

NHS FORTH VALLEY

*East and Central Scotland Addictions
(Drugs and Alcohol) Services
Managed Clinical Network*

Guidelines for Dispensing and Supervised Patient Administration of Treatments for Substance Misuse by Community Pharmacists

Date of First Issue	23 / 05 / 2012	
Approved	23 / 03 / 2012	
Current Issue Date	23 / 05 / 2012	
Review Date	23 / 03 / 2014	
Version	1.0	
EQIA	Yes	23 / 05 / 2012
Author / Contact	Valerie Kippen and Jean Logan (Elizabeth Hutchings, NHS Fife and Karen Melville, NHS Tayside)	
Group Committee – Final Approval	Primary Care Drug and Therapeutics Committee East and Central Scotland Addictions (Drugs and Alcohol) Services Managed Clinical Network (ECSAS MCN)	

This document can, on request, be made available in alternative formats

Consultation and Change Record – for ALL documents

Contributing Authors:	<p>Valerie Kippen, Clinical Pharmacist</p> <p>Jean Logan, Lead Pharmacist</p> <p>Dr Claire McIntosh, Consultant Psychiatrist</p> <p>Elizabeth Hutchings, Specialist Pharmacist in Substance Misuse, NHS Fife</p> <p>Karen Melville, Specialist Pharmacist in Substance Misuse, NHS Tayside</p> <p>Approval by:</p> <p>Dr A Baldacchino, Chair of East and Central Scotland Addictions (Drugs and Alcohol) Services Managed Clinical Network, (ECSAS MCN) and Clinical Director, Fife Addiction Services</p> <p>Thanks to:</p> <p>Carole Hunter, Lead Specialist Pharmacist, Glasgow Addiction Services</p> <p>Elaine Rankine, Specialist Pharmacist in Substance Misuse, NHS Lothian</p>		
Consultation Process:	<p>Substance Misuse Clinical Governance Prescribing Subgroup</p> <p>Area Pharmaceutical Committee</p> <p>Primary Care Drug and Therapeutics Committee</p>		
Distribution:	Intra/Internet		
Change Record			
Date	Author	Change	Version
May 2012	VK		1.0

Contents

Section		Page
1.	Introduction	4
2.	Prescribing and prescriptions	5
3.	Good dispensing practice	6
4.	Controlled Drug collection	8
5.	Dispensing and supervised self-administration of medication	10
6.	When to contact the prescriber and/or withhold a dose	13
7.	Arrangements for patients in police custody	15
8.	Child protection	15
9.	References and further reading	16

Appendices

1	Examples of legal prescriptions	
2	Guidance on payment for methadone instalment prescriptions	
3	SOP for dispensing opiate substitute medication	
4	SOP for supervised self-administration of opiate substitute medication	
5	Relaxation of supervision and daily instalments	
6	Local Service Level Agreements	
7	Example community pharmacy / patient agreement	
8	Example four-way agreement (patient, prescriber, key worker and pharmacist)	
9	Arrangements for patients in police custody – local policy	
10	Example police letter of authorisation	
11	Local child protection advice and contact numbers	
12	Opioid Overdose and the National Naloxone Programme	

1. Introduction

Drug misuse is a significant problem to the health of individuals and to the health, safety and security of the rest of the community. The Scottish Government's strategy outlined in 'The Road to Recovery' aims to tackle problem substance use with services that have an emphasis on recovery. Substitute opiate prescribing will continue to be a key treatment option.

The Scottish Government recognises the important contribution pharmacists make to the provision of services and have sought to encourage pharmacists to engage in a proactive approach to health promotion, health education and harm reduction and to engage more fully in the planning, delivery and extension of services for substance misusers.

These guidelines are primarily for pharmacists who dispense and supervise substitute opiates. The information will also be useful to those prescribing opiate substitutes and other agencies involved in providing services.

It is hoped that the guidelines will encourage all pharmacists to engage in providing holistic pharmaceutical care to this important group of patients.

The guidelines also take into account the requirements within HDL (2007) 12: Safer Management of Controlled Drugs: Guidance on Strengthened Governance Arrangements.

2. Prescribing and prescriptions

2.1 Communication

Best Practice Recommendation

Each pharmacy should have a standard operating procedure for the storage and governance of prescriptions, including communication relating to them.

2.2 Prescription requirements

Prescriptions for methadone and buprenorphine must comply with the legal requirements for a Controlled Drug prescription before they are dispensed. Refer to the current version of the BNF section on *Controlled Drugs and drug dependence* for details on legal requirements.

In addition, in order to ensure that the prescription is dispensed according to the wishes of the prescriber, additional wording is desirable. Refer to the current Medicines, Ethics and Practice Guide on *Supply of Controlled Drugs to Substance Misusers* for details on additional wording. Appendix 1 contains some examples of legal prescriptions.

2.3 Prescriptions originating from out-with the health board area

Prescriptions originating from out-with the health board area should always be checked for authenticity. Payment claims for dispensing and supervision of instalment prescriptions are discussed in Appendix 2.

3. Good Dispensing Practice

3.1 Dispensing Standard Operating Procedures (SOP)

An SOP for dispensing should be available in each pharmacy to ensure consistency of practice. Appendix 3 is an example of a dispensing SOP for methadone and buprenorphine.

The pharmacist should contact the prescriber to clarify his/her intentions if the prescription is unclear or ambiguous.

3.2 What to dispense

Dispense exactly what the prescription specifies. Sugar free and colourless preparations of methadone may only be dispensed if specifically prescribed as they have a greater potential for abuse than syrup based and/or coloured products.

In general, methadone oral solution 1mg/mL will be prescribed for opiate users. If other formulations or strengths are prescribed you are advised to confirm with the prescriber that this is intended and appropriate for the patient. There have been occasions when the wrong strength of methadone oral solution has been supplied to a patient causing serious harm. Refer also to section 6.4, Controlled Drug error reporting.

3.3 Differences between formulations

There are differences in the formulation of methadone oral solution 1mg/mL between manufacturers. These are likely to affect the taste and viscosity of the product.

3.4 The daily dose

Prepare daily doses in advance. This saves time and avoids delays when the patient comes into the pharmacy.

Daily methadone doses should be packed in a standard dispensing bottle, labelled and stored in the Controlled Drugs cabinet.

Pharmacies using automated dispensing systems (e.g. Methasoft or Methameasure) may measure a daily dose for supervised consumption into a **labelled** cup. Take away doses should be pumped into individual, labelled dispensing bottles.

Daily buprenorphine doses should be packed in a box, labelled and stored in the Controlled Drugs cabinet. Alternatively the tablets may be popped out into a labelled cup if the dose is to be supervised.

Prepacked containers should be labelled in accordance with the Medicines, Ethics and Practice Guide, 'Labelling of assembled (pre-packed) medicines'.

Dispensing from bulk supply straight into unlabelled containers and presenting to the patient is contrary to the Medicines Act 1968.

3.5 'Take home' doses

Patients must be made aware of the risks of their medication. The importance of safe storage and protecting children and vulnerable adults from accidental ingestion must be emphasised. Child resistant closures should be used on all 'take home' doses.

Reinforce the safe storage message by supplying locally available leaflets and container stickers. (Available from Substance Misuse Pharmacy Services – refer to p2)

Child resistant medicine storage boxes are also available, e.g. <http://medisafe.remploy.co.uk/>.

Best Practice Recommendation

Multiple doses should be dispensed in individual containers for the following reasons:

- *The entire supply is not lost if one bottle breaks*
- *The patient is more likely to take an accurate dose*
- *Individual bottles minimise the potential for accidental child overdose*

If individual containers are not used then an appropriate means of measuring a dose accurately should be supplied.

Patients should be reminded to remove patient identifiable labels and rinse out bottles to remove any remaining methadone solution, before disposing of safely.

4. Controlled Drug Collection

The Misuse of Drugs Regulations allow for the possession of a Controlled Drug by a person engaged in conveying the drug to a person who may lawfully have that drug in their possession. 'Take home' doses however should only be given to the patient. Occasionally a representative may be nominated on the prescription. Under exceptional circumstances, such as illness the patient may request collection by a representative. In such cases:

- The patient should contact the prescriber and request that a representative may collect the dose. The prescriber should then contact the pharmacy if permission has or has not been given.
- The patient should provide a **signed and dated** letter authorising a named representative to collect the dose.
- A separate letter should be obtained on every occasion a supply is made to the representative.
- Letters should be retained in the pharmacy until the prescription has been completed.

In all cases where a representative is collecting the medication:

- The representative should have proof of identity with them unless they are known to pharmacy staff.
- If the representative is a healthcare professional, the pharmacist must obtain that person's name and address and, unless the healthcare professional is known to the pharmacy staff, must request evidence of identity.
- It is good practice for the collector to sign the back of the prescription to confirm that they have collected the prescription.

The pharmacist has the discretion to:

- Decide whether to ask for identification from a non-healthcare professional representative.
- Refuse or allow the supply if the collector does not have any identification with them.
- Refuse or allow the supply if the collector refuses to sign the back of the prescription.
- Refuse or allow the supply if they are not satisfied as to the healthcare professional's identity.

Emergency supply of Schedule 2 and 3 Controlled Drugs is not allowed.

It is a legal requirement to be in possession of a Controlled Drug prescription before a supply is made. In certain extenuating circumstances there may be occasions when requests will be made by prescribers for Controlled Drugs to be dispensed before it is possible for the pharmacist to receive the original prescription.

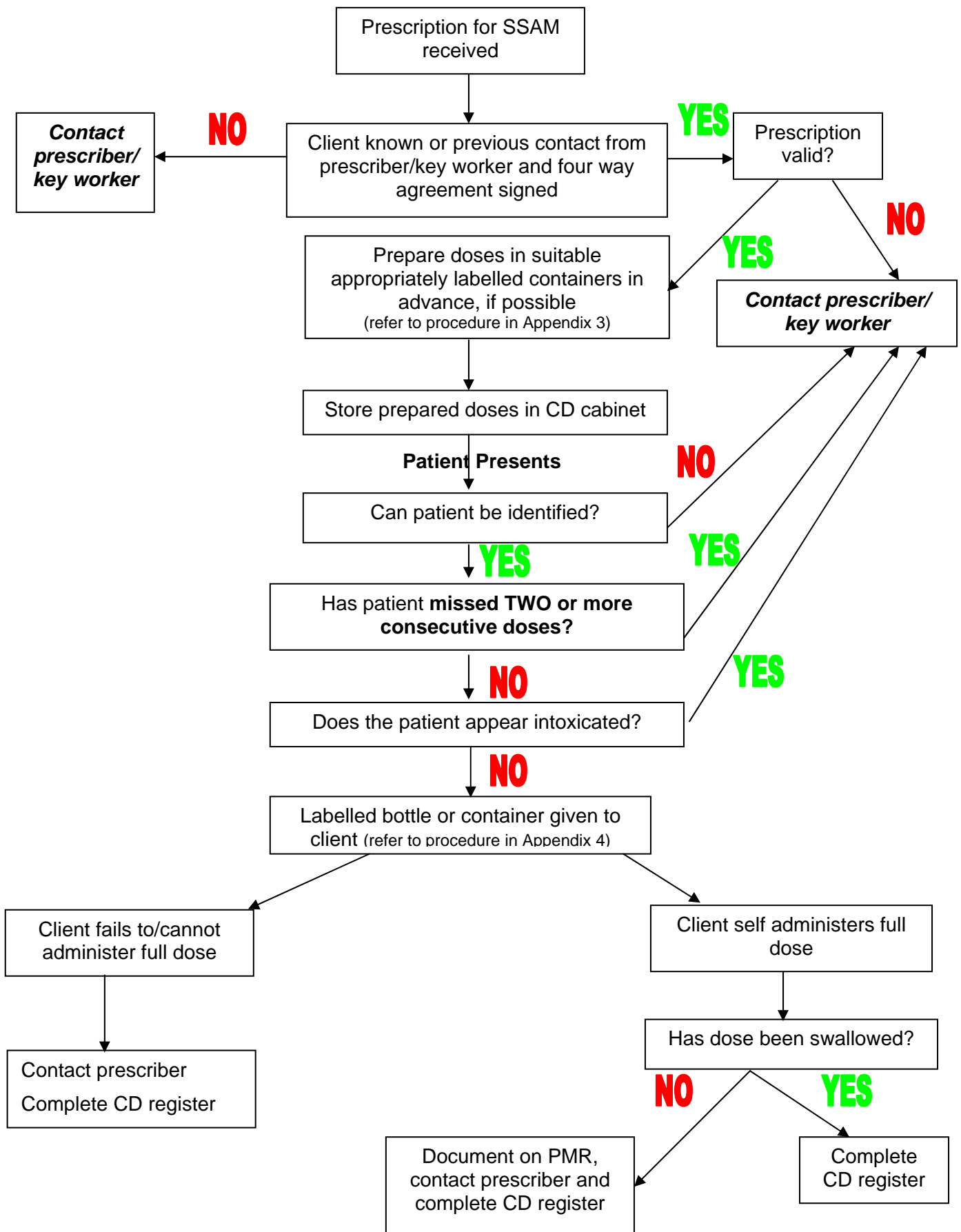
Pharmacists are reminded of GPhC Standard 1, 'Make patients your first concern'. In circumstances where the pharmacist feels that it is appropriate to respond to such requests, for example in the case of urgent patient need, a phone call from the prescriber or the specialist pharmacist, together with receipt of a secure faxed/emailed prescription from a confirmed source will provide an assurance that the request is genuine and that a prescription has been written.

This advice is not intended to set a precedent and is only considered appropriate in exceptional circumstances on a case by case basis.

4.1 Completion of PC70

It is a legal requirement for the date to be marked on the prescription at the time of supply of a Schedule 2 or 3 Controlled Drug. The PC70 is linked to the prescription by the prescription's serial number and allows multiple supplies to be annotated. On completion of the prescription the PC70 should be submitted to Practitioner Services.

5. Dispensing and Supervised Self-administration of Medication (SSAM)



There is no legal requirement for a pharmacist to supervise medication even if stated on the prescription, **however** to supply a 'take-home' dose instead would be unethical. If supervision is requested, the pharmacist must either supervise or refer the patient to another pharmacy that will supervise.

5.1 Rationale for supervision

Supervised self administration is a key component of a patient's treatment plan. It:

- Allows the daily monitoring of the patient's condition and well being
- Ensures the patient takes the correct dose
- Prevents deaths resulting from accidental ingestion of the prescribed medication
- Prevents diversion onto the black market and misuse by others

Daily take-home doses should not be prescribed where:

- The patient has not reached a stable dose
- The patient continues an unstable pattern of substance misuse
- The patient has significant unstable mental illness.
- There is continuing concern about compliance/diversion.
- There are other factors such as child protection issues, vulnerable adults.

5.2 Length of supervision period

New patients should normally have their daily doses supervised for a minimum of three months, subject to assessment of the patient's compliance and individual circumstances. Supervision may be for a shorter period in exceptional cases, agreed by the consultant.

Supervised consumption can often allow a therapeutic relationship to develop with the patient and should not be viewed as a punishment.

When a patient restarts methadone or buprenorphine after a treatment break, or receives a significant increase in dose, daily dispensing, ideally with supervised consumption, should be reinstated for a period of time.

Supervision should be reinstated at any time for a patient who is felt to be chaotic, unsafe or vulnerable. This should not be considered a failure of the programme or patient. Substance misuse is a chronic relapsing condition and a patient may require several attempts before becoming stable and ultimately opiate free.

Relaxation of supervision and daily instalments should be a stepped process depending on progression within the treatment programme. Refer to appendix 5 for local guidance.

5.3 Pharmacy Requirements

Refer to local Service Specifications (appendix 6).

5.4 Patient Identification

The pharmacist must be able to identify the patient. It is important to be certain that the person receiving the dose of medication is the person named on the prescription.

During the initial telephone discussion with the key worker, the pharmacist should be given or ask for a brief description of an unknown patient. The patient should be encouraged to take some form of identification to the pharmacy, ideally photographic identification such as a passport or driving licence. Some patients will not be able to provide this.

If the pharmacist has any concerns over the patient's identity they should discuss these with the prescriber. If the prescriber is not available the pharmacist should not supply the prescription until the patient's identity is confirmed.

Refer to algorithm on page ten.

5.5 Supervision procedure

Best Practice Recommendation

Each pharmacy should have a standard operating procedure for the supervised supply of medicine in the pharmacy

Refer to standard operating procedure example (Appendix 4).

6. When to contact the prescriber and/or withhold a dose.

A treatment agreement is useful to clarify for the patient when doses will be withheld and under what circumstances the prescriber will be contacted (Appendix 7 and 8).

6.1 Contact the prescriber/ key worker when:

- The patient has missed TWO consecutive doses
- The patient misses single doses on a regular basis
- The patient appears intoxicated
- The patient's health and wellbeing deteriorates
- The patient tries to avoid supervision or does not consume the whole dose under supervision
- The patient is abusive, threatening or caught shoplifting

Patients on substitute medication may also use a needle exchange service. The prescriber/key worker should regularly test the urine of patients for illicit drug use and should detect illicit substances by this means. Unless you have the agreement of the patient you should not contact the prescriber under these circumstances as this would be a breach of confidentiality.

It is the patient's responsibility to contact the prescriber if they want an alteration to the collection arrangements, e.g. away for the weekend.

6.2 Withhold the dose if:

- **THREE or more doses are missed. The prescriber must be contacted before giving a further dose.**
Tolerance can be lost quite quickly and the prescriber may wish to reassess the patient before continuing with the treatment.
- **The patient appears intoxicated.**
It may be appropriate to ask the patient to return after 3 or 4 hours or miss the dose and return first thing the following morning, provided nothing further is taken. **The prescriber should be contacted.**

6.3 Withhold the dose until the prescriber has been contacted when:

- The patient requests someone to collect a takeaway dose on their behalf
- The prescription is ambiguous or incorrectly written
- The identity of the patient is in doubt

- A prescription is presented for a new patient and prior contact has not been made by the prescriber
- A prescription is presented that bears the name and address of another pharmacy

6.4 Controlled Drug error reporting

Methadone dispensed in excess of that prescribed can lead to toxicity. The risk of overdose is particularly high during induction therefore extreme caution is required in the early stages of treatment. If an amount greater than the normal prescribed dose is dispensed and given to the client, either as supervised or 'take home', the pharmacist must:

- Advise client of mistake and explain possible seriousness of consequences.
- Inform client of signs/symptoms of toxicity and advise hospital attendance if they develop.
- It is recommended that the client should remain in the company of others during the subsequent few hours.
- If the client has left before a mistake is realised, every attempt must be made to contact the client.
- Contact the prescriber immediately regarding the error. If unavailable contact the key worker.
- If the incident occurs out with service hours the local Out of Hours Hub or NHS24 should be contacted for advice.
- If the prescriber decides that the client requires hospitalisation it is important that they are accompanied to ensure correct handover of information to receiving staff and support patient safety. Examples where hospitalisation would be advised are when:
 - Patient has taken two doses of prescribed daily dose on the same day.
 - Patient has taken more than prescribed dose in addition to alcohol and/or other substances.
- If the client cannot be contacted it may be appropriate to request the assistance of the local police in locating the person should this be deemed necessary to ensure the persons safety.
- Record the details of the incident and report to the Accountable Officer and Lead Pharmacist in Substance Misuse as soon as possible.

Buprenorphine is a partial opiate agonist and can therefore be safer in overdose than full agonists such as methadone. It can be given in a three times per week dosing regime, and as such giving even twice the usual dose can be regarded as within the therapeutic window. Caution should always be exercised.

7. Arrangements for Patients in Police Custody

Each health board area has different arrangements for patients in police custody. For individual health board arrangements, refer to appendix 9. An example letter permitting a police representative to collect medication on a patient's behalf is contained in appendix 10.

8. Child Protection

Child protection legislation places a statutory duty on professionals to work together in the interests of vulnerable children. All healthcare professionals have a duty to safeguard and support the welfare of children. This includes health professionals who do not work directly with children.

Many of your patients will be the parents or carers of children. Children can be vulnerable for a variety of reasons; parental substance misuse is one. The most common forms of harm associated with parental substance misuse are:

- Physical neglect
- Emotional neglect, e.g. abandonment
- Physical injury as a result of lack of parental supervision

Regular, often daily, contact means pharmacists are well placed to identify situations where there may be increased vulnerability of children to harm, e.g. frequently missed doses or general health concerns about the parent or new partner with unsupervised access to the children, presentation/demeanour of the child.

If you or a member of your staff suspects that a child is at risk of harm:

DO

- Seek advice from a local professional with expertise in child protection
- Follow local child protection procedures and report your concerns to the appropriate authority
- Keep records of your concerns and any action you take

DO NOT

- Ignore your concerns and do nothing
- Attempt to investigate suspicions or allegation of abuse
- Necessarily discuss your concerns with the suspected/alleged perpetrator of abuse

Contact Numbers:

During working hours, contact the local child protection advisor (Appendix 11).

Out with working hours, contact National Child Protection Line, telephone 0800 022 3222.

9. References and Further Reading

1. **British National Formulary** (latest edition): Controlled Drugs and drug dependence.
2. **Medicines, Ethics and Practice Guide** (latest edition): Controlled Drugs
3. **Prevention and Treatment of Substance Misuse** – Delivering the Right Medicine: A Strategy for Pharmaceutical Care in Scotland. Scottish Executive, July 2005.
4. [Drug Misuse and Dependence – Guidelines on clinical management.](#) National Treatment Agency for Substance Misuse. Sept 2007
5. **Pharmaceutical Care in Substance Misuse** – NES distance learning package
6. **The Road to Recovery: A New Approach to Tackling Scotland's Drug Problem.** The Scottish Government. May 2008
7. **Alcohol Strategy**
8. **Child protection: “It’s everyone’s job to make sure I’m alright”**- NES distance learning pack.
9. **National Naloxone Programme** - [http://naloxone.org.uk/](http://naloxone.org.uk) and Appendix 12

Check RPS website for latest version of Guidance, Law & Ethics Bulletins and FAQs:

Changes in management of Controlled Drugs affecting pharmacy

Pharmaceutical care of detainees in police custody

Substance of misuse

Guidance on child protection

Extemporaneous preparation of methadone mixture

Methadone Oral Solution

Approved wording on installment prescription to cover pharmacy closures

Missed doses or collections of methadone

Validity period for owing slip

Methamphetamine – link to cold remedies and reclassification

Frequently Asked Questions on Controlled Drugs issues

Examples of Legal Prescriptions

Daily supervised buprenorphine prescription

FORM HBPA.....		NATIONAL HEALTH SERVICE (SCOTLAND)	
Name	John Smith		
Address	Gladstone Place		
	STIRLING		
	Postcode FK8 2AH		
No. Of Days Treatment	CHI		
28	No	2 0 1 1 8 9 0 1 2 3	
Buprenorphine Tablets (sublingual) 8mg			
Two tablets (16mg) to be taken daily			
Total 56 (fifty six) tablets			
Dispense 2 x 8mg (sixteen milligrams) daily			
Dispense 4 x 8mg (thirty two milligrams) on Saturdays			
Supervise consumption please			
<p>"Supervised consumption of daily dose on specified days; the remainder of supply to take home. If an instalment prescription covers more than one day and is not collected on the specified day, the total amount prescribed less the amount prescribed for the day(s) missed may be supplied."</p>			
Instalments due on days when the pharmacy is closed should be dispensed on the day immediately prior to closure.			
Dispense from 21/07/2011 only to John Smith			
Dr. I. N. Other	Lloyds		
Doctor name in block capitals			
Signature of Doctor	Date 14/07/2011		

3 x weekly dispensed buprenorphine prescription

FORM HBPA.....		NATIONAL HEALTH SERVICE (SCOTLAND)	
Name	John Smith		
Address	Gladstone Place		
	STIRLING		
	Postcode FK8 2AH		
No. Of Days Treatment	CHI No	2 0 1 1 8 9 0 1 2 3	
<p>Buprenorphine 8mg tablets One to be taken daily. Total 28 (twenty eight) tablets Dispense 2 x 8mg (sixteen milligrams) on Mondays Dispense 2 x 8mg (sixteen milligrams) on Wednesdays Dispense 3 x 8mg (twenty four milligrams) on Fridays</p> <p>Buprenorphine 2mg tablets Two to be taken daily. Total 56 (fifty six) tablets Dispense 4 x 2mg (eight milligrams) on Mondays Dispense 4 x 2mg (eight milligrams) on Wednesdays Dispense 6 x 2mg (twelve milligrams) on Fridays</p> <p>If an instalment prescription covers more than one day and is not collected on the specified day, the total amount prescribed less the amount prescribed for the day(s) missed may be supplied. Instalments due on days when the pharmacy is closed should be dispensed on the day immediately prior to closure.</p> <p>Dispense from 11/07/2011 only to John Smith</p>			
Dr. I. N. Other	Lloyds Barnton St Stirling		
Doctor name in block capitals			
Signature of Doctor	04/07/2011		
	Date		
Hospital or Clinic	Community Alcohol & Drug Service Bannockburn Stirling FK7 2DJ F 4 0 1 1		
12345678912	01120112		

Daily supervised methadone prescription

FORM HBPA.....		NATIONAL HEALTH SERVICE (SCOTLAND)	
Name	Anne Other		
Address	9 Gladstone Pl		
	Stirling		
	Postcode FK8 2AH		
No. Of Days Treatment	<input type="text" value="28"/>	CHI No	2 0 1 1 8 9 0 1 2 3
<p>Methadone Oral Solution 1mg/ml 60ml to be taken daily Total 1680ml (One thousand, six hundred and eighty ml)</p> <p>Dispense 60ml daily, 2x60ml (120ml) Saturdays Commence on 17/10/2010</p> <p>Supervise consumption please</p> <p>"Supervised consumption of daily dose on specified days; the remainder of supply to take home. If an instalment prescription covers more than one day and is not collected on the specified day, the total amount prescribed less the amount prescribed for the day(s) missed may be supplied."</p> <p>Instalments due on days when the pharmacy is closed should be dispensed on the day immediately prior to closure.</p>			
Dr No	Doctor name in block capitals		
Signature of Doctor	Date 14/10/2010		
Stirling			
<p>Keyworker: James Black Community Alcohol & Drug Service</p>			

3 x weekly unsupervised prescription

FORM HBP.A.....		NATIONAL HEALTH SERVICE (SCOTLAND)	
Name	Anne Other		
Address	9 Gladstone Pl		
	Stirling		
	Postcode FK8 2AH		
No. Of Days Treatment	28	CHI No	2 0 1 1 8 9 0 1 2 3
Methadone Oral Solution 1mg/ml 60ml to be taken daily Total 1680ml (One thousand, six hundred and eighty ml)			
Dispense: 2 x 60ml (120ml) on Mondays 2 x 60ml (120ml) on Wednesdays 3 x 60ml (180ml) on Fridays.			
Dispense from 17/10/2010			
Instalment prescriptions covering more than one day should be collected on the specified day; if this collection is missed the remainder of the instalment (i.e., the instalment less the amount prescribed for the day(s) missed) may be supplied.			
Instalments due on days when the pharmacy is closed should be dispensed on the day immediately prior to closure.			
Dispense only to Anne Other or advised by keyworker			
Dr No	Lloyds Bannockburn Rd St Ninians		
Doctor name in block capitals			
Signature of Doctor	14/10/2010 Date		
Key worker: James Back Community Alcohol & Drug Service Bannockburn Hospital Code No. Bannockburn Hospital or Clinic Stirling F 4 0 1 1 FK 12345678912 01120112			

Daily unsupervised, with 3 day collection on Friday

FORM HBPA.....		NATIONAL HEALTH SERVICE (SCOTLAND)	
Name	Anne Other		
Address	9 Gladstone Pl		
	Stirling		
	Postcode FK8 2AH		
No. Of Days Treatment	28	CHI No	2 0 1 1 8 9 0 1 2 3
Methadone Oral Solution 1mg/ml 60ml to be taken daily Total 1680ml (One thousand, six hundred and eighty ml)			
Dispense 60ml daily, 3 x 60ml (180ml) on Fridays.			
Dispense from 17/10/2010			
Instalment prescriptions covering more than one day should be collected on the specified day; if this collection is missed the remainder of the instalment (i.e., the instalment less the amount prescribed for the day(s) missed) may be supplied.			
Instalments due on days when the pharmacy is closed should be dispensed on the day immediately prior to closure.			
Dispense only to Anne Other or advised by keyworker			
Dr No	Lloyds Bannockburn Rd St Ninians		
Doctor name in block capitals	14/10/2010		
Signature of Doctor	Date		
Key worker: James Back Community Alcohol & Drug Service Bannockburn Hospital Code No. Bannockburn Hospital or Clinic Stirling F 4 0 1 1 FK 12345678912 01120112			

GUIDANCE ON PAYMENT FOR METHADONE INSTALMENT PRESCRIPTIONS*Currently under review****Prescriptions originating from out-with the health board area should always be checked for authenticity.*****Claims for Dispensing and Supervision of Scottish Instalment Prescriptions in England and Wales**

1. Scottish prescription forms (GP10 and HBP) can legally be dispensed in England and Wales.
2. English/Welsh prescription forms only allow instalment dispensing for a maximum of 14 days. Scottish forms allow dispensing for longer periods and for any medicine (not just methadone).

When a Scottish prescription form is presented to a pharmacy in England or Wales it should be dispensed as it is prescribed (i.e. if it is for 28 days daily dispense, 28 days of instalments will be allowed).

3. A purple PC70 form should be supplied with prescriptions that are sent to England/Wales. This allows pharmacists to record details of each individual dispensing and supervision to send with the prescription to their PPA.
4. Pharmacists in England and Wales will be paid for instalment dispensing of Scottish instalment prescriptions. The English/Welsh Prescription Pricing Authority (PPA) do not pay for supervision of methadone automatically.

In order to claim payment, the prescription and completed purple PC70 form should be sent to the pharmacy's usual Prescription Pricing Authority (PPA). The PPA will activate a 'cross border pick up' procedure and the pharmacist will be paid directly with costs allocated by the PPA to the relevant NHS Scotland Health Board.

Claims for Dispensing and Supervision of English/Welsh Instalment Prescriptions in Scotland

1. Pharmacists in Scotland will be paid for both dispensing and supervision of English/Welsh instalment prescriptions (FP10MDA and WP10MDA). Endorse the prescription in the usual way.
2. The fee is charged to the health board where the prescription was dispensed.

Claims for Dispensing and Supervision of Scottish Instalment Prescriptions from other Scottish Health Board areas

1. Endorse the prescription in the usual way. The fee is charged to the health board where the prescription was dispensed.

Prepared by the Scottish Specialist Pharmacists in Substance Misuse group in consultation with Community Pharmacy Scotland and Practitioner Services, Edinburgh

Procedure for Dispensing Opiate Substitute Medication

Objective:

To ensure a consistency of service, operating within legal requirements and provided in a professional manner.

Scope:

The procedure applies to all pharmacists and support staff operating the service within pharmacy.

Process:

1. On presentation of prescription for a new patient ensure notification has been received from the prescriber giving patient details and brief description. If referral was not received from the prescriber then contact him/her to confirm validity of the prescription.
2. Check that patient has signed a pharmacy/patient agreement or is part of a four-way agreement scheme. Complete new agreement if necessary.
3. Ensure the prescription complies with the Medicines Act 1968 and the Misuse of Drugs Act 1971 and subsequent Regulations.
4. Check prescription for instructions on supervision requirement, instalment intervals and start date.
5. Dispense dose (pre-packing in advance where possible and storing in the Controlled Drugs cabinet). All measurements and/or quantities should be double checked.
6. Unless previously agreed with prescriber or prescription is annotated, daily doses must only be issued to the patient.
7. Confirm patient's identity on **every occasion** a dose is issued using name, address, date of birth, and photographic ID if available.
8. Ask the patient what dose they usually take and check this with the dispensed dose in the container and the prescription.
9. If the patient appears intoxicated the dose should be withheld and the patient advised to come back after a suitable length of time or the next morning. Contact the prescriber.
10. If the patient's behaviour is unacceptable the prescriber should be contacted. If appropriate the dose should be withheld.
11. If the patient has missed three or more consecutive doses the dose must be withheld and the prescriber contacted.
12. If the patient misses a single dose on a number of occasions, or misses two consecutive doses, the prescriber must be contacted.
13. The instalment form should be annotated at the time of supply.
14. The patient's PMR must be updated to indicate a missed dose if applicable.
15. An entry must be made in the Controlled Drugs register before the end of the day.

Date..... Review date.....

Procedure for the Supervised Self-administration of Opiate Substitute Medication

Objective:

To ensure a consistency of service, operated within legal requirements and provided in a discreet and professional manner.

Scope:

The procedure applies to all pharmacists and support staff operating the service withinpharmacy.

Process:

1. Supervision should take place in a consultation or quiet, private area of the pharmacy.
2. The patient must be treated with courtesy and respect, in a friendly and non-judgemental manner.
3. The patient's identity using name, address, date of birth and photographic ID (if available) must be confirmed.
4. The patient should be asked what dose they usually take and this should be checked against the dispensed dose in the container and the prescription before the dose is issued.

Methadone Oral Solution:

4. The patient should check the name, quantity and dose on the label, then pour the daily dose into a disposable plastic cup before self-administration. If the patient prefers they may take the daily dose straight from the labelled bottle.
5. The pharmacist must be satisfied that the dose has been swallowed by offering a drink of water after the dose or engaging the patient in conversation that requires a spoken answer.

Buprenorphine:

6. The patient should remove any chewing gum from their mouth and dispose of it in a waste bin.
7. Offer the patient a drink of water in a disposable plastic cup, before administration to moisten the mouth and speed up dissolution of the tablet(s).
8. The pharmacist should pop the tablets out into a clean, dry medicine cup and hand this to the patient. This helps to ensure tablets are not diverted by slight of hand.
9. Without touching the tablets the patient should tip the tablets under the tongue. They should not be swallowed. Patients should be advised to swallow as little saliva as possible whilst the tablet(s) dissolve. Patients on high doses may need to split the dose to take a few tablets at a time.
10. The patient should be observed for at least 2 – 3 minutes. During this time the tablets will have started to dissolve making diversion difficult.

11. It is not necessary to watch the patient continuously after this initial period. The patient should remain in the pharmacy until the pharmacist is satisfied that all that is left under the tongue is a chalky residue. This should usually be achieved in 5 minutes but occasionally may take up to 10 minutes.
12. Offer the patient a drink of water or engage in conversation to ensure they have not concealed the tablets in their mouth.

Methadone and Buprenorphine:

13. The plastic cup should be disposed of by the patient into a bin.
14. Patient identifiable labels should be removed from containers before disposal. Stock and patient bottles should also be rinsed out to remove any remaining methadone solution.

Do not dispense the dose if:

- The patient appears intoxicated
- The patient has missed three or more consecutive doses.

Beware:

Methadone Oral Solution

- If the patient is reluctant to speak before taking the dose they may have cotton wool or absorbent material in their mouth to absorb the methadone. A normal greeting or asking for address and date of birth can help detect this.
- Some patients may say they prefer to use a can of soft drink to wash down their methadone. However they may discharge the dose of methadone into the can for sale later. Make sure they have swallowed the dose first before drinking from the can.
- Methadone can be transferred to another person by “kissing”.

Buprenorphine

- Some patients may attempt to divert their tablets by slight of hand. Try to ensure they do not handle the tablets.
- Some patients may attempt to spit out and reclaim the tablets. Observation for the first two to three minutes should reduce this risk.
- It is not normally possible to talk whilst the tablets are dissolving!

As long as the patient is in full view and on their own in the private area, and the above procedures are followed, the risk of diversion is minimized.

Date..... Review date.....

Relaxation of Supervision and Daily Instalments

Refer to:

Drug Misuse and Dependence – Guidelines on clinical management.
National Treatment Agency for Substance Misuse. Sept 2007
(page 51; section 5.4.2)

Available at http://www.nta.nhs.uk/uploads/clinical_guidelines_2007.pdf

Local Service Specifications

Buprenorphine Supervision

http://www.communitypharmacy.scot.nhs.uk/nhs_boards/NHS_Forth_Valley/redesign/LNS/buprenorphine.html

Methadone Supervision

http://www.communitypharmacy.scot.nhs.uk/nhs_boards/NHS_Forth_Valley/redesign/LNS/methadone.html

**EXAMPLE TREATMENT AGREEMENT
between Community Pharmacy and Patient**

Name..... DOB.....

- All doses of methadone will be dispensed daily. I understand that if I miss a day I cannot collect an extra dose the next day.
- I understand that, if stated by my prescriber, my methadone will be taken in the pharmacy under the supervision of the pharmacist, and that I shall be asked to swallow some water afterwards.
- I may collect my dose at any time during normal working hours. I agree to come at least 15 minutes before closing time.
- I agree to come directly to the dispensary, let one of the assistants know that I am there and wait quietly by the dispensary to be attended to.
- I understand that there is a consultation room/quiet area available to take my supervised methadone in private.
- I understand that the methadone will be prepared in a closed bottle with my name and dose clearly marked for me to check. In addition the pharmacist will ask for my name, address or date of birth to confirm identity. The empty bottle must be handed back to the pharmacist.
- For my own safety I will be refused my supply if I appear to be under the influence of drugs, alcohol or other substances.
- For my own safety the pharmacist will withhold my supply and inform my prescriber if I miss more than three consecutive doses.
- I understand that the pharmacist will contact my prescriber if he/she feels that my general health has deteriorated.
- I understand that this agreement will be terminated if my behaviour is unacceptable and that my prescriber shall be informed.
For example:
 Verbally or physically abusing staff or customers
 Shoplifting
- I agree to be responsible for safe keeping of any dose taken away from the pharmacy. All doses will be supplied in a child resistant container.

**I have read and fully understand the above rules and I agree to abide by them.
I understand that if I do not, my prescription may be stopped.**

SignaturePatient Date.....

Signature.....Pharmacist Date.....

EXAMPLE TREATMENT AGREEMENT between Patient, Prescriber, Key worker and Pharmacist

Patient: I agree:

- To treat all workers and other patients with respect.
- To keep my appointments promptly and, unless absolutely necessary, unaccompanied.
- To be responsible for my prescription and medication and that these cannot be replaced.
- To collect my medication in person, and alone, from the pharmacy at a mutually agreed time.
- To take all prescribed medication as agreed and be honest about any other medication /drug taken.
- To store all "take home" doses of methadone safely out of the reach of children.
- To provide samples for drugs screening.
- To allow sharing of relevant information between all professionals involved in my treatment.

I understand:

- If I am under the influence of drink or drugs my doctor, pharmacist and addictions worker have the right to refuse to see me and that the pharmacist will not give me my medication.
- Verbal or physical abuse, shouting, shoplifting or disruptive behaviour will not be tolerated.
- It is my responsibility to know when my prescription needs to be renewed.
- That the pharmacist cannot make any alterations to the dispensing or collection arrangements for my prescription. If changes are required I must contact the prescriber.
- If I miss more than two doses my treatment will be reassessed before medication can be started again.

Prescriber: I agree:

- To treat all patients and fellow professionals with respect.
- To meet with the patient at least once a month.
- To endeavor to reach agreement with patient and addictions worker regarding any changes to their prescription or treatment.
- To provide a clear and legible prescription that meets the legal requirements for controlled drugs.
- To share relevant information with all professionals involved with the patient's treatment.

Key worker: I agree:

- To treat all patients and fellow professionals with respect.
- To meet with the patient regularly to implement and support the work identified in the action plan.
- To facilitate access to social work or other external services as appropriate for the patient.
- To discuss any problems the patient may have regarding their prescribed medication and/or additional drug use.
- To share relevant information with all professionals involved with the patient's treatment.

Pharmacist: I agree:

- To ensure that I and other pharmacy staff treat all patients and fellow professionals with respect.
- To ensure that supervised self-administration takes place in a private or quiet area of the pharmacy.
- To provide the patient with information about medicines.
- To provide the patient with information about collection times and procedures for when the pharmacy is closed.
- To share relevant information with all professionals involved with the patient's treatment.

I have read the above statements and understand what is expected of me when participating in this four-way agreement.

	NAME	SIGNATURE	DATE	CONTACT NUMBER
PATIENT				
CHI Number				
PRESCRIBER				
PRESCRIBER ADDRESS				
KEY WORKER				
PHARMACIST				
PHARMACY ADDRESS				

Arrangements for Patients in Police Custody – local policy

Best Practice

It has been discussed with Central Scotland Police and agreed with the Forensic Medical Examiners that if a client is detained in custody who is engaged in a methadone treatment programme there is a duty of care to continue that treatment. Contact with the community pharmacy should be made to verify the methadone dose. Where possible a client representative should take a written request to obtain the supply, signed by the client.

It is acknowledged that difficulties may arise if the pharmacy is closed for more than two days, for example during public holidays. Similarly the complexity of getting a client representative to act on their behalf is recognised. Additionally CSP may not have adequate staff resource to facilitate collecting the methadone supply.

Recommendation

If a detained client is engaged in a methadone treatment programme then best practice should be followed: the client's own supply of methadone should be obtained from the community pharmacy. This will ensure continuity of supply of the prescribed dose for the individual client and reduce the risk of double dosing.

EXAMPLE

Force Custody Unit (Falkirk)

Tel: 01324 634212
Fax: 01324 678827



MEDICATION RELEASE

Chemist :

Address:

Town:

Date: 09 May 2012

The after named individual is currently held in Police custody. He has requested the release of his prescribed medication which will be uplifted, when available, by a police officer or authorised Police Custody Security Officer.

Prisoner Name: born:

Item or Medication	Quantity	Type or Notes

Prisoner Signature

Local Child Protection Advice and Contact Numbers

NHS Forth Valley link:

<http://www.nhsforthvalley.com/health-services/az-of-services/child-protection>

Opioid Overdose and the National Naloxone Programme

Overdose

Overdose is now the largest cause of death amongst injecting heroin users. Many of the deaths occur as a result of using heroin with alcohol and/or benzodiazepines or as a result of reduced tolerance after a period of abstinence (e.g. prison sentence, hospital admission).

Many substance misusers do not realise that there is often a long time delay (often several hours) between injecting and overdose death. The assumption is that, following survival of the initial 'hit', the risk of death reduces. All potential witnesses to an overdose should be aware of the signs and symptoms of opioid overdose.

These include:

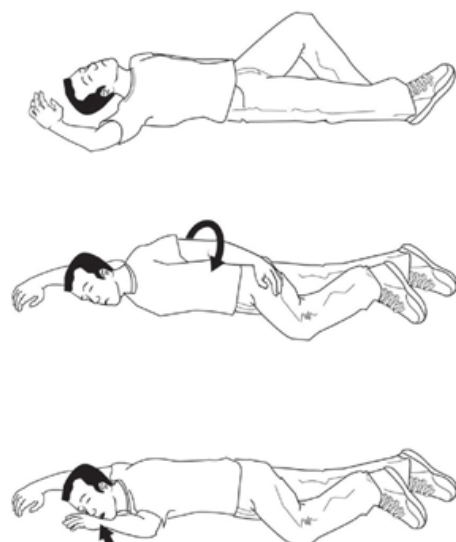
- Appearing to be asleep
- Failing to respond to calling or shaking (unroutable)
- Pinpoint pupils
- Shallow, slow, rasping breathing or snoring
- Lips and fingernails turning blue; pale skin
- Loss of consciousness
- Nausea or vomiting

People who witness overdoses often do not know what to do to help.

If someone has overdosed:

- Dial 999 and ask for an ambulance
- Put them in the recovery position and keep watching them, or
- Give CPR if not breathing
- Stay with them until the ambulance arrives

Recovery Position



National Naloxone Programme

The Take Home Naloxone (THN) programme is aimed to reduce the incidence of drug related deaths due to accidental opioid overdose by people who are identified as being at risk. Friends, family members, carers and members of staff are all encouraged to be involved.

By raising awareness of overdose prevention and providing education on the signs and symptoms of overdose, calling an ambulance, basic life support and the administration of naloxone, it is hoped to reduce the number of fatal opioid overdoses.

The Scottish Government recognises the part that take home naloxone can play in achieving this and is supporting the role out of the programme in Scotland.

What is naloxone?

Naloxone is a medicine used to reverse the effects of heroin and other opioids. It can reverse the effects of an overdose if used within a short period of time. Naloxone is short-acting and its effects can wear off after about 20 minutes. Since its effects do not last as long as many opioids, a person may return to an overdose state. **It is vitally important that an ambulance is called so that the person receives necessary treatment.**

Who can administer naloxone?

Although the administration of parenteral medicines is restricted under the Medicines Act 1968, an exemption exists to enable the parenteral administration of naloxone by anyone present at the scene of a suspected opioid overdose with the intent of saving a life.

How is naloxone administered?

Naloxone is injected into the outer thigh muscle. Clothing need not be removed before injecting. A dose of 0.4ml (0.4mg) is injected initially. If there is no response, this dose may be repeated at two to three minute intervals. Where the person is not breathing, basic life support must also be given until the ambulance arrives.

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 patient, please contact 01786 434784.

For other formats contact 01324 590886,

text 07990 690605,

fax 01324 590867 or

e-mail - fv-uhb.nhsfv-alternativeformats@nhs.net