Pharmacy News

Special Edition — Substance Misuse

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Please Circulate to All Staff

Opiate Replacement Therapy (ORT): Audit of Pharmaceutical Care

Background to the Opiate Replacement Therapy Service (ORT)

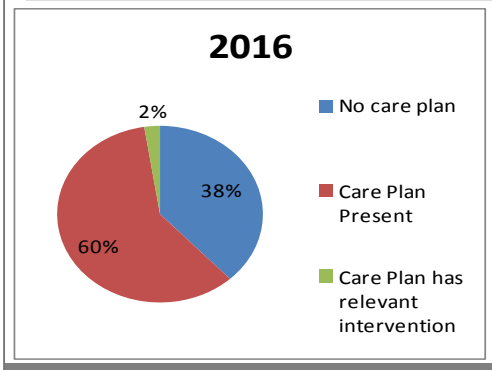
The model of pharmaceutical care for ORT patients was agreed in April 2015 and the Service Specification outlines requirements for recovery focussed pharmaceutical care and record keeping. Community pharmacies are reimbursed for **providing a package of care** and are expected to develop as well as document a care plan for each patient on ORT. An annual audit has been undertaken to assess compliance with the specification .

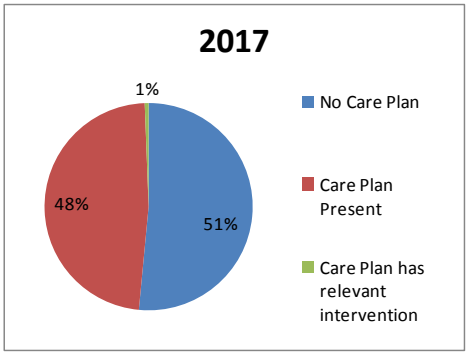
Method

Approximately 10% of all registered ORT patients were audited in both 2016 and 2017. Community Pharmacies were assessed via the evidence contained in the PCR. Alternative documentation the pharmacy kept in relation to ORT patients was also considered:

- purple instalment forms submitted to practitioner services along with prescriptions
- whether the pharmacy offered and/or held completed partnership agreement forms
- individual pharmacy specific documents

Results





General Comments / Observations

- All pharmacies reported good relationship with drug services teams
- 2 out of 8 pharmacies held detailed paper records with relevant clinical interventions for all patients—detail was not transferred to the PCR record
- All pharmacies were happy to support the oral health programme but reported uptake by patients of free oral health packs varied widely.

Conclusions/Recommendations

The audit confirmed low numbers of care records established for ORT patients and a lack of documented interventions on the PCR. However discussion with pharmacists revealed good engagement and demonstration of therapeutically useful conversations with patients. Barriers to documenting on the PCR were reported as a lack of computer access and time constraints.

Improving compliance with the ORT Service Specification

All pharmacies should ensure there is a care record for each patient with a minimum of 3 key interventions:

1. Record missed doses, discuss with patient and communicate with keyworker
2. Raise awareness of overdose prevention and naloxone provision
3. Monitor patient presentation and record episodes of intoxication

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Naloxone Provision over the Festive Period

Naloxone is a potentially life-saving medicine when used in opiate overdose. A focus on overdose awareness and naloxone provision will be undertaken by services at this period of high risk. Pharmacies currently participating in the Take Home Naloxone Program should continue to supply, raise awareness of overdose risk and document these in the patient's Care Record in the PCR.

Over the Festive period, prescriptions for Prenoxad ® injection (naloxone) will be issued from some Substance Misuse Services as part of a test of change and you may see them presented in your pharmacy.

Additional counselling for these patients should be to check the patients awareness of:

* Signs and symptoms of suspected overdose e.g pinpoint pupils, breathing problems, blue lips, no response
* Knows how and when to administer naloxone
* Knows to always call 999
* Knows naloxone is short acting and effects will wear off after 20-30 minutes
* Knows the importance of staying with the person until help arrives

Safety and Security of Medicines for Substance Misusers

The '*Safe and Secure Storage of Medicines for Substance Misusers over Festive Season December 2017 – January 2018*' guidance document which discusses good practice will be issued to all partner agencies.

Please ensure all the community pharmacy safeguards are in place including issue of methadone storage leaflets and additional labelling with warning stickers on 'take home' methadone. Management of overdose leaflets and cards for clients advising them of pharmacy opening hours will also been sent to community pharmacies for issue.

Substance Misuse services wish to highlight the importance of agencies sharing information about vulnerable clients prior to the holiday period so appropriate safeguards can be put in place. Signpost have a helpline (**0845 673 1774**) which is available during public holidays and staff are happy to assist clients of all services concerns or difficulties arise.

Learning from Significant Events

The prescribing governance group reviews all reported incidents and may undertake significant event analysis to determine learning to help improve practice. The group wishes to highlight the following points for community pharmacy:

Scenario 1: missed doses not communicated

There have been several incidents reported during 2017 of **patients missing several doses** of methadone without a communication to the service which **poses a significant overdose risk due to potential loss of tolerance.**

Learning Point 1

It is good practice to notify the service after two missed doses of methadone or buprenorphine. However if **three consecutive doses are missed** withhold the next dose until contact is made with the key worker and/or prescriber. If a patient on three **times weekly or less frequent collection does not attend on one occasion** immediately contact the key worker and/or prescriber.

Scenario 2: incorrect doses dispensed

There have been a small number of incidents where a patient was dispensed the wrong dose of methadone or buprenorphine. This may have been where the patient was given a dose dispensed for another patient in error or a new prescription with a dose change has not been implemented.

Learning Point 2

Pharmacies must have procedures in place to ensure that patient identification is carefully checked when dispensing and supervising ORT. Prescription management is essential to ensure dose changes are dispensed when requested. **Particular attention is advised where instalments are prepared in advance.**

Smile for Life Training opportunities

Pharmacies supporting patients receiving Opiate Replacement Therapy receive oral health packs containing toothbrush and toothpaste twice annually for distribution to patients. Pharmacy staff are encouraged to provide brief information on oral health self care and access to dental treatment to clients, using materials provided. To support this, short 1 hour oral health update sessions can be arranged to equip staff with knowledge and skills to support oral health improvement. Sessions can be delivered to meet the needs of the pharmacy (e.g. within lunch break).

A range of resources are available to support pharmacies in delivering brief interventions around oral health. To access these, additional tooth brushing packs, or for further information regarding training, please contact: Gail Hutchison Health Promotion Officer FV-UHB.smile4life.nhs.net

Risk of misuse with Gabapentinoids

Gabapentin and pregabalin use can lead to **dependence and may be misused** or diverted. Reported CNS effects of Gabapentinoids include improved sociability, euphoria, relaxation and sense of calm. Guidance has recently been launched in Forth Valley and community pharmacies may see more patients who are high risk receiving **daily or weekly dispensing** of gabapentinoids.

Suboxone to Buprenorphine Switch

Suboxone® (Buprenorphine and Naloxone), when administered sublingually the therapeutically active ingredient is buprenorphine, with naloxone being an inactive component. Naloxone only becomes active when injected and precipitates withdrawal in opioid dependent patients.

The rationale for the inclusion of naloxone is to "*discourage misuse and reduce the pressure patients may face from others to give or sell (the product"), (Reckitt Benckiser, 2011). "Naloxone is included to deter misuse and abuse", (Reckitt Benckiser, 2014).*

Recent data suggests that the buprenorphine/naloxone ratio of 4:1 in Suboxone® tablets is insufficient to fully block the agonist effects of buprenorphine, and the effects of naloxone are limited due to its short half-life (~60 mins).

The majority of patients in the Forth Valley area consume their Suboxone® tablets under supervision within the pharmacy; therefore, there is no reason for them to be prescribed a combination of buprenorphine and naloxone that was designed to be dispensed unsupervised.

Prescribing mono buprenorphine S/L tablets offers the best value of all comparable products with no detriment to patient treatment.

What will change for the patient?

The generic buprenorphine tablets are dissolved in the mouth – just as before. The tablets vary in size and flavour. Suboxone® tablets have a lemon and lime flavour; generic buprenorphine tablets may have a different flavour, or have no flavour at all.

Other Information

The indications, cautions, doses and pharmacokinetics profiles for both Suboxone® and buprenorphine, remain the same. The side effects profile for buprenorphine tablets are less than for Suboxone®.

In the unlikely event that patients experience issues, please report these directly to the prescriber or worker.

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