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| **Service Specification No.**  | **3** |
| **Service** | **Supervised Consumption for Drug Users** |

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| **1. Population Needs** |
| **1.1 National/local context and evidence base**Drug misuse is a major source of harm in our local communities resulting in a range of harm including drug related crime and anti-social behavior, 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 behavior. 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.Drug misuse is a major source of harm in our local communities resulting in a range of harm including drug related crime and anti-social behavior, 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 behavior. 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 Governments [From Harm to Hope Drug Strategy](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1079147/From_harm_to_hope_PDF.pdf) (2021) sets out a ten year drugs plan to cut crime and save lives delivering a world class treatment and recovery services that aims to:* Reduce overall drug use
* Reduce drug related crime
* Reduce drug related deaths and harms
* Reduce the levels of drug supply
* Improve recovery outcomes
* Increase engagement in treatment

The government aim to boost the sectors health professional workforce and expand evidence-based treatments and interventions which include the provision across pharmacies to provide supervised consumption of prescribed opiate substitution medication for drug misuse treatment. A local outcomes framework has been implemented by the Office for Health Improvement and Disparities to provide key information to monitor local performance and activity against the key objectives outlined within the National Drug Strategy. **Local context:**The latest prevalence estimate available from Public Health England, produced by Liverpool John Moores University (based on 2016/17 data), **indicates that Knowsley had a 15–64-year-old population of 95,572 and has an estimated total number of 1,145 Opiate and Crack Users (OCUs)** (with a 95% confidence interval of between 853 –1,421). Therefore, it is estimated that per thousand of the population Knowsley has 12.0 OCU’s compared to the national average of 8.9 OCU’s per thousand of the population.

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|  | Estimated Number of Users | Rate per thousand of the population |
| **OCUs** | 1,145 | 11.98 |
| **Opiate** | 969 | 10.14 |
| **Crack**  | 646 | 6.76 |

**Unmet need for Opiate and/or crack users (OCU) within Knowsley:**

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| **Unmet need** | **2017/18 (%)**  | **2018/19 (%)**  | **2019/20 (%)**  | **2020/21 (%)**  | **2021/22 (%)**  |
| Not in treatment (% is a point estimate) | 52 | 53 | 55 | 56 | - |
| In treatment (% is derived from a point estimate) | 48 | 47 | 45 | 44 | - |

Unmet need data across OCU in Knowsley provides prevalence estimates of the number of opiate and/or crack users that are in need of specialist treatment and the rate of unmet need gives the proportion of those not currently in treatment. Prevalence data of OCU users past 2016/17 are not available yet the rate of unmet need figures between 2017/2018 -2020-21 have been estimated using the available OCU 2016/17 prevalence estimates. |
| **2. Key Service Outcomes** |
| See aims and objectives below. |
| **3. Scope** |
| **3.1 Aims and objectives of service**To ensure compliance with the agreed treatment plan by:* Dispensing in specified instalments
* Ensuring each supervised dose is correctly consumed by the patient for whom it was intended.

The pharmacy should maintain appropriate records of exchange activity to ensure effective ongoing service delivery and audit. All records will be recorded on the Pharmoutcomes system.To reduce the risk to local communities arising from:* Over usage or under usage of medicines
* Diversion of prescribed medicines onto the illicit drugs market and accidental exposure to the supervised medicines

To provide Service Users with regular contact with substance misuse professionals and to signpost them to access further advice or assistance.**3.2 Service description/pathway**Supervision of consumption by an appropriate professional provides the best guarantee that a medicine is being taken as prescribed. Following the introduction of supervised consumption in England and Scotland, methadone-related deaths reduced fourfold (Strang et al 2010).NICE guidance identifies supervised consumption as a recommended option for maintenance therapy in the management of opioid dependence.For this to be successful within a community pharmacy setting Methadone and Buprenorphine should be administered daily, under supervision, for at least the first 3 months. Supervision should be relaxed only when the Service User’s compliance is assured. Both drugs should be given as part of a programme of supportive care.UK Drug Misuse and Dependence Clinical Guidance and NICE guidance relating to the supervised consumption of drugs can be found below: <https://www.nice.org.uk/guidance/ta114/chapter/1-guidance><https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/673978/clinical_guidelines_2017.pdf> **3.2.1 Service description**The service will require the Provider to supervise the consumption of prescribed medicines at the point of dispensing in the pharmacy, ensuring that the dose has been administered to the Service User.The Provider will provide support and advice to the Service User, including referral to primary care or specialist centres where appropriate.This service is concerned with the consumption of methadone, buprenorphine and espranor, as well as other medicines used for the management of opiate dependence.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 opiate substitute medications when prescribed by a drug and alcohol integrated service that is commissioned by Knowsley Metropolitan Borough Council Public Health.
* 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.
* The Pharmacist will report potential intoxication; missed doses; recommended need for re-titration etc.

**3.2.2 Pathway**Each Service User will be allocated to a participating Provider by the Authority’s community drugs/alcohol service. It is expected that Service Users will use only the allocated Provider except in exceptional circumstances.All new Service Users newly titrated to an opiate substitute will be initially placed on daily supervised consumption. This will be reviewed in co-production with the community drug service’s medical officer and the Service User.The Provider will present the medicine in a suitable ***labelled receptacle*** and will provide the Service User with water to facilitate and/or reduce the risk of doses being held in the mouth.**3.2.2.1 Missed Prescription Collection**When a Service User misses a ‘pickup’ or misses several ‘pickups’ in a short period this can be an early warning sign that the Service User may be having difficulties, may be using illicit drugs or may have relapsed. Therefore, the Provider will inform the Authority’s community drugs/alcohol service whenever a Service User has missed two or three ‘pickups’.If a Service User misses three or more ‘pickups’ on consecutive days or misses a Friday collection for example which includes Friday, Saturday and Sunday doses, **the prescription *should not* be dispensed**, as there is a risk of overdose due to a reduction in tolerance levels and the Provider must notify the Authority’s community drugs/alcohol service, so the treatment programme can be restarted.**3.2.2.2 Receipt of prescriptions**Every time a prescription is posted it is accompanied by a prescription confirmation letter that is sent to the Provider. This is to be signed and faxed, emailed via a secure NHS mail back to the Authority’s community drugs/alcohol service by the Provider to confirm that the envelope has been received.**3.3 Population covered**Service users in treatment with Knowsley Integrated Recovery Service.**3.4 Any acceptance and exclusion criteria and thresholds**None.**3.5 Interdependencies with other services**The Provider will share relevant information with other substance misuse professional and agencies, in line with locally determined confidentiality arrangements.**3.6 Any activity planning assumptions**None. |
| **4. Applicable Service Standards** |
| **4.1 Applicable national standards e.g., NICE**NICE guidance identifies supervised consumption as a recommended option for maintenance therapy in the management of opioid dependence.For this to be successful within a community pharmacy setting Methadone and Buprenorphine should be administered daily, under supervision, for at least the first 3 months. Supervision should be relaxed only when the Service User’s compliance is assured. Both drugs should be given as part of a programme of supportive care.UK Drug Misuse and Dependence Clinical Guidance and NICE guidance relating to the supervised consumption of drugs can be found below: <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/673978/clinical_guidelines_2017.pdf> <https://www.nice.org.uk/guidance/ta114/chapter/1-guidance>**4.2 Training**Staff involved in the provision of the service must have undertaken relevant training in the delivery of the service. The pharmacist must satisfy the requirements of the CPPE self-declaration of competence for “supervised consumption of prescribed medicines” and complete a declaration of competence which can be located [here](https://www.cppe.ac.uk/services/docs/supervised%20consumption%20of%20prescribed%20medicines.pdf): **Suggested training to deliver this service:**  [Substance use and misuse (July 2021)](https://www.cppe.ac.uk/programmes/l?t=Substance-E-02&evid=53231): CPPE e-Course[Substance use and misuse (2023): CPPE](https://www.cppe.ac.uk/programmes/l?t=SubstanceEC-A-03&evid=56790)- e- Assessment [Addiction, misuse and dependency (June 2017)](https://www.cppe.ac.uk/programmes/l?t=Addict-E-02&evid=53098): ***A focus on over-the counter and prescribed medicines:***CPPE e-learning module **By agreeing to provide this service, the pharmacy is providing assurance that staff are competent and a CPPE declaration of competence has been completed by the pharmacist.****4.3 Applicable local standards*** The Provider will offer a user-friendly, non-judgemental, client centred and confidential service.
* The Provider must provide supervised consumption on all of the days that the pharmacy is open for business.
* The part of the pharmacy used for provision of the service provides a sufficient level of privacy and safety.
* The Provider will ensure that Staff involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service.
* The Provider will maintain appropriate records to ensure effective ongoing service delivery and audit.
* The Provider should consider access to flu vaccination for this vulnerable cohort.
* The Authority will arrange at least one Provider meeting per year to promote service development and update the knowledge of Staff.
* The Authority will provide details of relevant referral points, which Staff can use to signpost Service Users who require assistance.
* The Provider will undertake relevant risk assessment and take appropriate action to reduce cross contamination.
* The Provider must review its standard operating procedures and the referral pathways for the service every two year.

The Provider must demonstrate that Pharmacists have undertaken training and signed a declaration of competence relevant to this service e.g., **CPPE substance use and misuse distance learning programme.**The Provider will participate in any audit of service provision.The Provider will co-operate with any assessment of service user experience.**4.4 Invoicing & Payments*** In order to comply with data collection and invoicing requirements pharmacies will ensure that each exchange is recorded on the Pharmoutcomes system.
* Pharmacies are responsible for keeping service user records up to date via Pharmoutcomes.
* Invoices for the previous month’s exchange activity will automatically be generated through the Pharmoutcomes system on the 7th day of each month. It is the Provider’s responsibility to ensure that all activity is recorded on Pharmoutcomes prior to this date.
* Payment will be made via BACS to the bank account details provided.
* In order to comply with data collection and invoicing requirements pharmacies will ensure that each supervised consumption is recorded on the Pharmoutcomes system.
* Pharmacies can claim £40 per client per month who are in receipt of OST via supervised consumption.
* Ensure that the following information is uploaded to Pharmoutcomes on every occasion:
* Number of supervised consumptions per calendar month
* Service Users Initials
* Service Users Age
* Therapy type
* Day/date of attendance
* Details of supervision
* Reason for refusal (if appropriate)

Ensure that the following information is uploaded to PharmOutcomes upon completion of a wellbeing check in:* Service Users Initials
* Service Users Age
* Contact details checked Y/N?” completed
* Origin of wellbeing check in (GRP/Provider/SU)
* Reasons for wellbeing check in (Day/date of attendance
* Reason for refusal (if appropriate)
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