

# **SPECIFICATION FOR SUPERVISED CONSUMPTION OF PRESCRIBED OPIATE SUBSTITUTE MEDICATION FOR DRUG MISUSE TREATMENT**

**Service Commencement Date: 1 April 2017**

## **1. INTRODUCTION**

This Service Specification is part of and should be read in conjunction with the Public Health Services Contract, which provides a common framework for commissioning services from Pharmacies.

North Yorkshire Public Health Team commissions drug misuse treatment and recovery services across the North Yorkshire County Council footprint. Commissioning arrangements include the North Yorkshire Horizons Service (NYH), general practice based services, and pharmacy based services.

The overarching ambition is for commissioned services to provide individuals with the best chance of achieving and maintaining recovery from drug use and misuse and/ or alcohol dependence. This includes abstinence.

This specification describes the supervised consumption service for drug misuse. Supervised consumption means the observed consumption of opiate substitute medications by a pharmacist, following a prior request by a public health commissioned North Yorkshire prescribing service.

## **2. EVIDENCE BASE/ BACKGROUND**

Drug misuse and related complications pervade every part of society, regardless of social class. People misuse drugs across the whole country (HM Government, 2008), and the whole county of North Yorkshire ([National Drug Treatment Monitoring System](#)).

There is a strong evidence base to demonstrate that drug misuse causes and is associated with a wide range of harms, including early mortality and preventable morbidity (HM Government, 2008).

The effectiveness of well-delivered, evidence based treatment for drug misuse is well established. UK and international evidence consistently show that drug treatment, covering different types of drug problems, using different types of interventions, and in different settings, impact positively on drug use, offending, overdose risk, and the spread of blood borne viruses. The [National Treatment Outcomes Research Study](#) showed that for a significant proportion of those entering drug treatment (between ¼ and 1/3), drug treatment resulted in long-term sustained abstinence ([Department of Health, 2007](#)).

There is only one epidemiological study (often referred to as the 'Glasgow prevalence estimates', [Hay et al.](#)) which was commissioned to predict prevalence of drug misuse in England that provides individual Local Authority level prevalence estimates. Findings from the most recently published study (2010/11) show that the possible number of opiate and/ or crack misusers in North Yorkshire is 1,803, but the actual figure may lie **between 1,693 and 1,991** (95% confidence intervals); the rate per 1,000 population is predicted to be between **4.44 –5.22** (95% confidence interval).

The 2010 Drug Strategy (HM Government, 2010) marked a shift in national drugs policy. A fundamental difference between this strategy and previous strategies is *“that instead of focusing primarily on reducing the harms caused by drug misuse, our approach will be to go much further and offer every support for people to choose recovery as an achievable way out of dependency”*. An updated Drugs Strategy is due to be published imminently.

Recovery is a broad and complex journey that incorporates overcoming dependence, reducing risk-taking behaviour and offending, improving health, functioning as a productive member of society, and becoming personally fulfilled. These recovery outcomes are often mutually reinforcing.

Careless or unsanctioned use of methadone and other opiate substitute medications contributes to deaths due to overdose. For example during the 1990s methadone was implicated in as many drug related deaths in the UK as heroin. Recommendations were made for UK clinical practice to align with other countries, with the introduction of new arrangements for supervised consumption of opiate substitute medications including methadone ([NICE guideline \(TA114\) Drug misuse - methadone and buprenorphine](#)).

The UK clinical guidelines on management of drug misuse and dependence ([Department of Health, 2007](#)) outline the rationale for supervised consumption, as well as recommendations for clinical practice. The guideline recommends that all clients with a new opiate substitute prescription should receive daily supervised consumption to determine treatment compliance. It also recommends daily supervised consumption where a prescriber has increased the dose of the prescription. Whilst the duration of supervised consumption needs to be assessed on a case by case basis, taking into account compliance by the service user and their broader circumstances, the clinical guideline suggests that supervised consumption may last for around 3 months.

### **3. OUTCOMES**

In line with the NICE quality standards for [drug](#) and [alcohol](#) misuse, commissioned drug and alcohol treatment and recovery services across North Yorkshire will be high-quality and cost-effective.

The Commissioner wishes to achieve a change, as indicated below, in the following proxy outcome measures as a result of drug and alcohol service commissioning arrangements and broader public health activities across North Yorkshire. Commissioned services will not be directly performance managed against delivery of all of these proxy outcome measures, because the Commissioner acknowledges the complexity of circumstances and solutions that play a part.

***Public Health Outcomes Framework 2013-2016:***

- **Improving the wider determinants of health.**
  - **Re-offending levels (% of offenders who re-offend; average no. of re-offences per offender)** (expectation: downward trend in drug and alcohol related re-offences within a 12 month period following engagement with the specialist treatment service)
- **Health improvement.**
  - **Successful completion of drug treatment** (expectation: upward trend in completions/ total number in specialist treatment)
  - **Alcohol specific admissions to hospital.** The Commissioner will specifically monitor alcohol specific admissions to hospital by North Yorkshire residents (expectation: no further growth in trend of admissions for alcohol specific conditions)
  - **People entering prison with substance dependence issues who are not previously known to treatment** (expectation: yet to be determined by Public Health England)
- **Healthcare public health and preventing premature mortality.** Deaths of individuals in North Yorkshire that are potentially associated with drug and alcohol misuse are reviewed in line with the Drug and Alcohol Related Deaths Enquiry Protocol.

**4. AIMS AND OBJECTIVES**

**Aim:**

In line with all commissioning arrangements for the provision of adult drug and alcohol treatment and recovery services across North Yorkshire, the overarching aim of this service is to support individuals to recover from drug dependence, including abstinence.

## **Objectives:**

- To dispense prescribed medication(s) in specified instalments;
- To supervise the consumption of each dose of the prescribed medication(s) by the customer for whom it was prescribed (doses may be dispensed for the customer to take away to cover days when the pharmacy is closed);
- To monitor, record and report (where applicable) the customer response to prescribed treatment;
- To communicate with the North Yorkshire Horizons Service regarding the customer;
- To identify and directly address risks associated with drug misuse to customers and others;
- To encourage, support and facilitate customers engagement with the North Yorkshire Horizons Service;
- To promote and improve physical and mental health and wellbeing of drug users;
- To promote and support customers' recovery from drug dependence, including abstinence;
- To reduce diversion of prescribed opiate substitute medications onto the illicit market.

## **5. SCOPE OF THE SERVICE**

### **5.1 Service Outline**

#### **5.1.1 Eligibility criteria:**

- Individuals who have been prescribed Methadone, Buprenorphine and Buprenorphine-naloxone (Suboxone®) by North Yorkshire Horizons or a public health commissioned GP practice providing drug misuse shared care (refer to PharmOutcomes for list of commissioned services).

#### **5.1.2 Exclusion criteria:**

- This service does not fund individuals who are prescribed for by a service outside of the North Yorkshire County Council administration boundary (refer to PharmOutcomes for list of commissioned services).The Pharmacy will make contact with the out of area prescribing service to identify how they will be funded in these instances. The only exception to this is in instances where a service user is visiting North Yorkshire for a fixed term period of 1 month or less, in which case the Pharmacy may claim from the Commissioner via the Pharmoutcomes 'supervised consumption out of area' template.
- In cases where clinical judgment is discussed with a prescriber within North Yorkshire Horizons and/ or service user identity cannot be confirmed.

- The Pharmacy may withhold the service if there is a clinical or safety risk to the customer or staff member. The pharmacist will report immediately to the North Yorkshire Horizons service via Pharmoutcomes or the Single Point of Contact (01723 330730). The Pharmacist will report potential intoxication; missed doses; recommended need for re-titration etc.

### **5.1.3 Service description:**

The Pharmacy will:

- Maintain an accurate register of customers engaged in the service;
- Operate an accessible service on a drop in basis to meet local need;
- Facilitate a quiet, discreet and confidential area where consumption of opiates substitute medications can take place;
- Dispense and supervise consumption of the following opiate substitute medications when prescribed by a public health commissioned North Yorkshire service: Methadone, Buprenorphine and Buprenorphine-naloxone (Suboxone®);
- Assess and record clients' personal and supervision details in line with the Pharmoutcomes supervised consumption templates;
- Provide brief harm reduction advice during every supervision. Advice will be relevant to the customer's needs and may include overdose prevention advice;
- Ensure primary healthcare needs of customers are identified and addressed, making direct referrals to specialist services;
- Ensure customers' needs for other public health services delivered by the Pharmacy are identified and addressed;
- Promote and facilitate customers' engagement with North Yorkshire Horizons;
- To communicate identified concerns about customers directly with the North Yorkshire Horizons Service via Pharmoutcomes or the Single Point of Contact (01723 330730). The Pharmacist will report potential intoxication; missed doses; recommended need for re-titration etc.

### **5.1.4 Roles and responsibilities for delivery of the service:**

Whilst separately contracted, pharmacies providing the supervised consumption service for drug misuse are a component of the commissioned drug and alcohol treatment and recovery service across North Yorkshire.

#### **North Yorkshire Horizons will:**

- Ensure that the pharmacy agrees each customer's supervision arrangements prior to the supervision start date;
- Communicate changes to prescriptions that have already been issued for a customer;
- Provide a Single Point of Contact for clinical advice; and information, advice and guidance on drug and alcohol misuse;

- Provide access to Royal College of General Practitioner certificates in managing drug and alcohol misuse at a reduced rate, within North Yorkshire.
- Adhere to the guidelines presented in appendix 1 following an unforeseen pharmacy closure.

**The pharmacy will:**

- Communicate concerns regarding customers promptly and directly to North Yorkshire Horizons (01723 330730);
- Ensure adequate stock of aforementioned medications and communicate stock shortages promptly and directly with North Yorkshire Horizons;
- Find a suitable alternative pharmacy in the event of an unforeseen pharmacy closer and communicate with North Yorkshire Horizons service.
- Adhere to the guidelines presented in appendix 1 following an unforeseen pharmacy closure.

**6. PRINCIPLES AND STANDARDS**

**6.1 Principles**

The aim of the Dignity in Care campaign, launched by the Department of Health 2006, is to put dignity and respect at the heart of all health and care services. It states that all high quality services should embody and be mindful of the 10 point Dignity Challenge:

- Have a zero tolerance of all forms of abuse;
- Support people with the same respect you would want for yourself or a member of your family;
- Treat each person as an individual by offering a personalised service;
- Enable people to maintain the maximum possible level of independence, choice and control;
- Listen and support people to express their needs and wants;
- Respect people’s right to privacy;
- Ensure people feel able to complain without fear of retribution;
- Engage with family members and carers as care partners;
- Assist people to maintain confidence and positive self-esteem;
- Act to alleviate people’s loneliness and isolation;

**6.2 STANDARDS**

**6.2.1 Governance:**

The pharmacy will ensure:

- Compliance with all legal requirements associated with delivery of this service;

- Access to records and documents containing personal information relating to customers 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 customer information. Providers will only share information with other health care professionals and agencies in line with any agreed information sharing protocols;
- The client's identity is checked to ensure the prescription is dispensed to the correct person. If there is any uncertainty with the identity of the client then the pharmacist will contact the prescriber and the dose will be withheld until the customer's identity is confirmed.

### **6.2.2 Competence – substance misuse**

- Pharmacists and their staff will adhere to the standards and practice guidance set out by the GPhC for the provision of services to drug misusers.
- The Pharmacy will have at least one designated pharmacist, accountable for the delivery of the Service, who has completed the 'Substance Use and Misuse' (or successor) distance learning package, available from the Centre for Postgraduate Pharmaceutical Education (CPPE). This designated pharmacist will be identified to the Commissioner via PharmOutcomes within three months of commencement of delivery of the service. This includes completion of the Declaration of Competence. All new and locum pharmacists' providing the supervised consumption service will do so under accountability from the designated pharmacist unless they themselves hold the required qualification. The designated pharmacist will complete a recertification module if more than three years has elapsed since previous completion.
- Pharmacists may attend Royal College of General Practitioner training delivered within North Yorkshire by North Yorkshire Horizons.

## **7 MONITORING/PERFORMANCE INDICATORS**

### **7.1 Performance**

Data on activity and quality measures, such number of supervisions, provision of harm reduction advice and interventions, and referrals to North Yorkshire Horizons etc are captured via the PharmOutcomes *Supervised Consumption-Registration* and *Supervised Consumption-Supervision* templates.

Pharmacies will be compliant with all reporting requirements of PharmOutcomes.

The service will be reviewed as part of a public health service review meeting agenda item at the Community Pharmacy North Yorkshire Committee on a bi-annual basis.

## **7.2 Incidents and patient safety**

Pharmacies will report on the following using the *incident reporting facility* on Pharmoutcomes. If sufficiently serious and broader action may be required to mitigate further risk, pharmacies should contact Commissioners (Greg Hayward, 01609 536836) by telephone to discuss.

- All Serious Incidents within two (2) Business Days

The following will be reported by the Pharmacy in line with the applicable protocol:

- All drug and alcohol related deaths will be reported to Greg Hayward (Greg.Hayward@northyorks.gcsx.gov.uk), and the pharmacy will comply with the enquiry process and data collection procedure.

## **8. FINANCIAL**

Providers will be paid according to the following schedule:

### **Per Supervision**

The pharmacy will be funded on a retrospective basis, subject to completion of the Supervised Consumption templates on Pharmoutcomes for each customer:

- Methadone £1.50 per supervised consumption.
- Buprenorphine/Suboxone £2.45 per supervised consumption.

Where data is not submitted to the Commissioner by the due date each month, the Provider must notify the Commissioner of the reasons why this has occurred. Claims for payments are via Outcomes4Health (see Schedule 2 of the contract for further details). Claims can only be back dated for up to a 3 month period. The commissioner is at liberty not to reconcile payments to the provider beyond an 8 week period of the original submission date service.

## **References**

Hyperlinks to key reference documents are included throughout the document.



**NORTH YORKSHIRE HORIZONS CONTINGENCY MANAGEMENT PLAN FOR PHARMACY OST DISPENSING/SUPERVISED CONSUMPTION DURING UNEXPECTED PHARMACY CLOSURE**

The pharmacy will ensure that, in the event of an unexpected closure or a pharmacist being unavailable, alternative arrangements are made so that patients can continue to receive their OST medication dispensing either supervised or unsupervised. Pharmacies will be expected to have their own contingency management plans that should be applied to situations of this nature whereby cover is sourced internally, and would facilitate provision of a locum pharmacist should the usual dispensing pharmacist be unavailable.

In the event of an unplanned closure, the pharmacy will notify the Public Health Commissioning Team and North Yorkshire Horizons at the earliest opportunity, and as a minimum within three hours of the closure to inform them of the arrangements made. This notification should include a list of all patients due to attend that day and their prescriber. North Yorkshire Horizons will relay this information to prescribers and confirm whether arrangements for continuity of prescribing from alternative pharmacies is possible via the provision of specific prescriptions as a contingency arrangement.

In the event of an unexpected closure, North Yorkshire Horizons will do everything possible to help manage the situation, but there will sometimes be occasions where NYH are unable to fulfill due to geographical and staffing restraints.

**SERVICE OUTLINE – PHARMACY UNABLE TO OPEN AS USUAL DUE TO LACK OF PHARMACIST**

- Pharmacy Staff who are able to access the pharmacy that day – but where the dispensing pharmacist is absent – should identify prescriptions due that day for substance misuse patients.
- Pharmacy staff must inform North Yorkshire Horizons that they are not able to dispense that day or if dispensing hours will be reduced the confirmed time period that dispensing will be provided.
- Pharmacy staff should contact patients and advise that they will be unable to dispense as usual that day. If dispensing hours are reduced the patient should be advised to present for their medication as soon as possible before dispensing services cease. If this is not possible, or if pharmacy will not be offering dispensing services due to lack of pharmacist or pharmacy closure, the patient should be told that they will require a new prescription, and that they can be dispensed to from an alternative pharmacy – patient should be advised that they will need to take ID when they attend.
- If prescriber availability/location and time allows NYH prescriber arranges for a prescription to be issued and either collected by the patient or sent to/collected by the agreed alternative pharmacy. Collection by either pharmacy will be the preferred option in all cases in the first instance. In the event of an unexpected afternoon/evening closure, NYH will require notification no later than 1pm to realistically consider prescription requests. If notification is later than 1pm then NYH will be unable to consider the request.

- Where patients are not contactable, pharmacy staff must inform NYH who will make efforts to contact the patient and will notify the prescriber and both the usual and alternative pharmacy of the outcome.
- If patient is not collecting their alternative prescription where one has been raised, the patient will be advised that the prescription will be available at the alternative pharmacy and should be instructed to attend between 4pm – 5pm with their ID. The prescriptions are collected by the patient or the alternative pharmacy
- The patient presents at the alternative pharmacy with their ID and receives their medication.

#### **DUTIES OF PATIENT'S PHARMACY**

- The pharmacy should have robust business continuity arrangements
- The pharmacy should maintain up to date contact details for patients receiving medication for the treatment of substance misuse
- The pharmacy should have contact details for North Yorkshire Horizons and the North Yorkshire Public Health Commissioning Team.
- The pharmacy should have contact details for the pharmacies offering continuity arrangements
- The pharmacy must have systems in place to ensure that they do not dispense a second dose to a patient who has accessed an alternative pharmacy under this contingency management plan.
- The current prescription held at the patient's usual pharmacy should be appropriately endorsed where it has not been dispensed due to pharmacy closure or unavailability of pharmacist.

In the event of a pharmacy closure and these contingency arrangements being applied North Yorkshire Horizons will raise an appropriate SUI report to reflect the incident and the contingency arrangements made. Both North Yorkshire Horizons and the pharmacy will report the incident via the quarterly Local Intelligence Network (LIN) reporting mechanism.

#### **CONTACT DETAILS FOR NORTH YORKSHIRE HORIZONS PRESCRIPTION ADMINISTRATORS**

Maria Fiorillo – Scarborough/Harrogate

Khadijah Khanum – Northallerton/Selby/Skipton

SPOC contact number: 01723 330730

#### **North Yorkshire Horizons Hubs**

56-60 Castle Road, Scarborough, YO11 1XE

5 The Applegarth, Northallerton, DL7 8LZ

7 North Park Road, Harrogate, HG1 5PD

74-76 Gowthorpe, Selby, YO8 4ET

Mill House Bridge, 4A Mill Bridge, Skipton, BD23 1NJ

