



Summary of key changes to the Public Health pharmacy services 2024-25

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Public Health pharmacy services directly commissioned by Durham County Council

Summary of next steps

For pharmacy contractors

- Sign and return the contract variation letter by 15 March 2024.
- January 2024: Be aware of the training implications of PH pharmacy services 2024-25.
- February 2024: Ensure that staff consider and complete mandated training.
- March 2024: Ensure that staff consider non-mandated local training materials.

For pharmacy staff

- February 2024: Complete mandated training as highlighted below.
- March 2024: Access non-mandated local training materials signposted to on CPNEC website at <https://www.cpniec.org.uk/>. Become familiar with any new PharmOutcomes claims templates.

Public Health pharmacy contract 2022-25

What stays the same?

- All pharmacies have signed up to the Public Health pharmacy service contract which covers the period 2022-25.
- All communication from the commissioning team will continue to be via email to either the appropriate head office contact or the pharmacy shared NHS mailbox.

What's new?

- Pharmacies (or head offices) will be emailed a contract variation letter and the accompanying service specifications for 2024-25.
- The contract variation letter should be signed and returned to confirm acceptance of the service specifications and an indication of which services the pharmacy intends to deliver in 2024-25 by a deadline of 15 March 2024.¹

The naloxone (Prenoxad) supply service

What's new?

From 1 April 2024, this important service will be remodelled to make it a much quicker intervention based on the lessons learnt from successful services elsewhere:

- Any trained member of the pharmacy team can issue Prenoxad (Appendix 1 for changes to training requirements).
- There will be one supply fee of £8 ex VAT.
- A new PharmOutcomes template will be in place with minimal data recording requirements.

What stays the same?

- The service lead can continue to be a registered pharmacy technician.

¹ Emailed to Karen.Kennedy@durham.gov.uk



- A PharmOutcomes service declaration remains in place.
- There will continue to be a set-up fee to include the initial cost of the minimum stock level of two Prenoxad injections, which will be paid on the completion of a separate PharmOutcomes template.
- The pharmacy stocks Prenoxad injection with a minimum stock level of two.
- The pharmacy has supplies / can signpost to the Prenoxad Injection Clients Guide at <https://www.medicines.org.uk/emc/product/3054/rmms>.
- The person receiving the supply of Prenoxad resides in County Durham, is aged 18 and over, and is either an individual currently, or with a history of, using opioids; or is a carer, family member, or friend liable to be on hand in case of overdose.

Supervised consumption service

What's new?

- The training requirements for the lead pharmacist will change to support the move across the ICB towards completion of CPPE Declaration of Competencies (DoCs) as mandatory training, with local training being non-mandated and signposted to on the CPNEC website at <https://www.cpniec.org.uk/>. For this service, the lead pharmacist only is therefore required to have a current CPPE DoC for the supervision of prescribed medicines in place from 1 April 2024 (Appendix 2).
- Two new fees are being introduced from 1 April:
 - A new PharmOutcomes template will allow the pharmacy to send an email to inform the Drug and Alcohol Recovery Service that a client has missed 3 or more days of medication. Completion of this template will generate a fee of £4 ex VAT.
 - New functionality within the existing templates will allow pharmacies to claim £8 ex VAT for accepting a new client (classified as 'new' to the pharmacy after a period of 3 months).

What stays the same?

- Registered pharmacy technicians can continue to provide the supervised consumption service.
- A PharmOutcomes service declaration remains in place.
- The fee per supervision remains the same at £2.50 ex VAT for a methadone supervision and £3.50 ex VAT for a buprenorphine supervision, and is per client supervision (i.e. one supervision claim per client visit to the pharmacy).
- All daily doses of methadone to continue to be dispensed in separate containers.
- Medication should be withheld, and the Drug and Alcohol Recovery Service contacted if the client misses 3 or more doses consecutively (see new fees above).
- As part of contingency planning, pharmacies are required to:
 1. Inform the local Recovery Centre in the event of a pharmacy service disruption so that arrangements can be made with clients.
 2. Ask all clients for their current telephone numbers once a month to aid with contacting clients during any periods of service disruption.
 3. Inform the Recovery Centre if the pharmacy is reaching its capacity for a safe client list to see if any arrangements can be made to mitigate this (see new fees above).



Alcohol brief intervention service

What stays the same?

- The service, service declaration on PharmOutcomes, training requirements and remuneration for the service remain the same (£7.50 ex VAT for a full AUDIT).
- Continue to consider this service as a valuable addition to other pharmacy services e.g. the NHS Blood Pressure Check Service, the New Medicine Service or the local Emergency Oral Hormonal Contraception Service.
- For pharmacies wishing to provide this service, complete the required training and then contact Sandra Waters (email: sandra.waters@nhs.net) for an onsite visit and the service materials.

NRT e-voucher scheme

What stays the same?

- The NRT formulary choices remain the same.
- Two NRT products (i.e. combination therapy) are provided to all clients free of charge.
- Pharmacy staff are not required to undergo named training to meet this specification.
- The Stop Smoking Service will continue to issue NRT e-voucher codes for a 2-week supply of NRT which should be supplied in full by the pharmacy each time via PharmOutcomes.
- NRT quantities supplied must continue to be entered as the total number of individual units (e.g. mls or patches or cartridges) and NOT the number of packs (e.g. 1 bottle or 1 pack).
- The pharmacy can continue to alter the choice of NRT product without a new e-voucher.
- The remuneration for the service stays the same as:
 - Acceptance fee for each 2-weekly e-voucher of £3.00 ex VAT.
 - Dispensing fee for each NRT product of £1.20 ex VAT.
 - NRT Drug Tariff product cost.



Public health pharmacy services commissioned on behalf of Durham County Council

Community pharmacy provision of EOHC service 2024-25

Commissioned by CDDFT. <https://cddft.nhs.uk/our-services/division-of-women,-children-and-sexual-health/sexual-health-services.aspx>

CDDFT will extend the current EOHC Service Level Agreement until 30 September 2024 whilst it considers making the following changes to the service:

- Training requirements: Moving to the completion of the CPPE Declaration of Competence for emergency contraception every 2 years for mandated training (<https://www.cppe.ac.uk/services/declaration-of-competence>), and to local training sessions for additional non-mandated training.
- Claims mechanism: Moving the claims for this service to PharmOutcomes.

For enquiries, email Sandra Waters Sandra.waters@nhs.net

Level 2 Stop Smoking Service 2024-25

Commissioned by ABL Health Ltd. www.smokefreecountydurham.co.uk/

What stays the same?

- Delivery of a 12-week smoking cessation programme, including provision of behavioural support and pharmacotherapy.
- Quarterly payments to providers using a payment by results model. These payments are:

| | |
|---------------------------------|----------------------|
| All clients setting a quit date | £15.00 |
| 4-week validated quit | £60.00 |
| 4-week self-reported quit | £45.00 |
| 12-week validated quit | An additional £25.00 |
| 12-self reported quit | An additional £15.00 |

- A payment of £300 to cover each staff member completing the initial training, and a payment of £100 to cover update training thereafter.
- Personalised set-up visits and ongoing mentoring following training.

What's new?

- A simplified database for clinical recording will be launched in April.
- All mandated training will move to online during 2024:
 - Completion of the online NCSCT Training and Assessment (5-6 hours).
 - A one day recorded virtual training session delivered by Smokefree County Durham followed by onsite support with Specialist Practitioners from Smokefree County Durham.
 - Annual half day virtual update training.

Next steps for Level 2 Stop Smoking Service?

- Email smokefreelife.countydurham@nhs.net for a copy of the Terms and Conditions and the service specification.
- For enquiries, email Dawn Cockburn dcockburn@ablhealth.co.uk.



Appendix 1: Training requirements for naloxone (Prenoxad) supply service 2024-25

The contractor should ensure that a lead pharmacist or lead registered technician has completed the required mandated training which is to:

1. View the following information on the Prenoxad website:

Read the brief information:

- When and how to give Prenoxad injection (6 sections) at www.prenoxadinjection.com/drug/when_and_how.html

And view the 5 short videos at www.prenoxadinjection.com/drug/how-to.html:

- How to respond when someone is unconscious and unresponsive
- How to respond to suspected opioid overdose
- How to put someone into the recovery position
- How to perform CPR
- How to inject Prenoxad Injection

2. Complete the CPPE endorsed 'Naloxone saves lives' e-assessment at <https://www.ap-elearning.org.uk/>. The notional learning time is 1 hour. On completion a Certificate of Completion is issued.

The lead pharmacist / registered technician should be assured that all staff are competent to deliver the service and will complete the required mandated training which is to:

1. View the following information on the Prenoxad website:

Read the brief information:

- When and how to give Prenoxad injection (6 sections) at www.prenoxadinjection.com/drug/when_and_how.html

And view the 5 short videos at www.prenoxadinjection.com/drug/how-to.html:

- How to respond when someone is unconscious and unresponsive
- How to respond to suspected opioid overdose
- How to put someone into the recovery position
- How to perform CPR
- How to inject Prenoxad Injection

Non-mandated training:

View the local online training signposted to on the CPNEC website at <https://www.cpniec.org.uk/> which describes how to interact with clients and how to run a successful service.

For 2024 – 25, a PharmOutcomes Declaration needs to be completed for each staff member accessing the claims template.



Appendix 2: Training requirements for supervised consumption service 2024-25

The contractor should ensure that a lead pharmacist has completed the required mandated training which is to:

- Complete, or refresh every 2 years, the CPPE Declaration of Competence for supervision of prescribed medicines at <https://www.cppe.ac.uk/services/declaration-of-competence>

The lead pharmacist should be assured that all staff are competent to deliver the service and will complete the required mandated training which is to:

- Read the service specification.

Non-mandated training:

- View the local online training signposted to on the CPNEC website at <https://www.cpneec.org.uk/> which includes the Annual Update Briefing 2024-26.

For 2024 – 25, a PharmOutcomes Declaration needs to be completed for each staff member accessing the claims template.

The CPPE Declaration of Competence (DoC)

This is supported for use across England by Health Education England and is endorsed by NHS England and UKHSA (<https://www.cppe.ac.uk/services/commissioners#navTop>).

Moving towards the completion of CPPE DoCs across the ICB region will support the mobile pharmacy workforce and service continuity.

Where required, the pharmacy contractor must ensure that the relevant DoC is completed by the relevant pharmacists / registered pharmacy technicians every 2 years.

The DoC ensures that individual pharmacists and registered pharmacy technicians become personally responsible for considering their training and development needs (i.e. self-assessing their own competence), undertaking these needs (e.g. by shadowing a colleague; considering sources of training signposted to in the CPPE DoC; reading the local Annual Update Briefing 2024-26 and viewing the local online training signposted to on the CPNEC website at <https://www.cpneec.org.uk/>), and then declaring themselves competent by completion of the relevant DoC every 2 years. This in turn provides assurance to the pharmacy contractor and to the service commissioner that staff are competent to deliver a service.

The CPPE DoC for the supervision of prescribed medicines

Completion of the CPPE DoC for the supervision of prescribed medicine at <https://www.cppe.ac.uk/services/declaration-of-competence> every 2 years by the lead pharmacist. DoC requirements include:

Core competencies

1. Do you meet the Consultation Skills for Pharmacy Practice: Practice Standards for England, as determined by Health Education England?
Suggested learning could include: Consultation skills for pharmacy practice: taking a person-centred approach (<https://www.cppe.ac.uk/programmes/l/consult-p-02>) and Consultation skills: what good practice looks like (<https://www.cppe.ac.uk/programmes/l/wgll-e-01>).
2. Do you meet the competencies expected of all healthcare professionals with regard to safeguarding children and vulnerable adults?
Suggested learning could include: CPPE Safeguarding children and adults (Level 2) (<https://www.cppe.ac.uk/gateway/safegrding>).

Service specific competencies

1. Do you understand the terminology and definitions of substance misuse, drug dependence and the theories of these; and the concept and practice of harm reduction and recovery?
2. Do you understand the terminology; nomenclature of both official and 'street' names for commonly used drugs and definitions of drug dependence?
3. Do you understand the management of substance misuse, including multidisciplinary team working, assessment and care planning, pharmacotherapeutic and non-pharmacotherapeutic options?
4. Are you 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?
5. Are you able to advise clients about substance misuse and enable them to take their medication as prescribed and advise on safe storage?
6. Are you 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)?
7. Are you able to advise clients on how to obtain naloxone and the benefits of having ready access to this to reduce the risk of death from opioid overdose?
8. Do you know how and when to refer/signpost clients regarding problems relating to their substance misuse management, missed doses and general health and social problems?
9. Do you understand the legislation, ethics, duty of care and professional judgement for this client group and know how and when to ask for support and advice?
10. Are you aware of the management, planning, and delivery of pharmacy services for clients, including how to train and monitor staff to deliver these services to the required standard?
11. Are you able to support and develop the pharmacy team in the provision of a safe and effective service?

Suggested learning could include:

- CPPE Substance use and misuse e-course (Units 1, 2, 3 and 4) and e-assessment (<https://www.cppe.ac.uk/programmes//substance-e-02>). Note: Low volume pharmacies or registered pharmacy technicians could consider completing Unit 3 only of this training which focuses on recovery and treatment with non-pharmacological support provided by the wider multidisciplinary team, a detailed look at pharmacological treatments, and supervised consumption of opioid substitute treatments.
- Local sources of training: Annual Update Briefing 2024-26 and local online training signposted to on the CPNEC website at <https://www.cpniec.org.uk/>.

Commissioner requirements

1. Have a working knowledge of the most recent service documents relating to provision of the service, including: the service specification; administration and claims procedures.
2. Review and/or develop relevant SOPs and policies in your practice.