



Forth Valley Substance Use Services Communication Guideline

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1. Introduction

Good communication between the services that are part of the Integrated Substance Use 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 Use Services Clinical Governance Group (FVSSUSCGG) and Forth Valley Integrated Substance Use Clinical Governance Groups (FVISUCGG) endorse the standards and best practice indicated within this guideline.

2. Scope

This guideline applies to all Substance Use services in the Forth Valley area 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 Psychology Department
- Addiction Recovery Service (ARS) – [CGL](#)
- General Practice Prescribing Service (GPPS) – [CGL](#)
- Forth Valley Substance Treatment Service (FVSTS)
- Hospital Addiction Team (HAT)
- Signpost Recovery ([Social Inclusion Partnership](#))
- Primary Care (PC)
- Community Pharmacy (CP)
- Healthcare Scottish Prison Service Corntonvale
- Healthcare Scottish Prison Service Glenochil
- Healthcare Scottish Prison Service Polmont
- ARBI Service
- Criminal Justice Social Work
- Adult Social Care CF & SW
- Alcohol Related Brain Injury Service (ARBI)
- Criminal Justice Social Work
- Children and Families Social Work
- Adult Social Care

3. References

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

- NHS Forth Valley Access Policy.
- [Substance Use Services Standard Operating Procedure](#) for NHS Forth Valley Access Policy
- Forth Valley Substance Use Service (SOP) – [Quality Improvement](#)

- Forth Valley Substance Use Services Information Sharing Agreement (SOP)
- SMS [SCI Gateway](#) (SOP)

4. 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 Use 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, addiction psychologists, pharmacists, counsellors 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.

4.1 Acceptable Methods of Communication

- Telephone (excluding voicemail or answering machines)
- Teleconferencing eg Skype
- Clinical / Secure Email (gsi, gsx, NHS net)
- Letter (paper/electronic)
- Care Partner.
- SCI Gateway
- TRAK Care 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.

4.2. Minimum Substance Use Services Communication Standards

4.2.1 Doctors from treatment services (CADS, FVSTS, CGL, ARS, GPPS) will send a letter following the bi-annual medical review to the service user's GP's and other relevant partners e.g. Criminal Justice Social Work who are involved in patient/clients care, this letter will cover:

- Current medication for patient
- Addition Psychology Assessment (where applicable)
- Risk assessment and management plan including, where appropriate, any risks to children

- Recovery Care Plan
- Physical health issues highlighted
- Mental Health Assessment

4.2.2. Substance Use Nurse/Key Workers from treatment support services (CADS, FVSTS, CGL, ARS, GPPS) will:

- Ensure that review letters / updated care plans are sent to GP's and other relevant partners such as Criminal Justice Social Work who are involved in the patient/client care, at least every three months as part of care plan review, as indicated within the [Orange Guidelines](#) 2017.

4.2. 3. Addiction Psychologists working with patients/service users will send one review letter per three month period to the service user's Nurse/Key Worker within the Substance Use Service.

4.3 Specific Communication re Prescribing

4.3.1 Substance Use Nurse/Key Workers must contact the Community Pharmacy at initial introduction stage and, as part of the three monthly patient/client review and in the following situations in relation to opiate substitute prescribing:

- Prior to starting an opioid substitute 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 OST care plan summary template to inform Community Pharmacy of current treatment and interventions. [\(See appendix 1.\)](#)
- Any change to the OST dose or to diazepam prescribing.
 - 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 the Key Workers/Nurses will complete the Prescription Termination Letter as indicated; with a copy to the case file and copies sent to current and new Community Pharmacy. [\(See appendix 2.\)](#)**

This Communication is vitally important in the following situations:

- Patient/Service User is Transferring to another service
- When Patient/ Service User is being held in custody and/or on release from custody
- Patient/Service User is discharge from service including discharge date.
- Patient /Service User is admitted to Hospital including dates of admission and discharge.

4.3.2. As a minimum the Community Pharmacist should liaise with Nurse/Key Workers prior to each three monthly review, requesting a summary of care plan. In formatting the following situations in relation to substitute

prescribing the Community Pharmacist should communicate with the service when

- **Patient/Service User misses two consecutive doses of either methadone or buprenorphine OST or**
- **OST methadone or buprenorphine doses are missed the next dose should be withheld until contact with the Nurse/Key Worker / prescriber is made**
- Patient/ 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 of consumption may require re-introduction due to presentation
- Potential drug interaction reported
- Any health concerns reported by Patient/Service User
- Any concerns regarding children in the care of the Patient/ Service User
- Evidence of intoxication whilst at Pharmacy or self reports.
- **Episodes of unacceptable behaviour within the Pharmacy e.g. Missed attendances (this may be an indication of instability)**
- Request from service user for dose reduction
- When service user is being held in custody and/or on release from custody
- Knowledge of hospital admission

4.4. Transitions in care

When a service user is being transferred to another service, including the Prisoner Health care, the Substance Use Nurse/Key Workers will apply the Procedure for the Management of Referrals between All Substance Use Services ([See Appendix 3](#)).

The following must be done, where appropriate:

- SMR 25B completed- DAISy (Post Jan 2020)
- Local Patient Management Systems are updated (e.g. Trak Care)
- 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
- Care Partner documentation updated and made available the receiving service.
- Inform services involved with child protection issues, where relevant.
- Three Way Treatment Agreement reviewed and updated.

4.4.1. 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 Use Residential Rehabilitation Pathway](#).

In relation to planned admissions to General Hospital settings, Nurses/Key Workers/Substance Use 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 Use issues and plans for discharge.
- provide updated Care Partner risk assessment and care plan to relevant staff.
- provide contact details of the lead substance Use service and the named Nurse/Key Worker//GP involved in their care.
- provide updated medication record (including any medications that may have been consumed/provided with on the day (e.g. OST Medicines) where relevant.
- provide contact details of Community Pharmacist where relevant.

4.4.2 Unplanned admission to General Hospital

Where a service user from substance Use 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 Use Services
- Provide advice and support to relevant ward staff, where appropriate, regarding applying the substance Use care plan.
- Update Care Partner documentation and contribute to the ward case records regarding HAT involvement in care and treatment.

5. Governance / Audit

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

6. Appendices

Appendix 1. OST Care Plan Summary

(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/ OST Care Plan Summary Template 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 CP profile)		
Brief Outline of Current Treatment Plan (e.g. Needs, Recovery Goals, Crisis Plan see CP)		
Date: Signature:		

Appendix 2. Prescription Termination Letter

NHS Forth Valley

Substance Use Services
St Ninians Health Centre
Mayfield Street
Stirling
FK7 0BS



Tel: 01786 434433

Private and Confidential

Date
Your Ref
Our Ref

Enquiries to
Extension
Direct Line

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 Use 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 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 than 7 days the letter MUST be hand delivered to Pharmacist in charge.

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

Appendix 3. Standard Operating Procedure for the Management of Transitions of care between all Adult Substance Use Services



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Chief Executive: Cathie Cowan

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Forth Valley Substance Use Services

Doc. Code: SOP-distribution
Written by: Norma Howarth /Ann Milne
Reviewed by: Management Team
Approved by:

Transitions of Care

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

1. Purpose

This procedure details the process used by staff to ensure a smooth transition for the service user from one adult substance use service to another. Ensure the service user 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 Use Services:

- Change Grow Live (CGL)
- Community Alcohol and Drug Service
- Scottish Prisoner Healthcare Service- Prisoner Addictions Service
- Forth Valley Substance Treatment Service

3. Requirements

All staff must:

- Adhere to NHS Forth Valley policies on Data Protection, information governance and record keeping.
- Ensure compliance with SMR25 Database and Waiting Times-DAISy (2020)
- Adhere to Forth Valley Substance Use Services Information Sharing Protocol.
- SOP's e.g. Access, SCI Gateway

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 governance e.g. SMR25, NEO etc.

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 Multi Disciplinary Team meeting, where discussion takes place to determine the most appropriate service to transfer service use to. The discussion re service will be recorded in the service user's case record e.g. CADS, GPPS, FVSTS and CGL.
- 5.2 The service user's details and recovery care plan is then presented and logged at the Substance Use Service's single point of referral meeting post decision at Multi Disciplinary Team meeting.
- 5.3 Staff will ensure that all appropriate data systems are completed as required but Care Partner/SMR25/DAISy (2020).

The Following will take place:

- SMR25 (B) to be completed
 - Service user Recovery Plan to be updated
 - The appropriate risk assessment within Care Partner and plan of care to be updated in CP.
 - Prescription database to be updated; where appropriate.
 - Names nurse/Key worker/ practitioner to inform Pharmacy Services of transfer to care; where appropriate.
 - Allocated worker within the new service to be informed.
 - In the case where other partners are involved in the case e.g. Children and Families Social Work, Justice Social Work, they should be alerted to the change of provider.
 - Alert GP to any change to the service users' plan/service.
- 5.4 A joint meeting will be arranged with the service use and the receiving Key worker / Nurse/Pharmacist to facilitate a smooth transfer of care.
 - 5.5 When the introductory meeting between services takes place, the receiving staff will then arrange an appointment with the service user with regards to continuity of care within the new service.
 - 5.6 Patients who are identified by CGL as high risk (severe and enduring mental health, high risk poly-substance use) will discussed at the SPR for a priority joint appointment. .

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,

text 07990 690605,

fax 01324 590867 or

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