

# **Service 5**

**Provision of Supervised Consumption Services**

**Reference DN709907**  
**April 2024**

# Service Specification

## 1. Introduction

- 1.1. Public Health Dorset (PHD) aims to improve and protect the health and wellbeing of the local population with an emphasis on reducing health inequalities. We are a shared service across Bournemouth, Christchurch, and Poole (BCP) Council and Dorset Council.
- 1.2. Public Health Dorset is the Commissioner of Community Health Improvement Services (CHIS) which includes NHS Health Checks, Emergency Hormonal Contraception (EHC), Long-Acting Reversible Contraception (LARC) and Smoking Cessation.
- 1.3. Public Health Dorset is the lead commissioner for Needle Exchange and Supervised Consumption on behalf of Bournemouth, Christchurch, and Poole (BCP) Council and Dorset Council, with the budgets for these services being held by the individual Councils.
- 1.4. This Specification sets the requirements for the provision of a Public Health service for the supervised consumption of prescribed medication within a community setting. This principal focus of the Service is to provide supervision of the self-administration of methadone; buprenorphine; the combination drug of buprenorphine with naloxone; and naltrexone (hereafter collectively referred to as 'prescribed medication').
- 1.5. Providers of supervised consumption services play a key role in the care of people who use substances. The Provider is instrumental in supporting people through their treatment, therefore reducing incidents of accidental death through overdose.
- 1.6. In addition, through supervision, Providers are able to keep to a minimum the misdirection of controlled drugs, which may help reduce drug related deaths in the community.
- 1.7. Given their frequent contact with service users, community Providers have a crucial role to play in the care of people who use substances, ensuring that other professionals involved are fully informed and working in partnership.

## 2. Scope of Service

- 2.1. A suitably qualified and trained member of staff, as outlined below, shall supervise the consumption of prescribed medication at the point of dispensing in the service, ensuring that the dose has been administered appropriately to the Service User.
- 2.2. The Provider shall offer a user-friendly, non-judgmental, Service User-centred and confidential service. Service Users shall be treated with the same degree of courtesy as would be afforded to any other Service User group within the service.

- 2.3. The Provider shall provide support and advice to the Service User, including signposting to Primary Care or Specialist Services where appropriate.
- 2.4. The Service shall be provided in conjunction with the specialist prescribing service as part of a programme to manage opiate dependency.
- 2.5. Prescribers will contact the Service User's chosen Provider prior to initiating prescribing to confirm that the Provider has the capacity to take on new Service Users. The name of the Service User's chosen Provider will be included in the prescriber treatment plan. The Provider shall be provided with a photograph of the Service User or other appropriate method of identifying the Service User agreed locally with the prescribing team.
- 2.6. To be an effective member of the prescribing treatment team, staff delivering this service need to form close links with other members of the team. Effective communication between all parties is vital. The Provider shall therefore ensure that they are aware of the contact details of the Service User's named key worker in addition to the prescriber.
- 2.7. Confidentiality and the sharing of information between team members shall be addressed in the privacy notice, which Service Users are made aware of when they engage with the prescribing services. The Provider shall ensure that service users are aware of the terms of the privacy notice used by their local prescribing service.
- 2.8. Service Users shall receive written and verbal information about prescribed medication; risks of overdose; loss of tolerance following missed or uncollected doses; drug interactions; an explanation of supervised consumption; where and how it will occur; and opening and closing times of the service. Written information will be given to Service Users by the prescribing key workers, and this must be reiterated by verbal information from the Provider.
- 2.9. Missed or uncollected doses are to be recorded and reported by the Provider to the prescriber and the named key worker responsible for the Service User. Where three consecutive doses have been missed, the Provider must confirm with the prescriber whether the Service User should return for re-assessment in line with the treatment agreement.
- 2.10. The Home Office has confirmed that if the following wording is used on prescriptions for controlled drugs intended for instalment dispensing, then the remainder of an instalment prescription may be issued when the Service User has failed to collect the instalment on the specified day:

*'Supervised consumption of daily dose on specified days; the remainder of supply to take home. If an instalment prescription covers more than one day and is not collected on the specified day, the total amount prescribed less the amount prescribed for the day(s) missed may be supplied.'*

- 2.11. If the prescription does not reflect such wording, the regulations only permit the supply to be in accordance with the prescriber's instalment direction.

## **1. Service Description**

### **1.1. The Provider shall:**

- Dispense in specified instalments and ensuring that each supervised dose is correctly consumed by the Service User for whom it was intended.
- Liaise with the prescriber, named key worker and others directly involved in the care of the Service User.
- Monitor the Service User's response to the prescribed treatment.

#### **1.1.1. Reduce the risk to local communities of:**

- Overuse or under use of medicines.
- Diversion of prescribed medicines onto the illicit drugs market.
- Accidental exposure to the dispensed medication.

#### **1.1.2. Prevent abuse or inadvertent overdosing.**

#### **1.1.3. Provide an accessible service.**

#### **1.1.4. Provide Supervised Consumption in accordance with this service specification.**

#### **1.1.5. Provide services across Dorset and/or BCP Council areas, and in accordance with this service specification.**

#### **1.1.6. Provide Service Users with regular contact with healthcare professionals and to help them access further advice or assistance.**

### **1.2. Supervised consumption of methadone**

1.2.1. The Provider shall present the medicine to the Service User in a suitable receptacle and will provide the Service User with drinking water to facilitate administration and 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 storage containers with lids should be used. These shall be individually labelled with the Service User's name, date and dose. Prior to disposal of these containers, all identifying labels shall be removed / anonymised. After consuming their dose Service Users should be spoken to and offered a drink of water to ensure that the dose has been swallowed. Disposable plastic cups shall be used for this purpose. Service Users shall not be allowed to consume their own drinks from cans or bottles as this affords them the opportunity to spit the dose out into the can or bottle.

### **1.3. The Provider shall Supervised Consumption of Naltrexone**

1.3.1. A drink of water (in a plastic disposable cup) must be given before the dose is given to the Service User in a suitable receptacle, this will help ensure that the dose is swallowed quickly. After consuming their dose, the Service User should be spoken to; this will ensure that the dose has been swallowed. Service Users shall not be allowed to consume their own drinks from cans or bottles as this

affords them the opportunity to spit the dose out into the can or bottle. The Provider shall not crush tablets.

### **3.4 The Provider shall Supervised Consumption of Espranor**

3.4.1 Espranor is sensitive to moisture, so hands should be dried before handling the wafer. The dose must be placed ON the tongue, not under the tongue. The Service User should close their mouth, allowing the wafer to remain there for a few seconds until it has dissolved. Service Users should not swallow (during the first 2 minutes) or consume food or drink until the Lyophilisate is completely dissolved (for at least 5 minutes).

### **3.5 The Provider shall Supervised Consumption or Buprenorphine or the Combination Drug of Buprenorphine with Naloxone**

3.5.1 A drink of water (in a plastic disposable cup) must be given to the Service User before the dose is placed under the tongue. This will help ensure that the dose is as rapidly absorbed as possible. The Service User must be observed for at least 3 minutes. The tablet(s) may not have disappeared completely, but the majority of the dose will have been absorbed. The Provider shall not crush tablets.

### **3.6 General**

3.6.1 On the first occasion that a service user attends a specific location, the Provider shall check the service user's identity prior to offering the prescribed medicine, using photographic ID. Acceptable forms of identification include a passport, driving licence, or documents provided by the prescribing service as described in paragraph 2.5.

3.6.2 Supervision of self-administration of prescribed medication shall be undertaken in a designated area within the premises, which provides a sufficient level of privacy and safety.

3.6.3 The Provider shall offer the service for at least 35 hours a week, spread over at least 5 days.

3.6.4 The Provider shall inform service Users shall be informed of the times of day they are able to access the service.

3.6.5 At weekends (and Bank Holidays) if the service will not be available the Provider shall supply the Service User with their Saturday dose supervised on the premises and with "take out" doses provided in a suitable, labelled container with "child safe" lid for each of the days that the service is closed.

3.6.6 On these occasions, the Provider shall remind service users to keep their prescribed medication well out of the reach of children and reminded of the danger it presents to others.

- 3.6.7 The Provider shall abide by all legal constraints when dealing with controlled drugs. The Provider cannot dispense the prescription if it does not fully comply with legal requirements.
- 3.6.8 Dispensing and supply can be refused in certain circumstances:
- If the Provider believes the prescription is not genuine or for the person named on the prescription form.
  - If the Provider believes the prescriber has made a clinical error or that the prescription is clinically inappropriate.
  - If the Service User or anyone with them behaves or threatens to behave violently or commits or threatens to commit any criminal offence in the service.
- 3.6.9 Service Users may be excluded from the service (i.e., have treatment withheld) as a result of a professional risk assessment. This can include Service Users who have missed collecting their prescribed medicine for a specified number of instalments where their tolerance to the drug may have reduced.
- 3.6.10 If Service Users are showing signs of intoxication, then their dose shall be withheld until they are able to present in a non-intoxicated state.
- 3.6.11 Service Users must be informed prior to the initiation of treatment what types of behaviour may result in exclusion. If there are signs of overdose especially at times when doses are changed, during titration of doses, if the Service User appears intoxicated or when they have missed doses. If necessary, treatment may need to be withheld if this is in the interest of the Service User's safety. The Provider must liaise with the prescriber or named key worker as appropriate.
- 3.6.12 Appropriate health promotion material agreed by the Commissioner shall be made available by the Provider. The Provider shall provide information/advice on or how Service Users can access:
- Appropriate HIV and hepatitis testing services and encouragement to complete vaccination courses.
  - Appropriate services on relapse prevention as a component of the treatment programme.
  - Practical social support e.g., housing welfare benefits and legal advice.
  - Appropriate counselling services.
- 3.6.13 The Provider shall:
- Provide direct input to promote harm reduction, including recognising people with physical health problems or severe mental health problems and signposting them to appropriate services.

- Actively encourage Service Users to access hepatitis B immunisation and to complete the course.
- Emphasise the risks of overdose, strategies to reduce those risks and to respond to overdose (including polydrug use and alcohol misuse).
- Advise on safer sex, sexual health, HBV immunisation and HBV, HCV, and HIV testing.

### **3.7 Out of Hours Support**

- 3.7.1 Any Out of Hours support offered by community substance misuse treatment Providers will offer harm minimisation advice and information but will not prescribe medication under any circumstances.
- 3.7.2 Problems with prescriptions must be addressed during the week to avoid the following types of problems at weekends:
- An illegal prescription left for a locum to deal with on a Saturday.
  - Lost prescriptions.
  - Missed pick-ups.
  - A prescription that does not cover a weekend or holiday.
- 3.7.3 If the Service User requires medical advice, they should be directed to the Out of Hours GP Service or in an emergency to the nearest Emergency Department.

### **3.8 Collection of medication for people who are detained in police custody.**

- 3.8.1 In the instance of a Service User who has been detained in police custody who requires their prescribed medication, a police officer or member of the custody healthcare team will collect the prescription on behalf of the Service User.
- 3.8.2 The individual collecting the medication should provide a letter of authorisation from the service user on each occasion that prescribed medication is collected. The Provider shall keep each letter of authorisation in an appropriate secure location.
- 3.8.3 The Provider shall check the identification of the member of staff on every occasion.
- 3.8.4 If the service user is in custody over a period including a weekend and/or Bank Holiday, the normal supply of medication for all relevant days as outlined in paragraph 3.6 and 3.7 shall be supplied to the representative of the service user with strict instructions on usage and dosage.
- 3.8.5 The Provider shall ensure full compliance with the guidance from the Royal Pharmaceutical Society - Pharmaceutical Care of Detainees in police and “Drug

misuse and dependence: UK guidelines on clinical management” (the ‘Orange Book’).

### **3.9 Quality Standards**

- 3.9.1 The Provider shall operate in accordance with the latest guidance, including (but not limited to) that issued by: The National Institute for Health and Care Excellence; UK Health Security Agency; Office for Health Improvement and Disparities (OHID); the Advisory Council for the Misuse of Drugs; Dorset Medicines Advisory Group; the Pan Dorset Harm Reduction Steering Group.
- 3.9.2 The Provider shall ensure its Standard Operating Procedures are accurate and up-to-date in relation to the latest legislation and guidance.
- 3.9.3 The Provider shall work with a number of Service Users that is appropriate to its capacity within the parameters of good practice advised by the Commissioner.
- 3.9.4 The Commissioner may undertake a visit to the service to inspect the provision of the Service and to ensure that the Provider is meeting the service specification.
- 3.9.5 The Provider shall participate in any audit of service provision conducted by the Commissioner.
- 3.9.6 The Provider shall co-operate with any locally agreed assessment of Service User experience.
- 3.9.7 The Provider shall supply information related to the delivery of this service both during and at any period after the contract as requested by relevant quality assurance or review bodies (e.g., CQC, OFSTED, Domestic Homicide Reviews, Drug Related Death investigation).
- 3.9.8 The Provider shall be able to demonstrate that clear and accurate records are kept.
- 3.9.9 The Provider shall comply with guidance issued by the local safeguarding boards, including (but not limited to) the Pan-Dorset’s Multi agency Safeguarding Adults Policy and the Pan Dorset LSCB Inter-Agency Procedures for Children and Young People.
- 3.9.10 The Provider shall ensure that thorough recruitment and selection processes are in place for staff which include full tracking of previous employment history, checking of qualifications and two written references.
- 3.9.11 The Provider shall remain compliant with any other relevant service requirements, including (but not limited to) the Community Pharmacy Contractual Framework. No part of this Specification by commission, omission or implication defines or redefines essential or advanced services.
- 3.9.12 This specification may be subject to change due to a range of national and local policy initiatives. Adequate notice will be given to the Provider of any significant changes which may impact on the service provided and will ensure sufficient transition arrangements are secured to ensure service continuity.



#### 4. Training and competency requirements

- 4.1. The Provider shall ensure the storage and safe custody of medication in line with The Misuse of Drugs (Safe Custody) Regulations 1973 as amended and any other relevant legislation and regulations.
- 4.2. The provision of this service shall be in accordance with The Misuse of Drugs Regulations 2001 (and subsequent amendments), and any other relevant legislation and regulations which define the classes of person who are authorised to supply and possess Controlled Drugs and lay down the conditions under which these activities may be carried out.
- 4.3. In order to develop these competencies, the Commissioner recommends the four e-learning modules on “Substance use and misuse” to demonstrate competence according to this framework, which can be downloaded from the Centre for Pharmacy Postgraduate Education (CPPE) website (<https://www.cppe.ac.uk/programmes/l/substance-e-02/>). Other sources of information and training may be equally appropriate.
- 4.4. The Provider shall ensure staff attend the annual local training session on the care of people who use drugs, arranged in partnership by Public Health Dorset (PHD), local authorities, CPPE and Community Pharmacy Dorset (CPD), formerly known as the Local Pharmaceutical Committee (LPC).
- 4.5. If a member of staff is new to the Provider, they will be recognised as qualified to deliver the service, provided they can demonstrate the service specific competencies and that they attend the next available local training session.
- 4.6. In circumstances where a trained member of staff leaves, the Service will continue to be funded for Service Users who are already receiving prescribed medication from the Provider, providing one or more members of staff have attended the local training within the last 3 years.
- 4.7. The Provider shall ensure that staff continually update their knowledge and keep abreast of changes occurring in this area of service provision. Staff shall, wherever possible, attend locally organised seminars with the other members of the prescribing team.
- 4.8. All staff (including any temporary staff) involved in the delivery of the Service shall be trained so that they are aware of the operation of the service. Temporary staff (e.g. locums) should also have received training. Where this is not possible, the Provider shall ensure that a member of staff who has attended one of the locally organised training sessions and knows how the service operates is present at all times.
- 4.9. An up-to-date Standard Operating Procedure (SOP) for the Service shall be in place and available for all staff working within the service. This shall include points of contact for the local drug services and local prescribers as well as details of the process to be followed if a problem arises such as the need to refuse the supply of a dose to a Service User.

- 4.10. A system for reviewing and updating the SOP must be in place. A named person must be identified with the responsibility for implementation and monitoring the SOP.
- 4.11. Members of staff who are not directly involved with the Service shall be informed that it is in operation, advised on its aims and objectives and the importance of confidentiality, and of affording the Service Users privacy when they are consuming doses.
- 4.12. The Provider will ensure that relevant health and safety training is provided to staff.

## **5. Additional Staff competencies**

- 5.1. Staff shall fulfil all the service-specific competencies described below.
  - a. Have an awareness of the terminology and definitions of substance misuse; the theories of drug dependence; and the concept and practice of harm reduction and recovery.
  - b. Have an awareness of both official and 'street' names for commonly used drugs and definitions of drug dependence.
  - c. Have an understanding of the importance of multidisciplinary team working and the treatment options available to people who use drugs.
  - d. Be able to communicate appropriately and sensitively with the client group and their peers, using discretion, privacy, respect, and a non-judgmental approach, and treating them with dignity whilst applying conflict resolution skills when appropriate.
  - e. Be able to advise individuals about substance misuse and enable them to take their medication as prescribed and advise on safe storage.
  - f. Be able to recognise the various symptoms and signs potentially displayed by this client group which may adversely affect their treatment and what actions to take (e.g. intoxication).
  - g. Know how and when to refer/signpost clients regarding problems relating to their substance misuse management, missed doses and general health and wellbeing.

## **6. Performance and reporting requirements**

- 6.1. The Provider shall keep appropriate records as required under legislation and national and local guidance on dispensing Controlled Drugs.
- 6.2. The Provider shall ensure that all consultations are logged on PharmOutcomes to enable the Commissioner to monitor activity and verify payments for Services provided.
- 6.3. Provider shall record on PharmOutcomes as a minimum the following data items that shall be accessed by the Commissioner and used as part of payment, monitoring, service planning and development processes:
  - Service User's initials and age;
  - Service User's district level Post Code of residence (First part of Post code);
  - Service User's gender;
  - Name of the medicine;
  - Dose of the medicine;

- Whether the drug was supervised/Did Not Attend (DNA)/Take out dose and reason why;
  - Prescriber ID.
- 6.4. This list of required data items is subject to change based on local and national policy and guidance.
  - 6.5. A record of advice given, or interventions made must be kept on the Provider's Patient Medication Record (PMR).
  - 6.6. The Provider shall ensure that the necessary information, as detailed in this Service Specification, is maintained and made available to the Commissioner to enable the Service to be monitored and for the purpose of post payment verification.
  - 6.7. The Provider shall immediately inform PHD and the prescriber if there is a change in Provider staff or any other issue that will affect the delivery of the Service by emailing [phcontracts@dorsetcouncil.gov.uk](mailto:phcontracts@dorsetcouncil.gov.uk) or phoning **01305 224400**.
  - 6.8. If the Provider is unable to provide the Service, they shall inform the prescriber and key worker of the Service User and co-ordinate a safe transfer to an appropriate service, to ensure continuity of care.

## **7. Activity and Payments**

- 6.1. The Provider shall submit information in respect of payment to the lead Commissioner (Public Health Dorset) at the **last day of the month**, via PharmOutcomes.
- 6.2. Given that the budget for this service is held by both Dorset Council or Bournemouth, Christchurch and Poole Councils, the Provider will receive payment from either or both Councils depending on where the activity is undertaken.
- 6.3. Payments will be made as per the finance schedule.
- 6.4. The deadline to submit any data to PharmOutcomes for payment is the end of each month.
- 6.5. Any late submissions from Providers will not be paid until the following month.
- 6.6. Providers will not be paid for data submitted more than six months after the activity was undertaken.
- 6.7. No claim shall be submitted more than one month after the end of this agreement.
- 6.8. The Commissioner will continue to review the data submission process, to improve efficiency and align with any system developments. The Commissioner will notify The Provider of any changes to the template to be used.

## **8. Quality Assurance**

- 8.1. The Provider must have a complaints procedure in place and demonstrate to users and commissioners how complaints have been addressed to improve the service.

- 8.2. Both parties are required to regularly assess contract performance and address any additional matters during Review Meetings, scheduled at intervals and in a format determined by the Commissioner.
- 8.3. The Commissioner may request a review meeting within 5 business days following notice.
- 8.4. Quality control checks may take place at any point at the discretion of the Commissioner.

## **9. Safeguarding**

- 9.1. Providers are required under statute and regulation to have effective arrangements in place to safeguard and promote the welfare of children and adults at risk of harm and abuse in every service that they deliver.
- 9.2. The Providers shall demonstrate safeguarding is embedded at every level in their organisation with effective governance processes evident.
- 9.3. It remains the responsibility of every (NHS-funded) organisation, and each individual working healthcare professional (in the NHS), to ensure that the principles and duties of safeguarding children and adults are holistically, consistently, and conscientiously applied. Every (NHS funded) organisation needs to ensure that sufficient capacity is in place for them to fulfil their statutory duties; they should regularly review their arrangements to assure themselves that they are working effectively.
- 9.4. The Commissioner will take a proportionate approach to assuring Safeguarding and Quality, commensurate with the responsibilities and financial value of each contract.
- 9.5. The Provider shall be compliant with all applicable requirements of Safeguarding Vulnerable Adults and Children outlined in the section: **C.8 DISCLOSURE AND BARRING SERVICE (DBS) CHECKS** of the contract.

### **Public Health Commissioned services may be required to provide:**

- 9.6. Policies and evidence of robust safeguarding arrangements as part of formal Contract Award documentation.

## **10. Data Protection**

- 10.1. The Provider shall be the sole Data Controller and personal data shall be processed by the Provider under this contract (for example, patient details, medical history and treatment details).
- 10.2. The processing of personal data which is required by the Commissioner for the purposes of quality assurance, performance management and contract management- the Commissioner (Council) and the Provider will be Data Controllers in Common; together the "Agreed Purposes".

10.3. The Provider shall be compliant with all applicable requirements of the Data Protection Legislation outlined in the section: **C.8 DISCLOSURE AND BARRING SERVICE (DBS) CHECKS** of the contract.