

ANNEX 4 – SPECIFICATIONS

Service Specification No.	
Service name	Supervised consumption of self-administered diversional opioids (methadone and buprenorphine) and naltrexone
Plymouth City Council Lead	Gary Wallace
Provider Lead	
Period	01 April 2013 – 31 March 2014
Date of Review	31 March 2014

I. Population Needs

I.1 National/local context and evidence base

The Plymouth Supervised Consumption Scheme is a harm reduction intervention, which aims to reduce drug related morbidity, drug related deaths and improve compliance. The effects of illicit drug use impact greatly on society and supervised consumption fits into a wider drug strategy to assist in the reduction of drug related harm to local communities and wider society.

Additional Definitions:

“Lead Pharmacist” means the pharmacist responsible for the organisational of this specification in the pharmacy or group of pharmacies.

“Lead technician” means the technician responsible for the day-to-day organisation of this service in the pharmacy where a responsible pharmacist is not present.

2. Key Service Outcomes

2.1 Insert any locally agreed outcomes and quality requirements

The service will contribute to the following city wide outcome:

Outcome	Indicator	Target	Reporting Mechanism
Successful Completion of Drug Treatment	Number of supervised consumption interventions	N/A	PCC Quarterly LES Report

3. Scope

3.1 Aims and objectives of service

To provide easy access for patients who require supervised methadone, buprenorphine or

naltrexone.

To assist in the reduction of drug related deaths.

To ensure that methadone, buprenorphine and naltrexone is taken in accordance with the prescribers instructions and thus prevent medication misuse and diversion to the illicit market.

To engage patients in treatment.

To engage pharmacists and the pharmacy team in the treatment package. Daily contact with the patient and pro-active working relationships between the pharmacy, patient, care co-ordinator and prescriber helps in the delivery of an integrated care programme for the patient.

To reduce the incidence of blood borne viruses such as hepatitis B, C and HIV through a reduction in the injection of illicit opioids.

To develop a team of community pharmacists who are appropriately trained to deliver supervised consumption services and extended services in line with the new pharmacy contract.

3.2 Service description/pathway

The pharmacy will present the medicine to the client in a suitable receptacle. The pharmacy will offer the patient water or engage the client in conversation after consumption of methadone to reduce the risk of the dose being held in the mouth. The pharmacy will provide the patient with water prior to supervision of buprenorphine to facilitate absorption.

The part of the pharmacy used for the provision of the service must provide a sufficient level of privacy and safety for supervised consumption to occur. The provision of a consultation room is desirable but not essential.

3.3 Population covered

Residents of Plymouth

3.4 Any acceptance and exclusion criteria or prioritisation criteria

There are no blanket exclusions to this service, Clients will be assessed on an individual basis.

3.5 Interdependencies with other services

Terms of agreement are set up between the prescriber, care co-ordinator, pharmacy and patient (4-Way Agreement) to agree how the service will operate, what constitutes acceptable behaviour by the patient, and what action will be taken by the prescriber and pharmacist if the patient does not comply with the agreement.

Pharmacy contractors and pharmacists will share relevant information with other healthcare professionals and agencies to support service improvement and clinical governance

requirements.

3.6 Any activity planning assumptions

The fee will be £2.00 per methadone or naltrexone supervised consumption and £2.50 per buprenorphine supervised consumption. This recognises the increased supervision time for buprenorphine-supervised consumption.

Each Pharmacy Contractor who manages clients or has managed clients in the financial year as part of this LES will be paid an annual retained fee of £100.00 in the fourth quarter.

3.7 Frequency and times of service

The pharmacy's normal working hours

3.8 Key Tasks

The pharmacy will have appropriate health promotion material available for the client group and promote its uptake.

The Pharmacy co-operates with any locally agreed NHS Plymouth-led assessment of client experience.

4. Applicable Service Standards

4.1 Applicable national standards eg NICE

All legal requirements and Royal Pharmaceutical Society of Great Britain (RPSGB) practice guidance for pharmacists providing instalment dispensing services to drug misusers

4.2 Applicable local standards

All pharmacies must have been accredited to provide this service via the Plymouth Prescribing and Pharmacy Governance Forum for Substance Misuse (PPGFSM) or whichever body replaces its functions.

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 the Policy Guidance and according to best practice.

This specification outlines the main themes involved in the supervised consumption of self-administered diversional opioids. Please refer to the Policy Guidance Document (v3.0) for more detailed guidance.

The Pharmacy will have a Standard Operating Procedure (s) (SOPs) for the service and shall review these annually or when appropriate in line with good practice e.g. following a significant event. Records shall be kept in the pharmacy of SOPs staff training and SOP reviews.

The pharmacy should maintain appropriate records to ensure effective ongoing service

delivery and audit. As a minimum this should include the completion of SCF 01 Form to record activity.

The pharmacy will report to Commissioners, as soon as is reasonably practicable (and timely in relation to the significance of the event)

The Pharmacy Contractor shall notify Commissioners, in writing, of any personnel changes or other material changes within the pharmacy offering the enhanced service that may impact significantly on service delivery, as soon as they become aware of such changes.

4.3 Staffing requirements

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 provision of the service.

Each community pharmacy or community pharmacy group must nominate a lead pharmacist to act as a service lead (see policy guidance document for further information). If a pharmacy is predominantly operated by part time or locum pharmacists and does not have a pharmacy based lead pharmacist then a lead technician should also be appointed.

The Pharmacy can demonstrate that the lead pharmacist and all regular pharmacists involved in the provision of the service have successfully completed the CPPE distance learning pack “Substance Use and Misuse” (August 2006) or “Opiate treatment: Supporting pharmacists for improved patient care” (pre-August 2006) and have completed the relevant local training (Part One Pharmacy Course).

The Pharmacy can demonstrate that all pharmacy staff involved in the provision of the service have attended the relevant local training.

4.4 Contract Monitoring and Management Arrangements

The Pharmacy will submit the PCC Quarterly Primary Care Enhanced Services Activity Report as instructed and within 30 days of the end of the quarter.

Commissioners will arrange at least ONE contractor meeting per year to promote service development and update the knowledge of pharmacy staff.

The pharmacy may be asked to participate in an audit of service provision for the enhanced service. Quality visits maybe unannounced.

5. Required Insurances

The pharmacy contractor and / or pharmacists are responsible for ensuring that professional indemnity insurance arrangements are in place for the operation of the enhanced service.