



Forth Valley Substance Misuse Services Communication Guideline

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1. Introduction

Good communication between the services that are part of the Integrated Substance Misuse Services within Forth Valley Alcohol and Drug Partnership (FVADP) and with partners in care and other agencies is essential in achieving safe, effective and person centred care as described in the [Healthcare Quality Strategy for NHS Scotland](#).

The NHS Forth Valley Statutory Substance Misuse Services Clinical Governance Group (FVSSMSCGG) and Forth Valley Integrated Substance Misuse Clinical Governance Groups (FVISMCGG) endorse the standards and best practice indicated within this guideline.

2. Scope

This guideline applies to all substance misuse services in the FV ADP in terms of their means of communication with each other and in communication with partners and other agencies with regard to the care and treatment provided to service users.

Services / partners covered by this guideline are:

- Community Alcohol and Drug Service (CADS)
- Addiction Recovery Service (ARS)
- Addiction Support and Counselling (ASC)
- General Practice Prescribing Service (GPPS)
- Forth Valley Substance Treatment Service (FVSTS)
- Hospital Addiction Team (HAT)
- Signpost Recovery
- General Practice (GP)
- Community Pharmacy (CP)
- Healthcare Scottish Prison Service Corntonvale
- Healthcare Scottish Prison Service Glenochil
- Healthcare Scottish Prison Service Polmont

3. References

Please refer to the following guidelines and procedures for additional information:

- NHS Forth Valley Access Policy.
- Substance Misuse Services Standard Operating Procedure for Implementing NHS Forth Valley Access Policy. (In development).
- Forth Valley Substance Misuse Services Generic Integrated Care Pathways
- Forth Valley Substance Misuse Services Information Sharing Standard Operating Procedure.

4. Partnership Agreement

At the onset of treatment and engagement with services; a partnership agreement will be agreed between the service user and the relevant services providing care and treatment as noted in the service user's care plan. The agreement will be signed by the service user and all identified care providers. ([See Appendix 1](#))

The following will occur:

- A copy of the partnership agreement will be given to the service user and to all relevant identified partners. A copy will be held in the case record.
- The partnership agreement will be reviewed and updated at periods of change in service provision such as a change of staff or change in pharmacy provision or transfer to another service. The partnership agreement should be checked for accuracy as part of the regular clinical review processes in each service.

5. Communication between Partners in Care and Other Agencies

Partners will take responsibility for ensuring effective communication with other partners with regard to people with substance misuse problems who are receiving care and treatment within their service. This will include effective communication with regards to children and families of service users, where appropriate.

Doctors, nurses, key workers, pharmacists, counsellors and substance misuse practitioners will maintain regular communication with partners in relation to the service user's care plan. For example, communication between the GP and community pharmacy with regard to dispensing and supervising substitute opiates for the service user.

Effective communication of the care plan and service user progress to and from relevant services will assist in improving service user care.

5.1 Acceptable Methods of Communication

- Telephone (excluding voicemail or answering machines)
- Clinical / Secure Email (gsi, gsx, NHS net)
- Letter (paper/electronic)
- FACE electronic system.

Rules regarding information security and transportation of information are clearly laid out in:

- [Information Security Policy](#)
- [Transportation and handling of confidential & sensitive information](#)
- NHS Forth Valley Data Protection and Confidentiality Policy

Guidance can also be sought from NHS Forth Valley Information Governance Services.

5.2. Minimum Substance Misuse Services Communication Standards

5.2.1 Doctors from treatment services (ARS, CADS, FVSTS, and GPPS) will send two review letters per year to the service user's GP's and other relevant partners such as Social Work involved in care, this will cover:

- Current medication
- Risk assessment and management plan including, where appropriate, any risks to children
- Care plan
- Physical health issues

5.2.2. Substance Misuse Nurses/Key workers/ Practitioners from treatment services (ARS, CADS, FVSTS, ASC, Signpost Recovery) will:

- send review letters / updated care plans to GP's and other relevant partners such as Social Work involved in care, at least three monthly as part of care plan review, as indicated in the Generic ICP standards.

5.2. 3. Psychologists working with service users will send one review letter per three month period to the service user's substance misuse nurse/key worker/ practitioner working in the appropriate substance misuse service.

5.3 Prescribing Specific Communication

5.3.1 Substance Misuse Nurses/Key workers/ Practitioners must contact the Community Pharmacy at initial introduction, as part of the three monthly review and in the following situations in relation to substitute prescribing:

- Prior to starting a substitute opioid prescription.
- At introduction to pharmacy session with the key worker and service user obtain signature of pharmacist involved in the care.
- Staff will use the ORT care plan summary template to inform community pharmacy of current treatment and interventions. ([See appendix 2.](#))
- Any change of dose of methadone, buprenorphine or diazepam
- Change of dispensing frequency
- Supervision status change
- Prior to three monthly review provide summary of care plan and obtain feedback from pharmacist on presentation in pharmacy
- In advance of a holiday prescription (including supervision arrangements)
- When the service user is being transferred to a new pharmacy complete the Prescription Termination Letter as indicated; with a copy to the case file and copies sent to current and new pharmacy. ([See appendix 3.](#))
- When service user is being held in custody and/or on release from custody
- Discharge from service including discharge date.
- Hospital admission including dates of admission and discharge.

5.3.2. As a minimum the community pharmacist should liaise with Nurses/Key workers/Substance Misuse Practitioners prior to each three monthly review, receiving a summary of care plan and in the following situations in relation to substitute prescribing:

- **Missed doses:**
 - Service user misses two consecutive doses of either methadone or buprenorphine maintenance treatment or
 - If three consecutive doses of methadone or buprenorphine doses are missed the next dose should be withheld until contact with the keyworker / prescriber is made
- Service user regularly misses occasional doses, e.g. 3 individual doses in one month
- Suspicion that supervised dose was not completely consumed.
- Concern that supervision may require re-introduction
- Potential drug interaction

- Any health concerns
- Any concerns regarding children in the care of the service user
- Episodes of intoxication
- Episodes of unacceptable behaviour
- Request from service user for dose reduction
- When service user is being held in custody and/or on release from custody
- Hospital admission

5.4. Transitions in care

When a service user is being transferred to another service, including the Prison Health care, the Substance Misuse Nurses/Key workers/ Practitioners will apply the Procedure for the Management of Referrals between All Substance Misuse Services ([See Appendix 4](#)) . Staff will also adhere to best practice as indicated in the Generic ICP Guidelines section on Transitions of Care.

The following must be done, where appropriate:

- SMR 25B completed
- Local Person Management Systems are updated (e.g. TOPAS)
- Prescriber is informed of transfer to another service.
- Prescription database to be updated.
- Referring agent (e.g. GP) updated about journey of care; transfer to another service as part of review process and outcomes of treatment.
- Community pharmacist informed about transfer of care.
- Team Leader/Case Manager of receiving service informed
- FACE documentation updated and made available the receiving service.
- Inform services involved with child protection issues, where relevant.
- Partnership agreement reviewed and updated.

5.4.1. Planned admission to General Hospital and Other Facilities

With regard to arrangements for admission for inpatient assisted alcohol withdrawal please refer to the [NHS Forth Valley Inpatient Assisted Alcohol Withdrawal Pathway](#).

With regard to referral to Residential Rehabilitation please refer to [the NHS Forth valley Substance Misuse Residential Rehabilitation Pathway](#).

In relation to planned admissions to General Hospital settings, Nurses/Keyworkers/Substance Misuse Practitioners will:

- liaise with key hospital personnel (e.g. ward nursing staff/medical staff/Hospital Addiction Team (HAT)) with regard to the service user's care plan in relation to their substance misuse issues and plans for discharge.
- provide updated FACE risk assessment and care plan to relevant staff.
- provide contact details of the lead substance misuse service and the named nurse/keyworker/substance misuse practitioner/GP involved in their care.
- provide updated medication record (including any medications that may have been consumed/provided with on the day (e.g. Methadone) where relevant.
- provide contact details of community pharmacist where relevant.

5.4.2 Unplanned admission to General Hospital

Where a service user from substance misuse services has been admitted to hospital and the Hospital Addiction Team (HAT) has been involved in their care they will:

- Liaise with the appropriate Substance Misuse Services
- Provide advice and support to relevant ward staff, where appropriate, regarding applying the substance misuse care plan.
- Update FACE documentation and contribute to the ward case records regarding HAT involvement in care and treatment.

6. Governance / Audit

The Integrated substance Misuse Clinical Governance Group will monitor implementation of this guideline by conducting an annual audit of communication.

The audit tool can be found in [Appendix 5](#).

7. Appendices

7.1 Partnership Agreement



Forth Valley Recovery Orientated Substance Misuse Services

Partnership agreement between the service user and the service workers who are part of the service user's care plan.

As a recovery orientated substance misuse service worker I agree to:

- Treat all service users and fellow recovery orientated substance misuse workers with respect.
- Work in a professional and ethical manner in the best interest of the service user.
- Explain clearly the aims, remit, limitations and responsibilities of the service user and the recovery service.
- Meet with the service user regularly to implement and support the work identified in their recovery care plan and review regularly to monitor progress.
- Endeavour to reach an agreement with the service user regarding any changes to their recovery care plan.
- Refer to relevant services as appropriate for the needs of the service user and their family.
- Ensure that service user confidentiality and information sharing are clearly explained.
- Share relevant information with partner services involved with the service user's treatment.
- Share relevant information with appropriate agencies about children and vulnerable adults who may be at risk.

As a recovery orientated service user I agree to:

- Treat all workers and other service users with respect.
- Keep my appointments promptly and attend on time.
- Work towards the goals identified and agreed by me in my recovery care plan and participate in reviews.
- Enable family and designated others to contribute to my recovery.
- Ensure that my prescription and any medication prescribed for me are not made available to anyone other than myself.
- Allow sharing of relevant information between partner services involved in my treatment.
- Allow sharing of relevant information with appropriate agencies about children and vulnerable adults who may be at risk.

It is understood by all parties:

- Mutual respect will be maintained and there will be zero tolerance of disruptive and criminal behaviour.
- Recovery service workers have the right to refuse to see service users under the influence of alcohol or drugs.
- Prescribed medication may be withheld or stopped for safety reasons.
- That they have a responsibility to work towards achieving agreed and realistic goals to achieve recovery.
- That this partnership agreement is updated regularly as part of the review process

Please complete agreement partners table overleaf

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	Name	Signature	Recovery Service	Date	Contact No.
Service user					
Date of Birth					
Medical Prescriber					
Non-Medical Prescriber					
Keyworker					
Pharmacist					
Social Worker					
Psychologist					
Community Rehab Worker					
Counsellor					

Copy to be provided to the service user and all partner services

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7.2 ORT Care Plan Summary



ORT Care Plan Summary Template

(Prescriber/Keyworker to Pharmacist)

Patient Name	Auto populate from Rx database	
CHI or D.O.B	Auto populate from Rx database	
Doctor Name	Auto populate from Rx database	
Keyworker Name & Service	Auto populate from Rx database	
ORT Treatment/Supervision status	Auto populate from Rx database Methadone/buprenorphine dose	Auto populate from Rx database Supervised/unsupervised
GP Practice	Auto populate from Rx database	
Number children living with patient		
Co-existing physical & mental health conditions		

Alerts (see FACE profile)

Brief Outline of Current Treatment Plan (e.g. Needs, Recovery Goals, Crisis Plan see FACE)

Date:

Signature:

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7.3 Prescription Termination Letter

Forth Valley CHP

Substance Misuse Services
Admin Block, Room 72
Falkirk Community Hospital
Westburn Avenue
FALKIRK
FK1 5SU



PRIVATE & CONFIDENTIAL

Date
Our Ref

Enquiries
Extension
Number
Email

*** Prescription Termination ***

Dear Pharmacist

Re: (Enter Patient Name)

CHI: (Enter Patient CHI Number)

I am writing to confirm our telephone conversation advising that the above patient's prescription(s) from the Substance Misuse Service will be transferring to another pharmacy.

Current Script:

Date of last uplift: (Enter date and any additional instructions such as dispensing over weekend period if appropriate.)

NB: please inform pharmacy if patient should be dispensed more than one dose on the last dispensing date)

New Pharmacy: (Enter name, address and telephone number of new pharmacy.)

Date of transfer: (Enter exact date of transfer.)

If you require any further information do not hesitate to contact myself.

Yours sincerely

Key worker

*If termination date is greater than 7 days, letter can be posted.

*If termination date is less then letter MUST be hand delivered to Pharmacist in charge.

Copies to: Current Pharmacy, New Pharmacy and to Case file.



Chairman: Alex Linkston CBE
Chief Executive: Jane Grant

Forth Valley NHS Board is the common name for Forth Valley Health Board
Registered Office: Carseview House, Castle Business Park, Stirling, FK9 4SW

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7.4 Standard Operating Procedure for the Management of Transitions of Care between all Adult Substance Misuse Services

Forth Valley Substance Misuse Services

Transitions of Care

Doc. Code: SOP-distribution
Written by: E. Sutherland
Reviewed by: Mgt Team
Approved by:
Date Issued: October 2014
Page 1 of 2
Issue No.: 01
Review Date: October 2014

Standard Operating Procedure for the Management of Transitions of Care between all Adult Substance Misuse Services

1. Purpose

This procedure details the process used by staff to ensure a smooth transition for the service user moving from one adult substance misuse service to another and to ensure the service user being transferred is aware of this process once they have been identified for a move to another service.

2. Scope

This procedure applies to all services in the Forth Valley Substance Misuse Services

- Addiction Recovery Service.
- Community Alcohol and Drugs Service.
- Signpost Recovery.
- Scottish Prisons Healthcare Service- Prisons Addictions Services.
- Forth Valley Substance Treatment Service.
- Addiction Support & Counselling.

3. Requirements

All staff must:

- Adhere to NHS Forth Valley policies on Data Protection, information governance and note keeping.
- Ensure compliance with ISD/SMR database
- Adhere to the Forth Valley Substance Misuse Services Information Sharing Protocol
- Adhere to the Integrated Care Pathway standards

4. Responsibilities

All staff have a responsibility to ensure the service user is moved through the services in a timely, safe and dignified manner. It is the responsibility of the identified staff member to ensure that the service user's care plan reflects the need for a transition to another service. The service user should be involved and informed at each step of their journey of recovery. Further, staff must ensure that all data records are updated to ensure appropriate information governance.

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5. Procedure for transferring the service user to another service

- 5.1. The service user's recovery care plan will be presented, discussed and reviewed at the relevant service's team meeting and the decision to transfer to the appropriate service will be recorded in the service user's case record.
- 5.2 Staff will discuss the planned transition of care with the service user and the arrangements for the transfer.
- 5.3 The service user's details and recovery care plan is then presented at the Substance Misuse Services single point of referral meeting with regard to transferring to the appropriate service.
- 5.4 Staff will ensure that all the appropriate data forms are completed and that the appropriate individuals have been contacted in each service.

The following will take place:

- SMR 25 (B) to be completed.
 - Service user review/care plan to be updated.
 - The appropriate risk assessments (FACE) and plan of care (FACE) should be provided to the new service.
 - Appropriate local services - data management system to be updated.
 - Prescriber will be informed of the transfer of the service user to the other service, where appropriate.
 - Prescription database to be updated; where appropriate.
 - Named nurse/keyworker/practitioner to inform Pharmacy Services of transfer of care; where appropriate.
 - Senior Worker/Team Leader/Case Manager in new service to be informed.
 - Referring agent to be made aware of change of service.
 - Service user's GP to be made aware of the service user's change of service.
 - The Lead in any Child Protection cases to be notified; where appropriate.
 - Partnership agreement to be updated.
- 5.5 Staff from the referring service will liaise with the relevant Senior Worker/ Team Leader/Case Manager from the receiving service in order to identify the new keyworker/nurse/practitioner.
 - 5.6 It is vital that, where appropriate, the receiving prescriber/medical member of staff is made aware of the transfer of care and any necessary arrangements for follow up care are put in place.
 - 5.7 An introductory meeting with the service user and the receiving keyworker/nurse/practitioner will be organised by the referring nurse/worker as soon as possible to enable the handover of care.
 - 5.8 However if the service user did not attend or could not attend the introductory meeting then a formal handover between services will occur between staff. The receiving staff will then arrange an appointment with the service user with regards to continuity of care.

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7.5 Communication Guideline Audit Tool

Forth Valley Substance Misuse Services

Communication Guideline Audit Tool

Notes:

- The purpose of this audit is to measure local compliance against Forth Valley Substance Misuse Services Communication Guideline and identify good practice and areas for improvement
- The audit will take place on an annual basis and the results of any audits conducted by services will be presented at the Forth Valley Substance Misuse Services Integrated Clinical Governance Group.
- This audit is applicable to:
 - Community Alcohol and Drug Service (CADS)
 - Addiction Recovery Service (ARS)
 - Addiction Support and Counselling (ASC)
 - General Practice Prescribing Service (GPPS)
 - Forth Valley Substance Treatment Service (FVSTS)
 - Hospital Addiction Team (HAT)
 - Signpost Recovery
 - General Practice (GP)
 - Community Pharmacy (CP)
 - Healthcare Scottish Prison Service Cornton Vale
 - Healthcare Scottish Prison Service Glenochil
 - Healthcare Scottish Prison Service Polmont
- Records of communication noted in the service user case files by doctors, pharmacists, and substance misuse practitioners/ nurses/keyworkers will be audited.
- Each service should carry out a local audit based on a random selection of the service user case records based on at least 10% of the service population.
- Evidence of communication and type of communication should be gathered from paper based records and electronic systems such as FACE.
- The period of audit should cover the preceding 12 months from date of audit conducted. (e.g. Audit records from June 2013 to June 2014.)
- Mode of communication should be noted (telephone, email, letter, electronic system.)
- One audit tool should be completed for each service user selected. A space has been provided for recording any additional information/comments.
- Compliance with the Inpatient Assisted Alcohol Withdrawal Pathway and the Residential Rehabilitation Pathway will be audited separately from this audit cycle.

Substance Misuse Services Communication Guidelines Audit Tool
Version 1- October 2014.

Communication Guidelines Audit Tool		
Date of Audit		
Name of Service being Audited		
Name of Auditor		
Case Record Code		
	Indicate Yes or No	Additional Information (If no why no.)
1. Does the care record evidence that a partnership agreement has been initiated?		
2. Does the care record evidence that the doctor from treatment services has sent at least two review letters to the service user's GP and other relevant partners involved in care in the past 12 month period?		
2. Does the doctor's review letters include information on :		
Current medication		
Risk assessment/management plan		
Care plan		
Physical health issues		
3. Does the care record evidence that psychologists working with service users has sent one review letter per three month period to the service user's substance misuse nurse/key worker/practitioner working in the appropriate substance misuse service.		
3. Does the care record evidence that the Substance Misuse Nurse/Key worker/ Practitioner from treatment services has sent review letters / updated care plans to GP's and other relevant partners, such as Social Work, involved in care, at least three monthly as part of the care plan review?		(Should be at least four review letters within period of 12 months.)
4. Does the care record evidence that the Substance Misuse Nurse/Key worker/ Practitioner has contacted the Community Pharmacy at initial introduction, as part of the three monthly review and in the following situations in relation to substitute prescribing:		
<ul style="list-style-type: none"> Obtained pharmacy signature with regard to the service user's partnership agreement. Prior to starting a substitute opioid prescription Provided ORT care summary Any change of dose of methadone, buprenorphine or diazepam Change of dispensing frequency Supervision status change Prior to three monthly review for 		

Substance Misuse Services Communication Guidelines Audit Tool
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<p>feedback on presentation in pharmacy</p> <ul style="list-style-type: none"> • In advance of a holiday prescription(including supervision arrangements) <p>When service user is being transferred to a new pharmacy that a prescription termination letter has been sent to the pharmacies involved.</p> <ul style="list-style-type: none"> • When service user is being held in custody and/or on release from custody • Discharge from service including discharge date. • Hospital admission including admission and discharge dates. 		
<p>5. Does the care record evidence that the community pharmacist has liaised with the Substance Misuse Nurse/Key worker/ Practitioner with regard to:</p> <ul style="list-style-type: none"> • Missed doses • Service user regularly misses occasional doses, e.g. 3 individual doses in one month • Suspicion that supervised dose was not completely consumed. • Concern that supervision may require re-introduction • Potential drug interaction • Any health concerns • Any concerns regarding children in the care of the service user • Episodes of intoxication • Episodes of unacceptable behaviour • Request from service user for dose reduction • When service user is being held in custody and/or on release from custody • Hospital admission and discharge. 		
<p>6. Does the care record evidence that when the service user has been transferred to another service the Substance Misuse Nurse/Key worker/ Practitioner has done the following, where appropriate:</p> <ul style="list-style-type: none"> • SMR 25B completed • Local Person Management Systems are updated (e.g. TOPAS) • Prescriber is informed of transfer to another service. • Prescription database is updated. • Referring agent (e.g. GP) updated about journey of care; transfer to another service as part of review process. • Pharmacy service informed about transfer of care. 		

<ul style="list-style-type: none"> • Team Leader/Case Manager of receiving service informed • FACE documentation updated. • Services involved re- child protection issues are informed of transfer where relevant. 		
<p>7. Does the care record evidence that with regard to planned admissions to General Hospital settings, that the Substance Misuse Nurse/Keyworker/ Practitioner has:</p> <ul style="list-style-type: none"> • liaised with key hospital personnel (e.g. ward nursing staff/medical staff/Hospital Addiction Team (HAT)) with regard to the service user's care plan in relation to their substance misuse issues and plans for discharge. • provided updated FACE risk assessment and care plan • provided contact details of the lead substance misuse service and the named nurse/keyworker/substance misuse practitioner/GP involved in their care. • provided updated medication record (including any medications that may have been consumed/provided with on the day (e.g. Methadone) (where relevant). • provided contact details of community pharmacist (where relevant) 		
<p>8. Does the care record evidence that where a service user from substance misuse services has been admitted to hospital and the Hospital Addiction Team (HAT) has been involved in their care that HAT have:</p> <ul style="list-style-type: none"> • liaised with the relevant Substance Misuse Nurse/Key worker/ Practitioner and informed the appropriate substance misuse services. • updated FACE documentation to reflect hospital treatment. 		

Publications in Alternative Formats

NHS Forth Valley is happy to consider requests for publications in other language or formats such as large print.

To request another language for a service user, please contact 01786 434784.

For other formats contact 01324 590886,

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