

ITT SCHEDULE 1F

PRIMARY CARE PUBLIC HEALTH SERVICES

SERVICE SPECIFICATION

PROVISION OF COMMUNITY BASED SUPERVISED CONSUMPTION SERVICES

1 INTRODUCTION

The Council is seeking a range of local Community Pharmacies as Providers of a local community based supervised consumption service. The Service aims to provide supervision of safe oral or sublingual self-administration of methadone, buprenorphine, buprenorphine in combination with naloxone and naltrexone by Service Users as part of an agreed substance misuse treatment programme.

1.1 National Context

Community Pharmacies provide a significant point of contact for Service Users, often having regular daily contact with them. The role of the Community Pharmacist in the care of Service Users is therefore considered crucial, as is communication between Pharmacists and other professionals involved in the care of Service Users. The guidelines recommend that medical practitioners should not prescribe in isolation and should promote a multi-disciplinary approach to treatment through “shared care” agreements.

Currently, treatment services for drug and alcohol misuse are commissioned against relevant national guidance. This includes though is not limited to:

- Models of Care for Treatment of Adult Drug Misusers (National Treatment Agency, 2002).
- Models of Care for Treatment of Adult Drug Misusers: Update 2006 (National Treatment Agency, 2006).
- Drug Misuse and Dependence: UK Guidelines on Clinical Management (Department of Health, 2007).

- Commissioning for Recovery: Drug Treatment, Re-integration and Recovery in the Community and Prisons. A Guide for Drug Partnerships (National Treatment Agency, 2010).

1.2 Local Context

Sunderland has a population of 277,150 based on Office for National Statistics (ONS) mid-year population estimates for 2015. Overall Sunderland has more females (142,194; 51%) than males (134,956; 49%).

Estimates of prevalence of opiate and crack cocaine use in 2011/12¹ applied to mid-year population estimates for 2015 suggest that Sunderland has:

- 6.9 per 1,000 population aged 15-64 opiate and/or crack cocaine users (around 1,249 people) compared to an England rate of 8.4 per 1,000;
- 5.9 per 1,000 population aged 15-64 opiate users (around 1,069 people) compared to an England rate of 7.3 per 1,000;
- 3.2 per 1,000 population aged 15-64 crack users (around 584 people) compared to an England rate of 4.8 per 1,000;
- 2.6 per 1,000 population aged 15-64 injecting opiate and/or crack users (around 462 people) compared to an England rate of 2.5 per 1,000.

In 2015-2016², there were 1,222 adults in drug treatment. Around 13% of adults in treatment successfully completed treatment, and of those who successfully complete treatment approximately 90% did not return to treatment within 6 months. During 2015/16², 449 adults started a new treatment journey, and of which 69 (15%) left treatment in an unplanned way before 12 weeks. The remaining 380 (85%) were retained in treatment for at least 12 weeks or successfully completed treatment.

In Sunderland during 2016/17, there were 33 Community Pharmacies involved in the delivery of the local supervised consumption service.

2 PURPOSE AND OUTCOMES

2.1 Purpose

Community Based Supervised Consumption Services are intended to play a key role in the care of substance users, through the provision of services to supervise safe oral or sublingual self-administration of methadone, buprenorphine, buprenorphine in combination with naloxone (suboxone) and naltrexone by Service Users as part of an agreed substance misuse treatment programme.

The Community Pharmacist is instrumental in supporting drug users in complying with their prescribed regime, therefore reducing incidents of accidental deaths through overdose. In addition through supervision, pharmacists are able to minimise the

¹ *Liverpool John Moores University and Glasgow Prevalence Estimation, 2014*

² *Adults – drugs JSNA support pack: key data to support planning for effective drugs prevention, treatment and recovery in 2017-18 for Sunderland.*

diversion of controlled drugs, which may also help reduce drug related deaths in the wider community.

2.2 Vision

The vision for the Community Based Supervised Consumption Service is to provide an accessible, confidential and safe environment for people with drug dependency to comply with their prescribing regime, thereby reducing incidents of accidental deaths through overdose and reducing harm to the wider community through preventing diversion of controlled drugs.

2.3 Programme Outcomes

2.3.1 The Providers will collectively contribute to the following indicators identified by the Public Health Outcomes Framework 2016-2019 from Public Health England <http://www.phoutcomes.info/>

Domain	Indicator
<u>Health Improvement</u>	Reduction in deaths from drug misuse.

The Provider will also make a contribution to the following outcomes:

2.3.2 A reduction in harm associated with drug misuse by increasing retention in specialist substance misuse treatment.

2.3.3 A reduction in the diversion of prescribed medicines onto the illicit drugs market.

2.3.4 The prevention of overdose.

2.4 Individual Outcomes

2.4.1 The Provider will:

- a. Dispense the medication in specified installments at an appropriate time, in line with the Service User's prescription;
- b. Ensure that each supervised dose is correctly consumed by the Service User for whom it was intended;
- c. Monitor the Service User's response to prescribed treatment including (but not limited to) any signs of overdose, during titration of doses, at times when doses are changed, if the Service User appears intoxicated, or if the Service User has missed doses (any missed or uncollected doses must be recorded);
- d. Highlight any issues that are identified to the prescriber;
- e. Provide appropriate support, advice and harm reduction information to the Service User, including sign posting to Primary Care, Specialist Services or other Public Health Services such as Needle Exchange where appropriate.

2.4.2 The Provider will support the reduction of risk to local communities resulting from:

- a. Over-usage or under-usage of medicines;
- b. Diversion of prescribed medicines onto the illicit drugs market;
- c. Accidental exposure to the medicines.

3 SERVICE CRITERIA

3.1 Inclusion Criteria

3.1.1 Supervised consumption is available to a person, in receipt of a valid prescription issued by the Sunderland Integrated Substance Misuse Treatment and Harm Reduction Service (currently Wear Recovery), who is one or more of the following:

- a. A resident of Sunderland;
- b. In the process of moving to live in Sunderland;
- c. Registered with a Sunderland GP.

3.1.2 The Sunderland Integrated Substance Misuse Treatment and Harm Reduction Service (currently Wear Recovery) will ensure that Service Users have access to appropriate information about the community pharmacy that are Providing community based supervised consumption service including information on opening hours.

3.1.3 The Sunderland Integrated Substance Misuse Treatment and Harm Reduction Service (currently Wear Recovery) will ensure that Service Users are aware of what constitutes unacceptable behaviour as part of their 'behaviour contract'.

3.2 Exclusion Criteria

3.2.1 There are no exclusions to the Service on the basis of gender, race, sexual orientation, physical and/or mental impairment or any other protected characteristic, though the Provider will be able exclude Service Users where:

- a. Acceptable behaviour is not upheld.
- b. A professional risk assessment indicates that the Service User poses a serious risk to staff, other Service Users and/or members of the public.

3.2.2 Where a Service User is excluded from the Service, this must be discussed with the Service User and information must be provide about other available Supervised Consumption Service.

- 3.2.3 The Provider will, for all cases where exclusion is made, inform the Sunderland Integrated Substance Misuse Treatment and Harm Reduction Service (currently Wear Recovery) (who are the issuers of the prescription for supervised consumption) as soon as possible and within 24 hours of the exclusion taking place.

4 SERVICE DESCRIPTION

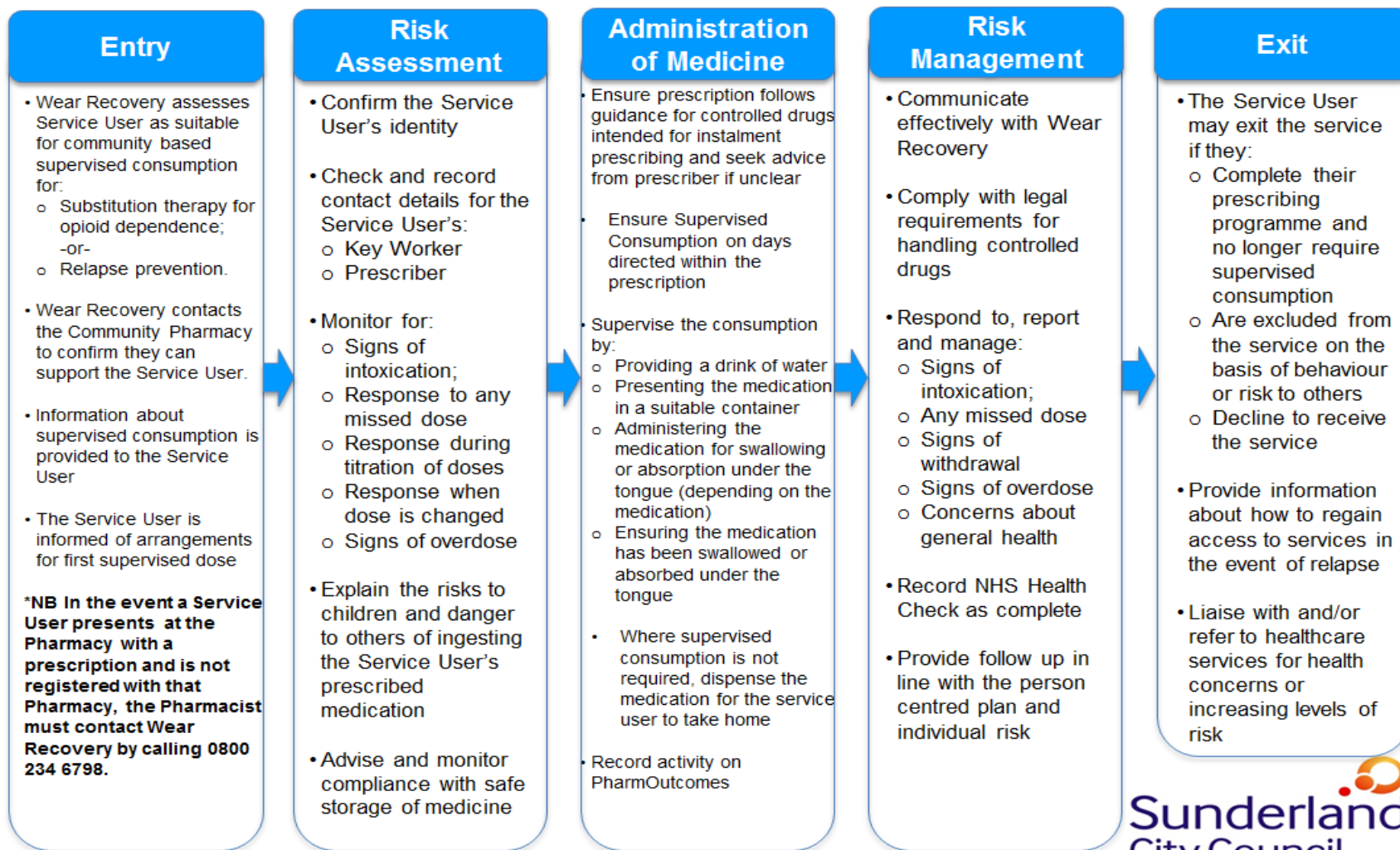
4.1 Service Overview

- 4.1.1 The Service will be provided in conjunction with the Sunderland Integrated Substance Misuse Treatment and Harm Reduction Service (currently Wear Recovery) or other Specialist Substance Misuse Treatment Service for example for Service Users transferring into the area or released from Prison.
- 4.1.2 The Provider will supply supervised consumption of the following medicines as substitution therapy for Service Users with opioid dependence:
- a. Oral self-administration of methadone;
 - b. Sublingual self-administration of buprenorphine;
 - c. Sublingual self-administration of buprenorphine in combination with naloxone.
- 4.1.3 The Provider will provide supervised consumption of the following medicine as relapse prevention for Service Users who were formerly opioid-dependent and who are opioid-free:
- a. Oral self-administration of naltrexone.
- 4.1.4 The Provider will offer a confidential, user-friendly, non-judgmental service.
- 4.1.5 The Provider will ensure that supervised consumption will be undertaken in a designated area of the Community Pharmacy, which provides a sufficient level of privacy and safety for Service Users and Staff.
- 4.1.6 Service Users will be informed of the times of day they are able to access the Service.
- 4.1.7 The Service is divided into five areas of activity (Clause 4.2 – 4.6).
- a. Entry to the Service;
 - b. Risk Assessment;
 - c. Administration of Medication;
 - d. Risk Management;
 - e. Exit.

The care pathway for the local community based supervised consumption service is summarised in the process flow chart (Figure 1).

Figure 1: Flow Chart Summary of the Sunderland Local Community Based Supervised Consumption Service

Process Flow Chart – Supervised Consumption



4.2 Entry to the Service

4.2.1 Service User enters the Service when they are assessed by the Sunderland Integrated Substance Misuse Treatment and Harm Reduction Service (currently Wear Recovery) to be suitable for and willing to engage in community based supervised consumption for:

- a. Substitution therapy for opioid dependence; or
- b. Relapse prevention for former opioid-dependence.

In the event a Service User presents to the Provider with a prescription and is not registered with the Provider, the Provider must contact Sunderland Integrated Substance Misuse Treatment and Harm Reduction Service (currently Wear Recovery) to verify that the Service User is registered with the Sunderland Integrated Substance Misuse Treatment and Harm Reduction Service (currently Wear Recovery).

4.2.2 Sunderland Integrated Substance Misuse Treatment and Harm Reduction Service (currently Wear Recovery) will contact the Service User's chosen Community Pharmacy prior to initiating prescribing to confirm that the Provider has the capacity to take on new Service Users. In the event that there is no capacity at the Service User's chosen Community Pharmacy, the Sunderland Integrated Substance Misuse Treatment and Harm Reduction Service (currently Wear Recovery) will identify a suitable alternative.

4.2.3 The Sunderland Integrated Substance Misuse Treatment and Harm Reduction Service (currently Wear Recovery) will ensure that Service Users are provided with written and verbal information about the Service which includes (but is not limited to):

- a. An explanation of supervised consumption;
- b. Opening and closing times of the Community Pharmacy including cover over bank holidays;
- c. Risks of overdose;
- d. Loss of tolerance following missed or uncollected doses.

4.2.4 The Sunderland Integrated Substance Misuse Treatment and Harm Reduction Service (currently Wear Recovery) will inform the Service User of arrangements for first and subsequent supervised doses with the Community Pharmacy that will be acting as their Provider for the Service.

4.3 Risk Assessment

The Provider will:

4.3.1 Ensure that the contact details of the Service User's named Key Worker and Prescriber within the Sunderland Integrated Substance Misuse Treatment and Harm Reduction Service (currently Wear Recovery) are recorded.

- 4.3.2 Ensure confirmation of the identity of the Service User before dispensing any medication. The Provider will be supplied with a photograph of the Service User or other appropriate method of identifying them as agreed with the Sunderland Integrated Substance Misuse Treatment and Harm Reduction Service (currently Wear Recovery).
- 4.3.3 Monitor the Service User's on-going suitability and response to the prescribed treatment including (but not limited to):
- a. If the Service User appears intoxicated;
 - b. If the Service User has missed doses;
 - c. During titration of doses;
 - d. At times when doses are changed;
 - e. Any signs of overdose;
 - f. Compliance with safe storage.
- 4.3.4 Explain the risks to children and the danger to others of ingesting the prescribed medication and emphasise the importance of safe storage at the first and subsequent attendances.

4.4 Administration of Medication

- 4.4.1 The Home Office ([Home Office Circular 027/2015](#)) has approved the following wording for use on prescriptions for controlled drugs intended for instalment prescribing:
- a. Please dispense instalments due on pharmacy closed days on a prior suitable day.
 - b. If an instalment's collection day has been missed, please still dispense the amount due for any remaining day(s) of that instalment.
 - c. Consult the prescriber if 3 or more consecutive days of a prescription have been missed.
 - d. Supervise consumption on collection days.
 - e. Dispense daily doses in separate containers.

Any or all of these statements may be added to the prescription to express the Prescriber's intention.

- 4.4.2 If, in the professional judgment of the Provider, the intention of the Prescriber is not clear, then the Provider must contact the Sunderland Integrated Substance Misuse Treatment and Harm Reduction Service (currently Wear Recovery) for advice and clarification.

- 4.4.3 Any Prescriptions not using the wording stated in Clause 4.4.1 may still be dispensed if the prescription clearly express the intentions of the Prescriber. If there is any uncertainty regarding the authenticity of the Prescription, the Provider is to contact Sunderland Integrated Substance Misuse Treatment and Harm Reduction Service (currently Wear Recovery) for advice.
- 4.4.4 Where multiple instalments are being dispensed (e.g., public holidays, other days when the Community Pharmacy is closed) the Provider must supervise the consumption of that day's instalment on the premises and dispense the remaining "take out" instalments in separate, suitable, labelled containers with "child safe" lids for each of the days that the Community Pharmacy is closed.
- 4.4.5 The Provider will supervise the consumption of the following at the point of dispensing to ensure that the dose has been administered appropriately to the Service User to reduce the diversion of medication, this includes:
- a. Oral self-administration of methadone (Clause 4.4.6 a-e);
 - b. Sublingual self-administration of buprenorphine (Clause 4.4.7 a-c);
 - c. Sublingual self-administration of buprenorphine in combination with naloxone (Clause 4.4.8 a-c).
 - d. Oral self-administration of naltrexone (Clause 4.4.9 a-d).
- 4.4.6 In undertaking the supervised consumption of **methadone**, the Provider will:
- a. Provide the Service User with drinking water to facilitate administration and reduce the risk of doses being held in the mouth.
 - b. Present the medicine to the Service User in a suitable receptacle.
 - c. Ensure that where a Service User's dose is measured out in advance of their visit, suitable storage containers with lids are used. These will be individually labelled with the Service User's name, date and dose.
 - d. Remove or anonymise all identifying labels prior to disposal of these containers.
 - e. Ensure that the Service User has swallowed the dose after it has been placed in the mouth by speaking to and offering a drink of water to the Service User. Disposable plastic cups will be used for this purpose. Service Users will not be allowed to consume their own drinks from cans or bottles as this affords them the opportunity to spit the dose out into the can or bottle.
- 4.4.7 In undertaking the supervised consumption of **buprenorphine**, the Provider will:
- a. Provide the Service User with a drink of water in a plastic disposable cup before the medicine is presented to the Service User. This will help ensure that the dose is absorbed as rapidly as possible.
 - b. Present the medication to the Service User in tablet form in a suitable receptacle such that the dose is placed under the tongue.
 - c. Observe the Service User for three minutes. The tablet(s) may not have disappeared completely, but the majority of the dose will have been absorbed.

4.4.8 In undertaking the supervised consumption of **buprenorphine in combination with naloxone** the Provider will:

- a. Provide the Service User with a drink of water in a plastic disposable cup before the medicine is presented to the Service User. This will help ensure that the dose is absorbed as rapidly as possible.
- b. Present the medication to the Service User in tablet form in a suitable receptacle such that the dose is placed under the tongue.
- c. Observe the Service User for three minutes. The tablet(s) may not have disappeared completely, but the majority of the dose will have been absorbed.

4.4.9 In undertaking the supervised consumption of **naltrexone**, the Provider will:

- a. Provide the Service User with a drink of water in a plastic disposable cup before the medicine is presented to the Service User. This will help ensure that the dose is swallowed quickly.
- b. Present the medicine to the Service User in a suitable receptacle.
- c. Present the medication to the Service User in tablet form in a suitable receptacle.
- d. Ensure that the Service User has swallowed the dose after it has been consumed by speaking to and offering a drink of water to the Service User. Disposable plastic cups will be used for this purpose. Service Users will not be allowed to consume their own drinks from cans or bottles as this affords them the opportunity to spit the dose out into the can or bottle.

4.5 Risk Management

4.5.1 The Provider will abide by all legal requirements when dealing with controlled drugs. The Provider must not dispense the prescription if it does not comply with legal requirements.

4.5.2 The Provider will ensure effectively communication methods are established and maintained with Sunderland Integrated Substance Misuse Treatment and Harm Reduction Service (currently Wear Recovery and must as dispensing and supply of controlled drugs can be refused in certain circumstances including (but not limited to):

- a. If the Provider believes the prescription is not genuine;
- b. If the Provider believes the prescription is not for the person named on the prescription form;
- c. If the Provider believes the Prescriber has made a clinical error or that the prescription is clinically inappropriate;
- d. If the Service User, or anyone with them, behaves or threatens to behave violently, or commits or threatens to commit any criminal offence in the Providers premises.

- 4.5.3 Service Users may have treatment withheld as a result of a professional risk assessment. This may include (though is not limited to):
- a. Service Users who present and are showing signs of intoxication (Clause 4.5.7);
 - b. Service Users who have missed collecting their prescribed medicine for a specified number of instalments and their tolerance to the drug may have reduced (Clause 4.5.6 and 4.5.7).
- 4.5.4 Where a Service User presents in an intoxicated state then their dose will be withheld until they are able to present in a non-intoxicated state. If this results in a dose not being given on the intended day, the Provider will treat this as a missed dose (Clauses 4.5.6 and 4.5.7).
- 4.5.5 Missed or uncollected doses are to be recorded and reported by the Provider to the Sunderland Integrated Substance Misuse Treatment and Harm Reduction Service (currently Wear Recovery) within 24 hours.
- 4.5.6 Where three consecutive doses have been missed, the Provider must seek advice from the Sunderland Integrated Substance Misuse Treatment and Harm Reduction Service (currently Wear Recovery) regarding whether the Service User can recommence supervised consumption or should return to the Sunderland Integrated Substance Misuse Treatment and Harm Reduction Service (currently Wear Recovery) for re-assessment.
- 4.5.7 Where any signs of risk are detected (e.g., overdose, withdrawal, intoxication, self-neglect), the Provider will seek advice from the Sunderland Integrated Substance Misuse Treatment and Harm Reduction Service (currently Wear Recovery). These risks may be detected when the Service User is compliant with their prescribing programme or are failing to collect doses.
- 4.5.8 In the event that the Provider has any concerns about the general health of a Service User, the Provider will liaise with and/or refer to relevant healthcare providers (e.g., GP, GP Out of Hours, NHS 111, Urgent Care).

4.6 Exit

- 4.6.1 In the event that a Service User comes to the end of their prescribing programme and no longer requires supervised consumption, the Provider will ensure that the Service User is advised how to regain access to services in the event of relapse.
- 4.6.2 In the event that the Prescriber provides the Service User with a prescription that no longer requires supervised consumption, the Provider will dispense medication as “take out” and ensure that where any signs of risk are detected they will liaise with specialist and general healthcare services as required.

- 4.6.3 In the event that a Service User is excluded from the Service, the Provider will follow the Exclusion Criteria process (Clauses 3.2.1, 3.2.2 and 3.2.3).
- 4.6.4 The Service User may decline to receive the Service at any time. In the event that this happens, the Provider will inform the Sunderland Integrated Substance Misuse Treatment and Harm Reduction Service (currently Wear Recovery).

5 INTERDEPENDENCIES WITH OTHER SERVICES

- 5.1 In order to deliver a holistic service, the Provider must have strong working relationships with a range of partners (Appendix 1) including but not limited to:
- a. The Sunderland Integrated Substance Misuse Treatment and Harm Reduction Service (currently Wear Recovery).
 - b. The Sunderland Young People's Substance Misuse Service (currently YDAP).
 - c. Specialist Sexual Health Services (currently GU and CaSH).
 - d. Sunderland Integrated Wellness Model (currently Live Life Well).
 - e. Police.
 - f. Community Rehabilitation Company.
 - g. National Probation Service.
 - h. Sunderland City Council.

6 GOVERNANCE ARRANGEMENTS

6.1 Legislation and Clinical Guidance

- 6.1.1 In line with the Department of Health and National Institute of Clinical Excellence guidelines, the Provider must operate in compliance within the following core guidance documents (including but not limited to):
- a. Medicines Act 1968, Chapter 67(The Stationery Office, 1968).
 - b. Misuse of Drugs Act 1971 (Amendment) Orders and Misuse of Drugs Act 1971 (Modification) Orders.
 - c. TA114 - [Methadone and Buprenorphine for the Management of Opioid Dependence](#) (NICE, 2007).
 - d. TA115 - Naltrexone for the Management of Opioid Dependence (NICE, 2007).
 - e. [Controlled Drugs \(Supervision of Management and Use\) Regulations 2013: Information about the Regulations](#) (Department of Health 2013).
 - f. [Controlled Drugs \(Supervision of Management and Use\) Regulations 2013: NHS England Single Operating Model](#) (NHS England Medical and Operations Directorates, 2013).
 - g. Models of Care for Treatment of Adult Drug Misusers (National Treatment Agency, 2002).
 - h. Models of Care for Treatment of Adult Drug Misusers: Update 2006 (National Treatment Agency, 2006).

- i. Drug Misuse and Dependence: UK Guidelines on Clinical Management (Department of Health, 2007).
- j. Commissioning for Recovery: Drug Treatment, Re-integration and Recovery in the Community and Prisons. A Guide for Drug Partnerships (National Treatment Agency, 2010).

7 QUALITY AND SAFETY

7.1 Workforce

- 7.1.1 The Provider will be accountable for ensuring Staff skills and knowledge are up to date.
- 7.1.2 Knowledge and skills required for the Service will be verified using the Declaration of Competence (DoC) system to assure the Council that the Provider's staff are competent to deliver the Service (Appendix 2).
- 7.1.3 The Provider will 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.
- 7.1.4 Competencies must be reviewed and confirmed at least once every three years as evidence of continuing professional development and maintenance of competence as stated on the individual DoC.
- 7.1.5 The Provider has a duty to ensure that all staff involved in the provision of the Service have relevant knowledge and are appropriately trained in the operation of the Service.
- 7.1.6 On-going training will be provided to Provider and their staff by the Sunderland Integrated Substance Misuse Treatment and Harm Reduction Service (currently Wear Recovery) in regards to awareness of current trends in drug misuse, associated harms, and relevant treatment interventions.

7.2 Quality Requirements

- 7.2.1 The Provider will ensure that the Service is delivered in line with the following quality requirements:

No	Quality Measures	Frequency	Methodology
1	Demonstrate that the Provider and staff involved in the provision of the scheme have successfully completed the CPPE Declaration of Competency	At commencement of service and in line with Declaration of Competency Requirements	Declaration of Competency checklists completed by Provider and supplied to the Council.
2	The Provider will review the standard operating procedures for the Service on an annual basis.	Annual	Standard operating procedure available for inspection by the Council describing review activities, findings and areas for improvement.
3	Participate in audits of Service provision.	Annual	<p>The Council will audit the Service to ensure that delivery is in line with the service specification.</p> <p>The Provider will ensure that access to premises and any relevant information is made possible to Council staff.</p>
4	Co-operate with any locally agreed assessment of Service User experience.	As required by the Council	The Council will inform the Provider in the event of any Service User experience exercises and ensure that access to premises and any relevant information is made possible to Council staff or Sunderland Integrated Substance Misuse Treatment and Harm Reduction Service (currently Wear Recovery).
5	Ensure there is an appropriate consultation area available for the delivery of the Service to ensure that the needs of Service Users can be assessed and met in a confidential manner.	At commencement of contract	The Provider will ensure that access to premises and any relevant information is made possible to Council staff for the purposes of verification.
6	The Provider and/ Staff will complete all necessary	Activity information submitted	Activity information will be available to the Council via PharmOutcomes, other

No	Quality Measures	Frequency	Methodology
	documentation and collect data as agreed, to enable monitoring and evaluation of the Service.	monthly.	information will be available on request.
7	The Provider 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.	On-going	The Council will audit the service to ensure that delivery is in line with the service specification. The Provider will ensure that access to premises and any relevant information is made possible to Council staff.
8	Provider will need to share relevant information with other health care 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.	On-going	The Council will audit the service to ensure that delivery is in line with the service specification. The Provider will ensure that access to premises and any relevant information is made possible to Council staff.
9	Provider will attend annual update sessions with the Adult Integrated Substance Misuse and Harm Reduction Service (currently Wear Recovery).	Annual	The Council will receive annual attendance lists of participants from the Adult Integrated Substance Misuse and Harm Reduction Service.

7.3 Data Reporting

The Provider will:

- 7.3.1 Record service delivery information within the Council's Contracted Provider's PharmOutcomes system to enable monitoring of activity.
- 7.3.2 Register all Service Users on the Council's Contracted Provider's PharmOutcomes system including the following data items:
 - a. Date of Registration

- b. Service User's Name
- c. Date of Birth
- d. Date of Referral
- e. Medicine Type

7.3.3 Record all instances of supervised consumption on the Council's Contracted Provider's PharmOutcomes system including the following data items:

- a. Start Date of Prescription
- b. Service User's Name
- c. Medicine Type
- d. Outcome for each instance (Supervised, Did Not Attend, Refused Supply, New Prescription Issued, Take Out Dose, Prescription Complete)
- e. Where applicable, reason for Refusal to Supply/Dispense (Intoxicated, Aggressive Behaviour, Verbal Abuse, Theft, Treatment Suspended or Stopped, Client on Holiday, Client Moved Pharmacy or Area, New Prescription Issued, No Client Issues)
- f. Notes (as required)

7.3.4 The Provider will manage data reporting for the service in line with requirements (General Specification - Clause 11.3).

8 PRICING AND PAYMENT

8.1 Price Schedule

8.1.1 The fee payable by the Council to the Provider per supervised consumption dose is £2.40.

8.2 Payment Terms

8.2.1 Payment for the Service will be made monthly in arrears.

8.2.2 The Provider must upload all data within 7 days of the end of each month to ensure it is available to the Council for download.

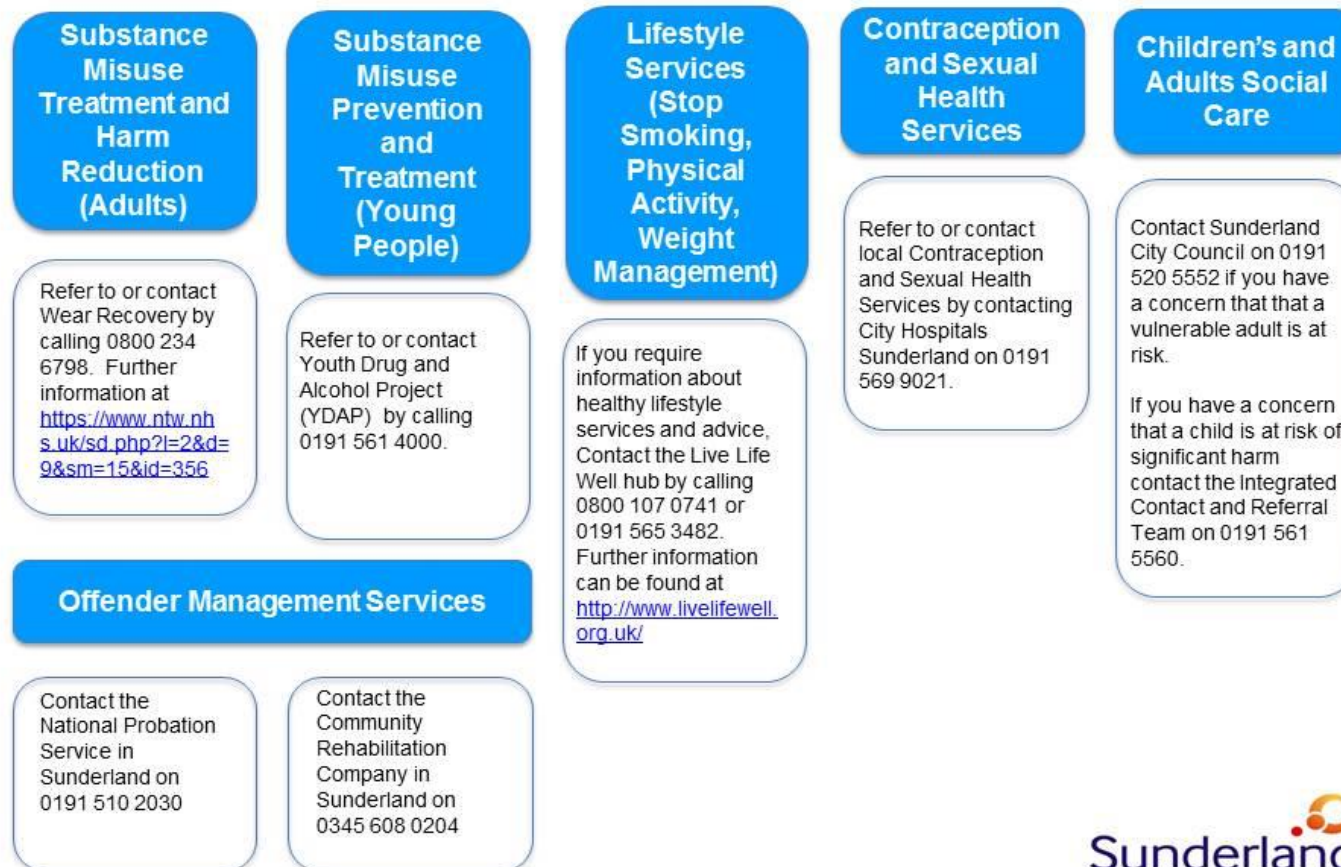
8.2.3 The Council will access its Contracted Provider's IT System (currently "PharmOutcomes") following the Provider uploading data (Clause 8.2.2) to access automatically generated invoices and supporting data (Terms and Conditions 15.4).

8.2.4 Payment to the Provider will be made no later than 30 days following the date of receipt of the invoice by the Council (Terms and Conditions 15.4).

8.2.5 Where data is not submitted within the required timescales (clause 8.2.2) activity data will be retained and payment will be made in the following month.

APPENDIX 1 – SERVICE INTERDEPENDENCIES SUPERVISED CONSUMPTION

Service Interdependencies – Supervised Consumption



APPENDIX 2 - DECLARATION OF COMPETENCE

DECLARATION OF COMPETENCE - LOCALLY COMMISSIONED COMMUNITY BASED SUPERVISED CONSUMPTION SERVICE IN COMMUNITY PHARMACY

Sunderland City Council is using a locally developed Declaration of Competence (DoC) system to review health professionals' competence to deliver locally commissioned services and to gain assurance that they have the appropriate knowledge, skills and behaviours to deliver high-quality, consistent services.

Each Public Health service has a framework that sets out the core professional competencies required for that service. The framework allows self-assessment of competence and outlines the recommended learning to enable self-declaration.

The **training requirements** to meet the competencies in this DoC and enable self-certification to deliver the Public Health commissioned **Supervised Consumption Service** in Sunderland are set out below in boxes 1 and 2:

Box 1: Learning and Assessments - Safeguarding

Safeguarding Children and Vulnerable Adults Knowledge

- Complete the CPPE Safeguarding children and vulnerable adults e-learning (1 hour).
- Pass the safeguarding e-assessment.

Or:

Basic Awareness (Alerter) Training in Safeguarding Adults (level 1)

- Complete the [Sunderland Safeguarding Adults Board e-learning](#) (45 minutes).

Basic Awareness (Foundation) Training in Safeguarding Children

- Complete the Sunderland Safeguarding Childrens Board approved Training www.safeguardingchildrensunderland.com in Safeguarding Children (1 to 2 hours)

And:

- Read and understand the Gillick Competence and are able to assess young people under the age of 16 years for Gillick Competence. Refer to www.cqc.org.uk/content/nigels-surgery-8-gillick-competency-and-fraser-guidelines

Box 2: Learning and Assessments – Service Delivery

Consultation Skills for Pharmacy Practice (3 hours)

- Complete the CPPE Consultation Skills e-learning or distance learning.
- Pass the consultation skills e-assessment.

Substance Use and Misuse 2nd Edition (10 hours)

- Complete the CPPE Substance Use and Misuse e-learning module
- Pass the Substance Use and Misuse skills e-assessment

Standard Operating Procedure for Self-Certification

The Provider will:

1. Review this DoC self-assessment tool to identify any learning needs and refer to the training requirements for guidance.
2. Complete any necessary training.
3. Print and sign or electronically sign this Declaration of Competence statement.
4. Upload the following documentation to the NEPO portal or send to Public Health Commissioning, Room 3.103, Civic Centre, Sunderland, SR2 7DN or email to: PHenquiries@sunderland.gov.uk
 - Signed Declaration of Competence statement;
 - Course certificate(s).

The Council will issue a letter of authorisation to enable provision of the Service on receipt and approval of all of the above documentation.

This DoC is valid for three years. If however it is necessary to vary the delivery of the Service, the Provider may be required to revisit the DoC and resubmit this to the Council. The Provider may choose to attend a course to revise knowledge, skills and behaviours to ensure the DoC criteria are met.

I have the necessary knowledge and skills to provide the Supervised Consumption service and can demonstrate these skills. I acknowledge that it is my responsibility to update my knowledge and skills on an on-going basis and to formally renew my Declaration of Competence for the Service every 3 years.

Signed

(Scanned or typed signature acceptable)

Name

Position

Date

For and on behalf of

Address of Organisation

Email Address