Service Specification

Hampshire

Pharmacy-based Drug Treatment Service

The service to be delivered

Needle & Syringe Programme

The Service Provider will expand the scope and size of the existing NSP provision to deliver 110 sites across Hampshire. The service will compromise a mix of level 1, 2 and 3 sites (as defined in NICE PH18) and will be configured as shown:

Level of Service	Key Elements of Service	Fees available
1	• Registration of NSP clients • Supply of pre-packed needle exchange packs • Receipt and secure storage of used injecting equipment • Supply of printed harm minimisation literature • Sign-posting to Level 2/3 sites, Primary Care, GUM services and to specialist drug treatment services • Data recording and upload via web-based tool (NB – this level of service is intended as emergency provision only. Regular users should be supported to engage with Level 2/3 sites)	• £1.50 fee per transaction
2	• Registration of NSP clients • Supply of comprehensive range of injecting equipment on a user-led 'pick and mix' (bespoke) basis • Receipt and secure storage of used injecting equipment	• £1.50 fee per transaction

	• Provision of one-to-one brief harm minimisation and health promotion interventions (including advice and information on how to reduce the harms caused by injecting drugs) • Sign-posting to GUM services and Primary Care • Referral to specialist drug treatment services • Data recording and upload via web-based tool	
3	• Registration of NSP clients • Mini Health Check (to include wound site management check) • Blood-borne virus testing (dry-blood spot) and post-test counselling • Supply of comprehensive range of injecting equipment on a user-led 'pick and mix' (bespoke) basis • Receipt and secure storage of used injecting equipment • Provision of one-to-one brief harm minimisation and health promotion interventions (including advice and information on how to reduce the harms caused by injecting drugs) • Sign-posting to GUM services and Primary Care • Referral to specialist drug treatment services • Data recording and upload via web-based tool	• £1.50 fee per transaction • £25 fee per Mini Health Check • £15 fee per BBV test

Overview & Service Principles

The philosophy of the service is one of Harm Reduction, which is crucial to the successful delivery of the service. The aim is to reduce the harm associated with injecting drug use without moralising or judging the injecting drug user in any way.

Importantly, harm reduction does not attach the requirement of abstinence but instead emphasises safe practice. The provision of sterile injecting equipment (particularly syringes and needles) is seen as an important public health measure and is endorsed by Public Health England and the Royal Pharmaceutical Society of Great Britain.

Service Outline – All Levels

The supply of needles and syringes and paraphernalia should be tailored to the injecting behaviour and drugs used as is commensurate with reducing the harm associated with the practice of injecting drug misuse.

The part of the pharmacy used for the provision of the service must provide a sufficient level of privacy and safety for service users and other members of the public accessing the pharmacy.

The pharmacy staff will issue injecting equipment in an unmarked bag and hand it to the client in the same way as they would a prescription.

The pharmacy will deal with any complaints sensitively and will report any complaints, comments or concerns (professional or patient) to the Service Provider as soon as possible in accordance with the Service Provider's agreed Complaints Management Protocol. It is noted that many clients may be reluctant to register official complaints and pharmacy staff should encourage them to make use of this and of any other mechanism.

The pharmacy will have appropriate health promotion material available for the users of the service and promotes its uptake.

Pharmacies contracted to provide the Needle and Syringe Exchange service shall display the national logo in a prominent position visible from outside the premises.

The pharmacy should order sufficient materials to ensure continuity of the service.

Equipment may be supplied to adult carers or family members who present on behalf of a service user. However, service users should be encouraged to attend in person.

An accredited pharmacist does not need undertake the transaction or be present when the transaction occurs. However, the pharmacist will be responsible for ensuring that any staff member undertaking the transaction is competent to do so and have undertaken the required training.

Data Recording & Information Sharing – All Levels

The pharmacy should maintain appropriate records to ensure effective on-going service delivery and audit.

The contractor will be expected to ensure secure systems and records (including identity photos of service users where appropriate) to prevent misuse of service, and to ensure the confidentiality for service users.

The pharmacy will create a transaction record on the web-based data portal identified by the Commissioners using the individual client CIN as a reference code. The pharmacy will ensure that all data fields are completed accurately.

Pharmacy staff should not notify prescribers or other services of a client's use of the NSP without the client's permission. This is except in circumstances where withholding information or seeking the client's permission to share may put others art risk (e.g. in certain Child Protection or Safeguarding situations).

Pharmacies should position a returns deposit bin in a convenient location in order to encourage and facilitate the return of used equipment, but having regard to the safety of staff and other users of the pharmacy. The pharmacy will allocate a safe place to store equipment and returns for safe onward disposal. The Storage containers provided by the clinical waste disposal service will be used to store returned used equipment.

Appropriate protective equipment, including gloves, overalls and materials to deal with spillages, should be readily available close to the storage site.

Management of Returns - All Levels

The pharmacy staff will provide a 'sharps bin' of an appropriate capacity to the service user with each transaction.

Pharmacy staff should encourage a 1-for-1 exchange (i.e. supplies given out in exchange for a used bin being returned) however failure to return all used equipment should not result in a withdrawal of the service. Insistence on 1-1 exchange can be counterproductive, and consequently it is NOT necessary for a client to return used equipment in order that they may receive sterile equipment.

Pharmacy staff should keep encouraging service users to return their used equipment and should enquire if there is a particular problem that makes it difficult for them to return (for example, lack of transport or fear of police).

Brief Harm Minimisation and Health Promotion Interventions (Levels 2&3)

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
- Reduction in usage
- Wound site management
- Nutrition
- Safe storage and disposal of injecting equipment and substances (e.g. to avoid risk of injury to children)

Advice will consistent with relevant recognised guidelines and good practice and should be supported with appropriate harm minimisation materials or literature.

BBV-Testing (Level 3 Only)

BBV testing will be offered to all NSP service users in line with testing protocol.

Service users who have been tested will be offered a re-test if they report that they have subsequently engaged in a high risk activity (e.g. unprotected sex or sharing injecting equipment).

During year 1 data will be collated with a view to in year 2 commencing an expanded testing regime which may include Polymerase Chain Reaction (PCR*) and HIV.

Mini Health Check (Level 3 only)

A Mini Health Check will be offered to all service users on each presentation unless an assessment has been undertaken within the last 3 months).

A voluntary Mini Health Check will only be undertaken by an appropriately trained pharmacy practitioner.

Supervised Administration Programme

Overview

The service will require the pharmacist to supervise the consumption of oral methadone, buprenorphine and other drugs that may be used in the management of drug dependency/ misuse, ensuring that the dose has been administered to the patient, where the prescriber has indicated that supervised consumption is appropriate.

Pharmacists will also provide support to service users collecting their dispensed prescriptions for methadone and other drugs used in the management of drug misuse/ dependency where supervised consumption is not indicated.

Pharmacies will offer a user-friendly, non-judgmental, patient-centred and confidential service.

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.

The pharmacy will continue to provide advice and support to service users who are moving from supervised consumption to daily pick-up, this may include back to the prescriber where appropriate.

There will be a transactional fee for this service of £1.00 per supervised dose.

Service outline

The part of the pharmacy used for provision of the service must provide a sufficient level of privacy and safety. A private consultation room is desirable but not considered essential.

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. (See Appendix 3for supervision of buprenorphine tablets).

The service user's key worker will be responsible for obtaining the patient's agreement to supervised consumption. The agreement will be initiated outlining the responsibilities of the prescribing team, pharmacist and the patient and will use the Hampshire Client 3-way Agreement . This must be agreed prior to first presentation for supervised consumption.

The Service Provider has a duty to ensure that pharmacists and staff involved in the provision of the service are aware of and operate within any locally agreed protocols and that they have Standard Operating Procedures in place that cover the provision of this service.

Pharmacy staff must be aware of local child, and vulnerable adult, protection procedures. These must be followed at all times.

The pharmacy will have appropriate health promotion material available for the users of the service and will promote its uptake.

Records Management and Information Sharing

The pharmacy providing the service will maintain records of the service provided and will record ALL occasions when the service user fails to attend the pharmacy to collect a prescribed dose of medication. These records will be operated together with the Controlled Drug Records required by legislation.

The pharmacy will maintain appropriate records to ensure effective on-going service delivery and audit.

The pharmacy providing the dispensing service will contact the prescribing service in any of the following circumstances:

- Following three consecutive failures to attend. Where three consecutive doses have been missed, the pharmacist will not supply a further dose without agreement with the caseworker/prescriber.
- Evidence of increasing health, emotional or other problems
- Requests for help that the pharmacist is unwilling or unable to meet
- Breach of the Service Agreement which the service user has signed
- Unacceptable behaviour whilst visiting the pharmacy
- Reasonable suspicion/ evidence that a person receiving a prescription for oral methadone is injecting drugs
- Any other occasion when the pharmacist is concerned about the user's well-being

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)

The pharmacy will deal with any complaints sensitively and will report any complaints, comments or concerns (professional or patient) to the Service Provider as soon as possible in accordance with the Service Provider's agreed Complaints Management Protocol.

Reportable incidents (including dispensing errors and suspected breaches of the Controlled Drugs Regulations 2013) will be reported in line with national guidelines. The Service Provider will also copy reports of all such incidents to the Commissioners.

Eligibility

Needle & Syringe Programme

This service, including a Mini Health Check and harm minimisation interventions including BBV-testing, will be available to all presenting adults (aged 18 and over) regardless of district of residence who require access to needles and other injecting paraphernalia in relation to illicit intravenous drug use. This will include users of performance-enhancing drugs (PEDs) (including anabolic steroids and growth hormones).

Young people under 18 years old should be sign-posted to the local specialised Young People's Service. However, for young people aged between 16 and 18, where there is likely to be a delay in the young person accessing treatment, it may be appropriate to issue a small amount of equipment if it is considered that by doing so the young person will be kept safe from the risk of blood-borne viruses through previously-used equipment. Referral into the Young People's substance misuse service should be encouraged and information provide on how to access this service.

The NSP service will NOT be available to individuals requiring access to needles and other injecting paraphernalia in relation to non-drug misuse related treatment regimes which requiring regular intravenous administration of prescribed medication e.g. insulin. Separate provision exists for these patient groups.

Supervised Administration Programme

The service is available to adults (aged 18 years or over) who are in receipt of prescribed substitute medication as part of an active treatment programme for substance misuse where:

- prescribing is undertaken by a specialist substance misuse treatment provider or by a GP with Special Interest (GPwSI) and GPs participating in formal Shared Care arrangements with a specialist substance misuse treatment provider and where said prescribing is undertaken within the auspices of an HCC-commissioned service or by a registered Hampshire GP;

And

Supervised administration is specified by the prescriber;

And

- the individual is usually resident within the Hampshire DAAT area, or is registered with a Hampshire GP, or is of no fixed abode but would be deemed to be a resident within the Hampshire DAAT area as defined under National Treatment Agency guidance. The provision of services to non-Hampshire residents is not covered under the terms of this contract. However, there is an expectation that the Provider will respond positively to and facilitate any referrals for the temporary provision of Supervised Administration from agencies outside of Hampshire e.g. to for non-Hampshire residents holidaying locally. In such circumstances, the Local Authority of residence will be responsible for all costs of provision and the Provider must ensure that they have processes in place to secure payment.

Accessibility

Needle and Syringe Programme

This will be available on an open access basis with no requirement for services to be referred from another agency.

The service user will determine:

- which delivery site they access;
- the frequency of engagement;
- which interventions they access.

However, the PDTS practitioner will, through the use of appropriate harm minimisation advice, seek to optimise the effectiveness of service user's engagement. For example:

- service users accessing Level 2 or 3 sites will be encouraged use the service on a weekly rather than a monthly basis and to consent to a Mini Health Check and BBV testing;
- service users making use of Level 1 sites will be sign-posted to their nearest Level 2 or 3 site and supported to engage on a more structured basis.

A service user's refusal to consent to registration or to a Mini Health Check or to BBV-testing or to engagement with a Level 2/3 site will NOT constitute grounds for a withdrawal of provision.

Supervised Administration Programme

This agreement only provides for access to Supervised Administration Programme for clients engaged in structured OST regime delivered under the auspices of an HCC-commissioned specialist provider or in receipt of a prescription for OST from a registered Hampshire GP.

Selection of the pharmacy to provide treatment will be the decision of the service users, subject to the nominated pharmacy agreeing to commence treatment.

The pharmacy will maintain records of all patients who are in receipt of Supervised Administration Programme services under this agreement. This will include the Client 3-way Agreement and records of attendance.

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.

Quality Standards

The service provider will comply in full with the relevant recommendations and requirements set out in the following documents including all subsequent revisions, amendments and related orders:

- DH, “Drug Misuse and Dependence. UK Guidelines on Clinical Management (2007)
- NICE, “PH18: Needle & Syringe Programmes: Providing People Who Inject Drugs with Injecting Equipment” (2009)
- NICE , “TA114: Methadone and Buprenorphine for the Management of Opioid Dependence” (2007)
- NTA, “Best Practice for Commissioners and Providers of Pharmaceutical Services for Drug Misusers” (2006)
- DH, “Safer Management of Controlled Drugs: (1) Guidance on Strengthened Governance Arrangements” (2006)
- HM Govt, “Misuse of Drugs Act 1971” (1971)
- HM Govt, “The Misuse of Drugs Regulations 2001” (2001)
- RPSGB, “Medicines, ethics and practice: a guide for pharmacists” (latest edition)

- *DH, "Controlled Drugs (Supervision of management and use) Regulations 2013" (2013)*

Reportable Incidents

Reportable incidents (including dispensing errors and suspected breaches of the Controlled Drugs Regulations 2013) will be reported in line with national guidelines. The Service Provider will also copy reports of all such incidents to the Commissioners.

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:

- adhere to the standards and practice guidance set by the RPSGB for the provision of services to drug misusers and needle exchange services in community pharmacies detailed in "Medicines, ethics and practice: a guide for pharmacists" (RPSGB, latest edition).
- evidence the competencies as detailed in the Drug & Alcohol National Occupational Standards (DANOS)

For further information on the application of DANOS standards see:
http://www.fdap.org.uk/documents/Vision%20thing%20practitioners%20&%20managers.pdf

Required Training

Pharmacists delivering Level 2 & 3 NSP services and SAP services will be required to complete the Centre for Pharmacy Postgraduate Education (CPPE) open learning module "Substance misuse"

(Pharmacists having completed levels 1 and 2 of the RCGP Certificate of Management of Drug Misuse in Primary Care will be excused the above requirement)

Pharmacists delivering SAP services will additionally be encouraged to complete the Centre for Pharmacy Postgraduate Education (CPPE) Mental Health workshop series

All pharmacists delivering NSP and SAP services will complete the Centre for Pharmacy Postgraduate Education (CPPE) Safeguarding Children and Vulnerable Adults programme.

All practitioners and staff delivering either NSP or SAP will attend at least one partnership CPD event per year.

Timescales for Compliance

Practitioners and staff must meet these minimum requirements within three months of joining the service.

Responsibilities of the Service Provider

The service provider will:

- undertake a regular skills and competency audit to ensure that compliance is maintained;
- deliver two CPD events per year jointly with the local specialist treatment provider and LPC;

Use of Locum Pharmacists

As far as it is reasonably able, the service provider will ensure that all locums working in level 2 or 3 NSP sites and all SAP sites have the appropriate competencies as detailed above.

Where this is not possible and the locum is either a) expected to be in place for an extended period*; or b) is regularly contracted to work at the site on a frequent basis, the service provider will:

- notify the commissioner and, in the case of a SAP site, the prescriber;
- look to move the provision of the service to an alternative site having first a) under take a risk assessment; b) secured the agreement of the commissioners; c) consulted the affected service users and d) in the case of a SAP site, secured the specific agreement of the prescriber.

*(extended period – in the case of SAP sites this will be a period in excess of 7 working days; for NSP sites this will be a period in excess of 14 working days)

Partnership Arrangements

Engagement with Pharmacy Contractors

The service is a community pharmacy-based provision. Accordingly the Service Provider will be required to sub contract delivery of the client-facing elements of the service to community pharmacy contractors situated within the HCC administrative area and registered with NHS England's Wessex Local Area Team.

The Service Provider will be responsible for the management of its contractual relationship with community pharmacy providers and for ensuring that this is consistent with and meets in full all requirements of relevant legislation and statutory and professional regulatory frameworks.

