

## NORTHUMBERLAND COUNTY COUNCIL

### LOCAL PUBLIC HEALTH SERVICE SPECIFICATION 2020- 2021

<b>Service</b>	Supervised consumption of opioid substitutes for selected patients in community based treatment - Pharmacy
<b>Commissioner Lead</b>	Liz Robinson – Northumberland County Council
<b>Provider Lead</b>	Pharmacy Named Lead
<b>Period</b>	1 <sup>st</sup> April 2020 – 31 <sup>st</sup> March 2021

<b>1.</b>	<p><b>Overall purpose of service</b></p> <p>To ensure that service users in structured community based drug treatment in Northumberland have access to supervised opioid substitute treatment from community pharmacies covering access across the county.</p> <p>One element of a recovery focused drug treatment journey for opiate users is the opportunity for service users to access pharmacological interventions, including the prescribing of substitute medications, including but not limited to: Methadone, Buprenorphine, Oral Morphine (where Methadone is not tolerated), and Suboxone (where diversion is a risk). Substitute prescribing can provide a period of stability to the service user through the prevention of withdrawal symptoms and mitigate the risks to health associated with continued injecting practices. It can also remove the imperative to seek the means to purchase illicit drugs, which can lead to criminal behaviour. This is achieved through a substitute opioid drug being administered at regular intervals at a dose high enough to prevent withdrawal symptoms. This frees up the user to focus on working on goals identified through their care plan, towards the ultimate goal of recovery.</p> <p>Community pharmacies have a key role to play in the care of substance misusing service users. Through the supervised consumption of substitute medication, the pharmacist can support the service user to comply with a prescribing regime and reduce the risk of accidental overdose. In addition, this ensures that medicines are administered to the correct service user and mitigates the risk of these medicines being diverted onto the illicit drugs market. The pharmacist will also be in the unique position of being in contact with the service user on a daily basis allowing them to build a therapeutic relationship and can monitor and contribute to the wellbeing of the service user and liaise appropriately with the prescriber or key worker to share any observations and/or concerns.</p>
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<b>2.</b>	<p><b>Expected outcomes for service</b></p> <p>The service will:</p> <ul style="list-style-type: none"> <li>• Support service users to successfully complete drug treatment programmes through the supervised consumption of prescribed substitute medication.</li> <li>• Reduce the possibility of accidental poisoning and overdose and support the health gains that drug treatment programmes provide.</li> </ul>
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- Reduce harms to the communities of Northumberland by ensuring substitute medication is consumed on the premises by offering a cup of water and watching the service user swallow. This will reduce the opportunity for medicine diversion.

The specific objectives of the service are to:

- Provide supervised consumption of opiate substitution medication to service users in the community substance misuse service, ensuring that prescribed specialist medication is consumed under professional supervision and in accordance with Standard Operating Procedures.
- Dispense medication in accordance with prescription/supervision regime and monitor the service users response to the treatment.
- To reduce the risk to local communities of prescribed medication for opiate substitution being diverted to the illegal market and overuse or underuse of medication.
- Reduce the possibility of accidental poisoning, overdose and death and minimising the risk of accidental consumption by children.
- Ensure compliance with national guidance for supervision arrangements.
- To offer user-friendly, non-judgmental, client-centred and confidential services.
- To maximize the benefits that drug users will obtain from community pharmacies, such as signposting to other services, advice on safer and healthier lifestyles.
- To provide performance management information as detailed in section 7 in relation to the scheme to inform understanding of its effectiveness.
- To maintain regular contact with specialist substance misuse treatment services.
- To work in partnership with the specialist substance misuse service to promote patient safety and harm minimisation strategies and optimise treatment.

### 3. Evidence base for the service

#### National Guidance

The service will adhere to all relevant guidance including but not limited to:

- [Drug misuse and dependence – guidelines on clinical management](#) (Department of Health, 2017)
- [Models of care for adult substance misusers: updated 2006](#) (National Treatment Agency, 2006)
- [Medications in Recovery- Re-orientating Drug Dependence Treatment](#) (National Treatment Agency, 2012)
- [TA114 Methadone and buprenorphine for the management of opioid dependence](#) (NICE, 2007)

The service is expected to adhere to all such relevant guidance, including any new publications in-year, and provide details of compliance where necessary.

#### Local Information

Northumberland is the sixth largest county in England by size with a land area of 500,000 hectares (1,900 square miles) and second largest by population in the region (316,000 at the 2011 Census). However, the population within Northumberland is concentrated in the South East corner where 46% of the population reside in the former Blyth Valley and Wansbeck districts. In total these two areas cover only 3% of the total geographical area of Northumberland, giving a denser, urban concentration in this South East corner. In comparison, the rural districts of the County are very sparsely populated (0.34 people per ha). The

physical size and geographical make-up of the County present a challenge in terms of delivering services that are accessible and equitable to all residents of the community who require treatment and support.

Glasgow University drug prevalence estimates suggest there are around 1655 problematic opiate and/or crack users in Northumberland. During 2018/19, there were 935 adult drug users in treatment in Northumberland; of which 1092 were problematic drug users, using opiates as the primary substance.

#### 4. Scope of service

##### 4.1 Service description (including target group)

The service will offer supervised consumption of opioid substitutes for selected service users in the community specialist substance misuse service within Northumberland. Consumption will be supervised for either oral or sublingual administration of substitute opioid medication

##### 4.2 Entry into service (referral routes)

All referrals into community pharmacies as part of this scheme will be undertaken by the community specialist substance misuse service in Northumberland.

##### 4.3 Exit from service (discharge criteria and planning)

Discharge from the scheme will be decided by the prescriber within the community specialist substance misuse service, and this information will be shared with the relevant pharmacy provider.

##### 4.4 Inclusion/exclusion criteria

This service is for adult service users (aged 18+ years) who are accessing Northumberland's specialist substance misuse service, who require access to supervised consumption of prescribed substitute medications and which are administered either orally or sublingually. Injectable drugs are not included within the scope of this service.

There may be times that the provider wishes to exclude service users from the premises for challenging behaviour which would prevent them accessing the scheme. This could include incidents of anti-social behaviour by the service user such as:

- Shoplifting or attempted shoplifting
- Accidents and injuries
- Acts of violence towards staff or customers
- Verbal abuse including threats of violence
- Incidents of serious intoxication

In the case of severe or repeat incidents, actions taken by the provider could include verbal warnings or written warnings. The provider should report challenging behaviour to the specialist community substance misuse service who will support the provider to manage challenging behaviour. This could include the specialist substance misuse service issuing written warnings on the providers behalf, including positive behaviour requirements as part of the service users care plan/contract with the service e.g. only attending the pharmacy at certain times, not attending in groups. If the provider no longer wishes to provide a service to a particular service user, then this should be discussed with the Recovery Coordinator

within the specialist community substance misuse service prior to any decision made so that alternative arrangements can be made. This should only be used as a last resort if negotiation and earlier warnings have failed as this can negatively impact on service user outcomes and be detrimental to any relationship built up between the provider and the service user. Banning orders can have particularly negative consequences in more rural areas as there may not be another service operating within a reasonable travelling distance.

#### 4.5 Interdependencies

The service will be delivered by community pharmacies in close partnership with the community specialist substance misuse service who oversee treatment interventions delivered to service users.

There must be close liaison between pharmacist, prescriber, Recovery Co-ordinator and the service user, and a written agreement between these parties should be in place which clarifies the agreed content of the recovery plan including the prescribing regime and supervision arrangements. This agreement must be regularly reviewed.

Pharmacists are required to:

- Make reasonable efforts to accommodate all new supervised consumption service users who are referred by the treatment provider. Pharmacists will not decline new referrals for supervised consumption unless they have reached their capacity for this work or there is a valid professional clinical reason for refusal (i.e. the service user is already banned from the premises or there is an identifiable reason why it would be inappropriate for the service user to be supervised at the pharmacy). The pharmacy will not differentiate between accepting prescriptions for supervised consumption of drugs administered either orally or sublingually.
- Provide an appropriate quiet area within the pharmacy so that supervision of substitute medication protects the privacy and dignity of all service users.
- Share any appropriate comments or concerns regarding the progress, conduct or presentation of service users, including any untoward incidents which occur in the pharmacy, with the Recovery Coordinator in the treatment service as soon as possible (e.g. deterioration in physical, mental, non-fatal overdose and safeguarding concerns. Also respond to enquiries from the substance misuse service pertaining to the issues referred to above.
- Comply with information sharing arrangements between the pharmacy, community specialist substance misuse service and the service user as defined in the service user contract, which will be signed by all parties prior to the service commencing.
- Communicate information on missed and withheld doses with the treatment provider on a daily basis and likewise pass on information from the specialist community substance misuse service to the service user such as appointments.
- Participate in annual audit activity including site visits and share non-personalised data relating to the service to support service review and development.
- Refer service users into the community specialist substance misuse service to access blood borne virus (BBV) interventions, including testing for HIV and testing and vaccination for Hepatitis C & B, as appropriate.
- Inform the substance misuse service of the death of a service user.
- Provide information and advice with appropriate signposting or referral on:
  - Safe storage and disposal of medicines
  - Overdose prevention and naloxone provision
  - Alcohol awareness
  - Advice on polypharmacy of prescribed medications.
  - Smoking brief advice and referral to Stop Smoking Services.

- Healthy eating and exercise
  - Sexual health advice and condom provision where appropriate.
  - Oral health.
  - Take Home Naloxone available from substance misuse service
- Liaise with and refer into other services as appropriate to meet the needs of service users (with service user consent).
  - Behave in a respectful manner towards the service user ensuring that the service is patient centred, confidential, user friendly and non judgmental.
  - Have in place Business Continuity Arrangements

The community specialist substance misuse service will:

- Ensure that all service users have been through the process of comprehensive assessment to establish suitability for community drug treatment, including for the provision of prescribed substitute medications.
- Follow national guidelines relating to supervised consumption, which recommend supervised consumption of medication for at least the first three months of treatment.
- Complete regular clinical reviews of all service users in receipt of a supervised consumption service at regular intervals in line with locally agreed timescales. These reviews will assist in ascertaining when a service user is able to take responsibility for managing their medication through the provision of take-home doses.
- Ensure that the named Recovery Coordinator assigned to every service user receiving pharmacological treatment requiring supervised consumption is shared with the pharmacy.
- Ensure that any reports from pharmacies of clinical or untoward incidents involving a service user are given a response within one working day.
- Ensure that all prescriptions issued are compliant with legal requirements, stating that consumption will be under supervision and specify any weekend or Bank Holiday 'take home' doses.
- Ensure that all prescriptions will be delivered to the pharmacy within appropriate agreed timescales for the pharmacist to dispense. Only unforeseen and exceptional circumstances, such as unprecedented changes to medication, should result in a prescription being presented to the pharmacy on the same day that it is to be dispensed.
- Ensure that all new service users (including service users transferring from another pharmacy) are discussed with the pharmacy prior to treatment being commenced and that the pharmacist receives advance warning of prescriptions for new service users. This is to ensure that the pharmacy has sufficient capacity to supervise an additional substitute prescription and to ensure that the pharmacy is adequately prepared.
- Be mindful of a pharmacy's available capacity for dispensing and supervised consumption when referring new service users.
- Participate with local partners in community safety initiatives where it does not compromise the therapeutic relationship with service users.

#### 4.6 Location of service

The service will be delivered from any provider site within Northumberland that has applied for the scheme and has been approved following satisfaction of all of the eligibility criteria. Northumberland County Council will reserve the right to contract with providers based on the needs of the local populations and as such may not contract with pharmacies that qualify for the scheme but are in areas with adequate provision.

#### 4.7 Geographic coverage of service

There will be no boundary delineated and service users will have the choice of which pharmacy to access, regardless of where they live (as long as that pharmacy has capacity), and to access whichever pharmacy suits their wider needs such as access to work and childcare commitments.

#### 4.8 Service availability (opening hours)

As a minimum, all pharmacies involved in the delivery of this service will be required to operate between the hours of 9.00 am-5.00 pm Monday to Saturday . However, due to the nature of the service user group, there will be a requirement for some service delivery beyond these hours, including evening service delivery where possible.

#### 4.9 Service Delivery

##### 4.9.1 Service model

In order to deliver the required aims, outcomes and objectives of the service, pharmacists must deliver the following elements of service.

##### New service users

New service users will be identified when they have presented to community specialist substance misuse service and been assessed as suitable for opiate substitution therapy. A process of titration will be undertaken by a suitably qualified clinician. When an optimum dosage has been established the service user will embark on a period of maintenance of which daily supervised consumption will be a feature. National guidelines state that this will be for a minimum of three months before suitability for take home doses is assessed.

When a service user is prescribed for the first time, the clinician will discuss with them where they would like dispensing and supervised consumption to take place. Before this is agreed with the service user, the clinician will contact the relevant pharmacist to ensure that they have available capacity to take on the service user and will introduce the new service user to the pharmacist via a verbal or written history. If this is agreed the service user will take their prescription, along with identification to the Pharmacist, who will be expecting them. This is for the first prescription only, and subsequently they will be delivered to the pharmacy by the treatment agency. The service user will be issued with a copy of their individual agreement, which will outline what is expected of the service user and also what the service user can expect when they attend the pharmacy for their medication and outlines when information will be shared with other parties. This will be signed by the service user and the community drug treatment provider and a copy of this signed agreement will be shared with the pharmacy.

##### Routine dispensing

Medications which have been prescribed on an FP10 or FP10(MDA) will specify dispensing for a maximum of 14 days. Routinely, specialist treatment providers will arrange for delivery of prescriptions to the individual pharmacies involved in the scheme.

The service user will then attend the pharmacy at the mutually agreed time and the pharmacist will supervise the self-administration of the medication (except in the case where doses are dispensed for the patient to take away to cover days that the pharmacy is not open). This must be carried out in a suitably private area of the pharmacy, for example in a consultation room or failing that in a dedicated quiet area

of the pharmacy. The service user should be involved in the decision where to supervise as some service users may wish to use a private room, while others feel this draws further attention to themselves in front of other customers.

#### Supervision of orally administered medication

The service user has the choice whether to consume their dose from a disposable cup or direct from the labelled bottle. All cups used are only for single use for hygiene purposes. Once the dose has been taken, the pharmacist must observe the service user drinking water which has been provided by the pharmacist. The service user must not be allowed to drink from bottles or containers they have brought with them as this may be used to conceal a dose which has not been swallowed. If the service user refuses the offered water, the pharmacist should engage the service user in conversation to ensure that the dose has been swallowed. If the service user refuses to take their entire dose, they should be encouraged to do so, if they continue to refuse however, the prescriber must be made aware at the earliest possible opportunity.

#### Supervision of sublingually administered medication

At the first instance of Buprenorphine or Suboxone being dispensed to a service user the pharmacist must make the service user aware that it should have been 8 hours at least since the last use of opiates such as heroin and at least 24 hours since last use of methadone. This is to reduce the risk of precipitated withdrawal and ideally the service user should commence Buprenorphine or Suboxone treatment when in the early stages of withdrawal and suffering mild symptoms.

All doses of Buprenorphine or Suboxone are to be crushed unless otherwise stated on the prescription. Service users should be provided with a drink of water prior to dosing and advised that this will assist in the absorption of the drug. The service user should be made aware of the mechanism of sublingual absorption and made aware of the importance of not swallowing the dose. The pharmacist should observe the service user tipping the drug into their mouth and be aware of possible attempts to divert it into pockets or sleeves ('palming' it). The service user must be observed until they can demonstrate that all of the powder has been absorbed. This could take between 3-5 minutes. It is important to ensure this is complete as ineffective supervision in other areas of the country has led to the development of a market for partially consumed tablets. If the service user refuses to take their entire dose, they should be encouraged to do so, however if they continue to refuse, this should be reported to the prescriber at the earliest possible opportunity.

#### 4.9.2 Multiple pick-ups

If a service user misses a dose, there is a risk that their tolerance could be reduced, increasing risk of overdose if the usual dose is taken. All doses of take home medication are to be dispensed in child resistant containers. Advice regarding the safe storage at home of medication should be provided to the service user by the pharmacist. When service users move from daily supervision to take home doses for the first time, advice should include stressing of the importance of not sharing medication, and the risks of overdose relating to taking more than the prescribed dose at a time.

#### 4.9.3 Missed doses

If a service user does not attend for their medication then the pharmacist must record on their prescription next to the relevant date, 'not dispensed'. If the service user misses their dose, they should attend the following day to resume their course of treatment. If a service user misses two consecutive days pick up, the specialist community substance misuse service must be notified immediately and the following dose, on day three, may be administered. If a service user misses three consecutive doses the

pharmacist must obtain advice from the substance misuse service before further doses are administered. In addition, if a service user misses three non-consecutive doses in a 14 day period, dispensing may continue but the prescriber must be informed. In cases where doses have been withheld, no further dispensing is permitted until the prescriber authorises such action. This may be following an assessment by a clinician to determine possible reduction of tolerance.

#### 4.9.4 Intoxication

Medication must not be dispensed when the pharmacist, using their professional judgement, feels that the service user is significantly intoxicated due to drug or alcohol use. If the pharmacist suspects a service user is intoxicated they must contact the prescriber for advice and the service user informed of the advice given by the treatment provider. If this occurs when the prescribing agency is not available, for example at the end of the working day or on a weekend, the service user may be asked to return later in the day if possible. If that is not possible, or the service user attends and is still considered significantly intoxicated, the pharmacist will withhold the dose. If this is the first or second dose that has been missed or withheld, the service user may attend the following day, and if not intoxicated, can be given their dose. In all circumstances where a dose is withheld due to intoxication concerns, the prescriber will be informed by the pharmacist at the earliest possible opportunity.

#### 4.9.5 Incident Management

##### Untoward incidents

Any incident which causes concern to the pharmacist should be shared with the prescriber. This can include but is not limited to:

- Shoplifting or attempted shoplifting
- Accidents and injuries
- Acts of violence towards staff or customers
- Verbal abuse including threats of violence
- Incidents of serious intoxication
- Attempts to alter prescriptions
- Attempts or suspicions about medication diversion
- Concern for children
- Concerns over multiple prescribing and the dangers of drug interactions on central nervous system depression.
- Accidental or deliberate overdose

These will be discussed with the prescriber but do not automatically permanently exclude service users from service provision, risks will be discussed and agreement made collectively about the future use of the pharmacy by the service user.

In addition, any near misses related to pharmacy or prescriber error must be reported to the prescriber as soon as practicable.

##### Serious Untoward Incidents

Serious untoward incidents are most likely to concern errors in prescribing, dispensing or supervised consumption of doses and the prescriber must be notified so that they can provide advice regarding any action that may need to be taken. Prescribing errors need to be reported to the commissioner and clinical governance lead of the prescribers employer.



Serious untoward incidents can include, but are not limited to:

- Allowing a dose to be taken away when supervision is specified. The prescriber must be informed if this occurs but it is unlikely any further action will be required, unless more than one dose is dispensed to be taken away, in error. In which case, the treatment provider may need to attempt to contact the service user as there may be a risk of overdose.
- Incorrect dose dispensed. If the error is identified while the service user is still in the pharmacy they should be asked to remain while contact is made with the prescriber to discuss action. If the service user refuses to remain, the pharmacist should attempt to acquire contact details and must explain that an error has occurred and this is for the service users own safety. The action that will be necessary will depend on the size of the dosage error but if the risk of overdose is significant, the service user may need to attend the Accident and Emergency department.

In addition to reporting this type of incident to the prescriber, actual dispensing errors, as opposed to near misses, must also be reported to the appropriate Controlled Drugs Accountable Officer as well as the commissioner of the service. All supervision errors which result in the service user receiving an incorrect dose, must also be reported to the General Pharmaceutical Council (GPhC) inspector.

#### 4.9.6 Confidentiality

The Supervised Consumption of Medicines scheme will be run as a confidential service and will aim to protect the dignity and privacy of the service users. All records pertaining to supervised consumption that contain personal information or information that could lead to the identification of a service user will be kept confidential and held in a secure manner. This includes the storage of prescriptions. Any prescriptions not dispensed will be shredded in the pharmacy and the prescriber made aware. All service user documentation that is no longer needed will be disposed of as confidential waste and not disposed of in general waste unless shredded. Labels that have been used on dispensing containers will be treated as confidential waste and will be removed from the containers and destroyed.

Information may be shared between the healthcare professionals involved in the care of service users, such as between the pharmacist and the community drug treatment service without compromising the rights of the service user to confidentiality. A three-way agreement between the pharmacy, community drug treatment provider and the service user will be signed at the commencement of treatment and will clearly outline the processes for information sharing between the parties. Information about the service user's participation in the scheme cannot be shared any further however, without service user consent. The pharmacist must make every effort to ensure that such privacy in the pharmacy exists so that service users are not readily identified to other customers as drug users.

#### 4.9.7 Needle exchange scheme relationships

The purpose of structured drug treatment, including substitute prescribing, is to provide service users with the opportunity to cease illicit drug use and stabilise their lives. As with all habitual behaviour meaningful change in drug use will take time. As such, while stabilising on substitute medication, service users may continue their illicit drug use. During this time, it is the role of the pharmacy to support service users to reduce the harm of their drug use and to encourage them to comply with their treatment regime.

Some pharmacies will sign up to, and deliver, both supervised consumption of medicines and also needle exchange schemes from the same location. Service users who use the supervised consumption scheme should not be excluded from using the needle exchange scheme and they are not mutually exclusive. While service users are using both they should be considered as separate and although communication

with prescribers regarding supervised consumption is encouraged and should be considered where safeguarding issues are identified in respect of behaviour which would constitute a risk of harm to self or others, there is not a requirement to routinely share information unless explicitly endorsed by the service user and outside of these instances information shared without consent or to specifically reduce risk of harm would be considered a breach of confidentiality. Pharmacists may use their relationships with service users to discuss risk management such as their continued injecting behaviours, including risks around overdose when using on top, overdose awareness, naloxone provision and encourage the service user to discuss this with their prescriber, or offer to do so on their behalf, however this must only be with the explicit permission of the service user.

#### 4.9.8 Service user agreements

All service users in receipt of supervised consumption of prescribed substitute medications will sign an agreement with the specialist substance misuse service, copy of which will be shared with the pharmacy. This will outline what is expected of the service user and what they in return should expect when they attend the pharmacy for their medication. The agreement will also specify information sharing arrangements between pharmacy, community specialist substance misuse service and the service user.

## 5. Quality standards for services

- All pharmacists delivering the service will need to demonstrate that they have completed the Centre for Pharmacy Postgraduate Excellence (CPPE) distance learning course “Substance Use and Misuse” available from [www.cppe.ac.uk](http://www.cppe.ac.uk).
- The pharmacist has a duty to ensure that all staff involved in the provision of the service are competent and have relevant knowledge and are appropriately trained in the operation of the service.
- All pharmacists should ensure that a representative from their pharmacy attends training delivered by the substance misuse services as required.
- Relevant, on-going, harm reduction training will be provided to Pharmacists and their staff by the commissioned drug and alcohol treatment provider.
- Making Every Contact Count (MECC) is an evidence- based approach promoted by NICE that supports front line staff to deliver “health promoting conversations' ' as part of routine practice. There is good evidence that doing this at scale will encourage a proportion of the population into positive behaviour change across a range of lifestyle issues e.g. smoking, alcohol and physical activity. The provider will partake in available training to embed a MECC approach to service delivery. Further information about MECC can be found at <https://www.makeeverycontactcount.co.uk/>
- The pharmacy must demonstrate that service and monitoring guidelines are followed throughout the provision of this service.
- All Serious Untoward Incidents must be reported to the commissioner, and in the case of dispensing errors, SUIs must also be reported to the appropriate Controlled Drugs Accountable Officer.
- The pharmacy must participate in any audits of service provision and update training.
- The pharmacy must cooperate with any locally agreed NCC-led assessment of service user experience.
- Provide an appropriate quiet area within the pharmacy so that supervision of substitute medication protects the privacy and dignity of all service users.
- The accredited pharmacist and/or pharmacy staff will complete all necessary paperwork and collect data as agreed, to enable monitoring and evaluation of the service.

- The pharmacy must maintain appropriate records to ensure effective on-going service delivery and audit. Records will be confidential and should be stored securely and for the length of time expressed in local NHS record retention policies.
- Pharmacists may need to share relevant information with other healthcare professionals and agencies, in line with locally determined confidentiality arrangements, including, where appropriate, the need for the consent of the service user to share the information.

## 6. Accessibility of service

Service users will, within reason, be able to choose which pharmacy to attend, which does not have to be the closest to their home, to meet their needs including relating to employment activities and child care. In addition, to better meet these needs and to promote stability, service users will agree with pharmacy staff a time to attend the pharmacy that is mutually convenient.

All pharmacists will make efforts to ensure that premises are accessible in line with the Equality Act 2010 and should not exclude groups such as those with limited mobility or pushchair users.

The pharmacist will work within the framework of the Northumberland County Council Equality Policy: <http://www.northumberland.gov.uk/About/Equality.aspx#equalityinnorthumberland>

The pharmacist shall conduct an annual Equality Impact Assessment (EIA) on services and implement improvements identified. The EIA will be shared with the commissioner and will be reviewed annually.

## 7. Safeguarding

Due to the regular contact community pharmacies have with service users and their families, they are well placed to identify and raise safeguarding concerns such as child neglect, self neglect, violence, abuse, sexual, financial and criminal exploitation. All staff need to be familiar with local safeguarding arrangements and the process for reporting concerns. This includes participating in regular safeguarding training.

Information about Northumberland's childrens safeguarding arrangements are available at <https://www.northumberland.gov.uk/Children/Safeguarding.aspx>

Information about Northumberland's adults safeguarding arrangements are available at <https://www.northumberland.gov.uk/Care/Support/Safeguarding.aspx>

## 8. Performance management framework

Quantitative and qualitative information will be used to evaluate the scheme. Pharmacies will be monitored on:

- the number of transactions completed.

The following data is to be supplied monthly by the pharmacy:

Index  
 Presentation date  
 Age  
 Gender  
 Ward (derived from entered postcode)  
 LSOA (derived from entered postcode)  
 Ethnicity  
 Method of administration (oral or sublingual)  
 Opioid substitute  
 Number of doses dispensed (single/multiple)

Qualitative information may be gathered via informal service user feedback.

#### Audit

Audit may be carried out on both the activity and quality elements of the service.

Activity audits may include consideration of:

- Activity volumes and associated payments
- Contribution to performance targets
- Equity of provision

Quality audits may include consideration of:

- Compliance with policy and guidance
- Qualification as provider relating to staff training
- Qualification as provider relating to requirements for premises and equipment
- Reporting of serious untoward incidents
- Patient and user feedback, including compliments and complaints

The Pharmacy must allow the commissioner's internal and other nominated auditors access to all or any papers and relevant data relating to this agreement for the purposes of audit. The pharmacy must fully cooperate to carry out service evaluation audits.

A programme of audit will be set out each year.

#### **9. Price**

For supervised consumption of medication administered orally a fee of £1.50 will be paid per supervision.

For supervised consumption of medication administered sublingually a fee of £2.00 will be paid per supervision.

These costs will be reviewed annually.

Payment for this service will be made on a monthly or quarterly basis. Payment to pharmacies will be provided according to timely and complete data submitted to the Public Health Team through the LPHS Commissioning Portal. For data submitted after the monthly data submission date, payment will not be processed that month. Activity data will be retained and payment will be made the following month. If the data is submitted after the quarter cut off period, payment will not be paid. Cut off dates are outlined in the contract.

Data should be submitted on the electronic record form provided within the LPHS Commissioning Portal; this will be a web based individual record form. The web form should be uploaded as it is completed with final notification of the month or quarters total upload completed by 5<sup>th</sup> of the month. Uploading the electronic records will trigger the appropriate payments.

No payment will be made retrospectively for any part of this service conducted prior to 1<sup>st</sup> April 2020 or after final annual accounts have been closed for the current financial year.