

Service	Supervised consumption service
Authority Lead	Jane Sunter, Public Health Strategic Manager – Living Well, Ageing Well
Provider Lead	
Period	1 April 2024 to 31 March 2025

1. Purpose and Scope

1.1 Local Picture

County Durham has some of the greatest health needs in England. Substance misuse is strongly associated with poverty and deprivation and impacts on substance misuse related deaths, blood borne virus (BBV) infections, crime, child protection issues, domestic abuse and mental health. In County Durham the legacy of the loss of ready employment, especially male employment through mining and other industries has left many communities vulnerable to the effects of substance misuse. These communities are not concentrated in specific areas across the county but spread among a diverse range of areas including towns and small villages.¹

1.2 National Guidance

Current guidelines recommend that all new treatment for opioid dependence be subject to supervised consumption for the first 3 months or a longer period considered appropriate by the prescriber. The rationale for this recommendation is to provide routine and structure for the client, helping to promote a move away from chaotic and risky behaviour. Key national guidance is:

- Drug misuse and dependence: UK guidelines on clinical management. DHSC. Updated 15 Dec 2017. www.gov.uk/government/publications/drug-misuse-and-dependence-uk-guidelines-on-clinical-management (commonly known as the Orange Guide).
- Drug misuse in over 16s: opioid detoxification. NICE guidance CG52. Published 25 Jul 2007. <https://www.nice.org.uk/guidance/cg52>

1.3 Aims and Objectives

The aims of the service are to:

- Provide a supervised consumption service to clients which will help to ensure that prescribed medication is consumed under professional supervision.
- Co-operate with the Drug and Alcohol Recovery Service (DARS) to ensure that clients are aware of all treatment options and services which promote recovery from dependence.

The objectives of the service are to:

- Ensure compliance with national guidance for supervision arrangements.
- Prevent prescribed medication being diverted to the illegal market.

2. Service

2.1 Access to the Service

- In the event of any service disruption, the local Recovery Centre must be informed so that arrangements can be made to prevent disruption to clients. See Appendix 1 for DARS contacts and essential actions required by pharmacy staff during the absence of a pharmacist.
- The pharmacy should check the client's contact telephone number on a monthly basis.
- The pharmacy is responsible for determining a safe client list size in line with clinical governance and risk management criteria.
- If the pharmacy is reaching its capacity for a safe client list, then the pharmacy should inform the local Recovery Centre to see if any arrangements can be made to mitigate this. For example: for established clients receiving prescriptions in advance of collection / supervision days; staggering different supervision days for clients.
- Supervision will be available at an agreed time when the pharmacy premises are open for business. See Appendix 2 for a copy of the pharmacy treatment agreement, where suitable times for attendance can be discussed.
- Prescribed doses for days when the premises are not open for business will be dispensed on the last working day before.

¹ <https://www.durhaminsight.info/living-well/substance-misuse/> (accessed 29/11/23)

2.2 General Pharmacy Contractor Responsibilities

- To have a suitable SOP in place to cover all processes involved with this service. The SOPs should be readily available to all members of staff and in particular, locum staff.
- To have a designated named lead pharmacist at the pharmacy who will be responsible for the day to day running of this service.
- To ensure that the designated lead pharmacist and other pharmacists / registered pharmacy technicians have completed the necessary training and competence requirements (Section 3.1).
- To ensure that the appropriate indemnity arrangements are in place.
- To ensure prompt supervision data entry onto PharmOutcomes once each FP10(MDA) is complete.
- To only accept clients for supervised consumption who have been appropriately referred by the DARS. The signed pharmacy treatment agreement will be emailed to the pharmacy using the pharmacy shared NHS Mailbox (Appendix 2).

2.3 Pharmacy Responsibilities to Client

- To ensure the client is treated as an individual, with respect, and, to aim to maintain utmost confidentiality at all times.
- To register the client on the PMR and the PharmOutcomes supervised consumption registration template.
- To check the client's contact telephone number each month and record this on the PharmOutcomes supervision registration template.
- At first contact, to confirm client understanding of their responsibilities to the pharmacy within the pharmacy treatment agreement (Appendix 2) and to discuss any restrictions on timings for supervision or collection.
- To introduce the regular pharmacist and regular registered technician members of staff to new clients. The client should also be informed that relief members of staff may supervise the client at a future date.
- To remind the client when they are nearing the end of their prescription.

2.4 Supervised Consumption and Dispensing of Doses

2.4.1 National Guidance

The Home Office approved wording for instalment prescriptions is:

- Please dispense instalments due on pharmacy closed days on a prior suitable day.
- If an instalment's collection day has been missed, please still dispense the amount due for any remaining day(s) of that instalment.
- Consult the prescriber if 3 or more consecutive days of a prescription have been missed.
- Supervise consumption on collection days.
- Dispense daily doses in separate containers.

This wording is 'mixed and matched' to express the prescriber's intention and is described in full in Annex A of the Home Office Circular (027/2015).²

2.4.2 Local Guidance

- Pharmacists must be satisfied that the prescription is legal, and the quantities and details are correct for that client.
- Doses of medication for supervision should be prepared in advance (assuming possession of a current prescription in the pharmacy) prior to the client's arrival and all daily doses of methadone should be dispensed in separate containers.³
- Doses for consumption on days when the pharmacy is closed should be dispensed in individual daily doses (Appendix 3 for further guidance).
- Child resistant closures should be used on all home doses where appropriate and advice given to clients about safekeeping of the medicine (particularly if it is known that there are young children within the home).

² www.gov.uk/government/publications/circular-0272015-approved-mandatory-requisition-form-and-home-office-approved-wording. Published 09/11/15

³ Guidance at <https://cpe.org.uk/dispensing-and-supply/dispensing-process/dispensing-controlled-drugs/methadone-dispensing/>

The pharmacist should withhold medication and contact the service (contacts in Appendix 1) **when:-**

- There are any problems with the prescription and/or identity of the client.
- The client misses 3 or more doses consecutively (this is an essential clinical and safety requirement since the recovery service will then contact the client to attend for a re-titration appointment and to check on the client's general welfare).
- The client tries to avoid supervision.
- The client does not consume the full dose.
- The client appears ill.
- The client appears intoxicated (e.g. with alcohol or other drugs).
- The behaviour of the client is unacceptable (e.g. shoplifting, verbal and/or physical abuse).

2.4.3 General Supervision Issues

- Pharmacists and registered pharmacy technicians who have undertaken the necessary training (Section 3.1) can supervise a client taking their medication.
- Supervision should take place in a designated area offering suitable privacy for the client, other customers and the general public. Supervision must never take place in the dispensary.
- The identity of clients must be confirmed. In all cases clients should be asked for proof of identification on first attendance.
- On each occasion consider checking with the client what dose they are expecting and informing them how many doses they have left on the current prescription.

2.4.4 Methadone Supervision Issues

- When a client attends the pharmacy, the daily dose can be offered from the container or the client may pour the dose into a disposable cup if preferred.
- The client must be observed whilst taking the prescribed dose.
- The client should be given a drink of water and requested to drink it whilst being observed again.

BEWARE *Some clients may say that they prefer to use a can of soft drink to wash down their methadone. However, what they may be doing is discharging the dose of methadone INTO the can for sale later as "spit-methadone". It is preferable to encourage the client to rinse the mouth with water. This will, at least, wash some of the acidic mixture out of the mouth and away from teeth.*

- The pharmacist / registered pharmacy technician should discreetly check that the dose is not retained in the mouth by engaging in some conversation.
- The disposable cup should be discarded after single use.

2.4.5 Sublingual (SL) Buprenorphine Supervision Issues

Crushing SL buprenorphine tablets should only be undertaken when it clearly states this requirement on the prescription. Crushing SL buprenorphine tablets is an unlicensed use of the medicine therefore contractors will need to check with their liability insurer as to whether they cover this activity. For example, the National Pharmacy Association (NPA) will indemnify members provided they comply with NPA guidance.

Key practice points to consider are:

- Clients should be offered a drink of water before taking their dose. This speeds up the time it takes to dissolve the crushed tablet(s) under the tongue.
- Break the tablet(s) into granular pieces in the client's presence. Do not crush the tablet(s) into a powder (this will create a sludge that sticks to the buccal mucosa). An appropriate crushing device should be used that minimises any loss of dose.
- Ask the client to sit down and then observe the client tipping the granules directly under their tongue (the client should put their head back and tip the granules under the tongue without touching the medication).
- The client should avoid swallowing (both the tablet and saliva) whilst the tablet is dissolving.
- Check the client's mouth to ensure the medication has dissolved and provide another drink of water.

2.5 DARS Responsibilities

The DARS supports clients with both clinical (e.g. non-medical prescribers) and non-clinical staff (e.g. recovery coordinators). Therefore, for any clinical enquiry pharmacy staff should ask to speak to a clinical member of staff. See Appendix 1 for service contacts.

The DARS will:

- Contact the designated pharmacy in advance of prescribing to:
 - Agree their acceptance of individual clients; provide details of the client - this should include the recovery coordinator contact, drug, dose, start and end date of prescription.
 - Confirm the client has signed the agreement in Appendix 2. This will be emailed to the pharmacy.
- Clearly endorse prescription 'For supervised consumption only', and for SL buprenorphine to be crushed as appropriate.
- Inform the pharmacy when clients are taken off the scheme, discharged, or move area or pharmacy.
- Respond to any issues highlighted by the pharmacist e.g. intoxication, missed doses etc.
- Ensure that prescriptions comply with necessary legal requirements.

2.6 Harm Reduction Advice and Support

Pharmacists / registered pharmacy technicians should provide direct input wherever possible to promote harm reduction, to include:

- Identification of immediate risks (such as injection site injuries) to provide appropriate advice, treatment or referral.
- Provision of relevant harm reduction (including the pharmacy supply of naloxone) and drug related information.
- Advising on BBVs especially hepatitis B, hepatitis C and HIV; and signposting individuals to local services to access the full range of BBV testing facilities, and immunisation services.

3. Clinical Governance

Pharmacy contractors are required to operate to appropriate standards of clinical governance. The contractor will comply with the GPhC standards for pharmacy premises at www.pharmacyregulation.org/standards/standards-registered-pharmacies

3.1 Education and Training

It is the duty of the contractor to ensure that the service is delivered by staff who have the necessary competence and training for this service.

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 (DoC) for supervision of prescribed medicines at <https://www.cppe.ac.uk/services/declaration-of-competence> (Appendix 4).

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 this 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 (Appendix 5 for the template PharmOutcomes Declaration).

All staff are also expected to keep up to date with guidance / service changes and to assess their competence on an ongoing basis.

3.2 Incident Reporting

- A summary of incidents or complaints should be reported to the service commissioner

Jane Sunter (Email: jane.sunter@durham.gov.uk) upon request. The contractor will inform the commissioner with a summary of the incident/complaint(s) and an action plan for ensuring any such incidents/complaints can be avoided in the future, and how lessons have been learnt.

4. Payment

Pharmacies can receive the following payments:

- Client supervision fees.
- **NEW FOR 2024-25:** A fee for accepting a new client (classified as 'new' to the pharmacy after a period of 3 months).
- **NEW FOR 2024-25:** A fee for contacting the Recovery Service to inform them that a client has missed 3 or more days of medication.

Payment claims are made via PharmOutcomes. All fields must be complete and accurate. Any inaccurate claims (e.g. claiming a supervision fee when the pharmacy is closed) may be investigated on a quarterly basis. In the event of over claims being made, the Local Authority has the right to reclaim all monies.

Public Health will generate the monthly claims from PharmOutcomes for all pharmacies on the 15th of every month and send the report to DCC Finance for payment. There will be no requirement for pharmacists to send invoices. Any queries relating to payment must be made to publichealth@durham.gov.uk.

Client supervision fees

Pharmacies will receive a payment of £2.50 ex VAT for methadone supervision and £3.50 ex VAT for buprenorphine supervision.

Supervision information on the FP10(MDA) should be entered onto PharmOutcomes once that prescription is complete. Please note that:

- The supervision fee is per client supervision (i.e. one supervision claim per client visit to the pharmacy) and not, for example, for each different strength of buprenorphine given to a client to make up a specific dose - therefore if a client has more than one prescription for buprenorphine (to make up a specific dose) only one of those prescriptions should then be entered onto PharmOutcomes in order to claim the supervision fee for that occasion. The PharmOutcomes once daily template does not allow duplicate supervision claims for the same patient on the same day. Because of this functionality, data entries for each client MUST be entered in strict date order.
- If a client attends a pharmacy on two separate occasions during the day to receive supervised medication, then the twice daily PharmOutcomes template must be used to claim payment.

Accepting new client fee

A fee of £8 ex VAT will be paid to the pharmacy for accepting a new client (classified as 'new' to the pharmacy after a period of 3 months).

Informing the Recovery Service when a client misses 3 or more days of medication

When a client misses 3 or more days of medication, a fee of £4 ex VAT will be paid to the pharmacy and an email alert will be sent to the Recovery Service.

5. Termination of Agreement

Any pharmacy contractor wishing to terminate this agreement must give 3-month notice prior to termination. Notice of termination must be emailed to:

Jane Sunter

Public Health Strategic Manager – Living Well, Ageing Well

Public Health Team

Durham County Council

Green Lane Council Offices

Spennymoor

DL16 6JQ

Email: jane.sunter@durham.gov.uk

Durham County Council and Public Health may also terminate this agreement with 3 months written notice.

Appendix 1: Summary of information from previous Drug and Alcohol Service Drug and Alcohol Service Briefings⁴

Essential actions required by pharmacy staff for the supervised consumption service in the event of a pharmacist absence:

Pharmacy staff should contact the local Recovery Centre (see below) to make the Centre aware of:

- The temporary cessation of the supervised consumption service, due to a pharmacist absence.
- How many clients are affected and confirmation that the pharmacy has a contact telephone number for each client.

Depending on the length of the pharmacist absence from the premises, pharmacy staff should seek advice from the Centre on the risk to individual clients of delaying a supervised dose of medication.

Pharmacy staff should ring all affected clients to discuss suitable arrangements e.g. asking clients to attend the pharmacy at a time when a pharmacist becomes available.

Pharmacy staff should keep the local Centre informed as the situation changes (e.g. by informing the Centre when a pharmacist has arrived).

Note: It is unacceptable for pharmacy staff to send clients back to the local Centre without any prior communication with the Centre. The local Centre will not normally offer clients a replacement prescription (to be dispensed at another pharmacy) and would expect the pharmacy to contact clients to make suitable arrangements in line with the pharmacy business continuity plan.

To contact the Drug and Alcohol Recovery Service

The Service is open access and is delivered from three Recovery Centres across the County. There is a single telephone number for this service: 03000 266 666 which is available 9am – 5pm Mon-Fri. In addition, the Durham *Centre For Change* is open every Saturday morning.

For urgent enquiries to the Service telephone the daily duty workers on:

- Horden / Peterlee: 07974 861000
- Bishop Auckland: 07974 861058
- Durham: 07974 861001

These telephone numbers will be available weekdays 9am – 5pm.

To urgently contact the Service on Saturday mornings 9am – 12pm, contact the Durham number.

For non-urgent enquiries / feedback to the Service

- Email cddars.adult@humankindcharity.org.uk (e.g. to flag clients who are regularly missing 2 days of medication to stay on script).
- Alternatively, contacts for Service Managers are:

Centre	Centre Manager
Durham	Lynne Hall – Tel: 07977 831623. Email: lynne.hall@humankindcharity.org.uk
Bishop Auckland	Maggie Crowe - Tel 07584 238515 Email: margaret.crow@humankindcharity.org.uk
Horden / Peterlee	Derek Bilton – Tel: 07525 256924. Email: derek.bilton@humankindcharity.org.uk

The Drug and Alcohol Recovery Service manager is Jane Curtis - Tel: 07894 462476.
Email: jane.curtis@humankindcharity.org.uk

⁴ Issued November 2021 and May 2023



PHARMACY TREATMENT AGREEMENT

PATIENT NAME:.....DATE OF BIRTH.....

PATIENT PHONE NUMBER:.....

RECOVERY WORKER:.....

PRESCRIBER:.....

PHARMACY:.....PHONE:.....

The Client agrees to the following:

- I agree to take my prescriptions to my nominated pharmacy on the day they are provided to me by the Service. I accept that for any lost or stolen prescriptions, I will report this to the police and obtain a lost property number.
- I will attend my nominated pharmacy alone, collecting my medication from the pharmacist as arranged. I am aware that I may be asked to attend the pharmacy at a specific time. I accept that I will be asked to confirm my date of birth, and provide I.D. as required (particularly at my first visit and if a locum pharmacist is on duty).
- I am aware that the pharmacy will check my telephone number on a monthly basis to contact me in the rare event of a pharmacy service disruption.
- I am aware that the pharmacist will double check what dose of medication I am expecting, and will then inform me how many doses I have left on my current prescription.
- I am aware that should my behaviour be unacceptable, that the pharmacy is under no obligation to continue to supply my medication and that I will be asked by my recovery worker to attend a treatment review. I understand that this review may result in changes to my prescription or a change of pharmacy. I accept that it will be my responsibility to make the relevant transport arrangements following any change of pharmacy.
- I agree to take my medication as prescribed. If I wish to change the dose I am receiving I will contact my recovery worker.
- I understand that in the rare circumstances that I need another person to collect my medication, that I must first inform my recovery worker who will then inform the pharmacy on my behalf.
- I understand that it is an offence to supply prescribed medication to others, and that giving away or selling my prescribed medication will result in a review of my medication and the police being informed.
- I will be responsible for the safe keeping of my medication. I accept that lost medication will not be replaced.
- I acknowledge that my substitute medications are lethal to children or adults who are not prescribed. I will store my medication in a safe and secure place, well away from children and others.
- I will not bring any prescribed medication to appointments unless requested to do so by staff.
- If I am unhappy with any aspect of the pharmacy service, I agree to approach the pharmacist in the first instance.
- I agree to follow the Drug and Alcohol Recovery Service complaints procedure if I am not satisfied with my treatment package.

The Drug and Alcohol Service will:

- Pre-arrange appointments, monitor the client, and treat all clients with dignity and respect.
- Maintain patient confidentiality regarding specific details of sessions/reviews, unless there is risk to self or others.
- Liaise with the dispensing pharmacy with regard to prescription issues/changes, e.g. dose changes or collection date changes.
- Prescribe in line with the latest clinical guidelines, working with the client to determine the dosages of increase and reduction.

- Issue prescriptions that conform with the standard Home Office approved wording.
- Contact a pharmacy in advance of prescribing to agree their acceptance of individual clients, provide details of the client (this will include the recovery worker contact, drug, dose, start and end date of prescription), and confirm that the client has signed this *Prescribing Treatment Agreement*.

The Pharmacy will:

- Store prescriptions and medication safely and securely.
- Treat the client with courtesy and respect at all times.
- Maintain client confidentiality with regard to client's collection of medication.
- Supervise medication consumption in a designated area offering suitable privacy for the client, other customers and the general public. Supervision must never take place in the dispensary.
- Ask the client to confirm their date of birth and provide I.D, as required.
- Ask the client for a contact telephone number on a monthly basis to be used in rare cases of pharmacy service disruption.
- Supply medication to be consumed as take home doses in single dose containers with child resistant closures.
- Offer a drink of water following medication consumption on the pharmacy premises, in order to ensure that medication has been consumed.
- On each occasion, check with the client what dose they are expecting, and then inform the client how many doses are left on the current prescription.
- Contact the Centre to inform the prescriber if doses of medication are missed (this is essential if 3 or more consecutive days of a prescription have been missed).
- Contact the Centre to inform the prescriber of any known prison or inpatient admission / discharge.
- Be aware that if the client's behaviour is unacceptable, the pharmacy is under no obligation to continue to supply medication, and should contact the client's recovery worker who will then organise a treatment review.
- Be aware that, in the rare circumstances that the client needs another person to collect medication, that the client's recovery worker will inform the pharmacy directly.
- Inform the client's recovery worker of any changes to the client's presentation, including the general health of the client, evidence of concurrent illicit drug use, or intoxication.
- Withhold client medication if there are any significant concerns with client presentation.

Service User signature

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Appendix 3: Dates on prescriptions over a holiday period

Current Medicines, Ethics and Practice guidance (July 2023 edition, section 3.6.7 'Instalment direction for scheduled 2 or 3 controlled drugs') states that:

The first instalment must be dispensed no later than 28 days after the appropriate date. The remainder of the instalments should be dispensed in accordance with the instructions (even if this runs beyond 28 days after the appropriate date).

The appropriate date is either the signature date or any other date indicated on the prescription as a treatment start date before which the drugs should not be supplied - whichever is the later.

The prescription must be marked with the date of each supply.

The instalment direction is a legal requirement and needs to be complied with. However, because there are acknowledged practical difficulties with missed doses and dates when the pharmacy is closed (e.g. bank holidays), the Home Office approved specific wording gives pharmacists a degree of flexibility when making a supply and to ensure patient care is not compromised, provided pharmacists are satisfied of the prescriber's intention.

If the relevant Home Office approved wording is used, without the need for a new prescription, a pharmacist can:

- Supply an appropriate balance of an instalment if the interval date is missed (e.g. if 3 days' supply was directed to be supplied on day one but it was missed, it allows 2 days' supply to be issued on day two).
- Supply treatment prior to the start date on a prescription, if this is on a day the pharmacy is closed, e.g. a bank holiday. If the start date falls on a day the pharmacy is closed, based on the pharmacist's professional judgment a supply can be made on a prior suitable day, provided the signature date is before the start date and prior to the proposed supply date.

For example - A pharmacy's usual opening days are Monday to Saturday. They are closed on Monday for a Bank Holiday, reopening on the Tuesday. The first instalment on the prescription is due on the Monday when the pharmacy is closed. The prescription is signed and dated on the Friday prior to the Bank Holiday and has the appropriate Home Office approved wording. The pharmacist may therefore supply the instalment for the Monday on the Saturday (or an alternative prior date as clinically appropriate, in this case as the prescription is dated on the Friday it could be supplied on the Friday).

Additional useful information in Appendix 4 of the *Drug Misuse and dependence: UK guidelines on clinical management* (i.e. the Orange Guide) at www.gov.uk/government/publications/drug-misuse-and-dependence-uk-guidelines-on-clinical-management⁵ states that:

- Controlled drug prescriptions are valid for 28 days after the appropriate start date on the prescription. The appropriate date is either the issue date or any other date indicated on the prescription (by the prescriber) as the treatment start date before which the drugs should not be supplied, whichever is the later. There are specific circumstances, normally at holiday periods, where the pharmacy may be closed on the treatment start date. If the issue date is before the treatment start date and the appropriate Home Office wording is included regarding pharmacy closed days, the pharmacist can exercise professional judgement on the appropriate supply date to ensure there is no disruption to treatment.
- The Home Office approved wording '*Please dispense instalments due on pharmacy closed days on a prior suitable day*' is added to prescriptions to enable advance supplies on bank holidays, public holidays, or other irregular or emergency pharmacy closures. If the prescription is stating the need to provide in advance for a regular closure of a pharmacy such as on Sundays, for example, the amount to supply in advance should be stated.

⁵ Updated 15/12/17

Local FP10(MDA) prescription appearance

Pharmacists therefore have a degree of flexibility to determine how to provide the daily instalments depending on the opening hours of the pharmacy over a holiday period. The following sample FP10(MDA) is based on a regular pharmacy closing day of Sunday:

Methadone sugar free 1mg/1ml solution
Daily Dose as follows: 40ml in instalments
Total: 560ml (five hundred and sixty ml)

Treatment Period: 23/12/2023 to 05/01/2024 (dates inclusive)

Please dispense:

23/12: 80ml	24/12: 0ml	25/12: 40ml	26/12: 40ml	27/12: 40ml
28/12: 40ml	29/12: 40ml	30/12: 80ml	31/12: 0ml	1/1: 40ml
2/1: 40ml	3/1: 40ml	4/1: 40ml	5/1: 40ml	

Please dispense instalments due on pharmacy closed days on a prior suitable day.

Dispense daily doses in separate containers.

Supervise consumption on collection days.

If an instalment's collection day has been missed, please still dispense the amount due for any remaining day(s) of that instalment.

Consult the prescriber if 3 or more consecutive days of a prescription have been missed.

Appendix 4: Completing the CPPE Declaration of Competence (DoC) for the supervision of prescribed medicines

The lead pharmacist providing this service should have completed / refreshed every 2 years the CPPE DoC for supervision of prescribed medicines at <https://www.cppe.ac.uk/services/declaration-of-competence>.

The CPPE 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. by 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.

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//consult-p-02>) and Consultation skills: what good practice looks like (<https://www.cppe.ac.uk/programmes//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.cpneec.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, etc.
2. Review and/or develop relevant SOPs and policies in your practice.

Appendix 5: PharmOutcomes Declaration for Supervised Consumption 2024-25

The lead pharmacist has confirmed that:

Training

- They have completed the mandated training specified in the service specification.
- They will ensure that all other staff complete the mandated training specified in the service specification.
- They will keep up to date with guidance / service changes and cascade this to other members of staff providing the service.

Intervention

- All daily doses of methadone will be dispensed in separate containers.
- Medication will be withheld, and the DARS contacted if the client misses 3 or more doses consecutively (via an email alert from PharmOutcomes which also generates a pharmacy fee).
- All pharmacists are aware that any handwritten changes made to FP10(MDAs) will be initialled and dated by the prescriber.

Access to the service

- In the event of any service disruption, the local Recovery Centre will be informed so that arrangements can be made to prevent disruption to clients.
- Clients' contact telephone numbers will be checked each month.
- If the pharmacy is reaching its capacity for a safe client list, then the pharmacy will inform the local Recovery Centre to see if any arrangements can be made to mitigate this (the pharmacy can receive a fee for accepting a new client).