmacy

Telephone number of Pharmacy

Name of Pharmacy 2

Address of Pharmacy

Telephone number of Pharmacy

Name of Pharmacy 3

Address of Pharmacy

Telephone number of Pharmacy

**Appendix 3: Local Drug & Alcohol Service Providers**

**WEST KENT**

**Dartford, Gravesend, Maidstone, Sevenoaks, Tonbridge & Tunbridge Wells**

**CGL West Kent Drug & Alcohol Wellbeing Service**

Single Point of Contact (SPoC)

Mill House, Mill Street, Maidstone, ME15 6XH

Tel. **0330 128 1113**

Email. **WestKent.FirstStep@cgl.org.uk****.**

**EAST KENT**

**Ashford, Canterbury, Dover, Folkestone, Sittingbourne & Thanet**

**The Forward Trust East Kent Substance Misuse Service**

Out of Hours - Single Point of Contact Tel. 0300 123 1186

Email: **eastkent@forwardtrust.org.uk**

Ashford, Transport House, Drum Lane, Ashford TN23 1LQ

**Tel.01233 655360**

Dover, Maybrook House, Queens Gardens, Dover CT17 9AH

**Tel. 01304 248290**

Margate, Mill Lane House, Margate CT9 1LB

**Tel. 01843 233600**

Sittingbourne/Canterbury, 6 Park Road, Sittingbourne ME10 1DR

**Tel. 01795 411789**

**MEDWAY**

**Chatham, Gillingham, Rochester**

**Turning Point - MARS Substance Misuse**

423 Chatham, High Street, Chatham ME4 4N

**Tel. 0300123 1560**

Email: medwayreferrals@turning-point.co.uk

**YOUNG PERSONS SERVICE**

**We are With You – YP Kent**

Unit H, Jubilee Way, Faversham ME13 8GD

**Tel. 01795 500 881**

Email: yadmin@addaction.org.uk

**Appendix 4: Agreement for Supervised Administration Programme**

|  |  |
| --- | --- |
| **SERVICE USER NAME:**  | **DOB:** |
|  |  |

**This is a formal agreement to be completed between the Service User, The Forward Trust or CGL Prescriber, Care Co-ordinator/Keyworker; once completed a copy of this agreement should be provided to the Pharmacist.**

**We ask that you treat the pharmacy staff with respect at all times and adhere safely to your recovery plan:**

1. My prescription will be decided by my prescriber (Doctor/NMP), my Care Coordinator or Keyworker and me.
2. I understand that I can only obtain opiate substitute medication prescriptions from The Forward Trust in East Kent or CGL in West Kent.
3. When attending the pharmacy I will be expected to show some form of identification; I will be asked to produce photographic ID. I will remove hoods or hats if asked to in order to assist identifying me correctly.
4. The pharmacist, and practitioners from Forward Trust and CGL have the right to refuse to see me if they believe I am intoxicated/under the influence of drugs and/or alcohol.
5. I will attend the pharmacy on my own unless otherwise agreed.
6. I will not bring or use illicit drugs or weapons onto the pharmacy premises
7. All parties involved in this joint agreement will be treated with respect and dignity at all times.
8. I will collect my prescribed medication in person from the pharmacy named below on days specified by my prescription, between the times listed below (as it may not be possible to be seen if arriving late):

|  |  |
| --- | --- |
| **Pharmacy name** **Pharmacy address**: |  |
| **Medication to be collected/dispensed between the times**  | **From:****Until:**  |

1. I understand that I must collect my prescription on the specified days. If I am unable to collect my prescription I need to notify my Care Co-ordinator/Keyworker who will advise the pharmacy. I understand that no-one else can collect my medication unless pre-arranged with my Prescriber/Keyworker.
2. I understand if I do not collect a dose on the specified day and time, I will not be able to collect that dose at a later date.
3. If it is instructed by my prescription, I will consume my daily doses at the named pharmacy, under the supervision of the pharmacist. I will not leave the pharmacy premises until the pharmacist is satisfied the medication has been fully consumed.
4. If I wish to have my prescriptions dispensed at another pharmacy, this must be discussed and agreed with my Care Co-ordinator/Keyworker.
5. Any changes required due to work or holiday arrangements will need to be discussed and agreed with my Prescriber/Keyworker with at least 4 weeks’ notice.
6. I am responsible for all prescriptions and medication prescribed to me and if I should lose it or take it other than as directed it might not be replaced. I understand my medication is for my own personal use only. I understand I must take my medication and not share it with any other person.
7. I understand that if I do not collect my prescription for three or more consecutive days or if a missed pick-up results in three missed doses, the pharmacy **will not** dispense my medication until my treatment has been re-assessed.
8. I understand if there is a problem with the legality of my prescription the pharmacist will not be able to dispense on it.
9. I understand that healthcare professionals involved in my treatment have to assess risk on an ongoing basis and may have to ask questions about prescribed medication or irregular attendance to be able to dispense safety
10. On all occasions where a dose of medication is not collected from the pharmacy, this will be reported to the prescribing service at The Forward Trust or CGL by the pharmacist.
11. I agree to see my prescriber and Care Co-ordinator/Keyworker regularly and will keep all appointments, unless by prior arrangement. If I do not attend appointments my treatment will be reviewed in my absence.
12. I agree to inform the DVLA about the medication being prescribed
13. I understand it is my responsibility to store, transport and dispose of any medication or substances and paraphernalia safely this includes in the home where the definition of ‘safe’ is within a locked storage box.
14. I agree not to stock-pile any medication and return any unused medication to the pharmacy for destruction.
15. I understand that information regarding my treatment will need to be shared between the pharmacist, prescribing practitioner and my provider either The Forward Trust in East Kent or CGL in West Kent.
16. I understand that if the points above are not adhered to that the Doctor/NMP and Keyworker/Care Coordinator involved in my care and medically assisted treatment will ask me to attend an appointment to review my treatment and recovery plan.

**I have read, understood and agree to the conditions of this Supervised Administration agreement:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name & Contact Number** | **Signature** | **Date** |
| **Service User** |  |  |  |
| **East Kent** **The Forward Trust** **Prescriber/Keyworker** |  |  |  |
| **West Kent** **CGL** **Prescriber/Keyworker**  |  |  |  |
| **Pharmacist** |  |  |  |

* ***A signed copy should be retained by the Pharmacy and uploaded to PharmaOutcomes***