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Public Health Enhanced Services

# **Supervised Consumption in Community Pharmacy**

2023/24

Service Specification

**APPENDIX A**

# **SERVICE SPECIFICATION**

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| **Service** | Supervised Consumption in Community Pharmacy |
| **Authority Lead** | Public Health, St. Helens Council |
| **Provider Lead** | Community Pharmacy |
| **Period** | 1st April 2023 – 31st March 2024 |
| **Date of Review** | Annual |

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| 1. **Population Needs** |
| * 1. **National Context and Evidence Base**   Drug misuse is a major source of harm in our local communities and that range of harm includes drug related crime and anti-social behaviour, deliberate self-harm, suicide, and, short and long-term damage to physical and mental health, harm to unborn babies, child neglect and early mortality, as well as increased risk taking in sexual behaviour. Many accidental injuries and road traffic accidents are attributable to substance misuse and it is linked to negative effects on the economy and incalculable misery for individuals and families.  The national Drug Strategy, From Harm to Hope (2021) aims to build on the prevention of drug misuse, supporting individuals to recover from dependence. This includes an approach that:  • Promotes a smarter, partnership approach  • Has a balance approach across three strands; reducing demand, restricting supply and building recovery.  • Expanding the data collected on levels of drug misuse and recovery from dependence and develop a set of jointly owned outcome measures to drive action across a broader range of local services.   * 1. **National Estimates of Prevalence – Drugs**   Information about the number of people who use drugs, specifically illicit drugs is key to formulating effective policies and to help inform service provision at a local level for tackling drug related harm as it is drugs such as heroin, opiates or crack cocaine that are associated with the highest levels of harm, these are known as OCUs (opiate and/or crack cocaine users).  UK prevalence estimates of OCUs\* are published by Public Health England, the latest estimate indicates that overall in 2016/17 there were 313,971 opiate and/or crack users in England; this corresponds to approximately 8.85 per thousand of the population aged between 15-64 yrs. The true extent of injecting drug use is difficult to determine, therefore PHE have not published the estimated number of injecting drug users for the last five years.   |  | | --- | | ‘OCU’ refers to use of opiates and/or crack cocaine, including those who inject either of these drugs. It does not include the use of cocaine in a powder form, amphetamine, ecstasy or cannabis, or injecting by people who do not use opiates or crack cocaine. Although many opiate and/or crack users also use these drugs it is very difficult to identify exclusive users of these drugs from the available data sources. |  * 1. **Local Context and Evidence Base**   St. Helens experiences significantly high levels of both alcohol and substance (drug) misuse related harm and the scale and challenge that we face in tackling this harm should not be underestimated.  In relation to drugs St. Helens have an entrenched cohort of people wo are addicted to heroin and who are highly resistant to change despite being presented with meaningful recovery options and an environment in which achieving abstinence is considered a credible option. As at Quarter 2 2022/23, **35.7**% of opiate clients currently in treatment have been in treatment for 6 years or more, compared to **34.5**% nationally *(Diagnostic Outcomes Monitoring Executive Summary)*. Many of these people have complex and multiple needs and are still some distance away from achieving recovery goals such as a stable family or fulfilling employment e.g. as at Quarter 2 2022/23, **83.0**% of opiate clients have been identified as having a mental health treatment need compared with the national average of **63.0**% *(Diagnostic Outcomes Monitoring Executive Summary).*  Research suggests that their slow progression may be due to the fact that they have experienced a combination of problems, including long-term social exclusion, very low educational attainment, childhood trauma and neglect (Bramley and Fitzpatrick, 2015); therefore it is essential that drug and alcohol challenges are not addressed in isolation and that all communities and public services tackle these challenges together.  Specialist community substance misuse services in St. Helens are currently delivered by one main provider (Change Grow Live (CGL)) from one main core delivery site (Lincoln House).  The specialist community treatment service work is supported by a range of partners that deliver ‘wraparound’ care, dedicated support for families, carers or significant others that are affected by substance misuse.  The system also consists of support from key primary care GPs and community pharmacists and support from acute services within Whiston Hospital.  Our local vision for the residents of St. Helens is to have a thriving community where health and wellbeing is part of a borough that is well, economically, socially and environmentally; where the harms caused by drug and alcohol misuse is prevented and reducing and where people who are affected by substance misuse can have the support that they need in a timely, effective and responsive way. The service will contribute to this by be being prevention focused and wellbeing centred.   * 1. **Local Estimates**   The latest prevalence estimates available from OHID, produced by Liverpool John Moores University (based on **2016/17** data), indicates that St. Helens had a 15-64-year-old population of **112,079** and has an estimated total number of **1,332** OCUs(with a 95% confidence interval of between 1,009 – 1,643).   |  |  |  | | --- | --- | --- | |  | Estimated Number of Users | Rate per thousand of the population | | OCUs | **1,332** | **11.88** | | Opiate | **1,168** | **10.42** | | Crack | **741** | **6.61** |   St. Helens has a higher estimated rate of both OCU (**11.9** per 1000) and opiate users (**10.4** per 1000) (15-64-year olds) than the North West (10.8 and 9.0 per 1000 respectively) and England (**8.9** and **7.4** per 1000 respectively). However, due to the uncertainty on the statistics, St Helens is not significantly different to the regional and national rates.  Based on the current estimates of prevalence, in 2020 OHID reported the following in relation to un-met need based on 2020 period;   |  |  |  | | --- | --- | --- | |  | St Helens un-met need | *National un-met need* | | Opiate | **42.3%** | ***53.7%*** | | Non-opiate | **36.3%** | ***46.9%*** | | Alcohol | **38.5%** | ***57.8%*** | | Alcohol and non-opiate | **75%** | ***82.4%*** |   During 2021/22 there were a total of **3028** presentations to Pharmacy Supervised Consumption sites, equating to a total of **383** individuals  Of the **383** individuals, **81**% were recorded as Methadone supervision and 19% were Buprenorphine. |
| 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 supervising the consumption of methadone and buprenorphine. 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.   2. Dispensing regimes are to be reviewed every 12 weeks by the pharmacy.   3. The pharmacy will offer a user-friendly, non-judgmental, client-centred, and confidential service.   4. 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”   1. 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. The consultation room must meet the [General Pharmaceutical Council (GPhC) Standards for Registered Premises](https://www.pharmacyregulation.org/standards/standards-registered-pharmacies) 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).   1. The pharmacy contractor will ensure that appropriate professional indemnity insurance is in place.   2. 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](https://psnc.org.uk/quality-and-regulations/the-pharmacy-contract/). |
| 1. **Aims and Intended Service Outcomes** |
| * 1. Where a service user commences on prescribing treatment, this phase is commonly referred to as titration. Service users should be on supervised consumption during the Medication Assisted Treatment (MAT) titration period. This should be reviewed to evidence the need for ongoing supervision after 4 weeks for Methadone and after 1 week on Buprenorphine.   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.   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 user’s details and treatment details in terms of strengths, quantities, and form of treatment to ensure they can get the relevant items in stock.   4. On the first day that the service user presents at the pharmacy, a contract between the client and pharmacy should be agreed and signed by a member of pharmacy staff and the client. A copy of this contract should be kept in the client’s file and a copy should be given to the client. The contract should include: * An outline of expected behaviour in and around the pharmacy; * Opening hours for service users to access services (this should be as flexible as possible to encourage retention); * The pharmacist’s right to contact the prescriber or named contact (Recovery Co-ordinator); * That missed doses cannot be dispensed at a later date; * That medication will not be automatically dispensed if a service user has missed three or more consecutive doses; * Medication will not be dispensed if the pharmacist suspects that there is drug or alcohol intoxication (the service users may be asked to return later or to contact CGL); * All service users offered a map of all active Supervised Consumption pharmacies in St. Helens. Please refer to **Appendix C** for information on how to access the map.   1. The prescribing service must be informed of a client’s failure to collect their medication on the same day of each dose missed and no later than the third missed pick up. This is especially important if a client is on a titration dose. 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 St. Helens on 01744 410752 and reporting to a member of the staff as well as the recovery worker.   2. 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*”.   3. 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 pharmacy staff of this.   4. 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.   5. **For supervision of Methadone**: 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.   6. **For supervision of** **Buprenorphine**: 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.   7. Crushing of tablets for Buprenorphine 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.   8. **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.   9. 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. |
| 1. **Service Outline for Supervised Consumption** |
| * 1. 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. 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.   3. 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.   4. The pharmacy will have appropriate health promotion material available for the service users of the service and promotes its uptake. The pharmacy should order sufficient materials to ensure continuity of the service. Promotional material on how to access the integrated substance misuse service (CGL), steroids and safer injecting can be obtained from CGL. Please refer to **Appendix D** for local contact information. |
| 1. **Brief Harm Minimisation and Health Promotion Interventions** |
| * 1. These will be undertaken by a pharmacist or other competent staff member to help signpost the service user to appropriate information and advice and may encompass areas such as: * safe injecting practices * sexual health promotion * transmission of blood-borne viruses and the benefits of BBV testing and Hep B vaccination * wound site management * nutrition * safe storage and disposal of injecting equipment and substances (e.g. to avoid risk of injury to children) * taking measures to reduce harm and prevent drug-related deaths * prevention of opioid overdose   1. Advice will be consistent with relevant recognised guidelines and good practice and should be supported with appropriate harm minimisation materials or literature signposted by Spectrum. |
| 1. **Data Recording and Information Sharing** |
| * 1. The pharmacy is required to maintain records of the service provided by inputting the information on to PharmOutcomes regularly. 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.   2. 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 CGL. The service will allow Public Health and CGL to keep an electronic record of when service users have not attended the pharmacy for their supervised medication.   3. These records will be operated together with the [Controlled Drugs Regulations](https://psnc.org.uk/contract-it/pharmacy-regulation/controlled-drug-regulations/) required by legislation.   4. The information required to be reported on PharmOutcomes, may be developed to reflect the changing requirements of the commissioner.   5. 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.   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 pharmacist will deal with any complaints sensitively and will report any complaints, comments or concerns to the CGL Nurse Clinical Lead or Service Manager as soon as possible. Please refer to **Section 12** under Governance for actions to be taken following a complaint or an issue of concern and **Appendix D** for local contact information. |
| 1. **Eligibility for Supervised Consumption** |
| * 1. Supervised Consumption will be available to CGL service users who have been assessed as suitable for this treatment.   2. Prescribing opiate substitute treatment is generally undertaken by CGL and Supervised Consumption is usually instructed at the start of treatment.   3. Public Health also support opiate substitute treatment by GPs as part of formal Shared Care arrangements with CGL within the St. Helens area.   .   * 1. CGL can provide a list of doctors and non-medical prescribers (NMPs) eligible to prescribe, by request.   2. Public Health can provide a list of GPs commissioned to deliver Shared Care (Drugs), by request.   3. For all other prescriptions presented for supervised consumption that sit outside the remit of this SLA please contact the CGL Nurse Clinical Lead or Service Manager. Refer to **Appendix D** for local contact information. |
| 1. **Accessibility for Supervised Consumption** |
| * 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.   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.   3. The pharmacist will take appropriate steps to ensure the identity of the service user before supervising each dose.   4. The pharmacist will make an assessment that it is safe to supply the medication before supervising the dose. |
| 1. **Quality Indicators** |
| * 1. 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. Please refer to **Appendix D** for local contact information.   2. Pharmacists will need to meet the expected training requirements as outlined under **Section 12**.   3. The pharmacy contractor for each pharmacy should be able to demonstrate to Public Health upon request that pharmacists (including locums) and staff involved in the provision of the service have sufficient knowledge of the service and are familiar with the requirements of this service specification. This could include but is not limited to pharmacy team meeting minutes, training logs etc.   4. The pharmacy undertaking the Supervised Consumption must ensure a sufficient level of privacy and safety for its service users.   5. The pharmacy provides harm reduction information to each service user that accesses the service.   6. The pharmacy contractor must have a system in place that ensures that messages are checked on a regular basis (at least weekly) on PharmOutcomes and actioned appropriately as this is the primary communication tool between Public Health and St. Helens pharmacies.   7. The pharmacy contractor should ensure that there are adequate support staff, including staff specifically trained to support the Supervised Consumption 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 pharmacy 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](https://psnc.org.uk/quality-and-regulations/the-pharmacy-contract/). |
| 1. **Skills and Competency Framework Including Required Training** |
| * 1. The accredited pharmacist will ensure that all practitioners and staff engaged in the delivery of this service are competent to do so.   2. 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. The declaration will need to be confirmed on PharmOutcomes, by the accredited pharmacist via enrolment.   3. The accredited pharmacist must meet these minimum requirements within six months of joining or renewing the service, and this will need to be confirmed on PharmOutcomes, via enrolment within this three-month period.   4. Other pharmacy staff delivering Supervised Consumption must have been trained and given relevant information by the accredited pharmacist.   5. The Local Pharmacy Committee (LPC) hold a series of events, which will include matters relating to medicines management, sexual health and sexually transmitted infections, HIV and Hepatitis C transmission, Hepatitis B immunisation and Naloxone. The accredited pharmacist is encouraged to attend a training event on a bi-annual basis (every 2 years). |
| 1. **Absence of Accredited Pharmacist** |
| * 1. The pharmacy contractor has a duty to ensure that staff and other pharmacists, including locums, involved in the provision of the Supervised Consumption 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 this is not possible and the locum is either expected to be in place for a period of 28 days or more, or is regularly contracted to work at the site on a frequent basis, the service provider will: * notify the CGL Clinical Lead and * ensure that the locum pharmacist has undertaken the relevant training as outlined in this specification.   1. The pharmacy contractor should ensure that there are adequate support staff, including staff specifically trained to support the Supervised Consumption 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. |
| 1. **Payment Arrangements** |
| * 1. All pharmacies are responsible for entering accurate claims data onto [PharmOutcomes](https://pharmoutcomes.org/pharmoutcomes/). Payments will be made monthly upon input of the data onto PharmOutcomes. Invoices will be generated automatically by PharmOutcomes on the 6th of the month. The service contract and financial details will have needed 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.  |  |  | | --- | --- | | **Service Provided** | **Fee** | | Supervised Consumption – Methadone Supervision | £30 per client | | Supervised Consumption – Buprenorphine Supervision | £50 per client | | Supervised Consumption – Espranor Supervision | £50 per client |   PharmOutcomes will allow data to be entered and claimed retrospectively for 2 months.   * 1. Use of the service will be reviewed on a regular basis and discussed with the LPC, with opportunity for resolution of which the LPC can provide support to the contractor if required. Either party wishing to terminate this agreement must give 30 days’ notice in writing. Public Health 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). |
| 1. **Audit** |
| * 1. When the pharmacy is required to participate in an annual audit of service provision, they will be expected to deliver any action points reported on the audit within the agreed timescales.   2. The pharmacy will co-operate with any locally agreed Public Health led assessment of service user experience, based on service user feedback outlined in **Appendix B**. |
| 1. **Governance** |
| * 1. It is implicit that the service provided will be delivered to the standard specified and complies with the legal and ethical boundaries of the profession.   2. Reportable incidents or any concerns on any matters relating to the service should be made to the CGL Clinical Lead. All incidents will be investigated by the Clinical Lead who may require further details from pharmacy staff to help with the investigation. * The pharmacy contractor or accredited pharmacist, alongside the Clinical Lead, will agree on an action plan which will be actioned within an agreed timeframe, where relevant, to safeguard against further incidents of the same nature * If the nature of the concern remains unresolved the Clinical Lead will inform the LPC for advice and will keep the LPC informed on the process. |
| 1. **Updates** |
| * 1. Public Health 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 PharmOutcomes. |

**APPENDIX B**

# **SERVICE USER FEEDBACK**

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| **Service User Involvement** |
| Community Pharmacies will take all reasonable measures to ensure that service users & carers have a right to full involvement in decisions which affect their life, including the choice of a particular form of treatment or care.  The entire model of delivery will be informed by and developed with service user, carer and family involvement. The Pharmacy must ensure that there are both formal and informal mechanisms for finding out what matters to service users, their families, carers and significant others. These mechanisms will supplement existing arrangements such as compliments and complaints reported to Public Health.  Pharmacies are encouraged to invite all service users and anyone accessing the service on behalf of someone else to provide feedback if they wish to, including making anonymous complaints where necessary. Anyone wishing to provide feedback should be asked to scan the attached QR code using the camera a mobile device:    All service user feedback will be compiled into an annual report of service user satisfaction and shared with pharmacies upon request. |

**APPENDIX C**

# **MAP OF ACTIVE PHARMACIES**

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| **Locations of Supervised Consumption Pharmacies in St. Helens** |
| Should a service user request information regarding pharmacies in St. Helens actively providing Supervised Consumption, please share a copy of the attached map.    Service users may also access this map electronically by scanning the attached QR code using the camera on a mobile device. |

**APPENDIX D**

# **LOCAL CONTACT INFORMATION**

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| **Contact Information** |
| **CGL, Clinical Lead Nurse NMP**  Sharon O’ Donnell  [sharon.odonnell@cgl.org.uk](mailto:sharon.odonnell@cgl.org.uk)  **CGL, Service Manager**  Rachel Fance  [rachel.fance@cgl.org.uk](mailto:rachel.fance@cgl.org.uk)  01744 410752  **CGL**  Lincoln House  80 Corporation Street  St Helens  Merseyside  WA10 1UQ  <https://www.changegrowlive.org/integrated-recovery-service-st-helens/info>  **Footsteps, Family Support for Drugs and Alcohol abuse**  Peter Street Centre  Peter Street  St. Helens  WA10 2EQ  01744 808212  <https://www.footstepsforfamilies.org.uk>  **Hope Centre, Homelessness Day Centre**  41-43 Corporation Street  St. Helens  WA10 1ED  01744 20032  [info@hopecentre.org.uk](mailto:info@hopecentre.org.uk)  <https://hopecentre.org.uk>  **St. Helens Council, Public Health Practitioner**  Barry Akehurst  [barryakehurst@sthelens.gov.uk](mailto:barryakehurst@sthelens.gov.uk)  [publichealth@sthelens.gov.uk](mailto:publichealth@sthelens.gov.uk) |

**APPENDIX E**

# **CHARGES**

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| **Pharmacy Fees** |
| Payments will be made to the Pharmacy on a per service user (not per supervision) basis as follows:  A payment of £30 per month per service user will be made for supervision consumption of Methadone.  A payment of £50 per month per service user will be made for supervision consumption of Buprenorphine or Espranor.  Drug Costs are not part of current contract.  In the event of nil activity during the calendar month, it is the responsibility of the pharmacy to submit a ‘nil return’ on PharmOutcomes.  Payment Notes   * PharmOutcomes enables real time data (including claims) to be seen by both the Pharmacy and the Council. * Payments will be made by the Council monthly in arrears by BACS. * Payment is based on the number of Transactions. * Payment of £30 per service user under Methadone supervision or £50 per service user under Buprenorphine/Espranor supervision. * Payment will be made to the Pharmacy on a per service user basis. (Please note payments will not be made on a per supervision basis). * It is the responsibility of the pharmacy to claim for any payments. * Payment is subject to adherence to the terms of the service specification. * Pharmacies should ensure that all activity is uploaded onto PharmOutcomes by the 6th of each month to enable claims to be processed for payment by the Council from the 10th of each month. * The Council will not reimburse claims for activity that is over 3 months old, so pharmacies need to ensure that activity is uploaded onto PharmOutcomes on a regular basis. |

**APPENDIX F**

# **SAFEGUARDING POLICIES**

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| **Local Safeguarding Information** |
| Safeguarding Policies and reporting will be in line with St. Helens Council Public Health Contract requirements.  The Provider shall ensure all staff are aware of, trained to a level appropriate to their role and abide by guidance and legislation on Safeguarding (children and adults). The Service Provider should ensure that staff are aware of and abide by:  St. Helens Safeguarding Children Board’s Multi-Agency Policy, Procedures and Good Practice Guidance. A copy of the latest Edition is available on the Board’s website (<https://sthelensscb.proceduresonline.com/chapters/docs_library.html>).  St. Helens Safeguarding Adults Board’s Multi-Agency Safeguarding Policy, Procedures and Good Practice Guidance. A copy of the latest Edition is available on the Board’s website (<https://sthelens.gov.uk/article/3523/Safeguarding-Adults-Board>) |

**APPENDIX G**

# **INCIDENTS REQUIRING REPORTING PROCEDURE**

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| **Local Safeguarding Information** |
| **Serious Untoward Incidents (SUIs)**   |  | | --- | | Reporting of SUI will be in line with St Helens Council Public Health Contract requirements. |   The Service Provider must report all serious and untoward incidents, complaints and compliments to Public Health. Whilst compliments and less serious complaints can be reported as part of monthly or quarterly routine data submissions, serious untoward incidents must be reported at the first available opportunity to the Public Health Practitioner and within any case, within 48 hours.  Serious Untoward Incidents include but are not restricted to:   * Incidents which in any way compromise the safety of service users or staff, including incidents of abuse/violence and how managed * Emergencies leading to service restrictions or closures * Staff vacancies causing service disruption (cover or minimum safety)   The Service Provider must deliver a robust Management Board Action Plan to Public Health, detailing the response to the incident and steps that will be taken to remove or minimise future risk.  **Adverse Incident or Near Miss**  In the advent of any ‘adverse incident’ or ‘near miss’ the pharmacy must complete their own appropriate incident reporting form and demonstrate that the pharmacy has learnt from the incident. |

**APPENDIX H**

# **DATA AND INFORMATION PROVISION**

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| **Supervised Consumption - Client Registration Form** |
| |  |  | | --- | --- | | Practitioner Name: |  | | Registration Date: |  | | Client unique ID: |  | | Gender: |  | | Ethnicity: |  | | Postcode: |  | | Full postcode provided? |  | | Postal outcode: |  |  |  |  |  | | --- | --- | --- | | Is client in structured treatment? |  | | | First Injected on: |  | | | Last Injected: |  | | | What is the usual source of needles/ paraphernalia? |  | | | Have you ever shared needles? (If yes, counsel on BBV risk) |  | | | Ever shared needles? |  | | | Primary drug use – Tick all that apply: | Declined to respond  Heroin  Cannabis  Crack  Cocaine  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Crack and Heroin  Methadone amps  Amphetamines  Benzodiazepines  Performance Enhancers |   **Hepatitis B Vaccination status**  **Have you been vaccinated against Hepatitis B?**   |  |  | | --- | --- | | Hep B vaccination status: | Vaccinated  Not vaccinated  Declined to respond | | Last BBV test: | Within last month  Last 3 months  Last 6 months  Last Year  More than a year  Never  Declined to respond | | Relevant notes: |  | |

**APPENDIX I**

# **PERFORMANCE MONITORING**

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| **Provider Performance Review** |
| St Helens Council, Public Health shall identify a member of staff who will provide a single point of contact for St Helens for performance and service effectiveness issues. Please refer to **Appendix D** for local contact information.  It is not necessary for Community Pharmacies to attend regular review meetings with Public Health. A Public Health Practitioner will monitor all Enhanced Services activity via PharmOutcomes and service user satisfaction via the feedback received outlined in **Appendix B**.  All messages regarding service activity and service user feedback will be communicated via PharmOutcomes.  The service provider will meet with the Public Health Practitioner to review service performance, if required. The decision to visit a community pharmacy will be determined by feedback from service users, quarterly performance monitoring data, or joint working with the LPC.  It is expected that all outcomes identified in **Section 3** are met. |